

Psychosocial Treatments for Battered Women: A Review of Empirical Research

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Despite the high incidence of domestic violence, information about the effectiveness of practice with battered women is scant. The purpose of this article is to critically review the research on practice effectiveness with abused women. Toward this end, the author examines the outcomes of practice research with battered women in terms of its conceptual adequacy, methodology, and findings. Implications for social work research and practice are drawn.

It is estimated that in the United States, between 4 and 6 million women per year are victims of domestic violence (Bureau of Justice Statistics, 1983). In response to this growing epidemic of violence, numerous treatment programs have been developed to remediate the impact of abuse on the victims (McEvoy, Brookings, & Brown, 1983). Information about the effectiveness of practice with battered women, however, is scant (Berk, Newton, & Berk, 1986; Davis, 1987; Rubin, 1991; Tutty, 1996; Wordarski, 1987). The purpose of this article is to critically review the research on practice effectiveness with abused women. Toward this end, I will examine the outcomes of practice research with battered women in terms of its conceptual adequacy, methodology, and findings.

OVERVIEW OF DOMESTIC VIOLENCE

Despite the fact that women have been abused by their spouses throughout history (Dobash & Dobash, 1979), domestic violence has only recently been recognized as a social problem (Peled, 1993). The term *domestic violence* has been selected over other terms that have also been used in the literature to describe this phenomenon (i.e., *spouse abuse, family violence, wife-beating,*

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spousal assault, etc.) because “domestic identifies the setting of the act [and] violence is used because this is not a question of minor arguments or disputes but rather intentional, hostile, aggressive, physical, or psychological acts (Dwyer, Smokowski, Bricout, & Wodarski, 1995, p. 186). The term domestic violence applies to couples engaged in an intimate relationship inside or outside of marriage (Stith & Rosen, 1990). Because 95% of all domestic violence in the United States involves the abuse of women (U.S. Department of Justice Statistics, 1983), this article will focus on the female victims of this social problem.

Despite the high incidence of domestic violence, information about the effectiveness of practice with battered women is scant. The lack of outcome evaluations in the area of domestic violence can be explained in several ways. One explanation is that like all areas of social work practice, it has been only in recent years that interest in assessing the efficacy of treatment approaches has grown.

Since Joel Fischer (1973) asked the now-famous question, “Is casework effective?” numerous articles have been written providing empirical evidence related to the effectiveness of social work treatment (de Smidt & Gorey, 1997; Gorey, 1996; Reid, 1997; Reid & Hanrahan, 1982; Rubin, 1991; Videka-Sherman, 1988). Current practice-effectiveness research indicates that though a wide range of interventions have demonstrated effectiveness when compared with nontreatment, placebo, or minimum treatment groups (Lambert & Bergin, 1994), we still have much to learn about the efficacy of intervention (Gorey, 1996).

The absence of outcome studies related to battered women can also be attributed to characteristics of practice that are unique to the field of domestic violence. Most studies of battered women have taken samples from the population of women who have sought refuge at domestic violence shelters. These women often arrive at the shelter in a state of active crisis; they may stay in shelter for a few hours, a few days, or a few weeks (Dziegielewski, Resnick, & Krause, 1996). Thus, services provided to this group are flexible and open ended in nature (Rubin, 1991). Whereas these attributes are appropriate to serving battered women, they make it difficult to design an effective outcome study. Moreover, given the emergency nature of shelter intervention, “delaying or withholding services in order to obtain experimental control . . . [which would enhance practice-effectiveness research, has been viewed as] unacceptable” (Rubin, 1991, p. 333). Given these constraints, it is not surprising to find that little research has been initiated on the effectiveness of intervention with battered women.

METHOD

The keywords used in searching the literature on effectiveness of psychosocial treatments for battered women included *practice evaluation, practice effectiveness, outcomes, battered women, psychosocial treatment, abused women, domestic violence, and family violence*. Although hundreds of books, book chapters, and journal articles describing interventive models and programs for working with battered women and their families were retrieved, very few of these dealt specifically with outcomes related to practice effectiveness with battered women.

To date, I could find only nine published articles that focused exclusively on the issue of intervention efficacy with abused women. Articles reviewed herein appeared in *Research on Social Work Practice* ($n = 4$), *Journal of Family Violence* ($n = 2$), *Journal of Marriage and the Family* ($n = 1$), *Psychotherapy* ($n = 1$), and *American Journal of Community Psychology* ($n = 1$). With the exception of one article, which appeared in print in 1986, all others were published between 1991 and 1996.

