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Domestic Violence Survivors Perceived Vocational Supports and Barriers

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Domestic violence survivors encounter numerous barriers and few supports in pursuit of their vocational goals. There is a dearth of research, however, on the vocational supports and barriers salient for survivors. This study aims (a) to assess the psychometric properties of vocational supports and barriers measures with a racially and geographically diverse sample of survivors, (b) to investigate survivors' abuse experiences and perceived supports and barriers, and (c) to examine the relationships among survivors' abuse experiences and supports and barriers. This study was conducted with 227 women survivors residing in five U.S. geographic regions. Results showed strong construct validity for the supports and barriers measures; participants' abuse experiences were associated with current perceptions of vocational barriers but not anticipation of future barriers; racial differences were found among survivors' perceptions of support and the relationship between perceived support, perceived barriers, and abuse experiences. Research and practice implications are provided.

Keywords: *vocational barriers; vocational supports; domestic violence; assessment*

Comprehensive and accurate assessment of contextual supports and barriers for women domestic violence survivors is necessary for creating vital prevention and intervention programs. Such assessments would allow researchers and clinicians to target specific supports and barriers, across contexts, thus giving survivors additional vocational resources and opportunities for self-determination (Bornstein, 2006; Chronister, 2007). Contextual supports are conceptualized as environmental variables that facilitate the formation and pursuit of choices and goals (Lent, Brown, & Hackett, 1994, 2000) and may include financial

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resources, emotional support, and advocacy services (Bybee & Sullivan, 2002; Carlson, McNutt, Choi, & Rose, 2002). Contextual barriers refer to negative environmental influences (e.g., personal safety and health crises, financial problems, and limited access to social services; Brush, 2000; Moe & Bell, 2004; Riger & Staggs, 2004) that hinder the development, formulation, and pursuit of goals.

There is a dearth of research regarding the vocational supports and barriers present for domestic violence survivors generally, with even less known regarding ethnic minority survivors (Chronister & McWhirter, 2003; Kanuha, 1994). Very little domestic violence or vocational research has focused on ethnic minority survivors. In a review of 20 years of domestic violence research, Hage (2000) reported finding only 15 published articles that focused on ethnic minority populations and domestic violence. In 2004, authors published the only study, to date, that explored racial differences in survivors' vocational supports and barriers. The aims of this study were to (a) replicate, in part, Chronister and McWhirter (2004) pilot study with a larger and more racially and geographically diverse sample of women survivors to assess the psychometric properties of measures of contextual vocational supports and barriers, (b) investigate similarities and differences among European American and ethnic minority survivors' abuse experiences and perceived supports and barriers, and (c) examine similarities and differences in the relationships among European American and ethnic minority survivors' abuse experiences and perceived contextual supports and barriers.

The findings from this study will advance our assessment of contextual supports and barriers specific to domestic violence survivors' vocational development and our understanding of ethnic minority survivors' abuse experiences, resources, and obstacles. Of the limited extant research on domestic violence and ethnic minority communities, scholars have noted how contextual factors, such as gender role socialization, access to economic resources, immigration, racism, and ethnic identity, impact ethnic minority women's experiences of domestic violence, decisions to seek help, and overall well-being (Aldarondo & Mederos, 2002; Hampton, Oliver, & Magarian, 2003; Tjaden & Thoennes, 2000; West, 2002). Increasing our understanding of ethnic minority survivors' vocational supports and barriers will allow researchers and service providers to comprehensively assess and effectively target those barriers that interfere with women's vocational and economic development, and cultivate those diverse contextual supports that promote women's vocational achievement. Moreover, it is our hope that this investigation will determine if an instrument assessing contextual supports and barriers is psychometrically sound when used with ethnic minority abuse survivors.

Contextual Supports and Barriers for Vocational Goals

Our measurement of domestic violence survivors' contextual supports and barriers was based on social cognitive career theory (SCCT; Lent et al., 1994, 2000). SCCT is an extension of Bandura's (1986) social cognitive theory to career development processes and hypothesizes how individual and contextual variables interact to affect such development. The SCCT also highlighted the temporal nature of career development and, in particular, the influence of different person and environmental factors over time. Since its creation, SCCT has been applied to the vocational development of numerous and diverse populations, and researchers have noted that perceptions of contextual barriers may vary with

career tasks, career development stages, goals, and time (Chronister, Wettersten, & Brown, 2004; Lent et al., 2000, 2003; McWhirter, 1997; Swanson, Daniels, & Tokar, 1996; Swanson & Voitke, 1997).

