

An Experimental Examination of Two Career Interventions for Battered Women

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The authors tested the effectiveness of 2 group career interventions for 73 battered women who were randomly assigned to 1 of 2 treatment conditions or a wait-list control group. Both interventions included the 5 most effective career intervention components identified by S. D. Brown and N. E. Krane (2000), and 1 of the interventions also was designed to enhance critical consciousness (i.e., empowerment for self-protection and awareness of domestic violence impact; P. Freire, 1970; I. Martín-Baró, 1994). Relative to controls, standard participants had higher career-search self-efficacy, and standard-plus participants had higher critical consciousness at posttest. At follow-up, standard-plus participants had higher critical consciousness scores and made more progress toward goal achievement than standard participants.

Keywords: career intervention, battered women, critical consciousness, social–cognitive career theory, empowerment

Domestic violence is a significant national public health problem that disproportionately affects women (U.S. Department of Justice, 2000). Addressing the occupational and economic impact of domestic violence for women is important because one of the critical factors influencing a woman's decision to seek outside help is the number of personal and economic resources she possesses (Sullivan, 1991). Although many social service agencies attempt to address the career impact of domestic violence by providing women with valuable information about employment opportunities, job training, and less frequently, vocational programs, this focus on immediate employment alone does not address longer-term career and economic opportunities for women (Walsh & Osipow, 1994). Longer-term career and economic opportunities promote women's economic independence, their ability to provide for their families, and their ability to live their lives free from violence (Gianakos, 1999; Ibrahim & Herr, 1987; Sullivan &

Bybee, 1999). To date, however, there is little empirical evidence to guide career intervention practices with battered women.

A literature review of the past 4 decades yielded four articles outlining specific career counseling guidelines for battered women (Bowen, 1982; Chronister & McWhirter, 2003; Gianakos, 1999; Ibrahim & Herr, 1987) and three empirical studies (Albaugh & Nauta, 2005; C. Brown, 2001; C. Brown, Reedy, Fountain, Johnson, & Dichiser, 2000; Chronister & McWhirter, 2004). Chronister and McWhirter (2003) used social cognitive career theory (SCCT; Lent, Brown, & Hackett, 1994) to describe the impact of domestic violence on women's career development and to outline career intervention strategies congruent with SCCT and an empowerment model of counseling (McWhirter, 1994). They asserted that battered women's isolation and abuse severely restrict their self-efficacy development by decreasing women's health, opportunities to develop skills and accomplish work-related goals, access to work information, and exposure to role models (Chronister & McWhirter, 2003). Moreover, as women make attempts to gain independence and/or pursue their career-related goals, abuse is likely to worsen. As a result, battered women often have very low outcome expectations for pursuing and obtaining work-related goals, and these low outcome expectations are realistic given the cycle of abuse. Chronister and McWhirter (2004) also used SCCT to investigate ethnic differences in the perceived contextual supports and barriers of European American and American ethnic minority battered women residing in shelters. Results revealed qualitative differences in European American and ethnic minority women's perceptions of career barriers and supports, with European American women perceiving their abuse experiences as a greater barrier than ethnic minority women. Ethnic minority women identified lack of income and support as significant barriers and identified a greater need for future support to achieve their career goals.

Albaugh and Nauta (2005) found that a higher frequency of sexual coercion, but not psychological aggression, was associated

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with lower career decision-making self-efficacy in a sample of 129 female college students. Indicators of intimate partner violence were not related to perceived career barriers. With a sample of women residing in a domestic violence shelter, C. Brown and her colleagues (2000) found that women's higher perceptions of barriers were directly related to an external locus of control and inversely related to women's self-esteem. C. Brown et al. (2000) also found that self-esteem was the most significant contributor to battered women's self-efficacy for career decision-making tasks. C. Brown (2001) also described the effects of a 9-week career development training program titled "Journey to Success," which was developed and implemented to address the career development needs of women who seek services at a battered women's shelter. Targeted activities included exploration of interests, values, skills, and career information beneficial for planning of short- and long-term career goals. Seven women participated in this study, and pre- and posttest administrations revealed significant improvements in all participants' career decision-making self-efficacy and career indecision.

Recommendations from these studies are as follows: Career counseling with female domestic violence survivors should include opportunities for skill development, interests and values clarification, and work information. Counseling must address the physical, economic, and psychological impact of domestic violence on women's self-appraisals and career decision making. Although this literature provides a starting point for developing career interventions, further intervention research is needed to establish best career counseling practices with battered women (Chronister, Wettersten, & Brown, 2004). The purpose of this study was to develop and experimentally examine the effectiveness of two original research-based group career intervention programs—the Advancing Career Counseling and Employment Support for Survivors (ACCESS) programs—that we designed specifically for female domestic violence survivors.

Theoretical Framework for the ACCESS Intervention Programs

The ACCESS programs were developed using SCCT as a framework. SCCT is an application of Bandura's (1986) social-cognitive theory to career development processes, including the formation of career interests and goals and performance and persistence in career pursuits. SCCT posits that 3-person constructs are most influential in regulating career-related behavior: self-efficacy expectations (belief in one's ability to perform specific tasks), outcome expectations (beliefs about the likely consequences of performing specific behaviors), and personal goals (intentions to act to achieve a particular end state; Lent et al., 1994). Self-efficacy and outcome expectations are influenced by (a) background contextual influences (e.g., violent neighborhood), (b) person variables (e.g., temperament), and (c) learning experiences (Lent et al., 1994). These sets of influences are thought to affect the formation of career interests through their direct influence on self-efficacy expectations, outcome expectations, and personal goals. For example, SCCT postulates that when self-efficacy and outcome expectations are high in a specific area, interests in that area are more likely to develop. Moreover, when self-efficacy and outcome expectations are high, interests are more likely to be translated into career goals. Contextual supports are thought to

enhance the likelihood that interests will translate to goals, and goals to actions, whereas contextual barriers have the opposite effect (Lent, Brown, & Hackett, 2000). Performance accomplishments in pursuit of a career goal strengthen an individual's persistence in that career area. On the basis of SCCT, interventions for battered women may be most effective when designed to enhance self-efficacy and outcome expectations, reduce barriers, increase supports, and promote the formation of career interests and the pursuit of goals.

We used SCCT (Lent et al., 1994) as the theoretical foundation for the ACCESS programs because SCCT asserts that behavior occurs within context, identifies relationships that capture the interacting influences between person and context, and describes the personal agency with which individuals can make life decisions. We also chose SCCT because researchers have identified SCCT as a useful theoretical framework for conceptualizing and empirically examining the career development of groups dealing with oppression (Chartrand & Rose, 1996; Hackett & Byars, 1996; Morrow, Gore, & Campbell, 1996), including battered women (Chronister & McWhirter, 2003).

Chartrand and Rose (1996) described the application of SCCT with groups that experience poverty, discrimination, and differential reinforcement often associated with ethnic-racial group and gender membership. They asserted that SCCT is useful for creating interventions for at-risk groups because SCCT acknowledges that "career development can be affected by environmental factors such as differential socialization processes and opportunities as well as by internalization of such forces" (p. 343). The authors also described a 12-week career development program, PROVE (Preventing Recidivism Through Opportunities in Vocational Education; Chartrand & Rose, 1996), which was designed for female offenders and uses SCCT principles. Hackett and Byars (1996) noted the utility of SCCT for understanding the career development of African American women. They described the role of ethnic cultural values and discrimination on the development of African American women's career-related self-efficacy and outcome expectations, for example, noting how differential performance feedback (less praise for equal quality work) might lower self-efficacy expectations in spite of high performance or how future expectations of workplace discrimination might lower outcome expectations.

Morrow et al. (1996) applied SCCT to the career development of lesbian women and gay men. They noted that negative outcome expectations associated with discrimination may restrict the career choices of gay and lesbian people and members of other oppressed groups, even when self-efficacy associated with a particular occupation is high. For example, a gay man with high interest in and self-efficacy for elementary school teaching might rule out this profession because of expectations of discrimination and dismissal or having to remain "closeted." The critical role of supports and barriers in facilitating the translation of goals to attainments is also noted by each of these authors as an important characteristic of SCCT for understanding the career development process of marginalized or oppressed groups.

Career Intervention Research

In addition to using SCCT in the design of the ACCESS programs, we also drew from the best practices research on career

interventions. Specifically, on the basis of Krane's (as cited in S. D. Brown & Krane, 2000) meta-analysis of career intervention research, S. D. Brown and Krane (2000) concluded that brief, 4–5-session career interventions are likely to produce the greatest effects if the interventions (a) allow clients to clarify career and life goals in writing, (b) provide clients with individualized interpretations and feedback, (c) give current information on the requirements and likely consequences of considered career paths, (d) include role models who demonstrate effective planning and coping strategies, and (e) help clients develop support networks that facilitate their pursuit of career goals. Interventions examined in the meta-analysis included up to three of these components, but the collective effects of all five critical components in a single career intervention have not been empirically investigated (S. D. Brown & Krane, 2000). Both interventions examined in the present study consisted of five, small group sessions and incorporated all five of S. D. Brown and Krane's critical intervention components. The single dimension on which the ACCESS programs differ is critical consciousness; specifically, relative to the standard program, the standard-plus program also is designed to enhance women's critical consciousness of the influence of domestic violence on their career development.