Each of the nine studies used in this review were examined in terms of the following criteria: (a) type of intervention, (b) length of intervention, (c) number of subjects, (d) underlying theoretical base of the intervention, (e) study design, (f) methodology, (g) measurement tools, (h) findings, and (i) study limitations. These categories were established based on criteria previously suggested in other reviews of empirical literature of practice effectiveness (see de Smidt & Gorey, 1997; Gorey, 1996; Reid & Hanrahan, 1982; Rubin, 1991; Videka-Sherman, 1988). Table 1 provides an overview of each of the reviewed studies per the evaluation criteria.

ANALYSIS OF EMPIRICAL LITERATURE

As noted previously, there has been very little research conducted on the outcome effectiveness of programs for battered women (Tutty, Bidgood, & Rothery, 1996). The following section of this article provides an overview of the empirical literature about outcome studies of psychosocial treatments for battered women. Articles in this review include intervention studies that focused on shelter-based services, nonshelter support groups, shelter-based group treatment, advocacy services, and follow-up treatment.

(text continued on p. 62)

TABLE 1: Overview of Empirical Literature

| | Citation | | | |
|------------------------|---|--|-----------------------------------|--|
| Feature | <i>Berk, Newton, and Berk (1986)</i> | <i>Rubin (1991)</i> | <i>Cox and Stoltenberg (1991)</i> | <i>Holliman and Schiit (1991)</i> <i>Sullivan, Tan, Basta, Rumpitz, and Davidson (1992)</i> |
| Type of intervention | shelter based, no description of intervention given | support group | psychoeducational | group: psycho-educational and support |
| Length of intervention | 1 to 30 days | four 90-minute sessions | 2 weeks | 10 sessions, 2 hours in duration |
| Sample size | 155 | 6 | 21 | 12 |
| Theory | social and economic | feminist and social service models of care | cognitive-behavioral | cognitive, expressive, and social support |
| Design | survey | AB, single-case design | experimental | quasiexperimental with no comparison group |
| Methodology | two-wave, face-to-face interview | daily telephone monitoring | pretest, posttest | pretest, posttest |
| | | | | postshelter advocacy services |
| | | | | 10 weeks |
| | | | | 141 |
| | | | | ecological intervention approach |
| | | | | experimental with random assignment |
| | | | | pretest, posttest |

| | | | | | |
|-------------|--|---|--|--|---|
| Measures | no standardized measures, variables included help-seeking and violent incidences | two outcome measures: (a) feeling and behavior checklist and (b) daily degree of partner's abusive behavior | The Rosenberg Scale, Internal-External Locus of Control Scale, Adult Self-Expression Scale, Multiple Affect Adjective Checklist, and Career Maturity Inventory | Fitzgibbons Anger Inventory, Index of Self-Esteem, General Contentment Scale, and Hudson's Physical Abuse Scale and Verbal Abuse Scale | Conflict Tactics Scale, CES-D, Rape Aftermath Symptom Test, Internal Powerful-Others Chances Scale, Social Support, and Quality of Life |
| Findings | main effects suggested that shelter stay may reduce violence incidence | intervention did not seem to be beneficial | mixed results | no specific findings given other than noting that there were no significant changes in self-esteem | no differences in reported abuse episodes between treatment and control groups |
| Limitations | nonprobability sampling, no standardized measures, no reliability or validity data given | brief evaluation period | small sample size, no follow-up, non-randomized sample | no comparison group, no follow-up, no reporting of statistical findings | additional follow-up needed |

(continued)

8 **TABLE 1 Continued**

| Feature | Citation | | |
|------------------------|---|---|--|
| | <i>Tutty, Bidgood, and Rothery (1993)</i> | <i>Mancoske, Standifer, and Cauley (1994)</i> | <i>Tutty (1996)</i> |
| Type of intervention | support groups | brief counseling | support groups |
| Length of intervention | 10 to 12 weeks, 2 to 3 hours per session | 8 sessions | 10 to 12 weeks, 2 to 3 hours each |
| Sample size | 76 | 20 | 76 |
| Theory | none explicitly stated | feminist and grief resolution | feminist |
| Design | quasiexperimental | comparative treatment group with random assignment | quasiexperimental |
| Methodology | pretest, posttest, follow-up | pretest, posttest | secondary data analysis |
| Measures | The Interpersonal Support Evaluation List, Internal-External Locus of Control Scale, the Coopersmith Self-Esteem Inventory, Attitudes Towards | The Interpersonal Support Evaluation List, Self-Efficacy Scale, and Attitudes Toward Feminism Scale | The Interpersonal Support Evaluation List, Internal-External Locus of Control Scale, the Coopersmith Self-Esteem Inventory, Attitudes Towards Marriage and the |

