# THE EFFECT OF A CASE MANAGEMENT PROGRAM ON BATTERED WOMEN'S RETURN RATE TO BATTERERS

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BY

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Date

To the Dean for Graduate Studies and Research:

I am submitting herewith a thesis written by _____

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THE EFFECT OF A CASE MANAGEMENT PROGRAM ON BATTERED WOMEN'S RETURN RATE TO BATTERERS

ABSTRACT

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The purpose of the study was to determine the effect of a case management program on decreasing the return rate of battered women to batterers. Subjects in the non-treatment group ($n$ = 61) were selected from 1991 statistics at the shelter. Subjects in the treatment group ($n$ = 57) were given the content of the case management program by the shelter counselors.

The tools consisted of the case management program content and the goal attainment training log developed by the researcher and the director of the shelter. The hypothesis was tested using the chi-square statistic. Data were analyzed using the demographic variables of length of stay, age, number of children, ethnic origin, education, and financial income. Results indicated there was no difference in the return rates of battered women to the batterers for women who participated in a case management

program and those battered women who did not participate in a case management program.

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# CHAPTER I

## INTRODUCTION

The practice of battering women has been documented throughout history (Warner, 1983). Warner further stated that spousal abuse can be traced back to medieval times and Biblical references have been commonly cited. Men have used violence against women and children because, in the past, domineering behaviors have been successful in getting what men want and such behavior has been widely accepted (Walker, 1984).

Dickstein (1988) asserted that battering occurs in all socioeconomic backgrounds regardless of age, race, religion, income, or educational backgrounds. Women, in their roles as wives and mothers, represent the largest group of domestic violence victims in the United States. These situations perpetuate a sense of learned helplessness, hopelessness, confusion, and an inability within the abused victim to validate a sense of self-worth (Dickstein, 1988).

In an effort to decrease the rising rate of domestic violence, different treatment options have been utilized for battered women (Dickstein, 1988). Some of these

options include women's shelters and self-help programs. The concept of women's shelters began in 1971 in England by Erin Pizzy and rapidly spread to the United States (Pizzy, 1974). Working with battered women in community programs in the shelter assists women to recognize their strengths and weaknesses. The process of self-help can occur as part of the group process offered in women's shelters with the supervision of trained guidance counselors (Dickstein, 1988). The counseling a battered woman receives during her stay at a shelter can help her decide that she has alternatives other than returning to the abusive partner.

## Problem of Study

The problem of the study was: Is there a difference in the return rate to the batterers of battered women who participate in a case management program as opposed to battered women who do not participate in a case management program?

## Justification of Problem

Inequality of power within a relationship can lead to an abuse of power which, in turn, can create battering (Schetcher, 1985). In the United States it is estimated that a woman is beaten by her husband every 7.4 seconds

(McLeer & Anwar, 1989). The Federal Bureau of Investigation estimates that a woman is abused every 18 seconds (Dickstein, 1988). According to Campbell (1989), it is estimated that 2,000,000 to 4,000,000 women are physically abused in the United States each year. These statistics are alarming in their implications, but even more frightening is the fact that many of these women remain in a battering relationships (Strube, 1988).

The primary purpose of a women's shelter is to protect women from men's abusive and violent behavior (Walker, 1984). Walker goes on to say that the presence of a shelter in the community gives a woman a place to turn to for safety and protection. These women need a supportive environment to overcome the effects of domestic violence.

The battered woman can be helped. Experts agree that the long-range solution to the issue of battered women will require a change in societal attitudes, values, and beliefs. Women's shelters, counseling programs, and active intervention can help break the circle of violence, according to Delgaty (1985).

Gondolfe and Fisher (1988) emphasized that self-sufficiency skills must be present for a battered woman to maintain a violence-free lifestyle. A battered woman is less likely to return to the batterer if she has an income,

affordable housing, childcare, and other supportive services. Many of these services and skills can be temporarily obtained at a shelter.

The utilization of a shelter is the battered woman's first step towards independence, according to Hilbert and Hilbert (1984). Their study of battered women found that the severity of the abuse and the length of the relationships were strong indicators that the women would return to the batterers after coming to a shelter.

Shelters can offer victims of domestic violence safety and protection. The use of case management programs at the shelter can allow these battered women to identify and assess their immediate needs, and develop a plan to meet these needs.

According to Bower (1988), case management is care that is organized to achieve specific client outcomes within an appropriate time frame. The resources used in case management are appropriate for each individual client. The case manager is a counselor who promotes collaborative practice, coordination of care, and continuity of the care given. After these women receive counseling and treatment, they will then recognize that there are alternatives to returning to the battering partners.