Controversy exists regarding whether contextual supports are distinct from barriers or whether supports and barriers are inversely (i.e., more perceived barriers results in fewer perceived supports) or positively related (i.e., more perceived contextual barriers are associated with more perceived support). Additional research is needed to determine the relevance and influence of contextual supports on vocational development and how supports are related to other SCCT constructs, including contextual barriers (Lent et al., 2000). Given that the majority of domestic violence survivors are women (Browne, 1993; Walker, 1999), this study will focus on the vocational experiences of women survivors.

Research With Women Domestic Violence Survivors

Researchers from multiple disciplines have used quantitative and qualitative methods, longitudinal data collection, and advanced statistical analyses to identify survivors' experiences and perceptions of contextual barriers and supports, but less research has been conducted on the barriers and supports that specifically affect survivors' employment and vocational development (Chronister et al., 2004; Chronister, 2007). One of the key factors to escaping violent relationships is economic self-sufficiency.

Moe and Bell (2004) and Bell (2003) conducted semistructured qualitative interviews with adult survivors and found that abusers sabotaged women's attempts to work by withholding women's medication, preventing women from searching for employment, depriving women of sleep, threatening to kidnap or harm women's children while women were at work/school, and withholding child support so that women could not afford the child care needed for them to attend work/school. In addition, many women were unable to take their work or school-related items when fleeing an abusive relationship. Relocating to shelters also often resulted in a more difficult commute to work. Using qualitative inquiry, Wettersten et al. (2004) found that women's ability to afford basic living necessities and negative support (e.g., "My mom told me that I've got to make it work, I can't get divorced. It's against the rules.") were significant vocational barriers.

With an ethnically diverse sample of 285 women living in poverty, Browne, Salomon, and Bassuk (1999) found that women who experienced physical aggression and domestic violence from their male intimate partners during a 12-month period had one third the odds of maintaining employment for 30 hours per week, for 6 months or longer, during the following year as did women without abuse experiences. Brush's (2000) research with 122 women enrolled in a short-term job readiness program showed that battering and related health consequences were more predictive of women's employment program outcomes and welfare-to-work transition than evaluations based only on women's characteristics and human capital deficits (e.g., limited education and work experience, drug addiction history). Racial discrimination also has been identified as a salient contextual barrier for vocational achievement among ethnic minority survivors (Brown, Reedy, Fountain, Johnson, & Dichiser, 2000).

With regard to women's support networks, researchers have shown that (a) women domestic violence survivors' access to resources and social support protect them against

long-term domestic violence (Bybee & Sullivan, 2005; Sullivan & Bybee, 1999), (b) the amount and type of support accessed by survivors varies across contexts (Chronister et al., 2004), and (c) different types of support may decrease as well as increase women's risk for future domestic violence (Levendosky et al., 2004).

The present study adds to the limited, extant literature by examining revisions of Chronister and McWhirter's (2004) previous measures of survivors' contextual vocational supports and barriers to address measurement limitations (e.g., clarity, length, and focus), including measuring specific types of perceived support, and collecting data from a larger and more racially and geographically diverse sample to better address the questions of relationship among variables and differences between European American and ethnic minority survivors' vocational development experiences. Authors' pilot study results showed no racial group differences in perceived vocational barriers, although correlational differences were noted between ethnic minority and European American participants' perceived vocational supports and other career-related variables. These findings were consistent with Fouad and Byars-Winston's (2005) meta-analysis of research that showed racial/ethnic group differences among perceptions of career-related opportunities and barriers. By replicating Chronister and McWhirter (2004) pilot study with a larger and more racially and geographically diverse sample, we hoped to learn more about ethnic minority women survivors' perceptions of career-related supports and barriers.

We also investigated specific types of contextual supports because combining all supports obscures important differences in how women utilize support and the impact of varied supports on development (Bowker, 1984; Lent et al., 2003; Thompson et al., 2000).

Research Question 1: What are the psychometric properties of the revised measures of perceived vocational supports and barriers; to what degree are scores on these measures comparable to general supports measures and existing indices of vocational barriers, respectively?

Research Question 2: What are the similarities and differences in European American and ethnic minority survivors' abuse experiences and perceptions of contextual supports and barriers for vocational goal achievement?

Research Question 3: What are the relationships between European American and ethnic minority survivors' abuse experiences and vocational supports and barriers for vocational achievement?