| | | | | |
|---|--|---|--|--|
| <p>Marriage and the Family Scale, Family Assessment Measure, Index of Domestic Violence, Conflict Tactics Scale, and Conflict Tactics Scale</p> | <p>significant improvements in all study variables</p> | <p>significant difference in self-esteem and self-efficacy between two groups and when group scores were combined</p> | <p>significant improvement in self-appraisal support and self-esteem, positive feedback on the importance of the program</p> | <p>no consistently superior outcomes related to group provider characteristics</p> |
| <p>Family Scale, Family Assessment Measure, Index of Domestic Violence, Conflict Tactics Scale,</p> | <p>nonrandom sampling procedures</p> | <p>sample size and type, no comparison group</p> | <p>small sample size, no comparison group, nonrandomized sample, internal program evaluators</p> | <p>nonrandom sampling procedures</p> |

Shelter Services

Berk et al. (1986) published the first journal article that focused on the outcome effectiveness of intervention for women who had experienced domestic violence. Drawing primarily on social and economic theory, these authors researched the efficacy of shelter-based services. Actual length and specific type of intervention was not specified. Study hypotheses were stated as follows: (a) "Shelter stay will reduce the frequency and intensity of new violence," and (b) "Beneficial effects will depend upon whether the victim has begun already to take control of her life" (p. 481). The authors sought demographic information about the participants as well as data related to the study's two hypotheses.

To test these hypotheses, a nonprobability sample was drawn from women who had received services at a battered women's shelter in Santa Barbara County, California. The study began with a sample of 243 women. However, approximately one third of this sample was lost through attrition. This brought the final sample size to 155.

Data used in this study were collected over an 18-month time period (1982-1983). The investigators conducted face-to-face interviews with female victims of spousal violence. Interviews were completed in a two-wave panel. No descriptive information was given as to the background of either the shelter staff or the interviewers. The two reviews occurred at 6-week intervals. No standardized measures were used, and no data with regard to reliability and validity of the survey instrument were provided in the article.

Of the study sample, 72% was White (no specifics were given for non-White categories). Victims who reported that they had been living with their assailants (no specific breakdown for married or cohabiting were noted) composed 76% of the sample. The authors concluded that "our sample reflects a heterogeneous mix of individuals, consistent with the findings of other studies of domestic violence" (Berk et al., 1986, p. 486). An evaluation of the main effects of shelter stay, although not statistically significant at the .05 level, approached significance at the .10 level and was in the predictive direction. This caused the authors to conclude that the study hypotheses were, for the most part, supported.

In retrospect, Berk et al.'s (1986) study appears to lack sophistication in both methodology and the reporting of findings. However, it must be noted that this study was the first reported attempt to use quantitative analysis to assess the effectiveness of practice with battered women. As such, these authors made a huge contribution to the literature on domestic violence and gave practitioners working in this field validation and encouragement to keep on with their work.

Single-Case Design

The next investigation of the efficacy of intervention with battered women to be reported in the literature appeared 5 years after Berk et al.'s (1986) initial article. In 1991, Rubin published the findings of an investigation of the effectiveness of outreach counseling and support groups for abused women who had previously sought refuge at a shelter for battered women outside of Austin, Texas. Using a sample of 6, Rubin conducted an AB-design, single-case, evaluation study. All of the study participants were White.

The women in the sample agreed to participate in the outreach support groups. The group intervention used aspects of feminist approaches, cognitive behavioral techniques, mutual support, and humanistic and psychodynamic frameworks. Group curriculum included provision of information about the "cycle of violence" (Walker, 1979) and availability of community resources. The groups encouraged expression and exploration of feelings among the participants. Discussion topics ranged from coping and self-defense strategies to concerns about self-blame. Groups were led by one of three facilitators: one was a 2nd-year master's of social work (MSW) student, and the other two held graduate degrees in related fields.

A telephone interview was used to collect the data. The telephone interview was composed of two outcome measures: (a) a list of thoughts, feelings, and behaviors that the women reported experiencing on a daily basis and (b) a checklist of five items that sought information about their partners' abusive behaviors during the past day. Neither outcome instrument had been tested for reliability and validity.

Study findings indicated a lack of consistency in the overall benefits of the intervention. Rubin (1991) concluded that "none of the six graphs on thoughts, feelings, and behaviors offer much visual or statistical support for concluding that intervention groups [for battered women] are effective" (p. 351). However, Rubin (1991) also noted that the brief length of the evaluation period may have skewed the results: "It is conceivable that some clients exhibit a deterioration in the outcome indicators before they start exhibiting a sustained improvement" (p. 352). Given the exploratory nature of the study and the small sample size, Rubin suggested that more research was needed in this area before any conclusions about the effectiveness of group intervention for battered women should be drawn.