## Conceptual Framework

The framework for this study was based on Renzulli, Callahan, and Archambault's (1972) Key Features Model. According to Renzulli et al., this comprehensive model can be used to assess the quality of instructional programs.

The three concepts of Renzulli et al.'s model are key features, prime interest groups, and time. Key features are the major variables that contribute to the success of the program. The evaluator must first determine what variables (key features) influence the program's operation and contribute to an understanding of it.

According to Renzulli et al., prime interest groups consist of individuals who have some interest in the program to be evaluated. This interest can be direct or indirect.

The time concept of Renzulli et al.'s model deals with the best utilization of time in the functioning of the evaluation program. The Key Features Model gathers data at interim points during the program's operations. This method gives feedback that can be used to make changes in the program while it is in progress.

The Key Features Model consists of four steps. The first step is to identify the key features or variables. These are the major concerns of each prime interest group.

The information compiled comes from written materials, questionnaires, interviews, and observations. Statements of goals, philosophy, and objectives may be included.

The second step consists of developing and administering open-ended questionnaires to a sample of each prime interest group. They list their main concerns about the program. Similar words or phrases that go together should be labeled with a unifying concept.

After reviewing the program documents and the questionnaires, the third step is to interview members of each group. The knowledge gained from the first two steps will help formulate meaningful questions for the interviews.

The last step in the analysis is observing the program in action. Understanding the operation can clarify concerns expressed by various interest groups.

Renzulli et al.'s Key Features Model was designed to facilitate synthesizing evaluative data and information used in decision-making. This model served as the conceptual framework for this study on battered women.

The propositional statement tested in this study was: Identification of variables such as key features, prime interest groups, and time contribute to the success of an educational program. A prime interest group was the

battered women and a key feature was the case management program taught during a 2-week period. By providing case management programs the battered women may have gained something to help them to choose not to return to the batterers.

## Assumptions

The following assumptions were made:

1. Learning produces a change in the behavior of battered women.

2. Battered women gave truthful answers to the questions asked.

3. Some battered women may return to the batterers, no matter what education they have received.

## Hypothesis

The following hypothesis was tested:

The return rate of battered women who participate in a case management program will be less than the return rate of battered women who do not participate in a case management program.

## Definition of Terms

The following terms were specifically defined for this study:

1. Battered women--battered women were those women who were in or had been in intimate relationships with men who repeatedly subjected them to forceful physical and/or psychological abuse (Walker, 1984). For this study, battered women were women seeking shelter at a women's shelter in a large city in the southwestern United States.

2. Batterers--men who repeatedly exerted physical and/or psychological abuse on women without the women's consent (Walker, 1984). For this study, batterers were men responsible for making women seek safety at a women's shelter.

3. Return rate--the number of women who returned to abusive relationships (Nicarthy, 1986). For this study, return rate was measured by counting the responses given as the exiting destination of the battered women staying at the shelter for a minimum of 2 weeks.

4. Case management--care that was organized to achieve specific client outcomes (goals) within a set time frame while utilizing resources that were appropriate for each individual client (Bower, 1988). For this study, a battered woman received an individualized case management

program to increase self-sufficiency skills which dealt with effective problem-solving, knowledge of and access to community resources, and the ability to identify a reliable support system during a minimum 2-week stay at the shelter.

## Limitations

The following were limitations of the study:

1. A convenience sample of battered women was selected from only one shelter for battered women and it may not have been representative of all battered women.

2. The small sample size limited the generalizability of the findings.

3. More than one counselor gave the information to the battered women.

## Summary

This chapter has discussed the battering of women throughout history. Women's shelters can provide a temporary, safe place to turn to for protection from the abusive partner. Research has shown that teaching these women self-sufficiency skills can help them maintain a violent-free lifestyle.

The use of a case management program may help organize specific goals to help each individual woman become more self-sufficient. Once the battered woman has effective

problem-solving skills, she can then explore other alternatives available to her other than returning to the abusive partner.

# CHAPTER II

# REVIEW OF THE LITERATURE

The battered women's movement has gained national attention only in the past 15 years. Women, however, have been abused and battered by their partners since ancient times. In this chapter, the history of battered women is reviewed, characteristics of battered women are given, and the programs and options available for these women are discussed. Finally, the chapter concludes with nursing interventions for battered women and a summary.

