Career Counseling for Women Preparing to Leave Abusive Relationships: A Social Cognitive Career Theory Approach

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Abstract:

Career counselors work with people from varied segments of society. For battered women, some of the challenges they face from intimate partner violence may significantly influence their career exploration and decision making. Social cognitive career theory (SCCT; R. W. Lent, S. D. Brown, & G. Hackett, 1994) is a framework that has important implications for working with these women. In this article, the authors present the unique career needs of battered women terminating abusive relationships, the relevance of SCCT to this population, strategies for using SCCT when working with these women, and a case study illustrating effective use of SCCT.

Keywords: battered women | social cognitive career theory | SCCT | counseling | abusive relationships

Article:

Intimate partner violence (IPV) encompasses violent crimes committed against a person by "current or former spouses, boyfriends, or girlfriends, including same sex relationships" (Catalano, 2007, p. 1). According to Catalano, IPV affects women at almost 7 times the rate it affects men, and 20% of all nonfatal violence (rape, sexual assault, robbery, aggravated assault, simple assault) against women is perpetuated by an intimate. This percentage translates into an annual average of 746,580 households reporting acts of IPV against women from 1993 to 2004 (Catalano, 2007). Although these statistics are high, researchers have suggested that up to 76.9% of physical and sexual assaults go unreported in the general population and that approximately one in five women report their IPV victimization (Felson & Paré, 2005). In addition, physical violence rarely occurs without psychological abuse, increasing the likelihood of a woman's interest in terminating an abusive relation-ship (Henning & Klesges, 2003). Battered women are women who are survivors of domestic violence, encompassing not only IPV (physical and sexual violence) but also psychological and economic violence (U.S. Department of Justice, n.d.).

Early adulthood, the time when emerging career choices are often explored and established (e.g., Super, 1957), has the highest incidence of IPV, with women who are 20 to 24 years old reporting the highest incidence rates, followed by women who are 25 to 34 years old (Cata-lano, 2007). Together, these statistics suggest that a high proportion of women have faced IPV and that many of these women are in early career development stages because of their age and are in potential arrested development because of IPV and other forms of domestic violence. Therefore, a high likelihood exists that career counselors will work with women who are survivors of physical, sexual, emotional, or economic domestic violence (Chronister & McWhirter, 2003, 2004, 2006), including those who are terminating abusive relationships (C. Brown et al., 2005).

Although the physical harm inflicted on battered women can have severe consequences, the psychological effects of battering are also devastating. Feelings of depression, low self-esteem, posttraumatic stress disorder (PTSD), substance abuse, suicidal ideation, and suicidal behaviors occur at a rate higher in battered women than in the general population (C. Brown, Reedy, Fountain, Johnson, & Dichiser, 2000; Stephens & McDonald, 2000). Isolation is a common consequence of IPV for battered women, with more than half of participants in one study reporting no supportive or recreational experiences in the previous month (Forte, Franks, Forte, & Rigsby, 1996). Continued isolation results in less support and fewer occasions to be away from the scene of battering or to engage in situations that may lead to more positive mental health (Michalski, 2004). Battered women may also become more dependent and therefore less likely to make decisions or long-range plans independently (Browne, 1993). Battered women preparing to leave their abusive relationships may also have more immediate and realistic concerns about their physical and economic safety. Statistics suggest that women separated from their abusive spouses face a higher level of violence at the hands of their former partners than do females who are divorced from, dating, or married to their partners (Catalano, 2007). In addition, they may also face economic hardship stemming from a loss of financial support from their partners, and they must find adequate housing and locate employment to provide for themselves and often for their children (Stephens & McDonald, 2000). Women from diverse backgrounds may face additional hardships because of language barriers, discrimination, lack of knowledge about resources, immigration concerns, and lack of diversity in shelter staff (Correia, 1999).

