Support Groups for Women with Abusive Partners

A Review of the Empirical Evidence

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OVERVIEW OF THE DV EVIDENCE PROJECT

Increasingly, domestic violence programs are being asked to learn more about, contribute to, and describe how they are engaging in evidence-based and evidence-informed practices. Funders, policymakers, researchers, and advocates themselves are also more interested today in what evidence exists that a particular intervention or prevention strategy is making a positive difference for survivors, or is meeting the outcomes it was designed to achieve. With this information, domestic violence programs can better secure continued support for proven programs and practices, and can more easily identify, develop, and/or adapt innovative or exemplary approaches from other communities.

To respond to this new emphasis on evidence-based and evidence-informed practice, the National Resource Center on Domestic Violence (NRCDV), with support and direction from the Family Violence Prevention and Services Program at the U.S. Department of Health and Human Services, engaged in a two-pronged approach. First, evidence was collected and synthesized from published, empirical research studies. Second, in recognition that controlled research studies are not the only form of evidence to consider in determining program effectiveness (Puddy & Wilkins, 2011; Schorr & Farrow, 2011), the project also identified where emerging and promising evidence exists that specific programs and practices are effectively addressing complex social problems in community settings.

> *"In one field after another, we are learning that so much of the most promising work in addressing the most intractable social problems is complex, multifaceted, and evolving."*
>
> *Schorr & Farrow, 2011; p. 22*

This research summary, one of a series developed by the NRCDV's **Domestic Violence Evidence Project**, should be viewed as an important piece of information to consider, but it does not include the broad scope and continuum of services being delivered across the country or globe. Practice-based evidence being generated by the field and captured in the project's Program and Practice Profiles should also be considered.

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Introduction

One intervention that is commonly provided within domestic violence programs (and sometimes through other community-based organizations) is the *support group* (Lyon, Bradshaw, & Menard, 2011; National Network to End Domestic Violence, 2012). Support groups are interventions, facilitated by professionals, paraprofessionals, or peers (or a combination thereof), designed to provide emotional, psychological, educational, and sometimes practical support to groups of individuals who share a problem or situation. It is theorized that the practice of sharing experiences and feelings with people going through similar situations is central to the success of such groups. Furthermore, the act of helping others within the group provides members with an opportunity to be an 'expert,' which can feel empowering and affirming. Support groups are generally expected to increase participants' feelings of support and overall well-being, and to reduce stress. Some research has examined the extent to which support groups can alleviate depression or increase one's sense of self-efficacy or self-esteem as well.

While support groups were initially created within domestic violence (DV) programs to provide survivors of intimate partner violence (IPV) with a supportive atmosphere through which to discuss their experiences and provide mutual help to other survivors, such groups have expanded in breadth and scope over time. Now many groups are available that either target specific populations of abused women[1] (e.g., Latinas, lesbians, mothers) or that focus on particular circumstances (groups for women still in the relationship, for example, or for women who are no longer being abused, but who still seek support with dealing with the aftereffects).

While rigorous evaluations of domestic violence support groups have been quite limited, the broader literature on support group efficacy is informative. For example, a recent meta-analysis examined the efficacy of support groups in decreasing group members' depression (Pfeiffer et al., 2011). Their review of 10 articles included randomized clinical trials (RCTs) that compared peer support interventions to usual care, to group cognitive behavioral therapy (CBT), or to both. One of the interventions was a telephone peer mentoring program but the other nine were peer support groups. Interestingly, not only did support groups reduce depression compared to usual care, they may be as effective as CBT for some individuals. This finding was similarly reported by Bright and colleagues (1999), who experimentally compared CBT with mutual support group therapy, each facilitated either by professional or paraprofessional group leaders. Results suggested that nonprofessionals were as effective as professionals in reducing depressive symptoms and that clients in the CBT and support group conditions improved equally.