## The History of Battered Women

Schetcher (1985) asserted that society has long sanctioned the battering of women. In the past, legal and religious practices supported the idea that the husband and wife are one, and that the husband is in charge of the relationship. Violence against women will continue as long as it is permitted by our society and there are no negative consequences for their husbands.

Schetcher (1985) further stated that inequality of power within a relationship allows the battering to continue. Historically, the courts blamed the victim of the battering relationship finding that she liked the

abuse. The abuser learns that no one will stop him and the wife has no place to turn. Lack of shelters, financial resources, housing, jobs, and welfare are additional barriers to inequality of power within a relationship.

Walker (1979) conducted research on battered women and the theory of learned helplessness. The theory has three basic components: information about what will happen, thinking or learning about what will happen, and the behavior towards what does happen. When a person believes they cannot ever control what is happening to them, it then becomes difficult for them to believe they can influence what is happening even if the outcome is favorable. These people become helpless, passive, and submissive. This is one reason why some women cannot leave battering relationships. Repeated batterings decrease a woman's willingness to respond to the situation. The woman does not believe that any action taken by her will result in a positive outcome. Battered women must be able to believe that with help they have the power to affect what happens to them.

Walker's (1979, 1984) second theory concerning battered women is the Cycle Theory of Violence. This theory explores three aspects of the battering cycle. During the first phase, referred to as tension building,

there is an increase of tension within the relationship and minor acts of abuse. The woman tries to remain calm and prevent further abuse. This technique will work for a short period giving the woman the false impression that she can control the man. In phase two, the acute battering incident, there is an uncontrollable release of the tensions that were built up in phase one. The abuser becomes more aggressive and violent and he will leave the woman physically injured. When this phase is over, the couple reacts with shock, disbelief, and denial and there is now a reduction of tension in the relationship. This starts the third phase of the cycle known as kindness and loving behavior. The batterer becomes loving and wants forgiveness. He states that he will never hurt the woman again. The woman wants to believe the batterer and if she is thinking of leaving the relationship, she will usually change her decision. This positive reinforcement by the batterer causes the woman to stay in the relationship and the cycle of violence begins again.

## Characteristics of Battered Women

Walker (1979) asserted that the problem of battered women has only come to the attention of the public over the past few years. However, society is now learning that the problem is more prevalent and appalling than it was ever

thought to be. Women do not remain in battering relationships because they like being battered, but stay due to psychological and sociological reasons.

According to Walker (1984), a battered woman is a woman who is in or has been in an intimate relationship with a man who repeatedly subjects her to forceful physical and/or psychological abuse. While it is evident that women with physical injuries have been battered, it is more difficult to distinguish between women in unhappy marriages as opposed to women who suffer psychological but not physical abuse from their husbands. Walker (1979) asserted that in order for a woman to be classified as battered, she must go through the battering cycle at least twice. Although the battering relationship exists outside of marriage, battering occurs more frequently among married couples.

Most of the research done on battered women has been aimed at discovering how battered women differ from the norm (Campbell, 1989). Campbell found that a more appropriate comparison would be to compare battered women with non-battered women who were having serious problems in intimate relationships. In the study, two theoretical models, learned grief and helplessness, were applied to the two groups. Findings of the study showed that the

responses given by battered women and non-battered women having problems in intimate relationships were similar. Both groups had comparable low self-esteem, self-blame, depression, and control. However, the battered women had more severe physical symptoms of stress and grief and this group also tried more solutions to solve their problems. Battered women do differ from normal non-battered women in good relationships with their male partners.

Domestic violence, especially spouse abuse, has been hidden and ignored since ancient times (Dickstein, 1988). Early American laws permitted wife beatings by the husband to correct inappropriate behavior. According to Dickstein (1988), nearly one-half of all injuries sustained by women presenting to the emergency rooms are caused by battering, but only 4% of these women are recognized and treated appropriately by health care workers. There is no typical woman who is more likely to be battered. Women of all races, ages, religions, educational levels, economic and social backgrounds are potential victims of battering. Those assaults can tend to increase in frequency and severity and may eventually lead to the death of the battered wife by the batterer.

## Breaking the Cycle of Violence

According to Strube (1988), even though many women face the risk of serious injury or death, many choose to remain in battering relationships. The decision to leave an abusive relationship must be recognized. Women who are at risk for repeated abuse need to be distinguished from women who make their own choices to leave the relationships. Much of the research done on battered women is obtained from women's shelters and data such as where the women will return to after seeking aid from the shelter.

Giles-Sims (1983) conducted a study using interviews with 31 women staying at a shelter. Six months after leaving the shelters, 24 of the women were re-interviewed and 42% had returned to living with the batterers. Out of this group, 62% had been battered again.