Method

Participants

A total of 227 women domestic violence survivors participated in this study, ranging in age from 18 to 59 years old ($M = 34.88$, $SD = 9.0$). We collected data from women who were utilizing domestic violence agency or shelter services in five U.S. geographic regions: (a) rural and suburban areas of Oregon ($n = 24$; 10.6%); (b) rural and suburban areas of North and South Dakota, Minnesota, and Wisconsin ($n = 98$; 43.2%); (c) an urban area of Missouri ($n = 54$; 23.8%); (d) the metropolitan area of Washington, D.C. ($n = 41$; 18.1%); and (e) an urban area of Maryland ($n = 10$; 4.4%). Data for Washington, D.C. and Maryland were combined because the number of surveys collected from Maryland was small, the two sites were close in proximity, and there were no between-site differences found for any of the major study variables.

For all geographic sites, women were categorized into two groups: ethnic minority women and European American women. We recognize the wide variability within these groups, but we were constrained to two groups due to sample size. Of the total study sample, 125 participants (55%) identified as members of an American racial/ethnic minority group and ranged in age from 18 to 52 years ($M = 34.66$, $SD = 8.60$), 76 participants (33.5%) self-identified as European American and ranged in age from 19 to 59 years ($M = 35.21$, $SD = 9.52$), and 26 participants (11.5%) did not write-in their racial or ethnic identity. Participants who did not write-in their racial or ethnic identification were excluded from all analyses. Ethnic minority participants self-identified as African American ($n = 66$), Asian American/Pacific Islander ($n = 1$), Hispanic/Latina ($n = 14$), Native American/American Indian ($n = 39$), and biracial or multiracial ($n = 5$). Ethnic minority women reported an average of 2.24 dependents ($n = 114$; $SD = 1.43$) and European American women reported an average of 1.81 dependents ($n = 62$; $SD = 1.24$). Ethnic minority participants reported an average of 3.45 years of employment at their most recent jobs ($SD = 0.43$), and European American women reported an average of 3.25 years of employment ($SD = 0.46$). For ethnic minority women, 113 (90.4%) participants identified their abusive partners as male, seven (5.6%) identified their abusive partners as female, and five participants (4.0%) did not report the sex of their abusive partners. For European American women, 68 (89.5%) participants identified their abusive partners as male, and four (5.3%) identified their abusive partners as female. The length of ethnic minority participants' most recent abusive romantic relationship ranged from 1 month to 30 years ($M = 5.25$ years, $SD = 4.94$), and European American participants' most recent abusive romantic relationship ranged from 1 month to 35 years ($M = 6.96$ years, $SD = 7.25$). Current annual income reported by ethnic minority participants was as follows: below US\$13,500 ($n = 83$, 66.4%), US\$13,500-US\$19,999 ($n = 15$, 12%), US\$20,000-29,999 ($n = 11$, 8.8%), US\$30,000-US\$39,999 ($n = 6$, 4.8%), US\$40,000+ ($n = 5$, 4.0%), and five women (4.0%) did not report their income. Current annual income reported by European American participants was as follows: below US\$13,500 ($n = 63$, 82.9%), US\$13,500-US\$19,999 ($n = 6$, 7.9%), US\$20,000-29,999 ($n = 3$, 3.9%), US\$30,000-US\$39,999 ($n = 1$, 1.3%), and US\$40,000+ ($n = 3$, 3.9%). Regarding current Temporary Assistance for Needy Families use, 15 (19.7%) European American participants and 24 (19.2%) ethnic minority participants reported currently receiving aid.

Procedures

We used collaborative community relationships to contact 39 domestic violence social services agency and shelter directors to request their participation, with a total of 24 agencies in five different U.S. geographic regions agreeing to participate. Data were collected from women survivors utilizing shelter, advocacy, transitional housing, and community support services from domestic violence service agencies in six U.S. states and the District of Columbia. We administered different research measures at different sites based on participants' mental and physical health capacities to complete a lengthy assessment battery. Survey packets included six measures, two of which were used to collect validity data. We did not collect validity data using the 39-item Career Barriers Inventory–short form (CBI-sf) with participants living in North and South Dakota, Minnesota, and Wisconsin. Rather,

we administered a 25-item version of the CBI-sf to participants in this geographic region because we were concerned about the assessment battery length for participants in this geographic region (e.g., mental health capacities). Consequently, we did not use data from North and South Dakota, Minnesota, and Wisconsin participants to estimate the reliability and validity of barriers measurement scores (i.e., CBI-sf and my educational and career barriers measure [MECB]), but we did include these participants' data in all other analyses. All other measurement data from every site were used to answer our research questions. Participants completed the surveys at one time and received a US\$10 gift certificate or US\$10 cash.