Critical Consciousness

Concientizacao, or the process of developing critical consciousness, was first defined by Brazilian educator Paulo Freire (1970) and applied to the practice of psychology by Ignacio Martín-Baró (1994). Freire defined *concientizacao* as "learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality" (p. 19). Martín-Baró (1994) stated that conscientization supposes that individuals change in the process of changing their relations with other people and their environment. Critical consciousness facilitates a change of mentality that involves increased awareness and transformative action or liberation behavior (Comas-Díaz, 1994). For the purpose of this study, we defined critical consciousness as becoming more aware of the self (identity), others (context), and the relation of self to others (power dynamics) and accordingly gaining a critical understanding of control and responsibility in one's life situations. Critical consciousness strengthens commitment to change. Professionals from a variety of fields have identified features of the critical consciousness process with different populations, including members of ethnic minority groups, students, and women (Enns, 1992; Gutierrez, 1991; McWhirter, 2001; Watts & Abdul-Adil, 1997).

Six strategies for enhancing critical consciousness were incorporated into the standard-plus group intervention (see Table 1). *Dialogue* is the fundamental activity that leads to critical consciousness (Freire, 1970), and it is a collaborative exchange and reflection of ideas and questions between counselor and client that facilitates an individual's ability to articulate and understand her experiences and vision for change. *Group identification*, or identifying and interacting with others in a group, contributes to empowerment and critical consciousness (Bricker-Jenkins & Hooyman, 1986; Ivey, 1995; Kieffer, 1984; McWhirter, 1994; Rose & Black, 1985). Discussion in groups with similar others may increase social support and illuminate connections between

Table 1

Distinguishing ACCESS Intervention Components

| Component |
|---|
| Common to both interventions |
| Clarification of individual values |
| Journaling assignments with focus on naming and describing career experiences |
| Microskills assessment |
| Self-directed search |
| Relaxation exercises |
| Skill identification |
| Increasing awareness of community support |
| Role modeling through narratives |
| Clarification of individual goals |
| Unique to the standard-plus intervention |
| Journaling assignments with additional focus on development in social context |
| Participants serve as role models |
| Clarification of individual goals with group assistance |
| Identifying outcome expectations and contradictions |
| Domestic violence information |
| Power analysis of domestic violence experiences and support networks |

Note. ACCESS = Advancing Career Counseling and Employment Support for Survivors.

personal and social contexts (Crosby & Hereck, 1987; Gutierrez, 1991).

Problem posing and *identifying contradictions* also facilitate critical consciousness. To illustrate problem posing, a battered woman may tell her counselor, "I can't be an accountant. I'm not good at that kind of work." The counselor may respond with, "Let's try to figure out ways to test that—maybe you aren't good at that kind of work, or maybe you are used to thinking that's true" (e.g., due to abusive partner's derogatory comments, poor school performance in math). Identifying contradictions involves naming discrepancies between an individual's perceptions of reality and actual experiences (Freire, 1970). The counselor and client may identify skills and experiences that are inconsistent with the client's belief that she cannot be an accountant, for example, she lacks skills for budgeting or balancing a checkbook. Together, problem posing and identifying contradictions facilitate realistic self appraisals, awareness of others' influences on beliefs and behaviors, and redefinition of beliefs and relationships (Martín-Baró, 1994).

McWhirter (1994) identified two additional and overlapping processes that facilitate critical consciousness, *power analysis* and *critical self-reflection*. Power analysis refers to examining how power is distributed and used in a given context, for example, through a partner's abusive tactics. Critical self-reflection involves increasing awareness of one's privilege, power, and capacity to act. Together, power analysis and critical self-reflection facilitate awareness of interpersonal interactions and relationships at all levels of the ecology (McWhirter, 2001).

Study Hypotheses

Guided by the SCCT and critical consciousness literatures, we selected the following outcome variables for this study: career-

search self-efficacy, career outcome expectations, critical consciousness of domestic violence, perceived career barriers, perceived career supports, and goal achievement. A primary goal of both interventions was to increase battered women's confidence in their ability to explore longer-term career opportunities and through this exploration clarify their goals and increase the likelihood that women would take actions in pursuit of those goals. Study hypotheses were as follows:

Hypothesis 1: Relative to the wait-list control group, participants who complete either treatment intervention (standard or standard-plus programs) will have higher career-search self-efficacy expectations, career outcome expectations, and critical consciousness at posttest.

Hypothesis 2: Relative to standard intervention participants, standard-plus intervention participants will have higher career-search self-efficacy expectations, career outcome expectations, and critical consciousness at posttest and follow-up.

Hypothesis 3: Relative to standard participants, standard-plus participants will make more progress toward their goals.

We expected that enhanced critical consciousness would produce greater increases in self-efficacy and outcome expectations as participants better understood the dynamics that influenced their career-related experiences and cognitions. Although we were uncertain of whether the intervention would—or should—affect perceptions of barriers (Lent et al., 2000; Swanson & Woitke, 1997), we hypothesized the following:

Hypothesis 4: Participation in either intervention would be associated with decreases in perceived barriers.

That is, we anticipated that as participants felt more confident in their abilities to explore new careers, they would also perceive fewer barriers that they could not overcome. Finally, we expected the following:

Hypothesis 5: Participation in either intervention would be associated with increases in perceived supports, with standard-plus participants anticipating significantly higher future support and future support needed to achieve their career goals.

We expected the group format of both interventions and the strategies used to enhance critical consciousness in the standard-plus program would result in a greater sense of support and awareness of the important role of supports in the achievement of career goals. We expected the standard intervention to differ from the wait list in critical consciousness at posttest because the elements that enhance critical consciousness also are present to some degree in the standard intervention (i.e., group identification, dialogue, and critical self-reflection).

Method

Participants

We recruited participants from a small northwest urban community using flyers distributed to social service agencies, churches, local busi-

nesses, a community college, and a university. Flyers requested participation from individuals who identified as female, who had experienced nonphysical or physical abuse, and who were interested in participating in a career counseling group. For safety reasons, we did not list more specific criteria on the flyer because we did not want community members to know that this study was for female domestic violence survivors, particularly abusive partners. Inclusion criteria were that participants were 18 years or older, able to read and speak English, and had been in an abusive intimate relationship in the past 5 years. We defined an abusive intimate relationship as a romantic partnership that involved one partner intentionally and systematically inflicting emotional, physical, and/or sexual harm on the other partner. Abusive experiences were identified by participants' endorsement of abuse tactics listed on the Abuse Experiences Checklist (see *Measures* section). We provided female callers who did not meet the inclusion criteria with community counseling and employment assistance referrals.

Data for 72 women were used for posttest analyses, and data for 51 women were used for follow-up analyses. Of the 157 participants originally assigned to an intervention, 86 participants attended the first program session, 62 participants completed one of the interventions (31 standard and 31 standard plus), and 52 completed the measures at follow-up. Program completers were defined as women who attended three, four, or five intervention sessions, and noncompleters were defined as women who attended one or two intervention sessions. The risk associated with this definition of completers was that variations in dosage would reduce the likelihood of finding significant treatment effects. This definition, however, also provided a better evaluation of program effectiveness in the real world context of battered women's lives. Each intervention comprised five sessions; one 2-hr session was held each week for 5 consecutive weeks. Every intervention session had at least 3 women in attendance, with the number of women present for every session (both interventions) ranging from 3 to 8.

For the 72 women included in posttest analyses, ages ranged from 18 to 62 years ($M = 37$, $SD = 9.40$). Fifty-four participants identified as European American, 5 identified as Latina, 1 identified as Pacific Islander, 4 identified as American Indian, 4 identified as biracial, 3 identified as multiracial, and 1 identified as other. With regard to their intimate relationship status, 48 participants reported that they were not currently in an abusive intimate relationship, 19 participants reported that they were currently in an abusive relationship, and 5 had missing data. For this sample, 64 partners were identified as male, 3 were identified as female, and the sex of 5 partners was not reported. The number of years that participants were involved in their most recent abusive intimate relationship ranged from 1 to 40 years ($M = 5.38$, $SD = 8.83$). During the most recent relationship, 48 (67%) participants reported experiencing all types of abuse (emotional, physical, sexual). With regard to children, 53 participants (74%) had at least one child living with them. Employment data indicated that 30 participants were unemployed during this study, 2 were employed in farm-menial work, 19 were employed in unskilled-semiskilled work, 9 were employed in clerical-sales work, 11 were employed in minor-semiprofessional work, and 1 was employed in major-administrative work. Highest educational backgrounds were as follows: 1 finished grade school; 2 had some high school; 17 finished high school; 30 had some college, no degree; 8 had an associate's degree; 13 had a bachelor's degree; and 1 had a professional degree.

Therapists

Interventions were conducted by nine counseling and clinical psychology female doctoral students who were trained by Krista M. Chronister. Facilitators were matched on clinical experience and then randomly assigned to facilitate the standard or standard-plus intervention. Training and supervision were conducted separately by intervention, and facilitators were unaware of how the interventions differed. Facilitators' adult clinical

contact hours ranged from 300 to 1,500. Of the total, eight facilitators had a master's degree in counseling or clinical psychology, and one facilitator had a master's degree in special education and extensive applied social work experience with homeless women. Facilitators' ages ranged from 27 to 32 years, and seven self-identified as European American, one self-identified as Asian American, and one self-identified as Arab American. Three facilitators conducted two 5-week interventions, and six facilitators conducted one 5-week intervention.