Snyder and Fructman (1981) interviewed 119 women staying at a shelter from 6 to 10 weeks. Following discharge from the shelter, 48 of the women were re-interviewed. Of those women, 60% had returned to living with the batterers even though only 34% had indicated that they were going back to living with the batterers at the time of discharge from the shelter.

A study conducted by Snyder and Scheer (1981) sought to predict where the women would return to after staying at a shelter. These women were administered a questionnaire with sociodemographic information such as age, domestic violence history, length of the abuse, and religion. Two months following discharge from the shelter, 74 of the women were interviewed. Statistics found that 55% of these women were still living with the batterers. However, this study reported that the women who were married to the batterers or had long-term relationships with the men were more likely to return to the battering relationships.

A study conducted by Strube and Barbour (1984) examined variables that might predict the decision to leave battering relationships. Of the 251 women interviewed, 29% had returned to living with the batterers. Variables such as employment, length of the relationship, economic hardship, love, and having no place else to go were the factors that predicted if women would return to the batterers.

Hilbert and Hilbert (1984) gathered data on 35 women staying at a battered women's shelter. Of the 20 variables examined to predict where battered women go after leaving the shelter, only age, severity of the abuse, frequency and length of the battering relationship, income, and length of

shelter stay affected their disposition. The average age of the subjects was 27 years. Two-thirds (66.7%) of the population was black and more than one-half (69%) had a high school diploma. The lengths of the battering relationship ranged from 2 months to 28 years. The frequency of the abuse ranged from daily to once a year with 22% of the women suffering abuse at least once a week. Over one-half (52.8%) of the batterers were employed and 88.3% of the battered women were either employed or received welfare payments. The average length of stay at the shelter was 9.36 days. Findings of this study reported that 55% of the battered women established independent living after leaving the shelter and 41% of the women returned to the batterers. Six of the variables were isolated as predicting where a woman would go after leaving a shelter.

Schutte, Malouff, and Doyle (1987) conducted a study of 117 women in a shelter. This study found that women who were more highly educated were more likely to leave the abusive partners. A second finding of the study was that women who had been in a pattern of leaving the partners repeatedly and seeking help at a women's shelter were less likely to leave the relationship permanently.

## Support Systems for Battered Women

Awareness of the problem of battered woman has become a national priority. One of the first successful means of providing aid to battered women was the women's shelter. Founded by Pizzy (1974) in England, the concept soon spread to other countries throughout the world and into the United States. The primary purpose of the shelter is to provide protection for battered women and their children from the batterers.

According to Walker (1979), a women's shelter provides a sense of community support and independence for battered women. These women are given a sense of empowerment over their own lives. A woman will need between 4 to 6 weeks stay at a shelter in order to adjust and try to make a change in her life. During this time various services, agencies, and support groups at the shelters can begin to assist these battered women.

Programs at women's shelters provide crisis intervention, counseling, medical assistance, financial aid, legal assistance, and temporary living arrangements according to Trimpey (1989). This study focused on support group counseling of battered women as one treatment modality within the program. The support group has been identified as a valid therapeutic tool to work effectively

with individuals who share similar stressful problems (Rosenberg, 1984). Working in support groups can help foster a positive self-concept through reinforcement from other group members. Women who have been through the cycle of violence may experience low self-esteem and high anxiety (Walker, 1979). Trimpey (1989) examined the relationship between battered women who participated in a support group and their levels of high anxiety and low self-esteem. Initial findings of the study showed 75% of the battered women suffered from low self-esteem and had higher levels of anxiety. The goal of the study was to improve self-esteem and lower anxiety by introducing new information and increasing the coping skills of the group members. A discussion of the cycle of violence was used to help group members understand the process of abuse and their own anxious responses. Knowledge of the theories of violence was also used to emphasize that these battered women were not responsible for the abuse. Results of the study indicated that the use of anxiety reducing techniques in a support group for battered women can increase their self-esteem.

A multi-level, systematic approach is needed to develop new programs to help battered women (Walker, 1979). This system consists of primary, secondary, and tertiary

prevention. Primary prevention consists of educational programs and direct work with institutions, agencies, and support groups for battered women. Battered women are identified and treated in secondary prevention. The earlier these women are treated, the more successful the treatment becomes. The goal of secondary intervention is to help battered women regain control of their lives. Women's shelters, hospitals, and long-term facilities are tertiary prevention. Here the women are provided time to regain control and make realistic decisions. Many battered women come to a safe house and return to the battering environments three or four times before leaving the batterers permanently. Society must become aware of the need for providing battered women not only shelters but a means to escape the battering environments permanently.