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[1]All domestic violence programs in the U.S. offer services to both female and male survivors of intimate partner violence. However, the vast majority of those served are women, and the gender-based social problem of battering disproportionately affects women (Bancroft, 2003; Johnson, 1995; Stark, 2007). Further, all of the empirical studies reviewed herein were with women served by domestic violence support groups. Therefore, the female pronoun is sometimes used to refer to domestic violence support group members. This is not intended to minimize the experiences of male survivors needing support services.

A meta-analysis of support groups for family caregivers of patients with dementia reviewed 30 experimental or quasi-experimental studies, and concluded that such groups resulted in a number of positive outcomes (L. Chien et al., 2011). Overall, they showed a significant positive effect on caregivers' psychological well-being, depression, burden, and social outcomes. The use of theoretical models, and length and intensity of group sessions had a significant impact on the effect sizes for psychological well-being and depression. Similar positive findings have been found for support groups with other populations, including parents of pre-term infants (e.g., Liu et al., 2010), people with psychoses (e.g., Castelein et al., 2008), and family caregivers of people with intellectual or psychological challenges (e.g., W. Chien, Norman, & Thompson, 2004; Fung & Chien, 2002; McCallion, Janicki, & Kolomer, 2004; Wei et al., 2012). Taken together, there is a significant body of evidence indicating that peer support groups can alleviate depression and stress, and increase self-esteem, self-efficacy, and psychological well-being.

> This paper was prepared for the *Domestic Violence Evidence Project*, an initiative of the National Resource Center on Domestic Violence. The overall goal of the DV Evidence Project is to combine what we know from research, evaluation, practice and theory to inform critical decision-making related to domestic violence intervention and prevention efforts. We encourage you to visit **www.dvevidenceproject.org** for additional materials, including research summaries, community practice summaries and evaluation tools.

The purpose of the current review was to systematically examine the evidence behind support groups for IPV survivors specifically. Such groups tend to share the following characteristics: they are feminist informed, with the intent of reducing survivors' self-blame and isolation, while increasing their self-esteem and self-efficacy. They include education around IPV and its effects, and focus on building social relationships as well as providing mutual support (Fry & Barker, 2002; Macy et al., 2009; Morales-Campos, Casillas, & McCurdy, 2009; Sullivan, 2010; Taylor, 2000; Tutty, Bidgood, & Rothery, 1993). The underlying theory behind these groups is that abuse often results in women having distorted and overly negative perceptions of themselves (including shame, self-blame, sense of powerlessness; Fry & Barker, 2002). Abusers also often intentionally isolate their victims, and support groups break this isolation through the act of bringing survivors together. Hearing each others' stories, providing mutual help and support, and encouraging each others' strengths is expected to lead to increased self-esteem and self-efficacy.

Method

A systematic review of the scientific literature was undertaken to locate all empirical articles examining the impact of support group services on survivors' lives. Articles were located through computerized journal databases (PubMet, PsychInfo, Google Scholar, & JSTOR) and computerized registries (Campbell Collaboration, Canadian Best Practices, Center for the Study and Prevention of violence, Cochrane Review, Community Guide, HomeVee, Office of Crime Solutions, Promising Practices Network, SAMHSA NREPP) using various combinations of the following keywords: violence, abuse, domestic violence, intimate partner violence, domestic abuse, gender-based violence, gendered violence, support group, group counseling, effectiveness, evaluation, longitudinal, intervention, randomized and "services or intervention." Articles had to have been written in English, and published in peer-reviewed journals between 1999 and 2012. Articles and book chapters were also located using

a backward search through relevant articles. The original search yielded 3564 results, but the vast majority of these were either evaluations of group therapy, or were not empirical studies. To be included in this review, the article had to have evaluated any type of peer support group specifically for IPV survivors. Only six studies met these criteria[2]. Of the six, one included a six month followup but no comparison or control group (Tutty, Bidgood, & Rothery, 1993), and two included small randomized clinical trials with findings at post only (Brownell & Heiser, 2006; Constantino, Kim, & Crane, 2005). One study compared a group focused on "storytelling reminiscence" with a support group offered within a domestic violence shelter (Fry & Barker, 2002). One qualitative study interviewed African American women about their support group experiences (Taylor, 2000), and another qualitative study examined the support group experience for Hispanic women, many of whom were immigrants (Morales-Campos, Casillas, & McCurdy, 2009).

