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Support Groups for Battered Women: Research on Their Efficacy

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An evaluation of 12 support groups for women victims of domestic assault revealed substantial benefits associated with group participation. A total of 76 women responded to an assessment package before, immediately after, and six months following the group. Significant improvements were found in self-esteem, belonging support, locus of control, less traditional attitudes towards marriage and the family, perceived stress, and marital functioning. Unexpectedly, clients currently living with their spouses also reported significant decreases in both physical and nonphysical abuse.

KEY WORDS: battered women; groups; research.

INTRODUCTION

While considerable effort has been expended on interventions to lessen the impact of domestic assaults on women, the emphasis in the literature has been on protection for women in shelters, and on treatment groups for men. The most commonly utilized mode of intervention for women who have been abused is groupwork, offered in many shelters and community agencies so that victims may give and receive support. Although anecdotal material suggests the usefulness of such groups, little formal research on their efficacy exists. This paper reports the results of a major study in an area that is therefore relatively under-researched — an evaluation of the

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effectiveness of twelve community-based groups offered by the Co-ordinated Family Violence Program in the Waterloo Region of Ontario.

LITERATURE REVIEW

Characteristics of Battered Women

Efforts to establish that personality characteristics of women may predispose them to become victims of abuse have largely failed. While authors in the past have been tempted to speculate that traits such as low self-esteem lead some women to select potentially abusive partners and to invite and tolerate mistreatment once the relationship is established, accumulating evidence has failed to support such a view. Hotaling and Sugarman (1986) found that among numerous proposed characteristics of women believed to predict vulnerability to abuse, only being a witness to parental violence was consistently related to a woman being in an abusive relationship. In a new, more statistically sophisticated study (Hotaling and Sugarman, 1990), even this risk marker was no longer found to be descriptively accurate. The authors concluded that:

> After 15 years of empirical research on wife assault, few risk markers have been found that identify women at risk to violence in close relationships. Overall, it appears that in order to gain greater insight into the factors associated with the incidence of husband-to-wife violence, it is evident that researchers should focus greater attention on the perpetrators, the dynamics of the relationship, and the social environment in which the relationship exists. Very little heuristic value can be gained by focusing primarily on the victim in the assessment of risk to wife assault. (Hotaling and Sugarman 1990, p. 12)

While focusing on characteristics of the victim as *predictors* of victimization may no longer be appropriate, a number of traits which may be *consequences* of victimization, or which may impede the woman's ability to protect herself against abuse, remain targets for intervention with battered women. The most commonly cited of these characteristics include a feeling of helplessness, a traditional view of women's roles (acceptance of relative powerlessness), social isolation and low self esteem.

A pervasive feeling of helplessness has been used to explain why many assaulted women stay in abusive relationships. Feeling powerless to leave, victimized women may lapse into depression, anxiety, and passivity (Hilberman and Munson, 1978; Walker, 1978). Such psychological effects are frequently seen as being related to difficulties in problem solving which have been observed in assaulted wives (Launius *et al.*, as cited in Launius and Jensen, 1987; Claerhout *et al.*, 1982).

In contrast, other authors (Bowker, 1984: Gondolf and Fisher, 1988; Stark, 1984) see battered women as "survivors" rather than as "victims" who suffer from learned helplessness. They describe the often ingenious attempts that battered women have made to alleviate violence; rather than being passive, they often try, to no avail, every conceivable strategy to stop the violence — hiding, threatening to leave, fighting back, and talking to friends.

Assaulted women, especially those who stay with abusive partners, may have adopted a traditional sex-role orientation. Typically, battered women test lower than their non-assaulted counterparts on measures of androgyny, indicating a traditional orientation (Walker, 1978; Star, 1978; Cristall, 1978; Wetzel and Ross, 1983; Barnett *et al.*, 1980; Bell, 1977).