Higher levels of trauma symptomatology (e.g., PTSD) are related to higher levels of dysfunctional career thoughts and lack of clarity in vocational identity (Strauser, Lustig, Cogdal, & Uruk, 2006). The con-sequences of an abusive relationship may influence every aspect of the woman's life, including her work, her work skills, and her belief in her ability to accomplish work tasks successfully. Therefore, a woman leaving an abusive relationship faces significant psychological barriers to finding a career or a job. Her work with a career counselor can be instrumental in changing her negative self-perceptions of abilities, available supports, and barriers. Because battered women may need to develop self-efficacy regarding both general tasks and work-related tasks, we use the term career to denote vocational training or behavior, reflection and interpre-tation of the woman's view of herself and her life experiences as parts of her career development, and the job positions that the woman may have filled. In this article, we use social cognitive career theory (SCCT; Lent, Brown, & Hackett, 1994, 2000) as a framework for providing career counseling for battered women who are considering leaving their abusing partners.

Battered Women and Career Counseling: SCCT

Lent et al. (1994) conceptualized SCCT as a model of career development and choice. In SCCT, individuals' self-efficacy and outcome expectations, combined with perceived barriers and supports, contribute to career interests, goals, and behavior. Because these constructs inform and influence each other, career counselors can use SCCT to think systemically in choosing interventions. SCCT is relevant for a number of populations, has been supported by numerous research studies (e.g., Diegelman & Subich, 2001; Gainor & Lent, 1998), and is directly applicable to working with battered women (e.g., Chronister & McWhirter, 2003, 2004, 2006).

SCCT (Lent et al., 1994, 2000) incorporates multiple contextual factors, including the client's immediate and distal environment. Within that environment are a number of real or imagined barriers and supports that may affect a client's career interests, goals, and persistence. SCCT is a dynamic model, suggesting that counselors and their clients can target specific perceptions that might be changed through intervention, which will, in turn, influence other perceptions. In particular, counselors can help clients appraise self-efficacy, evaluate outcome expectations, and examine the reality of their perceptions regarding barriers and supports. Each of these will interact with the others. For a woman whose vocational self-efficacy and ability to work are influenced both by domestic violence and by situational barriers and supports (Wettersten et al., 2004), targeting vocational and personal self-efficacy, outcome expectations, and perceived barriers and supports lends itself to the facilitation of career exploration, career interests, and career goals that fit the client's specific needs. Battered women are a diverse group (Catalano, 2007), and their actual and perceived barriers and supports may vary widely. One of the strengths of SCCT for working with this population is its emphasis on the woman's perceptions. Thus, the counselor has the latitude to use the theory to address specific, individual client needs in terms of background and the severity and duration of the domestic violence.

SCCT: Self-Efficacy

Self-efficacy, a person's belief in his or her ability to accomplish a specific task or reach a specific goal, is central to SCCT. For battered women, exposure to situations that increase job-related self-efficacy might be limited. Therefore, gaining employment may involve a need for increased feelings of competence. Self-efficacy in battered women is positively related to career outcome expectations and perceived barriers and supports (Chronister & McWhirter, 2004). This suggests that career counselors can work with battered women to develop strategies for increasing self-efficacy directly or through influencing other related perceptions.

Battered women are often isolated (Forte et al., 1996) and experience pervasive feelings of helplessness (Browne, 1993), impeding their development of self-efficacy through personal success experiences. This isolation may also limit exposure to role models and, therefore, chances to observe others' successes. Compounding this are the negative messages that battered women receive from their abusers regarding their self-worth. These negative messages are likely to influence beliefs about what might happen if they attempt activities not endorsed by their abusers.

SCCT: Outcome Expectations

Outcome expectations are the results anticipated if a particular course of action is chosen. For women leaving abusive relationships, negative outcome expectations may include fears of losing shelter and financial support, familial disapproval, or failing in her relationships. Positive outcome expectations, such as the positive anticipation of having an income again, can also be present. Battered women of color who re-ported more positive career outcome expectations anticipated less need for future support to accomplish their career goals (Chronister & Mc-Whirter, 2004). For members of historically oppressed groups, outcome expectations may have a greater influence on career interests than do self-efficacy beliefs (Chronister & McWhirter, 2003). Therefore, career counselors working with battered women leaving abusive relationships should implement strategies that lead to positive outcome expectations, while helping these women explore their coping mechanisms for negative outcome expectations.