ACCESS Intervention Curricula

The ACCESS group career intervention programs (standard and standard plus) comprised five sessions, with each session lasting 2 hr. One session was held per week for 5 consecutive weeks. Intervention program sessions were designed to facilitate participants' exploration of career interests, awareness and development of career skills, knowledge and utilization of community resources, and identification and planning of career goals (see Table 1). The standard-plus intervention also included the six identified strategies for enhancing critical consciousness to facilitate participants' awareness and understanding of the effects of domestic violence on their career development, social contexts, and power dynamics in their lives. Approximately 50% of the total standard-plus intervention time involved a specific focus on critical consciousness components and activities.

Measures

Socioeconomic status. Hollingshead's (1975) Four Factor Index of Social Status was used to assess and examine between-groups differences in socioeconomic status. Scores are derived from a formula that accounts for respondent gender, marital status, education, and occupation. Scores range from 0 to 66, with higher scores indicating higher socioeconomic status.

Abuse Experiences Checklist. This 42-item measure assesses women's experiences of nonphysical, physical, and sexual abuse from an intimate partner, and the checklist was used to examine between-groups differences in women's abuse experiences. We selected this measure from a variety of checklists commonly used in domestic violence shelters. Authorship information was not available. Participants indicated with a check mark whether they had experienced or were experiencing each of the 42 abuse tactics, with space provided to write in other unlisted tactics. Krista M. Chronister and a counseling psychology doctoral student independently categorized the abuse tactics written by participants as nonphysical, physical, or sexual abuse tactics, resulting in 13 additional abuse tactics. Thus, total scores could range from 0 to 55 and were calculated by summing the total number of tactics endorsed. Because of conceptual and measurement concerns, tactics were not weighted for severity.

Career-Search Self-Efficacy Scale (CSES; Solberg, Good, & Nord, 1994). This 35-item measure assesses an individual's confidence in performing career-search tasks. The measure assesses efficacy in four domains: Job Exploration, Interviewing, Networking, and Personal Exploration. CSES items begin with "How confident are you in your ability to . . ." Sample items are "utilize your social networks to gain employment" and "conduct an information interview." Respondents indicate their degree of confidence on a 10-point Likert scale ranging from 0 (*very little*) to 9 (*very much*). An overall score is calculated by summing all items. Scores may range from 0 to 315, with higher scores indicating greater career-search self-efficacy. A Cronbach's alpha reliability coefficient of .97 was calculated with a sample of 229 community college students (Solberg, Good, Nord, Holm, et al., 1994). Evidence of adequate convergent and discriminant validity is presented by Solberg, Good, Nord, Holm, et al. (1994). We obtained estimates of internal consistency ($\alpha = .99$) and convergent validity ($r = .92, p < .01$) with the Vocational Skills Self-Efficacy measure reported in McWhirter, Rasheed, and Crothers (2000) with a sample of 75

battered women residing in shelters (Chronister & McWhirter, 2004). Internal consistency reliability and 5-week test-retest reliability in the present sample were $\alpha = .98$ and $r = .84$, respectively. The 5-week test-retest reliability data for this measure and all other outcome measures were derived from control participants' scores at pretest and preintervention.

Career Outcome Expectations Scale (COES). This 30-item scale was developed for this study and assesses expectations for future career success. We derived COES items on the basis of our examination of outcome expectations literature, development of an item pool, and item revision, followed by item review and modification in consultation with a team of counseling psychology doctoral students. Sample items are "My career planning will lead to a satisfying career" and "I have control over my career decisions." Respondents indicate their degree of agreement on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*agree*). Two items require reverse scoring. A total score is calculated by summing the point value for all items. Scores may range from 30 to 180, with higher scores indicating higher expectations for career success. In a sample of 75 battered women residing in domestic violence shelters, internal consistency reliability of the COES was $\alpha = .91$. Evidence of concurrent validity also was obtained ($r = .47, p < .01$) using the Hope Scale (Chronister & McWhirter, 2004; Snyder et al., 1991). Internal consistency reliability in the present study was $\alpha = .94$, and 5-week test-retest reliability was $r = .86$.

Critical Consciousness of Domestic Violence Measure (CCDV). This 20-item measure was developed for this study and assesses the degree to which respondents are critically conscious of the impact of domestic violence in their lives and the skills and power they possess to exert control in their lives. We created items in a two-step process. First, we derived specific item categories by examining research identifying features of the critical consciousness process (Enns, 1992; Gutierrez, 1991; McWhirter, 2001; Watts & Abdul-Adil, 1997). In particular, we used data from two qualitative studies that used content analysis procedures to determine specific components of critical consciousness with college students (Gutierrez, 1991; Watts & Abdul-Adil, 1997). On the basis of these two studies and our larger literature review, Krista M. Chronister created four item categories and developed items for each category (the final number of items is reported here): (a) awareness of others' power (4 items), (b) awareness of self-power (7 items), (c) sense of connection with other survivors (3 items), and (d) awareness of impact of domestic violence (6 items). After consulting with a research team of counseling psychology doctoral students and a sociologist who specializes in gender and violence, we refined the individual CCDV items to ensure that every item was representative of the appropriate item category. Staff members at a domestic violence shelter reviewed the measure for clarity, readability, and content. Sample CCDV items are "I have something to offer other survivors of domestic violence" and "My experiences with domestic violence have influenced my expectations for success in my career." Respondents rate their agreement on a 6-point Likert scale, with response options ranging from 0 (*strongly disagree*) to 5 (*strongly agree*). Two items require reverse scoring. A total score was calculated by summing the point value for all items. Scores range from 0 to 100, with higher scores indicating higher critical consciousness. The CCDV showed adequate internal consistency reliability ($\alpha = .86$), and evidence of convergent validity was supported by a moderate correlation ($r = -.32, p < .01$) with the Learned Helplessness Scale (Quinless & Nelson, 1988) using a sample of 75 battered women residing in domestic violence shelters (Chronister & McWhirter, 2004). In the present study, the CCDV showed adequate internal consistency reliability ($\alpha = .85$) and 5-week test-retest reliability ($r = .84, p < .01$).

Battered women's Perceived Career Barriers measure. This 150-item measure assesses 50 perceived barriers to pursuing and achieving career goals along three dimensions: perceptions of past barriers (Past Barriers), perceptions of future barriers (Future Barriers), and perceptions of diffi-

culty overcoming future barriers (Barrier Difficulty). The first 28 barrier items of each subscale are from the Perceptions of Educational Barriers Scale (McWhirter et al., 2000). The remaining 22 items were developed for this study and represent barriers specific to the experiences of battered women. A team of counseling psychology doctoral students reviewed all items for content and clarity. Item stems for each subscale are "How big of a barrier was this for you in the past?" (Past Barriers), "How likely is it that this will be a barrier for you in the future?" (Future Barriers), and "If you encounter this barrier in the future, how difficult do you think it will be to overcome it?" (Barrier Difficulty). Sample items are "harassment at work or school by partner," "too much of my time spent with social service agencies," and "personal injury and abuse from partner." Response options range from 1 (*not a barrier*) to 4 (*huge barrier*) for the Past Barriers subscale, from 1 (*not at all likely*) to 4 (*definitely will*) for the Future Barriers subscale, and from 1 (*not at all difficult*) to 4 (*extremely difficult*) for the Barrier Difficulty subscale. No items require reverse scoring. An overall subscale score was calculated by adding the point value for all items of each subscale, with possible subscale scores ranging from 50 to 200. Higher scores on the Past Barriers, Future Barriers, and Barrier Difficulty subscales indicate greater magnitude of past barriers, greater likelihood of encountering future barriers, and greater difficulty overcoming future barriers, respectively. A total score for this measure was not used. In a pilot study conducted with 75 battered women residing in domestic violence shelters (Chronister & McWhirter, 2004), the following subscale correlations were obtained—Past Barriers and Future Barriers: $r = .68, p < .01$; Past Barriers and Barrier Difficulty: $r = .51, p < .01$; and Future Barriers and Barrier Difficulty: $r = .90, p < .01$. The subscales showed adequate internal consistency reliability with alphas of .94 (Past Barriers), .95 (Future Barriers), and .96 (Barrier Difficulty). Two validity items were used to provide estimates of convergent validity in the pilot study. These items were "There are many barriers that will make it difficult for me to achieve my career goals" and "I will be able to overcome any barriers that stand in the way of achieving my career and occupational goals." Response options range from 1 (*not at all*) to 4 (*definitely*). All three subscales were moderately correlated ($p < .01$) with the first validity item, with r s of .46 (Past Barriers), .61 (Future Barriers), and .53 (Barrier Difficulty). The Barrier Difficulty subscale was not significantly correlated with the second and corresponding validity item. Five-week test-retest reliability coefficients in the present sample were $r = .92$ (Past Barriers), $r = .81$ (Future Barriers), and $r = .88$ (Barrier Difficulty).