Group Intervention

At the same time that Rubin (1991) was conducting his single-case-design study of spouse abuse survivors, Holiman and Schilit (1991) reported on their

investigation of the effectiveness of group intervention for battered women. Using cognitive, expressive, and social support frameworks, Holiman and Schilit conducted and evaluated a psychoeducational support group for women who had been victims of domestic violence. The study sample consisted of 12 women who reported having at least two incidents of domestic violence. The five volunteer group leaders, who had between 2 and 17 years of mental health experience, each participated in 18 hours of training prior to the interventive process.

Study participants ranged in age from 21 to 50. The sample included 9 Caucasians and 3 Hispanics. Of the 12 participants, 25% had college degrees; all of the remaining women had high school diplomas.

Three instruments were employed to assess and evaluate the psychosocial concerns of the women. These included the Fitzgibbons Anger Inventory (Lord & Fitzgibbons, 1988), the Index of Self-Esteem (Hudson, 1982), and the General Contentment Scale (Hudson, 1982). The Physical Abuse Scale and Verbal Abuse Scale (Hudson, 1982) were used as screening instruments to ensure that all study participants had, indeed, experienced domestic violence.

The goal of the treatment was to help battered women learn to focus on themselves. The intervention, which highlighted cognitive and expressive exercises, consisted of 10 group sessions. Session 1 was a general orientation. Sessions 2 through 5 included a 1-hour psychoeducational component and a 1-hour, small-group-activity/support-group component. The last 4 sessions consisted of 2-hour groups that focused on community action and participant emotions.

Outcomes from the three paper-and-pencil scales that were given to participants were not provided in the article, though the authors did note that “no significant changes occurred on the measure of self-esteem” (Holiman & Schilit, 1991, p. 351). The authors did provide verbatim, self-report statements from the study sample, which indicated that the women in the study had positive feelings about the intervention.

Clearly, this study had several weaknesses. The study sample was small, and, as the authors themselves suggest, study measures may have been deficient. Moreover, because there was no comparison group, score changes among the study sample would have been difficult to interpret. But the greatest weakness of this investigation was that no actual results were given in the article. This latter problem made any interpretation of the effectiveness of the intervention virtually impossible.

Shelter-Based Group Intervention

During the same year, Cox and Stoltenberg (1991) evaluated a treatment program for battered women. Using a larger study sample and more precise methodology, these authors designed an investigation to (a) assess the conditions necessary for enhancing a battered women's chances for leaving her abuser and (b) identify interventions that can help the battered woman deal with issues such as personal development, social adjustment, and vocational guidance.

The study began with a sample of 50 women who had sought refuge at a shelter for battered women. Of the 50 participants, 24 were White, 6 were Black, 19 were Mexican-American, and 1 was from an unspecified background. Women who had never sought refuge at a shelter before composed 66% of the sample; 18% had been to shelter twice, and the remaining 16% had sought shelter services more than three times.

Although the study began with a sample of 50, 29 participants were lost to attrition. This left a sample population of 21 women. The women were divided into three groups: a control group (C1, $n = 6$) and two treatment groups (E1, $n = 9$; E2, $n = 7$). Group assignment was related to the time of year during which the women sought refuge at the shelter.

The 2-week program was psychoeducational in nature. Counseling was conducted by two female graduate students from the department of counseling psychology. The treatment consisted of five modules. These included units on cognitive restructuring therapy, assertive communication, problem solving, body awareness, and vocational counseling. Groups met three nights per week, for 2 hours per night, over a 2-week period.

Five standardized scales were used to measure changes from pretest to posttest, including the following: The Rosenberg Scale (Rosenberg, 1967), which is designed to measure self-esteem; Rotter's (1966) Internal-External Locus of Control Scale; the Adult Self-Expression Scale (Gay, Hollandsworth, & Galassi, 1974), which measures assertiveness; the Multiple Affect Adjective Checklist (Zuckerman & Lubin, 1965), which measures anxiety, depression, and hostility; and the Career Maturity Inventory (Crites, 1973), which is designed to assess the career counseling needs of individuals. Reliability and validity ratings for each of these tools were good. Actual alpha measures were given within the original article.

Although significant pretest-posttest differences were found in the E1 group on three subscales of the Multiple Affect Adjective Checklist, these changes were not found in the E2 group. Similarly, whereas pretest-posttest changes were noted in the E1 group for the Adult Self-Expression Scale and The Rosenberg Scale, significant differences were found in the E2 group on

only the The Rosenberg Scale. No differences between pretest and posttest scores were found for any of the women in the control group.