Many assaulted women reportedly share with the men who victimize them a high degree of social isolation (Fleming, 1979; Wetzel and Ross, 1983; Pressman, 1989b). It has been suggested that this may be due to embarrassment about visible injuries, coercive restraints by a jealous partner, and withdrawal by family members and friends who are frustrated by her inability to leave a painful situation (Mardoyan, 1985). A recent study looking at different kinds of emotional abuse concurrent with physical abuse (Follingstad *et al.*, 1990) reported that 75% of the spouses of 234 women restricted their partners' activities by denying them access to social supports or to finances.

Low self esteem is often mentioned as a correlate of being battered and there is good empirical support for this contention (Carlson, 1977; Bell, 1977; Roy, 1977; Ridington, 1977; Hilberman and Munson, 1978; Fleming, 1979; and Barnett *et al.*, 1980; Hartik, 1982). Low self-esteem is thought to be caused not only by the physical violence directed toward these women, but also by the verbal abuse that is normally part of an assaultive relationship (Pressman, 1984; Follingstad *et al.*, 1990).

These characteristic consequences of victimization, emphasized in the literature, were seen as common issues with which to be dealt by the workers in the support groups evaluated in this study.

Support Groups for Battered Women

Support groups are considered the treatment of choice for battered women by most practitioners, partly due to the inappropriateness of other interventions when applied to the problem of domestic assaults. For example, traditional marital or family therapy has been criticized for not acknowledging the differential power structure that exists in abusive relationships (Pressman, 1989a). By ignoring this dynamic, conjoint therapy

places a woman at risk of further abuse if she talks about the violence. By assuming that both partners equally contribute to the family dynamics, conjoint therapy blames the victim of abuse for something which she was powerless to avoid (Savage, 1987).

In contrast to a family treatment focus, groups reduce social isolation, one of the significant effects of being in an abusive relationship. They provide encouragement and support, allowing women to see that they are not alone in their experience, and that various options are available (Harris, 1985; Boyd, 1985).

The limited available literature describing support groups for battered women suggests that these groups are less didactic, less structured, and more focused on emotional processes than groups for men who batter. Numerous authors have recommended that those who work with battered women adopt a feminist belief system which condemns violence, avoids assigning responsibility for the violence to the victims, recognizes how the social institutions perpetuate violence, and focus on the violence itself (rather than interactional dynamics) in the initial stages of treatment (Savage, 1987; Pressman, 1984; Hartman, 1983).

Groups for battered women were initially developed as a support for women in shelters who were faced with the challenges of finding work and a new place to live, as well as coping with the loss of their relationships. Many were confronted with escalating violence or threats from their partners despite having left. Many were ambivalent about leaving their partners, with a common pattern being for women to return to their spouses four or five times before making a final break (Giles-Sims, 1983). Thus, some group members may have resumed living at home with a potentially abusive spouse, and may need help with the consequences of that decision. A group member's partner may be in a concurrent treatment group for men who batter, while for others the partner may be unaware that the woman is even attending a group. One woman may decide at the end of a group that the only reasonable option for her is to leave the perpetrator, while another may not want to leave but will use her new perceptions of the dynamics of abuse to protect herself while remaining in the relationship.

Despite these differences in individual women's goals, there remain some general goals of battered women's support groups which appear consistently in the literature. Pressman (1984), for example, identified a number of guidelines for the treatment of abused women which are congruent with the work of Savage (1987) and Hartman (1983). These guidelines suggest several common focuses for the work of support groups:

1. The future safety of the woman.

2. Recognition of violence for what it is, without denial or minimization.
3. Reduction of self-blame and learned helplessness, and enhancement of self-esteem.
4. An understanding of why battering occurs, including an exploration of sexism and the woman's own beliefs about male-female roles.
5. Opportunities for the ventilation of anger around being victimized and to express mourning and loss should the relationship end.
6. Developing support networks which reduce isolation.

As can be seen, such general goals are congruent with the perceived common consequences of abuse for victims discussed earlier. Our review of the literature uncovered no research which measured the outcomes of groups for battered women. The goals of the group and the characteristics of women who have been in abusive relationships were, therefore, used to guide the choice of measures included in the instrument package utilized in the present study.