Battered women's Perceived Career Support measure. This 117-item measure was developed by Krista M. Chronister for this study and assesses degree of perceived support for pursuing and achieving career goals. This measure comprises three dimensions: perceptions of past support (Past Support), perceptions of future support (Future Support), and perceptions of future support needed to achieve career goals (Goal Efficacy Support). Each subscale comprises 39 items measuring three types of support: financial, emotional, and informational—advice. All items were reviewed for clarity and content by a team of counseling psychology doctoral students and Ellen Hawley McWhirter. Item stems for each subscale are "How much of this type of support have you received in the past?" (Past Support), "How likely is it that you will receive this support in the future?" (Future Support), and "If you do not receive this support in the future, how difficult do you think it will be for you to achieve your occupational, career, or educational goals?" (Goal Efficacy Support). Sample items are "financial assistance from federal, state, or local governments," "emotional support from family members," and "information/advice from domestic violence agencies." Response options range from 1 (*not at all*) to 4 (*a great deal*) for the Past Support subscale, from 1 (*definitely not*) to 4 (*definitely will*) for the Future Support subscale, and from 1 (*not at all difficult*) to 4 (*extremely difficult*) for the Goal Efficacy Support subscale. No items require reverse scoring. Subscale scores were calculated by summing the point value for all items of each subscale, with possible scores ranging from 39 to 156. Higher scores on the Past Support, Future Support, and

Goal Efficacy Support subscales indicate greater support received in the past, support anticipated in the future, and support needed to achieve career goals, respectively. Subscale correlations obtained in a pilot study conducted with a sample of 75 battered women residing in shelters were as follows—Past and Future Support: $r = .41, p < .01$; Past Support and Goal Efficacy Support: $r = .33, p < .01$; and Future Support and Goal Efficacy Support: $r = .41, p < .01$ —and internal consistency reliabilities (alphas) were .94 (Past Support), .94 (Future Support), and .96 (Goal Efficacy Support; Chronister & McWhirter, 2004). Three validity items were included to provide estimates of convergent validity in the pilot study. The first validity item, "In the past, I would describe the past support that I have received as . . .," with response options ranging from 1 (*very low*) to 5 (*very high*), was significantly correlated with Past Support ($r = .32, p < .05$). The second validity item, "In general, I believe that future support I receive in these areas will be . . .," with response options ranging from 1 (*very low*) to 5 (*very high*), was significantly correlated with Future Support ($r = .50, p < .01$). The third validity item, "In general, how difficult do you believe it will be to achieve your occupational, career, or educational goals without these types of support?" with response options ranging from 1 (*not at all difficult*) to 4 (*extremely difficult*), was significantly correlated with the Goal Efficacy Support subscale ($r = .59, p < .01$). Subscale correlations were as follows—Past Support and Future Support: $r = .67, p < .01$; Past Support and Goal Efficacy Support: $r = .36, p < .01$; and Future Support and Goal Efficacy Support: $r = .45, p < .01$. In the present sample, 5-week test-retest reliability coefficients were as follows: Past Support: $r = .78, p < .01$; Future Support: $r = .79, p < .01$; and Goal Efficacy Support: $r = .81, p < .01$.

Goal identification and ranking measure. During the final session of both interventions, participants wrote down four career-related goals and rated each goal on perceived achievement difficulty using a Likert scale ranging from 0 (*not difficult to achieve*) to 7 (*very difficult to achieve*). At follow-up, Krista M. Chronister mailed a copy of participants' goals with the follow-up assessment packet. Participants were instructed to identify their progress toward each goal by endorsing one of four response options: 1 (*haven't tried yet, but still plan to*), 2 (*am still trying, but haven't achieved yet*), 3 (*achieved goal*), or 4 (*no longer a goal I want to complete*). Endorsement of Option 1 was given 1 point, Option 2 was given 2 points, Option 3 was given 3 points, and Option 4 was given 0 points. These were summed as an estimate of progress toward goals (goal achievement), with possible scores ranging from 0 to 12. Participants also were asked to rate every goal on achievement difficulty, regardless of whether they had achieved the goal; difficulty ratings for the four goals were summed (goal difficulty), with a possible range from 0 to 28. Krista M. Chronister and a counseling psychology doctoral student created a four-category coding system for participants' career goals: (a) type of goal, (b) stage of goal action, (c) type of goal action, and (d) time frame. Categories were based on SCCT variables and were informed by extant literature on the measurement of clients' counseling goals (Heavlin, Lee-Merrow, & Lewis, 1982; Kiresuk & Sherman, 1968; Mitchell, Levin, & Krumboltz, 1999; Schunk, 2001). Participants' names and the experimental conditions to which they were assigned were removed from all of the goals data. Initial coding yielded a 65% agreement rate; Krista M. Chronister and a graduate assistant discussed all code discrepancies, and consensus was reached for 97% of the goals. Remaining discrepancies were coded 0 for "not discernible."

Procedures

A total of 23 intervention groups (8 control, 7 standard intervention, 8 standard-plus intervention) were offered over the course of 11 months. We kept the location of groups confidential, and we provided child care. We used the following procedures to maximize and assess fidelity of treatment implementation and equivalence of group facilitators: (a) Group facilitators participated in a 10-hr ACCESS curriculum facilitation training and attended weekly group supervision meetings with Krista M. Chronister, (b)

participants and facilitators completed evaluation forms indicating their satisfaction with group sessions at the end of every session, (c) facilitators used curriculum manuals, and (d) participants completed the Counselor Rating Form—Short (Corrigan & Schmidt, 1983) at follow-up, providing a basis for comparing facilitators. Krista M. Chronister conducted screening appointments with all participants, during which time participants completed pretest measures. Participants were matched in blocks of 3 on critical consciousness pretest scores and then were randomly assigned to one of the following groups: (a) wait-list control (no treatment), (b) standard intervention, and (3) standard-plus intervention.

Participants assigned to the wait-list control group met with Krista M. Chronister 5 weeks after their initial screening appointment to complete the measures a second time. These scores are referred to hereafter as *preintervention* scores. Participants were matched by their preintervention critical consciousness scores and then were randomly assigned to one of the two treatment interventions. Because we assigned wait-list participants to treatment groups after 5 weeks, the design did not allow for treatment-control comparisons at follow-up. Participants completed posttest measures during the last program session, and 5 weeks after each participant completed a program, we mailed the follow-up measures. Participants were paid \$80 or \$90 (wait list) cash for participating, and travel money was provided as needed. Participants assigned to the wait-list control group received an extra \$10 at the preintervention assessment, which served as compensation for their time waiting to begin an intervention. Participants received \$10 cash every time they attended a program session and \$30 upon return of the completed follow-up measures. We paid women cash to eliminate the need for a checking account and to minimize the likelihood that abusive partners could find out about women's research participation. As indicated by other researchers, we believe that participant payment and provision of travel money and day care were essential for participant recruitment and retention (Sullivan, 1991; Sullivan & Bybee, 1999; Wettersten et al., 2004).

Results

Initial Analyses

Results from a series of one-way multivariate analyses of variance indicated that there were no pretest differences among experimental groups (control, standard intervention, standard-plus

intervention) on any outcome variables. There was a significant difference in perceived support needed for future goal achievement (Goal Efficacy Support) scores between program completers and noncompleters, with program completers perceiving a greater need for future support to achieve their goals. This suggests that program completers may have been more motivated to complete a program and perceived the program to be a significant source of support for achieving their career goals. A summary of these results and correlations among outcome variables are provided in Appendixes A, B, and C. One-way analysis of variance (ANOVA) results indicated that there were no follow-up differences in how participants rated their satisfaction with group facilitators using the Counselor Rating Form—Short (Corrigan & Schmidt, 1983), $F(7, 48) = 2.14$, $p = .06$, partial $\eta^2 = .06$, observed power = .75.

Treatment Effects

Missing data were excluded listwise, yielding small variations in sample sizes across groups. We ran a Mahalanobis distance test to identify multivariate outliers and excluded 1 participant from the standard group. We also excluded responses from 2 participants on the basis of univariate differences, determined using box plots and standard deviations. One standard participant's pretest CSES score was more than four standard deviations lower than the sample mean for standard intervention completers, and 1 standard-plus participant's posttest and follow-up CSES, COE, and CCDV scores were at least three standard deviations lower than the corresponding sample means on these measures for standard-plus intervention completers. We conducted two separate one-way multivariate analyses of covariance (MANCOVAs) to determine treatment effects at posttest (see Tables 2 and 3) and follow-up (see Table 4), using CCDV pretest scores as a covariate. We used the Bonferroni correction to reduce Type I error. Partial eta squared (η^2) served as the effect size indicator, with values of .01, .06, and .14 indicating small, medium, and large effect sizes, respectively (Weinfurt, 1995).