Findings

Tutty and colleagues (1993) conducted the earliest evaluation of domestic violence support groups. They evaluated twelve "closed" support groups (i.e., not open to new members once begun) for survivors in Canada. The 10-12 week, closed support group is a common type of group offered to survivors, and typically focuses on safety planning, offering mutual support and understanding, and discussing the dynamics of abuse. Tutty et al.'s (1993) evaluation involved surveying 76 Canadian women before, immediately after, and 6 months following the group. Significant improvements were found in women's self-esteem, sense of belonging, locus of control, coping ability, and overall stress over time. Participants also endorsed fewer stereotypical sex-role beliefs and experienced less abuse from their partners. However, fewer than half of the original 76 women completed the 6-month follow-up assessment (n = 32), and there was no control or comparison group for this study. Hence, as discussed further in the Conclusions, these findings should be interpreted with extreme caution, as some or all of these changes could have been due to the passage of time or to other services the women may have been using.

Tutty's findings were corroborated by a later study that did include an experimental design (Constantino, Kim, & Crane, 2005). Twenty four first-time shelter users (71% White; 29% Black) were randomized into either the support group (n=13) or a no-treatment group that involved free-flowing weekly discussion in a group setting (n=11). Groups met twice weekly for four weeks to coincide with the shelter's 30-day time limit. The support group was led by a trained nurse and focused on helping women increase their social support networks, access to community resources, and self-esteem. At the end of the four-week intervention, the women who had participated in the group showed greater improvement in psychological distress symptoms and reported higher feelings of social support. They also showed less health care utilization than did the women who did not receive the intervention. While promising, the authors did not report attrition rates nor the number of sessions attended by women in either group, although the Discussion section implied that attrition may have been a problem. Results should be considered in light of this limitation, as well as the fact that this study was small and did not follow women over time.

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[2] A seventh study (Rubin, 1991) was reviewed that followed six women who had participated in domestic violence counseling or support groups, but due to its significant methodological limitations (e.g., sampling, sample size, combining support groups and counseling services, lack of detail), it was not included in this review.

Brownell and Heiser (2006) conducted a small, randomized control trial examining the feasibility of providing a psycho-educational support group to older IPV survivors. Sixteen abused women between the ages of 69 and 83 were recruited from the community (50% White, 44% Black, 6% Asian Pacific Islander or Hispanic) and randomized into the support group (n=9) or treatment as usual (n=6)[3]. The 8-week, 2-hour per week support group was offered at the local university and facilitated by a retired social worker and a social work graduate student. Group content was based on a curriculum used by NOVA House, an elder abuse shelter program in Manitoba, Canada. It included topics such as: domestic violence against older women; dealing with depression, anxiety and stress; coping skills; dealing with substance abuse; and identifying community resources. The focus of the intervention was on reducing depression and guilt while enhancing self-esteem. While eight of the nine support group members said that the group was helpful in increasing their self-esteem and well-being, the authors noted no significant group differences two months post-intervention between those who did and did not receive the intervention. However, they did not report their analyses nor discuss attrition, and this sample was extremely small, making it difficult to draw any conclusions about the efficacy of this group.