Program Model

The goal of the groups in the Family Violence Co-ordinated Treatment Program of Waterloo Region is to stop violence by educating participants about male/female socialization, building self-esteem and helping group members to develop concrete plans.

When the group leaders were asked to describe the major goals of the support groups, there was a high level of agreement, with the most common program objectives being highly congruent with the focuses that appear in the literature which were summarized in the preceding section. Group leaders were also asked to provide information on program parameters (number of sessions, duration, leadership, referrals, goals/objectives, attendance and follow-up, session formats). This information was used to determine that there was sufficient similarity between groups to justify aggregating data.

The groups were offered for 10 to 12 weeks and for 2-3 hr per session. They were closed to new members after the first several sessions. The group leaders were all women, professionally qualified in social work or related disciplines. Referrals came from a variety of sources including women's shelters, hospitals, counselling agencies, doctors, lawyers, and self-referrals. There was a high degree of similarity between groups respecting duration, leadership, referrals, assessment and follow-up. While there were likely differences in emphasis, the support groups appeared to

be working towards achieving common objectives which are well-founded in the literature.

METHODOLOGY

The current research employed a pretest–post-test quasi-experimental design involving the completion of client and therapist questionnaires at the beginning and end of the groups. Clients responded to the measures again, six months following their participation in the program.

Twelve support groups from three agencies and a total of 76 women were studied. Since 13 participants recontracted for a second support group, the total number of cases in the study was 89. Of this total, 60 (67.4%) completed the support group program and were available to complete the post-test assessment. Thirty-two (53.3 %) of those members who completed the program were contacted 6-months later and participated in the follow-up assessment.

Instrumentation

The common goals for the groups as identified by the leaders and the literature were used to construct the assessment package, which could be completed in 45 to 60 min. In all, 10 measures were selected for inclusion. For each measure, evidence for reliability and validity was considered as a selection criterion.

Social Support/Social Isolation

The Interpersonal Support Evaluation List (ISEL) developed by Cohen *et al.* (1985) measures four areas of social support: tangible, appraisal, self-esteem and belonging. The version adopted for this study is a four alternative ISEL, with a self-esteem subscale removed in order to prevent redundancy with other measures. Total scores range from 0 to 90, subscales 0-30, with higher scores representing greater social support.

Locus of Control

Rotter's (1966) *Internal-External Control Scale (I-E scale)* measures the degree which an individuals perceives reinforcement as contingent upon their actions. Since one factor (personal control) has been found to be par-

ticularly relevant to abused women (Feldman, 1983; Mirels, 1971), this alone was used in this study. Scores range from 0 to 9 with higher scores indicating more external locus of control.

Self-Esteem

The *Coopersmith Self-Esteem Inventory (SEI)* is one of the most commonly used measures of self-esteem (Coopersmith, 1987). The scale consists of **25** items which clients rate as either "like me" or "unlike me". Raw scores range from 0 to **25**, and are multiplied by four for comparison to the published norms. Higher scores signify greater self-esteem.

Perceived Stress/Coping

Cohen, Kamarck, and Mermelstein's (1983) *Perceived Stress* scale measures the degree to which individuals perceive life as uncontrollable, unpredictable and overwhelming. Conversely, it also serves as a measure of perceived ability to cope with stressful life events. A four item short-form has acceptable internal and test–retest reliability (Cohen *et al.*, 1983), and was adopted for this study, with minor modifications to the response categories. Total scores range from 0 to 12 with higher scores representing greater stress and a diminished belief in one's ability to cope.

Attitudes Towards Marriage and the Family

The *Attitudes Towards Marriage and the Family Scale (ATMF)* was designed to measure traditional sex role attitudes in three distinct areas of marital/family life: domestic, social and sexual (Feldman, 1983). It consists of 29 items and scores range from 0 to 87 with higher scores indicating a more traditional sex role orientation.

Marital Relations

Family Assessment Measure (Skinner *et al.*, 1981) incorporates a Dyadic Relationship Scale, which served as the measure of marital functioning for this study. Seven subscales of this instrument include Task Accomplishment, Role Performance, Communication, Affective Expression, Emotional Involvement, Control and Values and Norms. The total scale consists of 42 items — six per subscale. Raw FAM scores are changed to standard

scores (0–100) for each subscale, and the total score is the average of all subscale scores.