The authors noted several possible factors that might have contributed to the study's mixed results. Several moderating variables, such as race and/or ethnicity, may have impacted the participants' ability to comprehend the curriculum, which was written in English. Furthermore, because many of the women in the study had young children, the authors postulated that they may have had little or no interest in the career-counseling component of the treatment program. To increase confidence to study outcomes, Cox and Stoltenberg (1991) advocated the need for follow-up research.

Shelter-Based Advocacy Services

Building on the work of Berk et al. (1986), Sullivan, Tan, Basta, Rumptz, and Davidson (1992) returned to the shelter setting to conduct an evaluation of an advocacy intervention program for battered women. Study participants were recruited from a shelter for battered women in the Midwest. Employing a treatment-group/control-group experimental design, the authors divided a sample of 141 women into two groups. The treatment group received post-shelter advocacy services; the control group did not. Members of both groups were interviewed six times following their exit from the shelter. Participants were interviewed for the first time immediately after release from the shelter. Interviews then occurred at 10 weeks, 6 months, 12 months, 18 months, and 24 months after leaving the shelter. Interviews were approximately 90 minutes in length. All participants were paid. A group of 146 women completed the initial exit interviews. A study sample of 141 women was left after 5 women were lost to attrition.

Advocates who provided the intervention that was evaluated by the investigators were undergraduate students who were attending a large, midwestern university. All advocates were women who received training prior to the intervention as well as weekly supervision during the treatment process.

The intervention that the treatment group received consisted of five phases: (a) assessment, (b) initiation of intervention, (c) monitoring, (d) secondary advocacy, and (e) termination. Though these stages are listed in linear fashion, Sullivan et al. (1992) reported that "advocates engaged in various phases simultaneously" (p. 318).

Chi-square and parametric statistics were used to assess the similarity of the groups in the investigation. Findings from these tests indicated that there was "no statistically reliable evidence to reject the hypothesis that the two groups were comparable overall" (Sullivan et al., 1992, p. 315).

The authors employed nine data-collection instruments. These included (a) an author-constructed, emotional-attachment scale; (b) the Conflict Tactics Scale (Straus, 1979), which was used to measure physical abuse; (c) the CES-D (Radloff, 1977) to measure depression; (d) the first 40 items of the Rape Aftermath Symptom Test, which measures long-term anxiety and fear; (e) an author-constructed, self-efficacy scale; (f) the Internal Powerful-Others Chances Scale (Levenson, 1972); (g) a social-support scale developed by Bogat, Chin, Sabbath, and Schwartz (1983); (h) an author-constructed, effectiveness-in-obtaining-resources scale; and (i) Andrews and Withey's (1976) Quality of Life measure. Data with regard to the reliability and validity ratings of each of these scales are available in the original article. To control for interrater reliability, each interviewer received training. Interrater agreement was calculated at the end of each 5-week training session. According to the authors, interrater reliability remained consistently around 97%.

Support Groups

In the year following the publication of the Sullivan et al. (1992) article, Tutty, Bidgood, and Rothery (1993) evaluated the effectiveness of 12 support groups for women survivors of domestic violence. Their study sample was drawn from the client population of three separate agencies that served battered women. In all, 76 women were included in the investigation.

The stated goal of the groups was to "stop violence by educating participants about male/female socialization, building self-esteem, and helping group members to develop concrete plans" (Tutty et al., 1993, p. 329). Group sessions continued for a period of 10 to 12 weeks. Each group session lasted approximately 2 to 3 hours. Group leaders were described as being "all women, professionally qualified in social work or related disciplines" (p. 329).

Eight standardized measurement tools were employed to assess the effectiveness of the intervention. These measures included (a) The Interpersonal Support Evaluation List (Cohen, Mermelstein, Kamarck, & Hoberman, 1985), (b) Rotter's (1966) Internal-External Locus of Control Scale, (c) the Coopersmith Self-Esteem Inventory (Coopersmith, 1987), (d) the Perceived Stress scale (Cohen, Kamarck, & Mermelstein, 1983), (e) the Attitudes Towards Marriage and the Family Scale (Feldman, 1983), (f) the Family Assessment Measure (Skinner, Steinhauer, & Santa Barbara, 1983), (g) Hudson and McIntosh's (1981) Index of Domestic Violence, and (h) the Conflict Tactics Scale (Strauss, 1979). Though data with regard to the reliability and validity for each of these instruments were not given in the article, the authors reported that "evidence for reliability and validity was considered as a

selection criteria [sic]" (Tutty et al., 1993, p. 330) for choosing each of the study's measures.