SCCT: Perceived Barriers and Supports

Perceived barriers and supports are factors that an individual believes will either impede or aid in accomplishing a specific task and are important in determining the likelihood that the individual will undertake a specific course of action. Women of color who perceived more future barriers and anticipated more difficulty overcoming these barriers had lower vocational skills self-efficacy and lower career outcome expectations (Chronister & McWhirter, 2004). Similarly, White women who anticipated more future barriers also reported lower vocational skills self-efficacy (Chronister & McWhirter, 2004). In contrast to battered women's perceived barriers, perceived support from community resources can have a positive influence. Community resources can provide information about support groups, legal issues, educational opportunities and training, and economic supports that are available to battered women. Support from community resources has been shown to help battered women reduce further risk from their abusive relationships (Sullivan & Bybee, 1999).

Intervention Strategies

When working with a woman terminating an abusive relationship, the long-lasting effects of the relationship must be recognized. Throughout the counseling process, ensuring the woman's real and perceived safety needs should be of primary concern, and during the initial session, the career counselor or another trained specialist should assess the relation-ship and precautions taken to prevent further harm. The career counselor should also understand the nonlinear nature of SCCT. An intervention designed to influence self-efficacy in one area may influence self-efficacy in other areas, perceived barriers, or any number of other aspects of the woman's belief system. Also, the woman's current situation should be a part of the context of the career counseling process. Progress toward a work-related goal may be stalled by interruptions in child care or other developments that change the woman's situation or her goals. Thus, career counselors using SCCT with battered women must think systematically about the interplay of the various constructs of SCCT and how they fit within the context of clients' worlds.

Depending on available resources and potential risk to the woman, counselors may engage in a structured exploration of options in the office with the woman's children present, or at a local shelter or library, which could provide space for career exploration activities (e.g., online exploration). A supportive environment for career counseling of battered women would include work-ing to create manageable exploration tasks and targeted approaches. This is

preferable to providing "homework" that leads to open-ended research of career options. Open-ended exploration may be overwhelming for these women and does not take into account immediate practical needs. Also, these women may still be living with or in contact with their abusive partners and face increased risk if they are suspected of seeking counseling.

Because many battered women have experienced psychological abuse or isolation, they may not identify the career skills they already possess. This may be associated with low (and inaccurate) levels of career-related self-efficacy. A career counselor can help the woman to examine her skills and reframe them in terms of career skills. By identifying the skills that the woman has used in taking care of household tasks, anticipating an abusive partner's moods, and staying safe in dangerous situations, career counselors and their clients can identify valuable vocational skills such as monitoring of others' behaviors, coordination of multiple activities, negotiation, and social perceptiveness. Identifying these skills can build the woman's self-efficacy in her ability to be successful at job tasks involving such skills. When a client is unsure of how her current skills translate into career skills, the career counselor could have the client talk about how she accomplishes tasks relevant to her situation. The career counselor also could use role plays to brainstorm how skills developed in the abusive relationship may translate to the world of work.

To continue building either career-related or survival-related self-efficacy, the career counselor and client can begin to set small goals that address the client's immediate needs (e.g., finding shelter, identifying sources of support for herself and her children) or career goals (e.g., finding affordable interview clothing, sustaining eye contact when shaking hands). By accomplishing smaller goals, the client can build her repertoire of personal performance accomplishments, thereby contributing to her career-related self-efficacy and helping her work toward longer term goals. As smaller goals are reached, the woman and her counselor can coconstruct larger goals. Having the client set goals involving a support group or female role models (especially those with similar abuse histories) may augment the work of identifying career skills, increase the client's self-efficacy through vicarious learning, and allow her to talk with others about the positive outcomes of her transition out of an abusive relationship and into a job.

Women who have experienced domestic violence may have negative educational and career-related outcome expectations on the basis of prior or anticipated reactions of their abusive partners (Chronister & McWhirter, 2003). To address negative outcome expectations, the counselor can help the client identify two job positions that are based on the client's interests and skills. Then the counselor could ask the client to list a few benefits and consequences of preparing for or engaging in those jobs. By using two options, the counselor is able to identify outcome expectations that may be general and those that may be more career or job specific.