Table 2
Means, Standard Deviations, and Effect Sizes for Intervention Groups at Posttest

| Variable | Scale range | Group A, control (<i>n</i> = 21) | | Group B, standard (<i>n</i> = 27) | | Group C, standard plus (<i>n</i> = 25) | | <i>F</i> (18, 124) | <i>p</i> | Partial η^2 | Observed power | Scheffé post hoc tests |
|---|-------------|--------------------------------------|-----------|---------------------------------------|-----------|--|-----------|--------------------|----------|------------------|----------------|------------------------|
| | | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | | | |
| Career-Search Self-Efficacy | 0–315 | 174.90 | 63.72 | 230.89 | 52.03 | 206.24 | 57.92 | 7.39† | .00 | .18 | .93 | B, C > A |
| Career Outcome Expectations Scale | 30–180 | 148.90 | 18.79 | 154.81 | 10.82 | 151.36 | 20.57 | 1.06 | .29 | .03 | .23 | |
| Critical Consciousness of Domestic Violence Measure | 20–180 | 87.24 | 13.28 | 90.13 | 11.34 | 94.96 | 14.72 | 5.55† | .01 | .14 | .84 | B, C > A |
| Perceived Career Barriers | | | | | | | | | | | | |
| Past Barriers | 50–200 | 127.43 | 30.98 | 124.48 | 27.17 | 131.56 | 29.05 | 0.42 | .66 | .01 | .12 | |
| Future Barriers | 50–200 | 95.48 | 19.76 | 96.89 | 19.95 | 99.52 | 29.22 | 0.14 | .86 | .00 | .07 | |
| Barrier Difficulty | 50–200 | 96.05 | 26.40 | 92.48 | 23.89 | 102.12 | 32.36 | 0.77 | .45 | .02 | .18 | |
| Perceived Career Support | | | | | | | | | | | | |
| Past Support | 39–156 | 78.14 | 15.74 | 80.01 | 18.68 | 79.22 | 15.85 | 0.18 | .87 | .01 | .08 | |
| Future Support | 39–156 | 86.70 | 24.37 | 89.46 | 23.34 | 87.51 | 18.15 | 0.20 | .84 | .01 | .08 | |
| Goal Efficacy Support | 39–156 | 82.55 | 25.31 | 84.89 | 27.50 | 92.00 | 25.32 | 0.83 | .42 | .02 | .19 | |

Note. There were no significant pretest differences among experimental groups. Omnibus multivariate analysis of covariance posttest results were $F(18, 124) = 2.32$, $p = .004$, $\eta^2 = .25$, observed power = .99. Pretest Critical Consciousness of Domestic Violence Measure scores were used as the covariate.

† Significant at Bonferroni-corrected level ($p = .005$).

Table 3
Participant Goals at Posttest

| Variable | Standard program (<i>n</i> = 130 goals) | Standard-plus program (<i>n</i> = 123 goals) |
|---------------------------------------|---|--|
| Goal type | | |
| Relationship | 10 (7.7%) | 15 (12.2%) |
| Legal-housing-financial | 24 (18.5%) | 14 (11.4%) |
| Emotional-physical health | 8 (6.2%) | 15 (12.2%) |
| Career | 77 (59.2%) | 71 (57.7%) |
| Not discernible | 11 (8.5%) | 8 (6.5%) |
| Stage of goal activity | | |
| Begin | 93 (71.5%) | 79 (64.2%) |
| Continue-persist | 9 (6.9%) | 22 (17.9%) |
| Finish | 19 (14.6%) | 16 (13.0%) |
| Not discernible | 4 (3.1%) | 6 (4.9%) |
| Objective of goal | | |
| Seek-give information | 43 (33.1%) | 41 (33.3%) |
| Build skills | 22 (16.9%) | 21 (17.1%) |
| Make decision | 38 (29.2%) | 33 (26.8%) |
| Seek-give support | 12 (9.2%) | 25 (20.3%) |
| Not discernible | 15 (11.5%) | 3 (2.4%) |
| Length of time needed to achieve goal | | |
| Less than 5 weeks | 2 (1.5%) | 3 (2.4%) |
| More than 5 weeks | 52 (40.0%) | 42 (34.1%) |
| Continue over time | 35 (26.9%) | 41 (33.3%) |
| Not discernible | 41 (31.5%) | 37 (30.1%) |

Note. There were no significant between-groups differences for any of the goal variables.

There was a significant multivariate effect at posttest (Wilks's $\lambda = .56$), $F(18, 124) = 2.32$, $p = .004$, partial $\eta^2 = .25$, observed power coefficient = .99. There were significant analysis of covariance results for career-search self-efficacy, $F(2, 69) = 7.58$, $p = .001$, partial $\eta^2 = .18$, observed power coefficient = .93, and critical consciousness, $F(2, 69) = 5.50$, $p = .006$, partial $\eta^2 = .14$, observed power coefficient = .84. There was no main effect for

career outcome expectations, $F(2, 69) = 1.25$, $p = .29$, partial $\eta^2 = .04$, observed power coefficient = .23. We used Scheffé test to examine post hoc between-groups differences. These findings indicate partial support for Hypothesis 1 because intervention participants' career-search self-efficacy and critical consciousness scores at posttest were significantly higher than wait-list control group participants' scores. However, results did not indicate significant increases in intervention participants' outcome expectations and perceived support nor significant decreases in participants' perceived barriers, relative to wait-list control group participants. Hypothesis 2 was not supported because there were no significant differences between standard and standard-plus participants' posttest scores on any of the outcome measures.

The second MANCOVA was not significant, contrary to our follow-up hypotheses, but yielded a large multivariate effect size (Wilks's $\lambda = .81$), $F(9, 50) = 1.30$, $p = .26$, partial $\eta^2 = .19$, observed power coefficient = .56. We examined univariate output and attribute the multivariate effect size to critical consciousness on the basis of the medium effect size (partial $\eta^2 = .09$) and $p < .05$, suggesting higher critical consciousness among standard-plus participants at follow-up.

Goals and Achievement Difficulty Rankings

We did not form directional hypotheses regarding differences in the types of goals that interventions participants would define, but we did hypothesize that standard-plus participants would make significantly more progress toward their goals at follow-up. We conducted independent-samples *t* tests to determine treatment differences in the types of goals that participants defined and treatment differences in goal achievement, or the progress that participants made toward completing their goals at follow-up. Results indicated significant between-groups differences in the number of emotional-physical health goals defined, $t(61) = 1.55$, $p = .00$, with standard-plus participants reporting more health goals; skill-building goals defined, $t(33) = 1.07$, $p = .04$, with standard-plus

Table 4
Means, Standard Deviations, and Effect Sizes for Intervention Groups at Follow-Up

| Variable | Scale range | Group B, standard (<i>n</i> = 27) | | Group C, standard plus (<i>n</i> = 25) | | <i>F</i> (9, 50) | <i>p</i> | Partial η^2 | Observed power | Scheffé post hoc tests |
|---|-------------|--|-----------|---|-----------|------------------|----------|------------------|----------------|------------------------------|
| | | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | | | |
| Career-Search Self-Efficacy | 0–315 | 225.90 | 52.03 | 222.29 | 60.45 | 0.32 | .57 | .01 | .09 | |
| Career Outcome Expectations Scale | 30–180 | 150.17 | 16.27 | 152.26 | 20.54 | 0.06 | .81 | .00 | .06 | |
| Critical Consciousness of Domestic Violence Measure | 20–180 | 85.27 | 11.41 | 93.19 | 15.69 | 5.47* | .02 | .09 | .63 | C > B |
| Perceived Career Barriers | | | | | | | | | | |
| Past Barriers | 50–200 | 115.53 | 27.44 | 129.81 | 33.08 | 2.99 | .09 | .05 | .40 | |
| Future Barriers | 50–200 | 99.00 | 24.33 | 94.32 | 27.19 | 0.08 | .78 | .00 | .06 | |
| Barrier Difficulty | 50–200 | 98.33 | 32.97 | 100.77 | 34.44 | 0.19 | .67 | .00 | .07 | |
| Perceived Career Support | | | | | | | | | | |
| Past Support | 39–156 | 75.90 | 16.98 | 82.71 | 21.06 | 1.60 | .21 | .03 | .24 | |
| Future Support | 39–156 | 84.77 | 22.51 | 89.24 | 23.55 | 0.34 | .56 | .01 | .09 | |
| Goal Efficacy Support | 39–156 | 84.53 | 27.67 | 91.68 | 28.04 | 0.77 | .38 | .01 | .14 | |

Note. There were no significant pretest differences among experimental groups. Omnibus multivariate analysis of covariance follow-up results were $F(9, 50) = 1.30$, $p = .26$, $\eta^2 = .19$, observed power = .56. Pretest Critical Consciousness of Domestic Violence Measure scores were used as the covariate.

* $p < .05$.

participants reporting more skill-building goals; and the number of goals that were continuing or in progress at follow-up, $t(23) = 1.26, p = .00$, with standard-plus participants reporting more goals in this stage. Standard-plus participants also reported significantly more progress toward achieving their goals at follow-up than did standard participants, $t(50) = 2.47, p = .02$.

We did not form directional hypotheses regarding participants' goal difficulty or how participants rated their level of goal achievement difficulty. We examined differences in Goal Difficulty at posttest and follow-up using two 2 (standard vs. standard plus) \times 3 (time) ANOVAs. Results indicated no significant group differences in goal difficulty at posttest, $F(1, 56) = 3.64, p = .06, \eta^2 = .06$, observed power coefficient = .47, or follow-up, $F(1, 44) = 0.91, p = .35, \eta^2 = .02$, observed power coefficient = .15. Using paired t tests, we determined that standard, $t(23) = 0.27, p = .79$, and standard-plus, $t(20) = 0.59, p = .56$, participants did not rate their goal achievement difficulty differently at follow-up than they did originally at posttest.