In addition to these eight standardized scales, Tutty et al. (1993) developed three instruments for their investigation. These included (a) a seven-item checklist to assess controlling behaviors, (b) a client satisfaction scale, and (c) a therapist perception questionnaire. The entire assessment package of study instruments took 45 to 60 minutes to administer. The assessment package was administered as a pretest to intervention and as a posttest following intervention. Scales were again completed at 6-month follow-ups.

Data were analyzed in two ways: *t* tests were done to compare pretest and posttest scores, and repeated measures ANOVAs were done for pretest, posttest, and follow-up scores. Findings from the *t*-test analysis of the dependent variables indicated significant changes in support group members' scores from pretest to posttest in the areas of social support, locus of control, self-esteem, and reported stress levels.

Scores in the overall category of marital relations decreased from a total score of 70.6 to a score of 65.5, with greatest decreases in the area of tasks. The Index of Domestic Violence scores demonstrated a reduction in overall violence, with physical violence scores decreasing nearly 10 points. ANOVA procedures indicated that statistically significant improvements were attained between pretest and follow-up scores in the areas of self-esteem, less traditional attitudes toward marriage and family, perceived stress, and marital functioning. Study participants also reported a significant reduction in their partners' violent and controlling behaviors.

Contrary to Rubin's (1991) findings, outcomes from Tutty et al.'s (1993) study indicated that group treatment for battered women had a positive impact on the clients' thoughts and behaviors. Because neither random assignment nor a control/comparison group were used in this study, the findings were not generalizable. However, given the lack of quantitative research on the efficacy of intervention for battered women, the outcomes of this investigation provided strong encouragement to practitioners working with battered women about the efficacy of support-group intervention. Tutty et al. (1993) recommended that their study be replicated with other samples.

Brief Counseling

Random sampling techniques were used in the next published report on the efficacy of intervention with battered women. Using a comparative-treatment-group design, Mancoske, Standifer, and Cauley (1994) investigated the effectiveness of brief counseling for abused women.

The purpose of the Mancoske et al. (1994) study was to assess the effectiveness of two types of social work services that are used with abused women, namely, grief counseling and feminist therapy. The design was quasiexperimental in nature, though, due to ethical concerns, a nontreatment group was not established. Study participants received two levels of intervention. The first level of treatment included standard, crisis intervention services. Following this treatment, participants were then randomly assigned to one of two short-term counseling programs: feminist or grief resolution. Counseling services were provided by the authors, who were, at the time, 2nd-year MSW students.

Hudson's (1982) Index of Self-Esteem, the Self-Efficacy Scale (Sherer, 1982), and the Attitudes Toward Feminism Scale (Smith, 1975) were employed in this study. Reliability and validity ratings for each of these data collection instruments are available within the original article.

Study findings of changes in mean scores indicated that women who received grief-resolution-oriented counseling services following crisis intervention reported statistically significant improvement in self-esteem and self-efficacy. Conversely, no statistically significant changes in self-esteem and self-efficacy were noted among participants in the feminist-oriented, short-term counseling. However, when scores from both groups were combined, all participants showed statistically significant improvement in self-esteem, self-efficacy, and attitudes toward feminism. No specific *t* scores were provided.

Outcomes from this study did not support Rubin's (1991) findings, which indicated that no gains were made to battered women as a result of social work intervention. The outcomes from the Mancoske et al. (1994) study suggested that short-term intervention with abused women appeared to be effective in improving self-esteem and self-efficacy. This latter investigation further suggested that whereas grief resolution counseling may be most effective for increasing the self-esteem and self-efficacy of battered women, grief resolution and feminist counseling together may be the most effective means of not only improving self-esteem and self-efficacy but also of facilitating the development of a feminist perspective among battered women.

Secondary Data Analysis: Group Intervention

Building on their prior evaluation of support groups for battered women, Tutty et al. (1996) investigated the impact of client characteristics and group process patterns on the effectiveness of group intervention with abused women. Employing a secondary data analysis strategy, they examined a data set that had previously been collected for the purpose of assessing the

effectiveness of group intervention with battered women (see my prior discussion of Tutty et al.'s, 1993, article).

The group variables that were selected for investigation by Tutty et al. (1996) were group size, participant attendance, program completion, and the type of group leaders (i.e., single leader or coleaders). Client characteristics that were examined included client age, violence history, and current living arrangements related to the batterer. No significant predictors of who would not complete the program were found through *t*-test analysis of pretest scores of the 49 women who completed the program and the 27 women who dropped out (Tutty et al., 1996).