One of the components of support groups that is assumed to relate to their appeal as well as to their effectiveness is the element of story-telling. Sharing one's experiences with others who can relate, who will be nonjudgmental, and who can help the story-teller recognize their strength and resiliency through hardship, is expected to be a key strength of peer support groups (Bracke, Christiaens, & Verhaeghe, 2008; Pfeiffer et al., 2011; Rogers et al., 2007). Fry and Barker (2002) examined this assumption by comparing a traditional support group offered through a domestic violence shelter with a group specifically focused on storytelling reminiscence. Twenty one Canadian women who had experienced IPV within the prior six months were recruited from the community[4] to participate in the "Tell Us Your Story" group. Women were placed in one of three groups, depending on how severely they had been abused and their current level of distress, and groups involved having women narrate stories about recent events that had impacted their self-confidence or self-esteem. Women were encouraged to recall times of strength and courage, and to share "small gains" that they had recently made. Eighteen women participating in a support group within a domestic violence shelter served as the comparison group, and all participants completed self-administered questionnaires before and after the group intervention. Desired outcomes were positive changes in self-esteem, depression, self-efficacy, and ego strength.

The women in the shelter-based support group showed positive change in self-esteem and self-efficacy over time, as well as decreased depression, but change score differences were greater for women in the "Tell Us Your Story" group. Again there was no information provided about number of sessions participants attended, nor attrition, and this study compared women in crisis (those in shelter) with women who had been abused within the prior six month. In light of these issues, results should be interpreted cautiously.

Two studies examining the relevance of support groups to specific IPV survivors were qualitative rather than quantitative. Taylor (2000) interviewed 21 African American women who were no longer being abused, about their healing and recovery processes. Fifteen of them had participated in support groups at some point. Study

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[3] The authors did not mention what happened to the 16th woman in the sample.

[4] More specific information about how women were recruited was not provided by the authors.

participants were recruited from western Washington State, and were between 24 and 70 years old (average age 39). Support groups were noted as desirable sources of assistance by many of the women:

> *And it's like, the more I talk about why I stayed – it just makes me feel better and just gives me strength each time, you know…so I guess I just talked about it more. And it's just like there's so much healing in, you know, sharing that story and having someone hear it and, I think – wow, if she did it, I could do it, you know. So I think that's – that's been the biggest thing. (p. 521)*

A number of the women did mention the preference for support groups that were comprised of Black women only. Some had been in groups that were racially mixed as well as others that were for Black women only, and had felt more comfortable and open in the latter group.

> *So just to be there around Black women and, and learn, people not minding talking to you about different issues, was good for me because I did feel like I have that side of me…It's important for me to be around Black women because other races seem to stereotype and they don't really know, you know. And it's also, I feel like when I help another Black woman, I'm helping myself…But other women, they just don't, I don't think they totally understand…So it makes a difference I think. (p. 521)*

A number of women mentioned that they felt more understood by other Black women and that they understood them better as well. As one woman noted:

> *…I see my issues very different from White women…And I don't know why I still look (at) them as frail and helpless, but I think with, with most of the African American women they're all very strong. And so I just see the issues different and I don't know if I could sit in a support group with a group of White women and, and feel supported. I mean 'cause they're still in awe of things that I do and I go, you know, Black women do this every day. I am not doing anything more than the next person. (p. 520)*

Overall, the women in Taylor's (2000) study found support groups to have helped them connect with other women and to feel more validated. Such groups also reduced their isolation and contributed to their ability to make needed changes in their lives.

Morales-Campos and colleagues (2009) conducted a qualitative study with Latinas who had used domestic violence support groups in Houston, Texas. Thirty in-depth interviews were conducted with women who had been attending a support group from between two months to eight years. The vast majority were Mexican or Mexican/American (90%) with the remainder being Central or South American. Their average age was 41 (range 25-71), and 27% were undocumented immigrants (43% US citizens, 30% residents). The support group offered by the local domestic violence program was facilitated by a Mexican American, bilingual psychologist. It was an "open" group, meaning survivors could attend any group at any time it was offered.

Women felt very positively about the support group overall. They mentioned the importance of hearing other women's stories and having the opportunity to share their own, as well as the sense of nonjudgmental support and encouragement they received from group.