Abusive Behavior

Hudson and McIntosh (1981) developed the *Index of Spouse Abuse (ISA)* to assess the magnitude of physical and nonphysical abuse inflicted against women by their partners. The scale consists of 30 items, 11 referring to physical abuse and 19 pertaining to nonphysical abuse. Total ISA scores and Physical and Nonphysical subscale scores are the sum of the weighted responses expressed as a percent of the highest possible abuse scores. Higher scores indicate more severe abuse.

Controlling Behavior

While the Index of Spouse Abuse contains items relating to nonphysical abuse, it was felt that there was a need to supplement the ISA with items which would assess more subtle controlling behaviors (Follingstad *et al.*, 1990). A list of seven statements was developed regarding a variety of control situations commonly reported by assault victims. These statements pertained to: control of money, need to avoid upsetting a spouse, need to control children to avoid conflict, control of time, control of relations with friends, control of household responsibilities, and jealousy. Scores for these items are reported as a percentage of the highest possible score (0 to 100) with higher scores being indicative of greater controlling behavior.

Conflict Management Strategies

The *Conflict Tactics Scale (Form N)* (Straus, 1979) consists of three separate subscales representing distinct conflict resolution strategies: Reasoning Behavior, Verbal Abuse, and Physical Violence. Several changes had to be made to render the CTS suitable for inclusion in the assessment package. First, it was modified to permit client self-reports in writing rather than through an interview. Second, if change was to be detected during our time frame, respondents had to be asked to recall the frequency of specific abusive behaviors for the previous month, rather than for the original one year period. Finally, the CTS' original seven response categories were reduced to five.

Scores for each of the three CTS subscales are reported as a percentage of the highest possible scores for the particular conflict resolution category in keeping with the original scoring format. Scores for each subscale, therefore, range from 0 to 100 with higher scores representing increased usage of a particular resolution strategy.

Client Satisfaction

To assess client satisfaction a three-item scale by Larsen *et al.* (1979) was utilized. Scores range from zero to nine with higher scores being representative of greater program satisfaction. An open-ended question was also included for clients to comment on the programs.

Therapist Questionnaire

For every outcome measure completed by clients, therapists were asked to make a corresponding clinical judgement of client functioning using a behaviorally anchored scale with four response categories per item.

Data Analysis

Program outcomes and the relative stability of client gains were assessed in two ways: a *t* test analysis for dependent measures comparing the pretest and post-test scores, and a repeated measures ANOVA on pretest, post-test and follow-up scores. The pretest–post-test analysis is of central interest in the research since we were interested in whether changes occurred in members as they participated in the group. Follow-up scores at six months would not necessarily be expected to show continued improvement. Rather, it was hoped that the women would maintain any gains they may have made during the group, or, at the very least, would not significantly decrease these scores. Another caution with the repeated measures ANOVA is that it excludes cases for whom data are unavailable at post-test or follow-up. The *t* test analysis, therefore, permitted inclusion of more of the available data and allowed for a more detailed assessment of change on the variables tested.

Drop-outs and non-follow-up client scores were examined to determine whether they were markedly different in any way from those who completed the group. Finally, the judgments of the group leaders regarding

changes in participants over time were analyzed using *t* tests for dependent measures.

Limitations of the Present Study

The absence of a control group and the lack of random assignment to treatment conditions means that it is not possible to state unequivocally that the client gains are the sole result of group participation. Rather, it would be more accurate to assert that client participation in the Family Violence programs "were associated with" a particular set of outcomes.

The results of this investigation can be generalized only to those clients who successfully approach and subsequently attend family violence support groups. These individuals may be different than others who are impacted by victimization but who do not seek professional assistance.