Instruments

Demographics. We administered a demographic questionnaire used previously with domestic violence survivors (Chronister, 2004, 2006) that included open-ended and multiple-choice questions about participants' age, race, living situation, education, relationship status, dependents, employment, and income. Participants were asked how many times in their lifetimes they used domestic violence shelters, other shelters, hospital emergency rooms, domestic violence advocacy offices, domestic violence crisis lines, other crisis lines, counseling or therapy, and support groups. Scores for total services accessed were calculated by summing the number of times the participants had written-in for all eight types of services. In addition, participants indicated whether they had ever received Temporary Assistance for Needy Families by circling yes or no.

Abuse experiences. We used the Abusive Behaviors Inventory (ABI; Shepard & Campbell, 1992), a 30-item self-report inventory, to measure the frequency of physical and psychological aggression experienced in the past 6 months from the most recent abusive romantic partner. Sample items included the following: "Prevented you from having money for your own use," "Slapped, hit, or punched you," and "Told you that you were a bad parent." Using a Likert-type scale ranging from 1 (*never*) to 5 (*very frequently*), participants rated how often each abusive behavior occurred. An overall ABI score was calculated by summing all items. Scores ranged from 30 to 150, with scores indicating frequency of abuse experiences. The reliability estimates for the ABI with adult populations ranged from .70 to .92 (Shepard & Campbell, 1992).

Perceived career supports. We used my educational and career supports measure (MECS; Chronister, 2005), a 42-item self-report measure, to assess the degree of perceived support for vocational goal achievement. The MECS measured four support dimensions: two types of support (emotional/informational and financial) and magnitude of support received at two different time points (magnitude of current support received and magnitude of future support needed to achieve vocational goals). The MECS measure was created using four of six subscales from the perceived career supports measure (McWhirter & Chronister, 2004). We used only those subscales that were shown to measure distinct constructs in a previous study with domestic violence survivors (Chronister & McWhirter, 2004). For the present study, we calculated four support subscale scores: current financial support (8 items), current emotional/informational support (13 items), future financial

support (8 items), and future emotional/informational support (13 items). Subscale item stems were as follows: “How much emotional/informational support do you receive now?,” “How much financial support do you receive now?,” “How much emotional/informational support will you need in the future?,” and “How much financial support will you need in the future?.” Sample items included “financial assistance from federal, state, or local governments,” “emotional support from family members,” and “information/advice from domestic violence agencies.” Response options for both subscales ranged from 1 (*not at all*) to 4 (*a great deal*). Only subscale scores were of interest, with scores indicating quantity of support received in the present and needed for the future. Previous work has demonstrated strong internal consistency estimates (subscale alphas ranging from .94 to .96) and adequate validity data with a sample of adult women domestic violence survivors (Chronister & McWhirter, 2004).

Perceived career barriers. We used the MECB (Chronister, 2005), a 70-item self-report measure, to assess perceived barriers to vocational goal achievement. This measure was comprised of two subscales: magnitude of current barriers and anticipated magnitude of future barriers. Each subscale was made up of 35 items. Item stems were as follows: “How big of a barrier is this for you now?” and “How likely is it that this will be a barrier for you in the future?.” Sample items included, “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 ranged from 1 (*not a barrier*) to 4 (*huge barrier*) for both subscales. Subscale scores were calculated by summing all items for each subscale, with higher scores indicating many barriers encountered in the present and many barriers anticipated in the future, respectively. Only subscale scores were of interest, with scores indicating magnitude of barriers in the present and anticipation of barrier magnitude in the future. Previous work has demonstrated strong internal consistency estimates (subscale alphas ranging from .94 to .96) and adequate validity data with a sample of adult women domestic violence survivors (Chronister & McWhirter, 2004).

Convergent validity measures. We used the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) to assess validity estimates for the MECS and the MECB. The MSPSS is a 12-item self-report inventory measuring perceptions of current emotional support. Researchers have found strong support for internal consistency reliability and validity for the MSPSS with nonclinical and clinical adult samples (Cecil, Stanley, Carrion, & Swann, 1995; Clara, Cox, Enns, Murray, & Torgrudc, 2003; Zimet, Powell, Farley, Werkman, & Berkoff, 1990).