A study conducted by McLeer and Anwar (1989) focused on battered women presenting to the emergency room. Medical records of 359 female trauma patients were reviewed prior to instituting a protocol to identify battered women and 412 female trauma patients following the institution of the protocol. The protocol used in the study was Flitcraft's (1977) classification system of battered women. This classification protocol ranges from positive, probable, suggestive, to negative ratings of the injured

women. Results of the study conducted by McLeer and Anwar (1989) found that 5.6% of the women were identified as battered prior to the institution of the protocol and 30% of the women were identified as battered following the institution of the protocol. These data support the assumption that by training the emergency room staff in the identification of battered women using a classification protocol, the positive identification of battered women can be increased.

In a follow-up study done 8 years after the initial study, McLeer, Anwar, Herman, and Maquiling (1989) found that only 7.7% of 470 female trauma patients were identified as battered women. During the initial study, there was an increased interest in battered women by the emergency room personnel. Following the initial study, no monitoring system was set up to continue use of the classification protocol. The data suggested that educational programs, training systems, and protocols for the identification of battered women needed to be developed by institutions along with policies and procedures in an effort to help battered women.

Gondolf and Fisher (1988) concluded that battered women who are provided resources are more inclined to leave the batterers. The allocation of resources makes the

difference. Women who have transportation, childcare, and their own source of income are more likely to leave the batterers after receiving counseling from a shelter. Another finding of the study was that the batterers who received counseling at the same time the battered women were counseled was the most influential predictor that the women would return to the batterers if they thought the batterers would change. The batterers attending a counseling program suggested to the women that the batterers were trying to change. The abuse of battered women must be recognized as a community problem. Having resources available at the women's shelter can help battered women live independently, which is the goal of most shelters.

## Nursing Interventions

The battering of women continues to be a problem in today's society (Delgaty, 1985). Experts agree that these abused women can be helped and nurses play a primary role in breaking this violent cycle of abuse. Nurses are often the first health care providers encountered by these battered women when they seek emergency or psychiatric care. According to Delgaty (1985), in the past few years nurses have become increasingly interested in the field of family violence, but they are often uncertain about how to

deal with the situation. Through education, the personal and professional concerns of the nurses can be resolved.

Nursing, using a holistic approach within a battered women's shelter, can have an effect on abused women (Bradley, 1986). The nursing role in primary prevention is to increase community awareness by contacting organizations such as women's groups, legal organizations, and the medical community. Educating these groups can increase their awareness of the dynamics of the battering relationships. The nurse's role in secondary prevention begins with crisis intervention for the battered women. An assessment of their safety, emotional, and physical condition is done. At the shelter counseling referrals can be made and the staff can assist women with problem-solving skills. The role of the nurse at the tertiary level consists of assisting the battered women after they leave the shelter with continued support groups, counseling, and other available community resources. Nursing can play an important key role by promoting continued community awareness and education on battered women.

Emergency room personnel are frequently involved in caring for battered women (Billy, 1983). Nurses need to understand the life patterns of the battered women in order to understand why many of the women stay with the

batterers. These women experience a loss of control and have feelings of helplessness and powerlessness due to the continued violence and abuse. Battered women need the time, patience, and understanding of the emergency room staff. Aside from assisting with the physical injuries, there are four areas in which the emergency room nurse can be helpful, according to Billy (1983). These areas are (a) recognizing the behavior patterns of a battered woman, (b) providing a safe atmosphere while remaining objective and compassionate, (c) providing community referrals such as information regarding women's shelters, and (d) maintaining accurate records. By listening, giving support, and remaining compassionate, nurses can help the self-esteem and self-confidence of the battered woman.

According to Campbell and Sheridan (1989), in the past battered women have been mistreated, not recognized, and blamed for their abuse by emergency room personnel. Battered women who receive negative treatment are at a greater risk for suicide and can end up killing the abusers or being killed by them. A battered woman who seeks care in the emergency room is reaching out for help. Nursing research has shown that appropriate nursing interventions with battered women are not to blame the victim. The emergency room nursing assessment and interventions should

begin with a triage form. Life-threatening injuries must be treated first. The characteristic patterns of facial, neck, breast, abdomen, back, and genital injuries should be suspected as battering injuries. The nurse should interview the victim alone to gain a more truthful history without the batterer present. The nurse must make thorough documentation in the medical records using subjective and objective data. The nurse can contact social services or the community women's shelter for temporary living arrangements. The emergency room nurse can empower a battered woman to make changes in her life and make her aware of available options.