Discussion

Participation in the standard intervention resulted in significant improvements in career-search self-efficacy at posttest. This study provides preliminary support for the combination of S. D. Brown and Krane's (2000) five critical career intervention components in a five-session group format to raise career-search self-efficacy. These gains were maintained at follow-up. Our hypothesis that the standard-plus intervention would result in significantly higher career-search self-efficacy scores than the wait-list control group and standard intervention at posttest and follow-up was not supported. Paired samples t test results indicated that standard-plus participants' CSES scores significantly increased from posttest to follow-up, $t(30) = 2.74, p = .01$. Perhaps the increase in critical consciousness and goal progress combined to raise participants' self-efficacy after the conclusion of the program.

Contrary to our hypotheses, COES scores did not change over time in either experimental condition. The career outcome expectations of these participants appear to be particularly high. It is possible that the decision to participate in this intervention raised their outcome expectations. It also may be that living in a violent situation may be a qualitatively different experience of oppression than oppression based on race-ethnicity and so forth (Chronister & McWhirter, 2004), and as such, outcome expectations are not as low as has been reported for other groups. It is also possible that the COES is not a valid measure of career outcome expectations. Correlations obtained in this study are consistent with empirical findings of a positive association between career-related self-efficacy and outcome expectations (Gainor & Lent, 1998; Lopez, Lent, Brown, & Gore, 1997; Smith & Fouad, 1999). Significant inverse relationships with future barriers and support needed to achieve career goals at posttest also provide some support for validity, but we recommend additional validation studies of the COES with battered women.

The omnibus MANCOVA for treatment differences at follow-up was not significant. As indicated in Table 3, the univariate difference in critical consciousness scores at follow-up yielded a medium effect size, though the alpha of $p = .05$ does not meet the Bonferroni criterion. We view this result as promising from an intervention as well as a measurement perspective.

We were unsure of whether intervention participation would decrease perceived barriers (due to increased self-efficacy expectations), increase perceived barriers (due to heightened attention to forming and pursuing goals), have no effect on perceived barriers, or some combination that also might vary between the treatment groups. Ultimately, we hypothesized that because both interventions would presumably increase self-efficacy and perceived support, then perceived barriers would decrease. We found no significant differences in perceived barriers among the experimental groups at posttest or follow-up. Correlations between perceived career barriers and supports (see Appendix A) suggest that women who perceived more past barriers also perceived using more support in the past (Past Support), anticipated receiving more support in the future (Future Support), and perceived needing more support to achieve their future career goals (Goal Efficacy Support). These relationships make intuitive sense and indicate a direct and positive relationship between perceived past career barriers and past, future, and needed support to achieve career goals for this sample. We might anticipate in future intervention studies that women's perceived career barriers and supports may covary.

There were no statistically significant between-groups differences or within-group changes in participants' perceived career supports at posttest or follow-up. Observed power coefficients for the analyses of support subscales were low (.08–.24). In retrospect, one obvious flaw in our measurement of support was that we did not assess current level of perceived support; rather, we examined past and anticipated future support as well as future support needed to achieve goals.

We hypothesized that because of higher critical consciousness, participants in the standard-plus intervention would more accurately rate (operationalized as fewer changes in scores from posttest to follow-up) the achievement difficulty of their goals at posttest. Results did not support this hypothesis, nor was there a significant correlation between critical consciousness and goal achievement or goal difficulty at follow-up.

Results were consistent with our hypothesis that standard-plus participants would make greater progress toward achieving their goals. The action part of the critical consciousness process is liberation behavior (Comas-Díaz, 1994). These data show promise for the potential of critical consciousness facilitation to support women toward achieving their career-related goals. Battered women likely need support to help them become more critically aware of the effects of domestic violence on their lives and goal achievement. In return, receiving support and achieving their goals likely helps women become more critically aware of the larger ecological factors impacting their lives. Standard-plus participants identified significantly more health and skill-building goals and more goals in the continuing–persist stage, but given that there were no other between-groups differences with respect to identified goals, goal difficulty ratings, socioeconomic status, or abuse experiences, it is difficult to know the impact of these significant differences.

Strengths and Limitations

The strengths of this study are use of an experimental design in a community setting, use of a manualized intervention, and what may be a first attempt to define, operationalize, and measure critical consciousness in a career intervention study with adult

domestic violence survivors. Diemer and colleagues have made great strides in exploring critical consciousness development with urban adolescents and the role of critical consciousness on adolescents' career development and decisions to challenge perceived racism, sexism, and social injustice (Diemer & Blustein, in press; Diemer, Kauffman, Koenig, Trahan, & Hsieh, in press). The ACCESS interventions were not only designed for a specific, underserved population but a population with complex and multifaceted needs and that is extremely difficult to access. In part, the intervention was successful. Battered women participants' career-search self-efficacy (standard) or critical consciousness (standard-plus) scores were significantly higher at posttest and follow-up. Standard-plus participants appeared to catch up with standard participants on self-efficacy, and there is some indication that they may have higher critical consciousness than standard participants. Standard-plus participants also made more progress toward achieving their goals at follow-up than did standard participants. These results provide evidence that five sessions can result in improvements in battered women's career-search self-efficacy (S. D. Brown & Krane, 2000).

With regard to the exploration of perceived career barriers and supports, we attempted to address four out of five research recommendations suggested to improve the understanding of the role of contextual barriers and supports (Lent et al., 2000). Specifically, we assessed both distal and proximal aspects of women's environments that might influence the specific developmental task of goal achievement. We examined barriers and supports in conjunction with career-related self-efficacy and outcome expectations. We also measured contextual barriers along two dimensions, time (e.g., past and future barriers) and difficulty (e.g., difficulty overcoming barriers), and we measured contextual support along dimensions of time (i.e., past and future supports) and support needed (i.e., anticipated support needed to achieve goals). Unfortunately, power was low for these analyses, rendering our results less useful in understanding the role of these contextual variables.

There also are several limitations to the present study associated with measurement, sample size, and lack of a control group at follow-up. With respect to measurement, the development of several original measures was necessitated by a lack of appropriate measures of the constructs of interest for use with battered women or individuals not attending college. Also, because SCCT constructs are task and domain specific, measurement requires domain specificity (Lopez et al., 1997; Smith & Fouad, 1999). The initial reliability and validity data gathered with battered women residing in shelters established a basis for use of the measures; nonetheless, further work is needed to establish measurement validity with this population.

The greatest limitation of the study was the small sample size. Lack of power may have masked additional intervention effects, particularly at follow-up. Those effects we did find are all the more salient in light of the small sample size. It was very difficult to retain participants in this study. Some dropouts reported that they were no longer permitted by their abusive partners to participate, and others reported that they were too busy and their lives were too chaotic to maintain participation. In many cases, we simply could not follow up with those who dropped out because we may have jeopardized women's safety and confidentiality. The dearth of career research on battered women surely is due in part to the difficulty of establishing trust, providing a safe setting, and achiev-

ing ongoing participation of people negotiating complex and often dangerous life situations. Finally, with respect to the research design, we note the benefits and drawbacks of assigning wait-list control group participants to an intervention after 5 weeks, rather than after 10 weeks. We lost the opportunity to examine treatment effects at follow-up. On the other hand, women in the wait-list control group were able to receive an effective treatment sooner. We believed that a 10-week wait for an intervention would greatly increase attrition; thus, for humanistic and pragmatic reasons, we designed the wait list to be only 5 weeks.

Recommendations for Future Research and Practice

Replication of this study with a larger sample followed over time would provide the opportunity to examine consistency in the findings, examine results for subgroups of battered women (e.g., those still in abusive relationships, those living in shelters), identify longer-term outcomes, and gather information about additional intervention effects (e.g., broadening career interests, increasing accuracy of self-appraisals, enhancing support). Replication with larger samples also will allow for use of statistical procedures such as structural equation modeling that account for relationships among variables over time. Differences in significant relationships identified at pretest and follow-up suggest that the ACCESS interventions influenced the strength of the relationships among SCCT variables. Future research might examine causal pathways among self-efficacy, outcome expectations, and critical consciousness to understand how these constructs are influenced by participation in a career intervention program and consequently influence battered women's goal achievement. Larger sample sizes also would allow researchers to examine ethnic group differences in intervention outcomes. Chronister and McWhirter (2004) found that ethnic minority battered women's vocational skills self-efficacy and career outcome expectations were significantly and inversely related to their career goals and perceived difficulty overcoming future barriers. These relationships were not significant for European American battered women in the sample. These findings highlight the importance of including ethnic minority and immigrant battered women in study samples, and they attend to possible differences in outcomes and interrelationships among variables.

Instrument refinement may lead to more sensitive measures of career outcome expectations, supports, and barriers, which in turn will allow for testing whether measurement issues limited the present findings over and above the limitations of a small sample size.