We also used the CBI-sf (Swanson et al., 1996) to assess the validity of the MECB and MECS subscales. The CBI-sf is a 39-item self-report inventory assessing individuals’ perceptions of career barriers encountered during their lifetimes. Internal reliability coefficients for the CBI-sf have ranged from .64 to .86 with college student samples (Swanson et al., 1996). We administered a 25-item version of the CBI-sf to North and South Dakota, Minnesota, and Wisconsin participants because of concerns about participants’ ability to complete a lengthy assessment battery. We deleted 14 items from the 39-item CBI-sf with the least relevance for the survivors we were sampling (e.g., items, “Discrimination due to my marital status” and “The outlook for future employment in my field is not promising”).

Table 1
Outcome Measure Reliability and Validity Information for Participants (N = 129)

Measure	<i>M</i>	<i>SD</i>	Range	Cronbach's α	Validity	
MECB-CurBarr	66.95	20.48	35-140	.91	CBI ($r = .46^{**}$)	MSPSS ($r = -.31^{**}$)
MECB-FutBarr	63.26	22.79	35-140	.93	CBI ($r = .34^{**}$)	MSPSS ($r = -.19^*$)
MECS-CurFinSup	16.17	5.90	8-32	.77	MSPSS ($r = .31^*$)	CBI ($r = -.15$)
MECS-CurEmoSup	30.57	9.32	13-52	.84	MSPSS ($r = .46^{**}$)	CBI ($r = -.18^*$)
MECS-FutFinSup	19.01	6.80	8-32	.84	MSPSS ($r = .10$)	CBI ($r = -.02$)
MECS-FutEmoSup	33.69	9.90	13-52	.87	MSPSS ($r = .22^*$)	CBI ($r = .00$)
CBI	122.62	57.16	25-175	.97		
MSPSS	51.48	21.15	12-84	.94		
ABI	85.41	32.72	30-150	.97		

Note: Reliability and validity was estimated using only data from participants who completed the 39-item CBI (i.e., participants from Oregon, Washington, D.C., Maryland, and Missouri). MECB-CurBarr = perceived career barriers—present time; MECB-FutBarr = perceived career barriers—future; MECS-CurFinSup = perceived financial support received—present time; MECS-CurEmoSup = perceived emotional support received—present time; MECS-FutFinSup = perceived financial support received—future; MECS-FutEmoSup = perceived emotional support received—future; CBI = Career Barriers Inventory; MSPSS = Multidimensional Scale of Perceived Social Support; ABI = abuse tactics experienced.

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

Results

Preliminary Analyses

Data were distributed normally based on our examination of descriptive statistics, frequencies, and boxplots for each variable. We excluded one participant's data from all analyses because she scored more than three standard deviations from the total sample mean on multiple measures. We also excluded a participant's data on a particular measure if she did not complete a minimum of 85% of the measure items. Missing data were minimal (less than 5%).

For all participants, we calculated Cronbach's alpha coefficients to estimate the reliability of the scores on all measures (see Table 1) and we generated a Pearson correlation matrix for study variables (see Table 2). We also conducted tests of differences between significant Pearson correlations.

Research Question 1: The first research question involved evaluating the psychometric properties of the perceived vocational supports and barriers measures. We did not include MECB and CBI data from North and South Dakota, Minnesota, and Wisconsin participants to evaluate the psychometric properties of the barriers measures. Participants from the previously mentioned regions completed a 25-item CBI-sf, rather than the 39-item CBI-sf that all other participants completed. We included data from North and South Dakota, Minnesota, and Wisconsin participants to estimate the psychometric properties of all other measures. Cronbach α estimates for the perceived career supports and barriers scales ranged from .77 to .97, indicating strong internal consistency of scores for all subscales. The pattern of correlations provides support for strong construct validity. Both current

Table 2
Correlations Among Study Variables for Women of Color and European American Women