Whereas there were no significant differences between the clients in groups with one leader versus the clients in the two-leader groups, at 6-month follow-up, those women in the two-leader groups reported "significantly fewer problems on a number of scales," that is, greater social support, greater internal locus of control, and lower scores on the verbal abuse section of the Conflict Tactics Scale (Tutty et al., 1996, p. 318). Findings also indicated greater client satisfaction with the two-leader groups.

At pretest, the women who were not cohabiting with their abusive partners reported significantly higher scores in all scaled problem areas. However, following participation in either of the treatment groups, there were no significant differences in scale scores between the cohabiting and noncohabiting women.

With regard to recontracted versus new clients, overall study results indicated that "efforts to determine whether particular client [characteristics had] greater benefits from the program revealed no superior outcomes . . . [though findings did suggest] that gains may be less sustainable for recontracted and older clients" (Tutty et al., 1996, p. 321).

Follow-Up Treatment

Building on her prior research in the area of effectiveness of intervention with battered women, Tutty (1996) evaluated the efficacy of follow-up treatment for abused women. The two follow-up programs that were evaluated by Tutty (1996) were small. The purpose of the programs was to "provide ongoing support to former shelter residents who have decided to live independently from their assaultive partner" (Tutty, 1996, p. 427). The two bachelor's-degree-level social workers involved in this program carried out home visits 1 to 2 hours per week. The research that was undertaken in relation to the follow-up programs included both quantitative and qualitative methods.

The quantitative component of the investigation was quasiexperimental in nature. The study sample for this component of the investigation was 28.

Four study instruments were given to the participants on exit from the shelter and 3 months after exit from the shelter. Measures that were used included The Interpersonal Support Evaluation List (Cohen et al., 1985), the Perceived Stress Scale (Cohen et al., 1983), and the Coopersmith Self-Esteem Inventory (Coopersmith, 1987). All of the above-mentioned scales have good reliability and validity ratings. Specific alpha statistics are available in the original article. In addition to the standardized scales, an investigator-developed "worker survey" was employed to assess client perspective.

Findings from the pretest-posttest measure of the standardized scales indicated that there was significant improvement in "appraisal support" among the women in the follow-up program. Significant change was also noted in the area of self-esteem.

Results of the worker survey indicated that workers rated positive change in the follow-up-program clients in the areas of self-esteem, coping ability, social supports, physical abuse, verbal abuse, and "feels safe."

To provide more description and depth to the study, Tutty (1996) added a qualitative element to her research. She conducted 1.5-hour, face-to-face interviews with 31 of the follow-up program clients. Verbatim transcripts were used in the analysis. This was the first practice-evaluation study of programs for battered women that included a qualitative component. Findings indicated that clients were very pleased with the follow-up program, and many credited the follow-up workers with their ability to continue to live independently of the batterer.

The fact that there was no comparison group makes it difficult to ascertain whether the improvement in the scale scores of the study participants was due solely to the intervention. However, given that Tutty's (1996) results are similar to those found in other investigations of battered women's programs, practitioners working within the field of domestic violence who are concerned about practice effectiveness should be encouraged.

DISCUSSION AND APPLICATIONS TO SOCIAL WORK PRACTICE

The purpose of this article was to evaluate what is currently known about the efficacy of practice with battered women. Toward this end, all of the published journal articles that focused exclusively on treatment effectiveness with battered women were reviewed, described, and critiqued. Each of the

nine studies used in this review were examined in terms of the following criteria: (a) type of intervention, (b) length of intervention, (c) number of subjects, (d) underlying theoretical base of the intervention, (e) study design, (f) methodology, (g) measurement tools, (h) findings, and (i) study limitations. The results of this review of the empirical research on psychosocial treatments for battered women indicate the following: (a) Most of the studies that have been published focused on a short-term, group-intervention process; (b) more than one half of the reported research used very small study samples; (c) the most often cited frameworks of practice used with battered women in the critiqued studies were feminist, social support, and cognitive; (d) several studies were characterized by design weakness—only one of the nine studies included in this review employed a control or comparison group, and only one of the investigations reported on any follow-up that was initiated; and (e) inexperienced workers provided the bulk of the interventions that were evaluated.

Dominance of Group Intervention

The most commonly employed mode of intervention with battered women is group work (NiCarthy, Merriam, & Coffman, 1984; Tutty et al., 1993). This was reflected in the studies examined in this review. All but one of the studies (Sullivan et al., 1992) employed some aspect of group intervention.

Sample Size

With the exception of three of the studies (Berk et al., 1986; Sullivan et al., 1992; Tutty et al., 1996), all sample sizes were between 6 and 31 participants. It is important to note, however, that small study samples generally limit the generalizability of the results. Moreover, most of the studies reviewed used convenience samples. This too limits generalizability. Thus, even though six of the nine studies under review indicated client improvement following treatment (see Table 1), care must be taken when discussing the outcomes of these investigations. Repeated replications with larger and more diverse groups of abused women are needed before substantive conclusions can be drawn.