For example, in discussing the careers of teacher aide and mental health technician, a client might report that engaging in either of those careers would feel good because she would be helping other people (an intrinsic outcome expectation). She might add that working in mental health might look to her new friends as if she were "working with those crazies" (a social approval outcome expectation). She might also express a fear of workplace harassment by her abuser that might result in her losing her job and her income (a physical outcome expectation) regardless of which option she chose. From this, the counselor could examine the reasoning behind these outcome expectations (e.g., history of partner interference with employment or education, importance of friends' approval). The counselor and client can work together on ways

to address realistic potential outcomes (e.g., choosing a work site that has security measures in place) and to alter unrealistic outcome expectations by addressing mastery of specific skills.

As irrational negative career-related outcome expectations are challenged and positive career-related outcome expectations are identified, the counselor can use guided imagery to challenge erroneous expectations and to create new positive outcome expectations. Having a client visualize herself successfully completing a challenge (e.g., calming a patient who is agitated) can help her recognize and identify other positive outcome expectations (e.g., praise from her employers) and begin to identify sources of support (e.g., other staff) or additional unexpected challenges (e.g., the cost of training for a specific career) that may be barriers.

Concurrent with and equally as important as examining possible career choices is identifying perceived barriers and supports that might influence her safety and her ability to succeed in a career. Establishing a supportive counseling relationship is vital for the counseling process and for building the woman's perception of support. Another strategy would be to have the client list potential gains and losses for her and for other important people in her life if she chooses a specific career goal (S. D. Brown & Lent, 1996). The counselor would then ask the client to list the perceived outcomes of that goal. Those outcomes could be physical (better housing), intrinsic (feelings of confidence), social (approval by other family members; Lent et al., 1994), relational (developing new friendships), or generative (giving something back to others; Shoffner, Newsome, & Barrio, 2005). Realistic perceived barriers (e.g., proximity of potential work to the abusive partner's work site, lack of child care) can be matched with supports that will minimize the barriers (e.g., on-site security personnel, availability of affordable on-site child care).

Through discussion and career interest assessment, a career counselor can identify challenges in self-efficacy, outcome expectations, and perceived barriers and supports and can then design strategies to address each of these. One way to address all four of the major SCCT constructs systematically is with a card sort (S. D. Brown & Lent, 1996). The counselor could have the client sort a list of occupations into three piles: might choose, would not choose, and in question. Together they could discuss the reasons for placing careers into the would not choose or in question piles. This is an effective way to assess foreclosed career options, skill self-efficacy concerns, negative or erroneous outcome expectations, and perceived barriers and lack of coping self-efficacy. Another strategy is to have the client create a lifeline including important events and achievements in her past and in her potential future (Chartrand & Rose, 1996). This technique can help identify areas of high career self-efficacy, identify outcome expectations, and create concrete goals. By constructing a plan into the future, the client is empowered to take control of her career decisions and gains confidence in her ability to create long-term plans.

Once the counselor and client have identified client career interests, skills, barriers, and supports; challenged erroneous career-related self-efficacy beliefs and outcome expectations; and explored how these might affect career decisions, they can design a plan of action. This plan should consist of concrete goals, the specific actions the client can take to attain them, and the indicators of accomplished goals. Having the client take the lead within the supportive counseling environment could further self-efficacy in making and achieving goals.

The client should be continually encouraged to implement her plan and to use the counseling relationship as a forum for feedback and for exploring barriers or outcomes that arise. As the client begins to succeed in implementing her plan, she can attend sessions less frequently. The counseling relationship becomes a place to solidify self-efficacy and practice assertiveness

skills. Once the client believes that she is on the path to accomplishing her goals, the career counseling process can close, with an invitation to reinitiate the process if needed.

The case of Tameika

Tameika is a 29-year-old Black woman of African descent and she and her common-law husband of 9 years, D.J., have three children younger than 5 years old (pseudonyms have been used for these individuals). D.J. had a couple of jobs, making just enough for the family to survive, and Tameika stayed home. D.J. had become increasingly violent since the younger children were born, especially after bouts of binge drinking. Distressed by the escalating violence and fearful for herself and her children, Tameika took her children to a local domestic violence shelter and made contact with a counselor.