Variable	Score Range	<i>M</i>	<i>M'</i>	<i>SD</i>	<i>SD'</i>	1	2	3	4	5	6	7	8	9	10	11
1. ABI	30-150	85.63	95.79	31.57	30.77	—	.29**	-.12	.03	.24**	.16	-.07	-.14	-.02	.09	.17
2. RELTIME	—	5.26	6.96	4.96	7.25	-.12	—	-.09	.02	.12	.17	-.07	.01	.00	.10	.16
3. SOCSERV	—	18.36	9.63	115.94	24.17	-.16	.03	—	.02	.10	-.02	-.03	.23*	.20*	.17	.14
4. CBI	25-175	97.74	106.63	51.60	58.37	.24*	-.05	.01	—	.54**	.46**	-.34**	-.19*	-.03	.03	.10
5. MECB-CurBarr	72-288	63.73	68.59	22.16	18.11	.30*	.06	-.03	.26*	—	.62**	-.42**	-.04	.04	.24**	.17
6. MECB-FutBarr	72-288	61.60	63.07	23.56	18.17	.21	.08	.03	.25*	.79**	—	-.35**	-.13	-.15	.28**	.17
7. MSPSS	12-84	55.58	48.84	20.74	20.53	-.13	-.20	.03	-.04	-.25	-.16	—	.30*	.43**	.10	.19
8. MECS-CurFinSup	8-32	17.43	15.18	6.24	6.11	.27*	.07	.08	.04	.14	.15	.19	—	.42**	.49**	.12
9. MECS-CurEmoSup	13-52	31.02	29.89	9.60	9.11	.17	.06	.07	-.04	.06	.06	.50**	.55**	—	.20*	.55**
10. MECS-FutFinSup	8-32	20.28	16.85	7.01	7.09	.43**	.05	.01	.08	.20	.16	-.07	.57**	.41**	—	.51**
11. MECS-FutEmoSup	13-52	34.29	32.08	10.58	9.64	.40**	.05	-.03	.21	.31**	.20	-.00	.31**	.48**	.72**	—

Note: Correlations above the line are for ethnic minority women. Correlations below the line are for European American women. *M* and *SD* indicate means and standard deviations for ethnic minority women. *M'* and *SD'* indicate means and standard deviations for European American women. ABI = abuse tactics experienced; RELTIME = years involved in most recent abusive intimate relationship; SOCSERV = total social services accessed due to abuse experiences (participants write-in number of times services were accessed, no range); CBI = Career Barriers Inventory; MECB-CurBarr = perceived career barriers—now/present time; MECB-FutBarr = perceived career barriers—future; MSPSS = Multidimensional Scale of Perceived Social Support; MECS-CurFinSup = perceived financial support received—now/present time; MECS-CurEmoSup = perceived emotional support received—now/present time; MECS-FutFinSup = perceived financial support received—future; MECS-FutEmoSup = perceived emotional support received—future.
 p* < .05, one-tailed. *p* < .01, one-tailed.

support subscales (i.e., financial and emotional support) and the future emotional support subscale correlated positively with the MSPSS, and the current and future barriers subscales correlated positively with the CBI-sf. Providing support for discriminant validity, the following correlations were lower than the convergent validity coefficients: (a) MSPSS and MECS–future support subscales, (b) CBI-sf and MECB–future barrier subscale, (c) CBI-sf and MECS support scales, and (d) MSPSS and MECB subscales.

Research Question 2: The second research question was to investigate similarities and differences in European American and ethnic minority survivors' abuse experiences and perceptions of contextual barriers and supports. Multivariate analysis of variance (MANOVA) results, with racial group membership as the independent variable and abuse experiences, perceived vocational barriers, and perceived vocational supports as dependent variables, showed a multivariate effect: Wilke's $\lambda = .874$, $F(7, 176) = 3.63$, $p = .001$, partial $\eta^2 = .13$, observed power coefficient = .97. Follow-up univariate tests using a Bonferonni correction revealed differences between European American and ethnic minority survivors on the following variables: (a) abuse experiences, $F(1, 182) = 7.01$, $p = .01$, partial $\eta^2 = .04$, observed power coefficient = .75 (European American women: $M = 95.79$, $SD = 30.77$; ethnic minority women: $M = 85.20$, $SD = 31.81$), (b) current financial support, $F(1, 182) = 8.23$, $p = .01$, partial $\eta^2 = .04$, observed power coefficient = .81 (European American women: $M = 15.18$, $SD = 6.11$; ethnic minority women: $M = 17.43$, $SD = 6.21$), and (c) future financial support, $F(1, 182) = 10.46$, $p = .00$, partial $\eta^2 = .05$, observed power coefficient = .90 (European American women: $M = 16.85$, $SD = 7.09$; ethnic minority women: $M = 20.24$, $SD = 7.00$; see Table 3). In summary, ethnic minority participants reported fewer abuse experiences, received more financial support currently, and anticipated needing more financial support in the future than European American participants.

Research Question 3: The third research question examined similarities and differences in the relationships between European American and ethnic minority survivors' abuse experiences and perceived vocational supports and barriers. Abuse experiences and three of the four perceived support dimensions were positively related for European American women. There were no significant correlations between abuse experiences and any perceived support dimension for ethnic minority women. That is, based on tests of differences between Pearson correlations, the correlations between abuse experiences (ABI) and current financial support (MECS-CurrFinSup), future financial support (MECS-FutFinSup), and future emotional support were significantly different for European American women and ethnic minority women. Regarding perceived barriers, all participants' abuse experiences were positively related to perceptions of vocational barriers in the present but not in the future. For ethnic minority survivors, future financial support was positively correlated with perceptions of current barriers and perceptions of future barriers. For European American survivors, future emotional support was positively correlated with perceptions of current barriers (.31, $p < .01$).