In a study done by Foster, Veale, and Fogel (1989), 12 women who were imprisoned for killing their battering partners were interviewed to determine what factors were present in the relationship that resulted in homicide. In the majority of these relationships, it was discovered that the abusers had threatened to kill the women. The abusers were heavy drinkers, used drugs, and had guns in the home. Results of this study suggested implications and interventions for nursing practice. The knowledge that these factors are associated with battering relationships can help nurses intervene into possibly lethal situations. When obtaining health histories, nurses need to ask these

women if they have been battered, as many abused women are reluctant to admit that they have been injured by their partners. Nurses must also look at psychological as well as physical abuse. The nursing assessment should take place in a private area. Trust must be conveyed by the nurse to obtain this information from the battered women. Nursing interventions can help many of these battered women become aware of the serious situations they are in.

In a study by Bullock, Sandella, and McFarlane (1989), data from 600 postpartum women interviewed were analyzed to determine if battered women and their batterers experienced more childhood abuse compared to non-battered women and their partners. Among the battered women, 22% responded that they had been abused as children, compared to 9% of non-battered women. Among the battered women, 40% responded that their fathers hit their mothers as compared to 21% of non-battered women. Of the battered women, 20% answered that their partners had been abused as children. Among the battered women, 32% responded that their partners' fathers hit their mothers as compared to 15% of the non-battered women. According to Bullock et al. (1989), nurses can intervene to help break this cycle of violence. Battered women can be found in all areas of the health care system. Nurses must assess all women for

abuse. Children who grow up in a family atmosphere witnessing violence may end up becoming abusers of women partners as adults. Educating the community to this fact may prevent further battering. Nurses have the power and the resources to assess, educate, and promote a healthy and violent-free lifestyle.

## Summary

The problem of how to deal effectively with battered women has gained national attention during the past few years. Women have been abused and battered since Biblical times. There is no typical woman who is more likely to be battered. Women of all ages, races, religions, educational levels, income, and social backgrounds are all victims of battering. Women's shelters have become a successful way of providing aid to battered women. Shelters can provide counseling and medical and legal assistance to help women make the decision to leave the relationships. Nurses who are often the first health care workers these battered women encounter when they seek aid can be of assistance to the women. Nurses have the resources to educate the community and promote awareness of the battered women's syndrome. Nursing has the power and the ability to promote a healthy and violent free lifestyle for everyone.

# CHAPTER III

## PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The problem studied was to determine the difference in the return rate of battered women to the batterers after attending a case management program. This study was classified as quasi-experimental. A two-group posttest only design was used in this study.

According to Polit and Hungler (1987), a quasi-experimental design allows manipulation of the independent variable and observation of the dependent variable. In quasi-experimental studies, the subjects cannot be randomly assigned to treatment conditions.

In this study the case management program was the independent variable. Subjects in the treatment group participated in a case management program. Subjects' data in the non-treatment group were selected randomly from the 1991 statistics available at the shelter. The dependent variable was the return rate of battered women to the batterers. This was measured by using the exit destination information on the case management log.

## Setting

A women's shelter in a large metropolitan city in the southwest United States was the setting for this study. The shelter has 62 beds and allows women and children to stay up to 3 weeks.

The shelter provides a 24-hour hotline and emergency transportation to allow battered women and their children access to safe shelter. The shelter also provides meals, clothing, and personal hygiene items to 640 women and 896 children for up to 3 weeks.

The battered woman may leave the shelter and return at any time during the 3-week stay. A woman may request an extension to stay past 3 weeks if there is a bed available.

There is a full-time director of the women's shelter, 16 full-time staff members, and 5 part-time staff members. The administrative and staff offices are located in the building in an area separate from the areas for women and children.

The shelter is a one-story brick building located in a residential area. The structure is surrounded by shrubs and trees and has a homelike atmosphere. There is a playground for the children.

The clients in the experimental group attended the case management program in the office of their individual

case manager. These offices are located to the right of the main entrance. The control group was given a handout within 24 hours of arrival at the shelter and met with the case manager in the counselor's office. Logs were filled out by the case managers in the counselor's office.

## Population and Sample

The accessible population for this study consisted of battered women seeking temporary shelter at a women's shelter in a large southwestern city in the United States. The participants for the study were adult women, 18 years of age or older.

The study used a convenience sampling method which consisted of selection of the most available persons as subjects (Polit & Hungler, 1987). The non-treatment group ($n$ = 61) did not receive the experimental treatment and their performance provided the baseline against which the effects of the treatment can be measured (Polit & Hungler, 1987). The treatment group consisted of 57 participants who received the case management program.