I came here and I thought I was going through a really bad situation, but then you hear someone else going through something. It makes it easier…you can relate. A lot of women when they feel afraid or embarrassed and they hear someone else…they feel they can relate and it makes them more comfortable. (p. 60)

When asked how the group had helped them, women mentioned feeling empowered, more valued, and more confident. They noted having new coping tools to make needed changes in their lives.

[The group] has also helped me with my children. First, if we're going to talk, but I'm very upset I've learned that I need to calm down. If I'm mad then the other person will also get upset and it becomes a cat fight. So the main thing is you need to calm down and try not to yell. (p. 61)

Conclusions

The results of this review provide positive but tentative support for the efficacy of support groups for survivors of intimate partner violence. Three of the four quantitative studies reported significant changes for support group members, including a greater sense of belonging and decreased distress. Qualitatively, group members felt that they had become more empowered, felt more connected, and had coping tools to make the changes in their lives they wanted to make.

Findings need to be considered in light of numerous methodological concerns. Three of the four quantitative studies were quite small (N ranging from 16-39) and the larger study (N=76) lost over half the sample by the six-month followup. None of the studies reported the number of sessions attended by participants nor attrition from the support group over time. All of the studies except Taylor (2000) suffered from self-selection bias, only including women who had continued attending support groups. It would be important to hear more from those who drop out of support groups in order to understand what was not appealing or effective for them.

A great deal more research is needed about the efficacy of support groups for women with abusive partners. Larger scale, experimental studies with longitudinal designs would provide the field with significant information about what works and for whom. Larger studies could also compare program components such as length, curriculum, closed vs open groups, whether the facilitator was a professional or paraprofessional, and whether/how heterogeneous groups differ from homogeneous groups (e.g., Black only, lesbian only, mothers only). A meta-analysis of support groups for family caregivers found that larger effect sizes on depression were found with groups of 6-10 people and in groups of 8 or more sessions that lasted 16 or more hours (Chien, L., et al., 2011). Whether or not this can be extrapolated to domestic violence support groups is unknown. Tutty and colleagues (1996) are the only research team to date to examine whether group characteristics differentially predicted outcomes for IPV survivors. They first compared the 49 clients who completed DV support groups with the 27 who dropped out, but were unable to predict completion based on demographic or abuse variables. In comparing support groups that used one facilitator versus two facilitators, they found only one difference at post. Groups with two leaders reported significantly lower stereotypical sex-role attitudes. At the 6-month followup, however, groups that had had two facilitators reported more tangible support, higher internal locus of control, and greater client satisfaction. They were also experiencing less controlling behavior and verbal abuse from abusive partners.

However, analyses were based on an extremely small sample of women (N=24; 18 with two facilitators and 6 with one), and these differences could have been due to other factors.

Additional research is also needed to examine which group curriculum components lead to effective outcomes. Fry and Barker (2002) argued that telling one's story was of critical importance, and most of the studies supported this contention. Women spoke of the importance of sharing their experiences with other women who likely understood what they had been through. They also noted how this storytelling helped other women, which appears to be an important aspect of peer support groups:

> For once I felt that others were congratulating me for my courage. They were saying to me, 'you've given me the courage to keep on going, and you've given me hope that I can put my life together and put the pain behind me.' That's what I really needed to know – that others care and need me as much as I need them, and wanted to hear my story just as much as I needed to hear their story. (Fry & Barker, 2002; p. 202)

While the vast majority of domestic violence programs offer support groups to survivors (Lyon, Bradshaw, & Menard, 2011; National Network to End Domestic Violence, 2012), it is unknown how similar or different such groups are, or whether they involve any type of curriculum. It is also unknown how many programs have moved to providing group therapy over peer support groups. Given the importance of group participants learning from and sharing with peers, the growth that occurs from helping others, the limited evidence suggesting that support groups may be as effective as cognitive behavior therapy (Bright, Baker, & Neimeyer, 1999), and the wealth of evidence supporting the efficacy of support groups with other populations, there is reason to be optimistic that such groups promote survivors' well-being. That notwithstanding, there are still a number of important questions requiring answers in this area.

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