Discussion

The aims of this study were to: (a) replicate, in part, Chronister and McWhirter (2004) pilot study with a larger and more racially and geographically diverse sample of survivors

Table 3
Between Group Differences on Study Variables

Variable	Range	M	SD	M ¹	SD ¹	F	p	Partial η^2	Observed Power
MECB-Perceived barriers		(n = 120)	(n = 120)	(n = 99)	(n = 99)	F(2, 216) = 1.79	.17	.02	.37
Current barriers	72-288	63.73	22.16	68.59	18.11	F(1, 217) = 2.42	.12	.01	.34
Future barriers	72-288	61.60	23.56	63.07	18.17	F(1, 217) = .06	.80	.00	.06
MECS-Perceived supports		(n = 118)	(n = 118)	(n = 94)	(n = 94)	F(4, 207) = 2.94*	.02	.05	.78
Current financial support	8-32	17.43	6.11	15.18	6.11	F(1, 210) = 6.62 ^a	.01	.03	.73
Current emotional support	13-52	31.02	9.60	29.89	9.11	F(1, 210) = 2.12	.15	.01	.31
Future financial support	8-32	20.28	7.01	16.85	7.09	F(1, 210) = 10.71 ^a	.00	.05	.90
Future emotional support	13-52	34.29	10.58	32.08	9.64	F(1, 210) = 4.82 ^a	.03	.02	.59

Note: M and SD indicate means and standard deviations for ethnic minority women; M¹ and SD¹ indicate means and standard deviations for European American women; MECB = my educational and career barriers measure; MECS = my educational and career supports measure.

a. Significant at Bonferroni corrected level.

*p < .05.

to assess the psychometric properties of measures of contextual vocational supports and barriers, (b) investigate similarities and differences between European American and ethnic minority survivors' abuse experiences and perceived supports and barriers, and (c) examine similarities and differences in the relationships between European American and ethnic minority survivors' abuse experiences and contextual supports and barriers. We found support for the reliability and construct validity of our perceived vocational supports and barriers measures. Moreover, all participants' abuse experiences were positively associated with perceptions of vocational barriers in the present but not with regard to anticipation of future barriers. Finally, we found differences in the relationships between European American and ethnic minority survivors' abuse experiences, perceived barriers, and perceived support.

Overall, reliability and validity estimates for the perceived barriers and supports measures were strong. To date, there is a dearth of research on the relationship between perceived contextual barriers and supports (Lent et al., 2000). Scholars have hypothesized that barriers and supports are either opposite poles of a single dimension or distinct constructs (Betz, 1989; Lent et al., 2000). Present study results have important implications for theory and research as patterns of correlations suggest that the relationship between contextual supports and barriers is represented by a single dimension for which supports and barriers are at opposite ends. In addition, positive correlations between survivors' perceived supports and barriers suggest that the presence of support does not correspond to an absence of barriers or decrease in the magnitude of many barriers and vice versa. Findings illuminate the importance of concurrently assessing survivors' vocational supports and barriers and creating interventions that help women access resources and develop skills to reduce barriers. An exclusive focus on survivors' contextual barriers or supports fails to acknowledge the presence and impact of both factors on women's vocational development and, possibly, the different resources and skills necessary to enhance supports and reduce barriers.

Results also showed that abuse experiences were positively related to perceptions of current barriers but not perceptions of future barriers. Although we do not know the extent to which women in our sample had permanently left their abusive partners, had plans to leave, or had plans to return, women's perceptions of future career barriers may not have been related to their abuse experiences because they did not perceive barriers related directly to their abusive situations as salient when they anticipate terminating their abusive relationship permanently or after they have left their abusers. For example, an abusive situation and associated barriers may be more readily changed and situation specific, unlike more constant or unalterable career barriers such as discrimination based on race/ethnicity or sex. Results also may suggest that women may be unable to assess accurately what the future holds for them, as is true for so many of us. It is also possible that we are measuring aspects of hopefulness, outcome expectations, or coping efficacy with the perceived future barriers subscale (Lent et al., 2000; Luzzo & McWhirter, 2001), and consequently, women felt hopeful that future barriers related to their abuse experiences would be smaller in magnitude once they left the relationship. In addition, another variable may mediate or moderate the relationship between women's abuse experiences and their perceptions of future barriers, such as women's coping efficacy.