## Protection of Human Subjects

This study was classified as a Category I study and was exempt from review by the Human Subjects Review

Committee of Texas Woman's University (Appendix A). Information and data gathered in the study were anonymous.

Prior to data collection permission was obtained from the Texas Woman's University graduate school (Appendix B). Agency approval was obtained in writing from the director of the women's shelter (Appendix C).

Each participant in the study was given a written explanation of the study (Appendix D). It described the participant's right to refuse to participate in or to withdraw from the program at any time. Anonymity was guaranteed.

Participants in the treatment group had their own file kept by the assigned case manager. Only the case managers and director of the women's shelter had access to the files. The case manager wrote down the exiting destination of the participant on the goal attainment log. The files stayed in a locked secured area in the women's shelter.

Participants who desired a copy of the study results can obtain them from the director of the women's shelter. The researcher could be contacted for any questions about the study through the women's shelter.

## Instruments

The instruments in this study included: (a) the case management program content (Appendix E), and (b) the Goal

Attainment Training System Log (Appendix F). The treatment group received the case management content and utilized the Goal Attainment Training System Log (GATSL).

The case management program content was developed by the director of the shelter and the researcher from the literature on battered women, thus providing content validity. This program allowed the clients to identify and assess the immediate needs of the family, and to develop a systematic plan to reach these needs. The process taught problem-solving skills and how to use available community resources. The goal of the case management program was to decrease the number of battered women returning to the abusive partner. The reliability for this instrument has not been established.

Content validity for the case management plan program was established by a panel of three experts in the area of battered women. The panel consisted of three counselors who had master's degrees in the area of sociology or psychology. Each panel member was given a copy of the case management program content along with a form (Appendix G) to review the face validity of the content given to the battered women. If two of the three panel experts agreed on each objective, face validity was accepted.

The Goal Attainment Training System (GATS) was developed by the director of the women's shelter with assistance from the researcher. It was structured from the case management program content. This log identified specific client goals and the activities required to reach them. Demographic data on the log included age, race (recorded as Anglo, Black, Hispanic, or Asian), number of children, and educational level (recorded as no high school diploma, a high school diploma, or a college degree). There was a section for a self-reported exiting destination. All log activity content was filled out by the case manager. The log was kept in the participant's file. This information was used in the statistics to compare return rates to the batterers by the battered women. Reliability for this instrument has not yet been established.

Six counselors at the shelter were taught to teach the case management program content to the treatment group. The director of the shelter taught the counselors. All the counselors at the shelter had a bachelor's or master's degree in psychology or in social work. The researcher worked with this group of counselors in the case management training sessions to assure consistency in the content taught.

## Data Collection

Data collection for this study began after obtaining permission from Texas Woman's University graduate school and the women's shelter. Prior to data collection the researcher met with the six counselors and the director of the shelter at a predetermined place and time at the shelter. The case management content was taught by the director of the women's shelter. The researcher taught the counselors how to fill out the GATSL.

The data for the non-treatment group for 1991 with exiting destination were obtained through the director of the shelter. The director picked 30 charts at random and gave the exiting destination information to the researcher.

The participants in the treatment group were assigned a case manager by the director of the shelter within the first 24 hours of admission to the shelter. The assigned case manager contacted the client, introduced herself or himself, and scheduled a convenient time and place for the first meeting.

During the initial visit the interview focused on establishing a client-case manager rapport, assessing the client's adjustment to the shelter, and determining the client's goals for her shelter stay. The case manager filled out the GATSL and decided with the client one

activity to be completed by the next meeting. The case manager set up three visits a week with the client to set up goals and activities to reach those goals. The client must have met the identified activities before moving on to the next activity. The client was given a copy of the GATSL and a copy was also placed in her file.

During the last week of her stay at the shelter, the client met with the case manager to discuss discharge planning. The case manager asked the client where her planned destination of exit was. This information was written on the Goal Attainment Training System Log by the case manager. This information was then placed in the woman's file by the case manager and locked in the file in the cabinet in the director's office.

This study was composed of data gathered from the 1991 statistics and the Goal Attainment Training System Log. It made no difference if sections on the log were left blank, or if all the goals and activities were not met. The study continued until a minimum of 30 participants in the treatment group completed at least a 2-week stay at the shelter and an exiting destination was written on the log and a minimum of 30 records with exiting destinations from the non-treatment group were obtained.