Theoretical/Practice Frameworks Used

Of the outcome studies examined in this review, three employed a feminist perspective. Social support, social and economic theory, and/or cognitive/

cognitive-behavioral frameworks were employed as frameworks of practice in the remaining five outcome studies. The authors of one study did not explicitly state their theoretical framework. Overall, little attention was given to describing either the specifics of the intervention or the theoretical framework(s) that supported it.

There appears to be a lack of specificity in the practice approaches and techniques that were described in the articles reviewed for this article. This vagueness in the intervention has consequences for the overall efficacy of practice. Several authors (Reid & Hanrahan, 1982; Rubin, 1985) point out that more highly structured forms of practice appear to be related to more positive client outcomes. Perhaps a more structured program of intervention would enhance research on practice effectiveness with victims of domestic violence. At the very least, a more standardized treatment process would allow for larger sample sizes and opportunities to do comparative studies. The current state of the art, having unstructured, unspecified, and unstandardized treatment, makes it difficult to assess and compare research on practice.

In addition to standardizing the treatment process, efforts also need to be taken to change the practice of placing all battered women together in treatment, regardless of their individual progression through the recovery process. Lewis (1983), in discussing this phenomenon, advocated the development of interventions targeted at battered women at different stages of the abusive relationship. A more precise definition of the target population would enhance our ability to differentiate which treatments are best for which battered women. If intervention programs could offer several tracks of treatment, that is, programs for women still living with their partners versus women who have left their partners, the outcomes for the participants might be more beneficial. Having more homogeneous treatment groups would also reduce the chance of unanticipated, extraneous, relationship-related variables confounding the results of research findings. The outcome evaluations of such projects would, therefore, yield more specific and useful results.

Design

An evaluation of the current state of the art of practice effectiveness with battered women also suggests areas for improvement in research design and methodology. Research sophistication has certainly progressed since the Berk et al. (1986) study. However, there is still significant inconsistency with regard to the specific attributes or problems that are expected to be impacted by the prescribed treatment. Thus, when studies of treatment programs of battered women are undertaken, the dependent variables under investigation

in one study are often different than those of another study. This severely reduces the ability to compare findings.

There is also a lack of consistency in the types of scales that are used in the studies examined in this article. Because a research procedure that can be replicated provides more insight into treatment effectiveness than one that stands on its own, agreement among researchers as to the variables and scales to be used to assess the efficacy of practice with battered women would do much to increase the ability of researchers to replicate the studies of others. This, in turn, would allow for the development of a more useful database for those providing services to battered women.

Another area of concern that arises from this review of the research on practice effectiveness with battered women relates to the need for comparison groups. As previously mentioned in this article, the absence of such studies in the literature is understandable. Given the emergency nature of the problem, it is unethical and perhaps immoral to withhold services to battered women to obtain comparison group data. However, our ability to collect useful and conclusive information about practice efficacy with abused women will be severely limited if we cannot compare women who received treatment with women who did not. Researchers need to fully grapple with this issue. It may be that providers and researchers, working together, can find a solution to this dilemma.

Lastly, in addition to expanding our quantitative database, we must work to increase our understanding of the meaning of practice intervention for our clients. Only one of the articles under review included a qualitative component. Additional qualitative inquiry would provide a richer understanding of both the intervention process and its outcomes.

Follow-Up

Follow-up has been a difficult element to include when providing services to domestic violence survivors. Abused women often move and, for safety reasons, do not leave a forwarding address. Furthermore, contacting battered women who have returned to their abusers may place the women in danger. These ethical and practical issues have made follow-up of battered women difficult. As a result, few follow-up programs have been developed.

The ability to conduct follow-up research on the women who participate in practice effectiveness research is essential to increasing our confidence in the intervention effectiveness. Due to safety issues, however, follow-up often is very problematic when working with battered women. Researchers wishing to build in a follow-up component to practice effectiveness studies with battered women will need to be creative. Offering money, for example, to

participants who voluntarily recontact the researcher at specified intervals might be the type of strategy that needs to be employed.

Worker Qualifications

This literature review also indicates a lack of consistency in the area of worker background and qualifications. A large majority of the treatment providers who were evaluated within the nine studies that constituted this investigation's sample were either undergraduate or graduate students. Although there is no doubt that student interns bring much energy and commitment to their work, they are by no means seasoned professionals. It may be that increased professionalization of providers could result in more successful treatment outcomes for women who have experienced domestic violence.

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