The accurate assessment and understanding of the meaning of perceived contextual barriers is critical for vocational intervention. For example, interventions that increase

women's critical consciousness of future barriers may be important to women's longer-term survival. Thus, scholars may want postintervention assessments to show increases in women's perceived future barriers. On the other hand, scholars also want to design interventions that enhance women's belief in their abilities to cope with and overcome future barriers, which may result in postintervention decreases in perceived future barriers. Present study findings support the recommendations of Lent et al. (2000); future research must include assessment of other variables that are associated with perceived contextual barriers in order for scholars to gain a more accurate picture of what we are measuring with perceived barriers instruments.

Study results also may be specific to our sample, which comprised women who were accessing domestic violence agency and shelter services and had recently left an abusive situation. It is likely that women's perceptions of barriers would be very different if they completed our measures in different contexts and at different times in their survival process, for example, completing the measures while living with their abusive partners, when homeless, or while living in their own safe home years after leaving an abusive situation.

We also found differences in European American and ethnic minority survivors' perceptions of support, perceptions of barriers, and abuse experiences and the relationship between these variables. Overall, ethnic minority women's abuse experiences were not related to perceived support, but the same was not true for European American women. Moreover, ethnic minority participants' perceived barriers were directly related to perceived financial support, but these relationships were not present for European American women. It is possible that European American women's support was more directly associated with their domestic violence survival and recovery (e.g., counseling to deal with trauma), while support for ethnic minority participants may have been associated more broadly with women's life experiences and economic needs (e.g., resources for food, child care) and not as exclusively associated with their domestic violence survival and recovery. Differences in the relationships between women's contextual supports may highlight how diverse the support needs of survivors are based on their abuse experiences, context, time, and conceptualization of support.

Present study findings also may underscore the importance of employing more detailed assessments of women's vocational needs and contextual supports and barriers to match survivors with treatment services that are most appropriate and effective for them. For example, some social services may focus exclusively on women's economic needs (e.g., state job programs) or emotional and psychological needs (e.g., therapy), and still other services may offer integrated interventions that address women's psychological and economic needs. It is likely that each kind of intervention is effective with different women who are in different stages of survival and who engage in diverse processes of healing. That is, becoming financially stable may be most critical for some survivors to focus on prior to giving attention to their psychological healing, while other women may want to focus first on emotional healing prior to pursuing different vocational and financial opportunities. Although for many women the healing process involves addressing psychological healing and economic resources simultaneously, present study results highlight that specific types of barriers and supports may be more salient for different survivors at different times.

There are key limitations of this study that could be addressed in future research. We combined racial groups and were unable to examine specific within-group ethnic similarities

and differences due to sample size limitations. We also did not include validity data for the MECB with participants from North and South Dakota, Minnesota, and Wisconsin. In addition, it is important in future research to assess contextual supports and barriers over time and to investigate supports and barriers for survivors who are employed and for those who are seeking employment.

Implications for Research and Practice

Collecting data from a sizeable sample of domestic violence survivors in five rural, suburban, and urban regions of the United States contributes to the measurement of domestic violence survivors' perceptions of contextual supports and barriers for vocational goal achievement. Our findings substantiate the numerous similarities in women's experiences of domestic violence and perceptions of support needed and barriers encountered. Our results also provide initial evidence for scholars' consideration of racial differences in domestic violence survivors' abuse experiences and the impact of specific types of perceived support on women's vocational development and achievement. Replication of this investigation with a larger sample might provide more information to critical questions about the types of contextual vocational supports that are most salient for different types of survivors, at what times, and in what contexts.

In addition, vocational services providers might offer different types of supports, at different times, and in different contexts to provide for a diverse group of survivors and not assume that all survivors need the same types of contextual supports to achieve their vocational goals. Moreover, service providers and scholars might consider assessment of survivors' vocational contextual supports and barriers as part of their routine assessments conducted in shelters, advocacy centers, and transitional housing programs. Assessment of contextual supports and barriers related to women's vocational development may allow service providers to target more specifically short- and long-term economic and vocational needs, and promote equity and justice for women by restoring vocational opportunities and potential that are destroyed by domestic violence (Chronister et al., 2004). Study results also suggest that the relationship between contextual supports and barriers to vocational achievement is complex. It is important for scholars to devote more attention to investigating the relationship between contextual supports and barriers across time, and identifying implications for career development theories. Only with continued research and targeted interventions will domestic violence survivors achieve the economic independence needed to permanently escape the violence in their lives and the lives of their children.

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