RESULTS

Description of Support Group Members

The group participants ranged in age from 20 to 67 years with an average age of 35 years (SD = 9.4). Nearly all of the women (91 %) were parents, with most clients having two children. Over half of the sample (54%) were either married or in a common-law relationship, while 38% reported that they were separated or divorced. At the outset of the program 52 % of the women were still residing with their spouses. Of the clients who were separated (25), almost half (11) were hoping to reunite with their partner. Information on family incomes was provided only by a small proportion of the total sample (N = 21). Of this group, income ranged from $400 to $4000 per month with an average monthly income of $1224 (SD= $859). Interestingly, income levels were not significantly different for members who resided with their partners compared to those who were living separately.

Questions regarding the extent of their abuse indicated that seven of the women (11%) reported that they had to seek medical attention within the past month as a consequence of their partners' abuse. Of this group, two had been hospitalized because of their injuries.

Therapists were asked to report the number of women who had confided in them that they had experienced some form of violence in their family of origin. Over 60% (39) of the clients were reported to have violent family histories: 15 clients had viewed their mothers being abused in their family of origin; six had experienced child abuse; two reported that they

had been sexually abused; nine were reported to have experienced multiple forms of violence (for example, domestic assaults against women and child abuse); and seven women had experienced all three forms of abuse. The present study strongly supports previous research such as Hotaling and Sugarman (1986) which found that witnessing parental violence was a consistent correlate of adult victimization. The prevalence of family of origin violence among the participants provides strong justification for the support group program's objective to explore family of origin issues around the impact of experiencing violence as a child.

Women's Support Group Program Outcomes

Interpersonal Support Evaluation List

The results of the *t* test analyses between pretest and post-test, indicate that the Total Social Support scores did not change significantly nor did the Appraisal and Tangible Support subscales. There was, however, significant positive movement on the Belonging Support subscale. Somewhat understandably, client scores seemed to indicate that the victims' support groups are instrumental in developing a sense of belonging but do not necessarily alter the actual resources available (Tangible Support) or their definitions of themselves and their problems (Appraisal Support). For the purposes of all subsequent analyses the following convention will be used to designate the statistical levels of significance: $p < .05$ (*), $p < .01$ (**), $p < .001$ (***).

Locus of Control

The average score obtained by participants in this study at pretest ($X = 3.2$, SD = 1.7) was virtually identical to those of a sample of battered women ($X = 3.1$) reported by Feldman (1983). These scores are not unusually low and do not differ from norms based on a group of nonbattered women. Over the process of the group, the Locus of Control scores significantly shifted towards a more internal locus, indicating a belief that one feels in control of events.

Self-Esteem

The average self-esteem score for the participants before attending the support groups ($X = 47.6$, SD = 17.2) falls far below the norms for the female adult population ($X = 71.7$, SD = 18.8) reported by Coopersmith

Table I. *t* Test Analysis of Changes in Support Group Members' Scores from Pretest to Post-Test

Variable	Mean Pretest	Mean Post-test	*t* value
Social support/isolation (N = 39)	63.1 (14.3)	65.3 (15.4)	1.4
• appraisal (41)	20.6 (6.1)	21.9 (5.1)	1.8
• tangible (43)	22.5 (5.0)	22.6 (6.7)	0.1
• belonging (43)	19.7 (7.2)	21.1 (6.0)	1.9*
Locus of control (35)	3.3 (1.7)	2.7 (2.1)	2.9**
Self-esteem (34)	47.6 (17.2)	61.6 (20.8)	5.0**
Stress/coping (45)	8.6 (2.2)	7.4 (2.2)	3.9*
Attitudes toward marriage & family (34)	23.0 (8.4)	18.2 (7.6)	3.9**
Marital relations (FAM) (19)	70.6 (9.9)	65.5 (11.5)	2.5*
• Roles (27)	70.0 (10.9)	67.7 (11.5)	1.1
• Tasks (27)	72.8 (10.3)	66.4 (13.7)	3.8**
• Control (28)	75.3 (14.0)	69.4 (12.4)	2.4**
• Emot. involvement (27)	72.9 (14.7)	70.3 (14.7)	1.2
• Affect. expression (28)	66.1 (13.8)	60.9 (12.4)	2.2*
• Communication (29)	69.7 (10.5)	66.9 (14.0)	1.2
• Values/norms (25)	69.9 (12.2)	68.2 (13.2)	0.7
Index of spouse abuse (22)	40.6 (11.2)	29.2 (19.1)	3.4**
• Physical (26)	34.5 (12.1)	24.1 (17.6)	3.3**
• Non-physical (24)	51.3 (18.7)	41.0 (22.2)	2.7**
Controlling behavior (27)	51.9 (13.2)	45.4 (15.2)	2.5*
CTS			
• Reasoning (27)	20.4 (15.2)	22.5 (18.0)	0.5
• Verbal abuse (24)	33.0 (20.4)	21.5 (15.0)	4.0**
• Violence	6.3 (12.6)	2.4 (4.5)	2.0*