Socioeconomic status was not correlated with any of the study variables in the present study, however, Chronister and McWhirter (2004) found that socioeconomic status was significantly and positively related to ethnic minority women's experiences of domestic abuse and negatively correlated with ethnic minority women's perceptions of future career barriers and perceived difficulty overcoming future career barriers. We recommend that future research assess the financial resources to which a battered woman has access, rather than the income of her household. We further note that in this study, participants were asked to answer all questionnaire items on the basis of their most recent abusive intimate relationship. Some participants reported to Krista M. Chronister that their last abusive intimate relationship was not the

most devastating relationship. Measurement that accounts for abuse history in a more comprehensive fashion may increase understanding of participants' experiences and the effects of the program for specific subgroups.

Krista M. Chronister recorded the verbal feedback from participants in field notes. A number of participants commented that the ACCESS programs made them think differently about the impact of domestic violence on their lives than previous therapy or support groups. For example, several women in the standard-plus program commented that the program helped them to realize that they were not only victimized by their partners but that they also had skills and power that helped them survive the abuse and could help them make future changes in their relationships. Almost all participants commented on the usefulness of program information and the powerful impact of program session discussions and activities. Many women provided feedback that they felt able to connect with women in the groups. There were no negative comments made about the program at any time in the presence of Krista M. Chronister or the facilitators. On the basis of participants' verbal feedback, future research of the ACCESS interventions and other career counseling programs for domestic violence survivors might include assessment of participants' career interests and commitment, locus of control, motivation, and readiness for change as well as group and cultural dynamics among participants that may impact the effectiveness of the interventions (Chronister, *in press*).

Summary and Conclusions

This experimental study provides preliminary empirical evidence supporting the effectiveness of two 5-week interventions that incorporated S. D. Brown and Krane's (2000) most effective career intervention components. This study highlights the benefits of incorporating strategies to promote critical consciousness in a career intervention. Further research on the effectiveness of these programs is needed. Nonetheless, this study is an important step forward in identifying effective career-related interventions for battered women. We hope these findings provide impetus for further career intervention research with this important and underserved population.

References

- Albaugh, L. M., & Nauta, M. M. (2005). Career decision self-efficacy, career barriers, and college women's experiences of intimate partner violence. *Journal of Career Assessment*, 13, 288–306.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bowen, N. H. (1982). Guidelines for career counseling with abused women. *Vocational Guidance Quarterly*, 31, 123–127.
- Bricker-Jenkins, M., & Hooyman, N. (1986). *Not for women only: Social work practice for a feminist future*. Silver Spring, MD: National Association of Social Workers.
- Brown, C. (2001, August). *Career counseling training in domestic violence shelters*. Paper presented at the 109th Annual Convention of the American Psychological Association, San Francisco, CA.
- Brown, C., Reedy, D., Fountain, J., Johnson, A., & Dichiser, T. (2000). Battered women's career decision-making self-efficacy: Further insights and contributing factors. *Journal of Career Assessment*, 8, 251–265.
- Brown, S. D., & Krane, N. E. (2000). Four (or five) sessions and a cloud of dust: Old assumptions and new observations about career counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3rd ed., pp. 740–766). New York: Wiley.
- Chartrand, J. M., & Rose, M. L. (1996). Career interventions for at-risk populations: Incorporating social cognitive influences. *The Career Development Quarterly*, 44, 341–353.
- Chronister, K. M. (*in press*). Social class, race, and ethnicity: Career interventions for women domestic violence survivors. *American Journal of Community Psychology*.
- Chronister, K. M., & McWhirter, E. H. (2003). Applying social cognitive career theory to the empowerment of battered women. *Journal of Counseling & Development*, 81, 418–425.
- Chronister, K. M., & McWhirter, E. H. (2004). Ethnic differences in career supports and barriers for battered women: A pilot study. *Journal of Career Assessment*, 12, 169–187.
- Chronister, K. M., Wettersten, K., & Brown, C. (2004). Vocational psychology research for the liberation of battered women. *The Counseling Psychologist*, 32, 900–922.
- Comas-Díaz, L. (1994). An integrative approach. In L. G. Comas-Díaz & B. Greene (Eds.), *Women of color: Integrating ethnic and gender identities in psychotherapy* (pp. 287–318). New York: Guilford Press.
- Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form. *Journal of Counseling Psychology*, 30, 64–75.
- Crosby, F., & Hereck, G. (1987). Male sympathy and the situation of women: Does personal experience make a difference? *Journal of Social Issues*, 42, 55–66.
- Diemer, M. A., & Blustein, D. (*in press*). Critical consciousness and career development among urban youth. *Journal of Counseling Psychology*.
- Diemer, M. A., Kauffman, A. L., Koenig, N. B., Trahan, E. B., & Hsieh, C. (*in press*). *Journal of Vocational Behavior*.
- Enns, C. Z. (1992). Self-esteem groups: A synthesis of consciousness-raising and assertiveness training. *Journal of Counseling & Development*, 71, 7–13.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Gainor, K. A., & Lent, R. W. (1998). Social cognitive expectations and racial identity attitudes in predicting the math choice intentions of Black college students. *Journal of Counseling Psychology*, 45, 403–413.
- Gianakos, I. (1999). Career counseling with battered women. *Journal of Mental Health Counseling*, 21, 1–14.
- Gutierrez, L. M. (1991). Developing method to empower Latinos: The importance of groups. *Social Work with Groups*, 14(2), 23–43.
- Hackett, G., & Byars, A. M. (1996). Social cognitive theory and the career development of African American women. *The Career Development Quarterly*, 44, 322–340.
- Heavlin, W. D., Lee-Merrow, S. W., & Lewis, V. M. (1982). The psychometric foundations of goal attainment scaling. *Community Mental Health Journal*, 18, 230–241.
- Hollingshead, A. B. (1975). *Four Factor Index of Social Status*. Unpublished manuscript, Yale University.
- Ibrahim, F. A., & Herr, E. L. (1987). Battered women: A developmental life-career counseling perspective. *Journal of Counseling & Development*, 65, 244–248.
- Ivey, A. E. (1995). Psychotherapy as liberation: Toward specific skills and strategies in multicultural counseling and therapy. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 53–72). Thousand Oaks: Sage.
- Kieffer, C. (1984). Citizen empowerment: A developmental perspective. In J. Rappaport, C. Swift, & R. Hess (Eds.), *Studies in empowerment: Steps toward understanding and action* (pp. 9–36). New York: Hayworth Press.
- Kiresuk, T. J., & Sherman, R. E. (1968). Goal attainment scaling: A general method for evaluating comprehensive community mental health programs. *Community Mental Health Journal*, 4, 443–453.
- Lent, R. W., Brown, S. D., & Hackett, G. (1994). Monograph: Toward a

- unifying social cognitive theory of career and academic interest, choice, and performance. *Journal of Vocational Behavior*, 45, 79–122.
- Lent, R. W., Brown, S. D., & Hackett, G. (2000). Contextual supports and barriers to career choice: A social cognitive analysis. *Journal of Counseling Psychology*, 47, 36–49.
- Lopez, F. G., Lent, R. W., Brown, S. D., & Gore, P. A. (1997). Role of social-cognitive expectations in high school students' mathematics-related interest and performance. *Journal of Counseling Psychology*, 44, 44–52.
- Martín-Baró, I. (1994). *Writings for a liberation psychology* (A. Aron & S. Corne, Eds.). Cambridge, MA: Harvard University Press.
- McWhirter, E. H. (1994). *Counseling for empowerment*. Alexandria, VA: American Counseling Association.
- McWhirter, E. H. (2001, March). Social action at the individual level: In pursuit of critical consciousness. In P. Gore & J. Swanson (Chairs), *Counseling psychologists as agents of social change*. Paper presented at the National Conference on Counseling Psychology, Houston, TX.
- McWhirter, E. H., Rasheed, S., & Crothers, M. (2000). The effects of high school career education on social cognitive variables. *Journal of Counseling Psychology*, 47, 330–341.
- Mitchell, K. E., Levin, A. S., & Krumboltz, J. D. (1999). Planned happenstance: Constructing unexpected career opportunities. *Journal of Counseling & Development*, 77, 115–124.
- Morrow, S. L., Gore, P. A., & Campbell, B. W. (1996). The application of a sociocognitive framework to the career development of lesbian women and gay men. *Journal of Vocational Behavior*, 48, 136–148.
- Quinless, F. W., & Nelson, M. M. (1988). Development of a measure of learned helplessness. *Nursing Research*, 37, 11–15.
- Rose, S., & Black, B. (1985). *Advocacy and empowerment: Mental health care in the community*. Boston: Routledge & Kegan Paul.
- Schunk, D. H. (2001, August). Self-regulation through goal setting. *ERIC Digests*, 2001, Article CG-01–08. Retrieved November 15, 2001, from <http://www.ericdigests.org/2002-4/goal.html>
- Smith, P. L., & Fouad, N. A. (1999). Subject-matter specificity of self-efficacy, outcome expectancies, interests, and goals: Implications for the social-cognitive model. *Journal of Counseling Psychology*, 46, 461–471.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570–585.
- Solberg, V. S., Good, G. E., & Nord, D. (1994). Career search efficacy: Ripe for applications and intervention programming. *Journal of Career Development*, 21, 63–72.
- Solberg, V. S., Good, G. E., Nord, D., Holm, C., Hohner, R., Zima, N., et al. (1994). Assessing career search expectations: Development and validation of the Career Search Efficacy Scale. *Journal of Career Assessment*, 2, 11–123.
- Sullivan, C., & Bybee, D. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67, 43–53.
- Sullivan, C. M. (1991). Battered women as active helpseekers. *Violence Update*, 1(12), 1, 8, 10.
- Swanson, J. L., & Witke, M. B. (1997). Theory into practice in career assessment for women: Assessment and interventions regarding perceived barriers. *Journal of Career Assessment*, 5, 443–462.
- U.S. Department of Justice, Bureau of Justice Statistics. (2000). *Intimate partner violence*. Retrieved March 12, 2004, from <http://www.ojp.usdoj.gov/bjs/abstract/ipv.htm>
- Walsh, W. B., & Osipow, S. H. (Eds.). (1994). *Career counseling for women*. Hillsdale, NJ: Erlbaum.
- Watts, R. J., & Abdul-Adil, J. K. (1997). Promoting critical consciousness in young, African-American men. *Journal of Prevention and Intervention in the Community*, 16(1–2), 63–86.
- Weinfurt, K. P. (1995). Multivariate analysis of variance. In L. G. Grimm & P. R. Yarnold (Eds.), *Reading and understanding multivariate statistics* (pp. 245–276). Washington, DC: American Psychological Association.
- Wettersten, K. B., Rudolph, S., Faul, K., Gallagher, K., Transgrud, H., Adams, K., et al. (2004). Freedom through self-sufficiency: A qualitative examination of the impact of domestic violence on the working lives of women in shelter. *Journal of Counseling Psychology*, 51, 447–462.