Early in the counseling process, the counselor allowed Tameika to talk freely about her story while validating her feelings and legitimate concerns. The counselor gently probed to assess the nature of the domestic violence (e.g., physical, psychological, sexual, economic, or a combination). Tameika reported feeling safe at the shelter, although she was visibly shaken when talking about the most recent altercation with D.J. Tameika wanted to find work. She had a high school education, and she had taken some courses in the Allied Health program at a community college because she had wanted to be a nurse. When asked about nursing as a possible career, Tameika mentioned many perceived barriers, including educational requirements, cost, and lack of access to day care, and a positive outcome expectation in that nurses "make good money."

Working with the counselor, Tameika used an office computer to take an online interest inventory to identify other careers of interest. Her scores were highest on Social and Realistic Holland types. Using the Internet, the counselor and Tameika found job descriptions of dental assistant and licensed practical nurse. To identify Tameika's outcome expectations, the counselor asked Tameika what might happen if she pursued those careers. Tameika responded that she would not want to spend her days sticking her fingers in people's mouths, but that she liked nursing. To further explore outcome expectations and career-skill self-efficacy, the career counselor had Tameika do a card sort (S. D. Brown & Lent, 1996). Two themes emerged: a lack of self-efficacy related to education and fear of accidentally hurting someone when trying to help (indicating poor self-efficacy related to helping skills and negative outcome expectations).

The career counselor asked Tameika to describe a typical day in her life, noting relevant career skills as she listened to Tameika. After probing about Tameika's process in performing various activities, the career counselor reframed the processes as career skills in the areas of creativity, social perceptiveness, interpersonal skills, resourcefulness, and compassion. Together, the career counselor and Tameika considered how those skills were related to nursing. This provided Tameika with the sense that she had some relevant skills for nursing, helped her translate those skills into career-related skills, and added to the potential for increased self-efficacy in performing some of these tasks. Because Tameika had described educational barriers and poor learning-related self-efficacy, the career counselor challenged her learning-related self-efficacy and explored her learning to care for her children. This formed a connection between learning caring skills and possible job training. To build self-efficacy, the career counselor had Tameika set two small goals that she thought she could accomplish. Tameika decided to talk to the police about a restraining order and to call a community college about its nursing program.

As Tameika accomplished small tasks, her self-efficacy related to her goals increased. As she recognized the benefits she would gain by pursuing a nursing career, her outcome

expectations changed. The counselor used a balance sheet (S. D. Brown & Lent, 1996) to help Tameika identify and examine these outcome expectations. For example, concerns about the influence of a career on her children were addressed by gathering information on nurses' flexible work schedules. As outcome expectations were added or changed, Tameika changed them on her balance sheet, optimizing positive outcome expectations. Through these interventions, Tameika gained confidence and began applying her new skills to other tasks and goals (e.g., finding affordable child care, improving her interviewing skills).

The counselor then encouraged Tameika to set larger goals and had her identify them through a lifeline (Chartrand & Rose, 1996). Tameika identified a short-term goal of supporting herself and her children and long-term goals of becoming an RN and building friendships with other women. The career counselor referred Tameika to a domestic abuse support group. Tameika interviewed an RN who volunteered at the shelter, and the two became friends, thus increasing Tameika's social and career supports. Tameika learned about a community college program offered with a hospital and a Head Start program. Consequently, her beliefs about several barriers (child care and training) were reduced and her outcome expectations about affording day care became positive. As Tameika became confident in the possibility of becoming a nurse, she and the counselor planned some experiences, such as assisting the shelter nurse. Tameika was accepted to a vocational training program that included opportunities for part-time paid hospital work. She located temporary housing, started the application process for her children to join a Head Start program, and set an appointment with the career services office at the community college. The career counselor asked Tameika to summarize progress and future goals and invited her to return if she had later counseling needs.

Conclusion

The physical, psychological, and economic consequences faced by a battered woman terminating an abusive relationship complicate the challenging task of identifying and establishing career options. Career counseling with women leaving abusive relationships should include consideration of the limited self-efficacy these women might have, their perceived work outcome expectations, and their perceived barriers and supports in beginning and maintaining a career. By implementing interventions within an SCCT framework, career counselors help empower battered women to explore new career paths and make satisfying career decisions.

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