(1987). The participants appear to suffer from dramatically lower self-esteem relative to other populations of women. The women's self esteem showed a significant improvement during their involvement in the program (X = 61.6, SD = 20.8), although these scores do not fall within the normal range.

Perceived Stress/Coping

There was a significant reduction in the level of perceived stress over the duration of the program and an increased belief on the members' part of their ability to cope with life stressors.

Attitudes Towards Marriage and the Family

The average ATMF score for participants at pretest (X = 23.7, SD = 8.4) was nearly the same as that reported by Feldman (1983) for a sample of college students (X = 23.4, SD = 8.7). On average, the support group participants do not appear to possess more traditional attitudes relative to other populations. This finding is somewhat at odds with other research reported earlier (Bell, 1977; Walker, 1978; Star, 1978; Cristall, 1978; Barnett *et al.*, 1980; Wetzel and Ross, 1983) which found highly traditional sex-role attitudes (ATMF) in groups of battered women, raising the question as to the relevance of the support group program model objective pertaining to the reduction of stereotypical attitudes in group members. Nevertheless, support group members demonstrated a significant change to less stereotyped beliefs about the roles of women and men from pretest to post-test, as a consequence of participating in the program.

Family Assessment Measure

Skinner *et al.* (1981) reported that the average scores for the total FAM scale and subscales are 50 (SD = 10) with clinical cutoff scores of 40 and 60. The mean scores for this study population fall well beyond the suggested cutoff scores on the Total FAM and all subscales. The support group members are clearly characterized by highly dysfunctional marital relations at pretest.

Significant positive changes on the overall measure of marital relations (FAM) occurred after participation in the support groups. Significant improvement was also shown on the Task Behavior, Control and Affective Expression subscales. There were, however, no significant changes on the Role Behavior, Emotional Involvement, Communication and Values/Norms subscales of the instrument. It could be suggested that the support groups were instrumental in bringing about more overt behavioral changes within the context of the relationship such as more expression of affect or less controlling behaviors. Less amenable to change were subscales which focused on attitudes or the intrinsic qualities of the relationship such as the degree of involvement, values or the style of interaction. Finally, a review of 6 month follow-up FAM scores reveals that group means on nearly every scale, with the exception of emotional involvement, had receded to within the normal range prescribed for the measure. This is further evidence of a demonstrable positive change in marital relations for support group members.

Index of Spouse Abuse

Clinical cutoff scores were developed to effectively discriminate between the battered and nonbattered samples: Physical Abuse Subscale (10) and Nonphysical Abuse Subscale (25). The average scores at pretest for the support group members on the Physical (X = 46.4, SD = 16.5) and Nonphysical Abuse (X = 54.3, SD = 20.5) subscales of the ISA fall well beyond the suggested clinical cutoff scores. Clearly, the support group participants were characterized by clinically relevant levels of physical and nonphysical abuse.

There was a significant reduction on both the Physical and Nonphysical Abuse subscales after participation in the support groups. On average, clients reported reductions of approximately 25% in ISA scores over the duration of the program. It should be noted, however, that client scores did not suggest that there was a complete cessation of abuse at the close of group; mean post-test ISA scores ranged from 24.1 (Physical) to 41.0 (Nonphysical). The support groups were associated with a complete cessation of physical violence for only 1 (4%) of the clients. Overall, the results suggest that program involvement is associated not only with reductions in overt physical violence but also with reductions in more covert denigrating, controlling, or sexually exploitive behaviors. It would, of course, be unreasonable to expect an intervention with victims to bring about a cessation of violence; clearly, the responsibility for this lies with the perpetrator.