Appendix A

Means, Standard Deviations, and Correlations for All Measures at Pretreatment ($n = 72$) and Follow-Up ($n = 52$)

| Variable | M^a | SD^a | M^b | SD^b | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------|--------|--------|--------|--------|------|-------|--------|-------|--------|-------|--------|--------|-------|-------|-------|--------|------|
| 1. SES | 37.97 | 22.29 | 38.56 | 21.33 | — | .08 | .06 | .05 | .02 | -.17 | -.06 | .04 | .01 | -.04 | -.17 | -.03 | -.06 |
| 2. ABUSE | 21.28 | 9.06 | 22.12 | 8.73 | -.07 | — | .04 | .09 | .23 | .42** | .09 | -.10 | .27* | .35** | .41** | .22 | .13 |
| 3. CSES | 152.08 | 62.92 | 224.07 | 56.02 | .15 | -.10 | — | .71** | .55** | .02 | -.52** | -.40** | .17 | .30* | .03 | -.34* | .12 |
| 4. COES | 149.31 | 18.63 | 151.23 | 18.44 | .07 | .07 | .41** | — | .56** | .04 | -.56** | -.46** | .43** | .45** | .07 | -.45** | .35* |
| 5. CCDV | 88.35 | 13.61 | 89.30 | 14.21 | -.08 | .35** | .37** | .48** | — | .34** | -.37** | -.33** | .42** | .42** | .29* | -.09 | .23 |
| 6. PSTBAR | 125.60 | 27.17 | 122.79 | 31.03 | -.10 | .49** | -.22 | .09 | .24* | — | .33** | .24 | .26* | .55** | .62** | .14 | .27 |
| 7. FUTBAR | 101.29 | 22.41 | 95.64 | 25.65 | .02 | .19 | -.48** | -.26* | -.24* | .39** | — | .80** | -.02 | -.01 | .36** | .49** | -.08 |
| 8. DIFBAR | 101.05 | 27.83 | 99.57 | 33.47 | .08 | .05 | -.32** | -.23 | -.28** | .22 | .83** | — | -.05 | -.05 | .34** | .31* | -.02 |
| 9. PSTSUP | 78.49 | 18.17 | 79.36 | 19.31 | -.05 | .28* | .07 | .16 | .37** | .27* | .04 | -.07 | — | .60** | .47** | .08 | .20 |
| 10. FUTSUP | 26.58 | 19.05 | 87.04 | 22.96 | -.06 | .41** | .03 | .19 | .42** | .42** | .10 | .04 | .76** | — | .71** | -.25 | .27* |
| 11. GOALSUP | 88.18 | 22.59 | 88.16 | 27.86 | -.06 | .29* | -.18 | -.04 | .18 | .42** | .48** | .45** | .36** | .61** | — | .12 | .32* |
| 12. GOALDIF | | | 16.94 | 5.55 | | | | | | | | | | | | — | -.16 |
| 13. GOALACH | | | 7.40 | 2.47 | | | | | | | | | | | | -.16 | — |

Note. Correlations below the diagonal are pretest scores. Correlations above the diagonal are follow-up scores. Variable names and scale ranges are as follows: SES = socioeconomic status (0–66); ABUSE = abuse tactics experienced (0–55); CSES = Career-Search Self-Efficacy (0–315); COES = Career Outcome Expectations Scale (30–180); CCDV = Critical Consciousness of Domestic Violence Measure (20–180); PSTBAR = Perceived Career Barriers, Past Barriers subscale (50–200); FUTBAR = Perceived Career Barriers, Future Barriers subscale (50–200); DIFBAR = Perceived Career Barriers, Barrier Difficulty subscale (50–200); PSTSUP = Perceived Career Support, Past Support subscale (39–156); FUTSUP = Perceived Career Support, Future Support subscale (39–156); GOALSUP = Perceived Career Support, Goal Efficacy Support subscale (39–156); GOALDIF = difficulty level for achieving goals (0–7); GOALACH = progress made toward achieving goals (0–12).

^a Posttest measures. ^b Follow-up measures.

* $p < .05$. ** $p < .01$.

(Appendixes continue)

Appendix B

Multivariate Analyses of Variance for Pretreatment Differences Among Experimental Groups (Control, Standard Intervention, Standard-Plus Intervention)

| Source | Scale range | Sum of squares | df | M of squares | F(2, 94) | p | Partial η^2 | Observed power |
|---|-------------|----------------|----|--------------|----------|-----|------------------|----------------|
| Career-Search Self-Efficacy | 0–315 | 4,085.02 | 2 | 2,042.51 | 0.56 | .57 | .14 | .14 |
| Career Outcome Expectations Scale | 30–180 | 814.26 | 2 | 407.13 | 1.16 | .32 | .03 | .25 |
| Critical Consciousness of Domestic Violence Measure | 20–180 | 21.11 | 2 | 10.55 | 0.06 | .94 | .00 | .06 |
| Perceived Career Barriers | | | | | | | | |
| Past Barriers | 50–200 | 1,053.64 | 2 | 526.82 | 0.86 | .43 | .02 | .19 |
| Future Barriers | 50–200 | 155.83 | 2 | 77.92 | 0.18 | .83 | .00 | .08 |
| Barrier Difficulty | 50–200 | 224.66 | 2 | 112.33 | 0.17 | .84 | .00 | .08 |
| Perceived Career Support | | | | | | | | |
| Past Support | 39–156 | 31.29 | 2 | 15.65 | 0.05 | .95 | .00 | .06 |
| Future Support | 39–156 | 180.52 | 2 | 90.26 | 0.24 | .78 | .01 | .09 |
| Goal Efficacy Support | 39–156 | 9.92 | 2 | 4.96 | 0.01 | .99 | .00 | .05 |

Note. There were no pretreatment differences among experimental groups on any outcome variable.

Appendix C

Multivariate Analysis of Variance for Pretreatment Differences Between Intervention Completers and Noncompleters

| Source | Scale range | Sum of squares | df | M of squares | F(1, 93) | p | Partial η^2 | Observed power |
|---|-------------|----------------|----|--------------|----------|-----|------------------|----------------|
| Career-Search Self-Efficacy | 0–315 | 64.33 | 1 | 64.33 | 0.02 | .90 | .00 | .05 |
| Career Outcome Expectations Scale | 30–180 | 95.65 | 1 | 95.65 | 0.28 | .60 | .00 | .08 |
| Critical Consciousness of Domestic Violence Measure | 20–180 | 21.71 | 1 | 21.71 | 0.13 | .72 | .00 | .06 |
| Perceived Career Barriers | | | | | | | | |
| Past Barriers | 50–200 | 1.93 | 1 | 1.93 | 0.00 | .96 | .00 | .05 |
| Future Barriers | 50–200 | 359.96 | 1 | 359.96 | 0.84 | .36 | .01 | .15 |
| Barrier Difficulty | 50–200 | 826.33 | 1 | 826.33 | 1.29 | .26 | .01 | .20 |
| Perceived Career Support | | | | | | | | |
| Past Support | 39–156 | 97.79 | 1 | 97.79 | 0.30 | .59 | .00 | .08 |
| Future Support | 39–156 | 490.20 | 1 | 490.20 | 1.36 | .25 | .01 | .21 |
| Goal Efficacy Support | 39–156 | 1,956.41 | 1 | 1,956.41 | 4.56 | .04 | .05 | .56 |

Note. There were pretreatment differences between program completers and noncompleters for Goal Efficacy Support at $p < .05$.

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