Controlling Behavior

Results on the Controlling Behavior scale indicated positive change with significantly less controlling behavior being reported at post-test. These data tend to corroborate the earlier observation regarding the programs efficacy in reducing the covert behaviors associated with abuse.

Conflict Tactics Scale

The present study found no significant changes on the Reasoning subscale. There were, however, significant reductions observed on the Verbal Abuse and Physical Violence subscales. At post-test the women were still reporting fairly substantial levels of abusive behavior; post-test CTS scores ranged from 21.5 (Verbal Abuse) to 2.4 (Physical Violence). The majority of clients (20 or 64.5%) reported, however, that they were no longer experiencing overt physical abuse as evidenced by post-test CTS: Violence scores, corroborating the findings on the ISA Physical Abuse

subscale. The more pronounced ISA: Physical Abuse scores are in all likelihood attributable to the fact that this scale has a much broader definition of physical violence including: bullying, threatening, sexual coercion as well as overt physical aggression. Conflict Tactics' violence items are more clearly overt physical aggression ranging from throwing things at partner to attacking a spouse with a knife or gun.

In summary, the analyses of client scores at pretest and post-test reveal that the women's support groups were associated with significant positive change on a majority of outcome measures including: Belonging Social Support, Locus of Control, Self-Esteem Inventory, Perceived Stress, Attitudes Towards Marriage and the Family, marital relations (total FAM score) including Tasks, Control and Affective Expression subscales, Controlling Behavior, and abuse as measured by Index of Spouse Abuse scores and Conflict Tactics verbal abuse and violence scales. Despite these gains on variables associated with victimization, the data also suggested that it is unreasonable to expect victims' support groups to bring about a complete cessation of abusive behavior.

Follow-up Retention of Client Gains

The 6-month follow-up analysis should be interpreted cautiously given that a relatively small number of women (N = 32) responded. These women also represent a group that is different from their non-follow-up counterparts in that the follow-up group appears to have been comprised of those individuals who benefitted most from the support groups on three of the outcome criteria. They had less problematic post-test scores on marital functioning, control and verbal abuse measures, suggesting that the interpretation of follow-up scores be approached with a fair degree of caution.

The scores of group members who were available for the follow-up showed few significant changes from post-test scores on the repeated measures ANOVA, suggesting that the gains made by these clients during their involvement in the program were maintained until the follow-up assessment. Interestingly, on a number of scales, clients showed continued positive movement beyond that measured at post-test. Self-esteem continued to improve to within the normal range. Stress and coping were further reduced. There was a further significant reduction in Attitudes Towards Marriage and the Family scores representing less traditional and stereotyped attitudes. Marital relations (Total FAM scores) and Controlling Behavior, as measured by the FAM subscale, also showed significant reductions from post-test to follow-up. Finally, both the total Index of Spouse Abuse total

Table II. Repeated Measures ANOVA Analysis of Group Members' Scores from Pretest to Post-Test to Follow-Up

N	Time 1	Time 2	Time 3	*F*
Social support (N = 19)	X = 62.4 (sd = 12.6)	X = 65.0 (sd = 15.8)	X = 66.6 (sd = 17.0)	1.3
Locus of control (14)	2.9 (1.9)	2.6 (2.0)	2.1 (1.7)	2.3
Self esteem (15)	49.2 (19.2)	65.6 (22.8)	7.2 (24.4)	16.1***
Stress/coping (19)	8.3 (2.1)	6.9 (1.9)	6.5 (2.1)	5.0**
Attitudes to marriage and family (17)	24.1 (10.1)	17.4 (8.3)	13.3 (5.0)	17.9***
Marital relations FAM (8)	67.8 (7.5)	63.0 (8.3)	58.1 (11.2)	4.2*
Controlling behavior (11)	43.8 (10.2)	37.3 (11.6)	28.6 (14.0)	6.3*
Index of spouse abuse (10)	34.5 (12.4)	24.5 (18.8)	12.8 (9.4)	50.3***
CTS Reasoning (10)	25.0 (17.1)	30.0 (21.6)	23.3 (12.3)	0.5
CTS Verbal	25.5 (22.7)	14.8 (13.2)	10.6 (11.6)	2.4
CTS Violence (11)	3.4 (4.3)	0.9 (2.0)	0.0 (0.0)	5.2***

and subscale scores, and the CTS Violence subscale were significantly lower at the follow-up period. These improvements may be explained by the possibility that clients learned concepts and coping strategies during the group which enabled them to continue to grow beyond their formal involvement with the program.

Therapist Ratings of Client Changes

The therapists ratings provided corroborating evidence for a number of variables on which the clients had documented significant improvement. Interestingly, the therapists reported little or no progress in the areas of physical and verbal abuse, controlling behavior, or communication, in contrast to the significant improvements noted by the client self-reports which documented reductions on all measures of spousal abuse.

Client Satisfaction

Eighty seven percent of the sample reported that the program had met most or all of their needs; no-one responded that none of their needs had been met. There was little variation in client satisfaction scores (SD = 1.2) suggesting that this high rate of satisfaction was virtually universal. Fully 87% of the sample indicated that they would definitely refer a friend to the program which can be taken as a strong expression of client endorsement.

CONCLUSIONS AND RECOMMENDATIONS

The profile of the women before beginning the groups was surprising in light of the expectations suggested by the literature review. The participants did not demonstrate a more external locus of control, nor more traditional attitudes towards marriage and the family relative to population norms. The women were, however, characterized by low self-esteem and clinical levels of marital dysfunction and spousal violence.

The groups resulted in positive changes on a number of measures including: Belonging Support, Locus of Control, Self-Esteem, Perceived Stress, Attitudes Towards Marriage and the Family, marital functioning including selected subscales Task Behavior, Control and Affective Expression, Controlling Behavior and spousal abuse as measured both by the Index of Spouse Abuse and the Conflict Tactics Scale. The clients also reported very high levels of program satisfaction.

Attempts to identify the number of clients whose relationships were abuse-free at the close of the program revealed widely ranging estimates from 3.4% (ISA: Physical Abuse subscale) to 64.5% (CTS: Violence subscale). While physical violence significantly decreased there were comparable decreases in controlling or emotionally abusive behavior, although these forms of abuse did not entirely disappear. This was an unexpected finding, since not many of the partners were concomitantly in treatment. It is necessary to interpret this finding carefully in order to avoid blaming the victim by making the assumption that violence will cease by treating women in groups. In all likelihood the level of violence decreased simply because many partners were aware that their wives were members of a group and that in some way their own behavior was being scrutinized. The idea that an outside authority has knowledge of the abuse seems to results in decreased levels of abuse, at least initially.

Client gains were routinely maintained at 6-month follow-up and, in fact, further gains were noted on the Self-Esteem, Perceived Stress/Coping, Attitudes Towards Marriage, Controlling Behavior, Index of Spouse Abuse and CTS Violence scales. The follow-up data also suggested that the proportion of clients in abuse-free relationships was maintained and in fact somewhat higher than those reported at the close of the group. Therapist ratings provide additional support to the client reports of positive outcomes on a variety of outcome measures.

To our knowledge, little if any quantitative research on the efficacy of groups such as these has been conducted. The initial picture presented by the present study is encouraging. The women who completed the programs were highly satisfied with the service they received, and made significant gains in important areas. Obviously, we would like to see the

research replicated with other samples, to test the durability or transferability of our findings. There are numerous additional questions that future research can profitably address as well. For example, our research reports on the gains made by women who were able to complete the program, and some of our findings apply only to those who made themselves available for follow-up. This group connected with services and benefitted from them; research into those who do not connect with this type of program so successfully, but whose needs may be met in other ways, would clearly be a worthwhile undertaking.

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