## Treatment of Data

In this study the data collected were tested using the chi-square statistic. The chi-square statistic is computed by summarizing the differences between observed frequencies and the expected frequencies for each variable (Polit & Hungler, 1987). The two categories for this study were: (a) the battered woman would return to live with the batterer, and (b) the battered woman would not return to the batterer. Percentages were used to report the demographic data information.

# CHAPTER IV

## ANALYSIS OF DATA

This study was conducted to determine if a case management program would decrease the return rates of battered women to the batterers. The non-treatment group consisted of women who entered the shelter under the old or pre-existing treatment plan. The treatment group consisted of women who received a new educational process referred to as the case management program taught at the same shelter. Participants for this study were selected by a convenience sampling of women entering the shelter for the treatment group. The non-treatment participants were selected at random from the 1991 statistics available at the shelter. A description of the sample is given, the findings of the study are presented, and a summary of the findings are presented in this chapter.

### Description of the Sample

The non-treatment group consisted of 61 battered women, 18 years of age or older, who stayed a minimum of at least 2 weeks at the shelter under the pre-existing, unstructured treatment plan. The treatment group for this study consisted of 57 battered women, 18 years of

age or older, who stayed a minimum of 2 weeks at the shelter, and received the case management plan.

## Findings of the Study

The problem of the study was: Is there a difference in the return rate to the batterers of battered women who participate in a case management program as opposed to battered women who do not participate in a case management program?

A Pearson chi-square test for independent samples was the statistical test used to test the hypothesis. The null hypothesis tested was: There is no difference in the return rates of battered women to the batterers who participated in a case management program as opposed to battered women who did not participate in a case management program. The number of women who planned to return to the batterers is shown in Table 1. As can be seen, only two women in each group indicated that they planned to return to the batterers. The obtained chi-square statistic for this study was calculated at $X^2 = 0.00476$ with $p = .05$. The required chi-square or critical value to reject the null hypothesis, with $p = .05$, was $X = 2.71$. The obtained value of 0.00476 is substantially smaller than was expected. Therefore, the null hypothesis was not rejected. It was concluded that there was no difference in the return

rates to the batterers for battered women who participated in the case management program and for battered women who did not participate in the case management program.

Table 1

Return Rate to Batterers of Treatment and Non-treatment Group

| Group | Planned to return to batterers | Planned not to return to batterers |
|---|---|---|
| Treatment | 2 | 59 |
| Non-treatment | 2 | 55 |

The demographic data presented in the study consisted of six variables available for both the treatment and non-treatment group. More than one-half (58%) of the treatment group stayed over 3 weeks at the shelter. Two-thirds (74%) of the non-treatment group stayed over 3 weeks at the shelter. Less than one-fourth (21%) of the non-treatment group was 26-30 years of age. A majority of the participants was Anglo, 44% in the treatment group and 43% in the non-treatment group. Less than 10% of the participants had a college degree for both groups. Almost one-half of the participants had no income, 47% of the

treatment group and 52% of the non-treatment group. The demographic data are presented in Table 2.

Table 2

Demographic Data of Groups

| Variable | Groups | |
|---|---|---|
| | Treatment (n = 57) | Non-treatment (n = 61) |
| Length of stay: | | |
| 2-3 weeks | 42% | 26% |
| > 3 weeks | 58% | 74% |
| Age: | | |
| 21-25 years | 28% | 43% |
| 26-30 years | 35% | 21% |
| > 30 years | 37% | 36% |
| Number of children: | | |
| 0 children | 20% | 25% |
| 1 child | 35% | 33% |
| 2 children | 26% | 22% |
| > 2 children | 19% | 20% |
| Ethnic origin: | | |
| Anglo | 44% | 43% |
| Black | 32% | 31% |
| Hispanic | 24% | 26% |
| Education: | | |
| No high school diploma | 46% | 32% |
| High school diploma | 47% | 59% |
| College degree | 7% | 9% |
| Income: | | |
| No income | 47% | 52% |
| $1 - $2,500 | 39% | 23% |
| > $2,500 | 14% | 25% |

## Additional Findings

Since there was no statistical significance of the data using the chi-square statistic, it was decided to conduct a probe analysis to systematically sort each of the six demographic variables obtained from the exit log information and compare the return rates of the treatment and non-treatment groups using the normal approximation to the binomial. According to Hayes (1973), the binomial distribution of proportions was selected subsequent to the reclassification of the dependent variable from the original nominal level of classification to the ratio level. The significance level was set at $p = .05$.

The dependent variable in the study referred to as exit destination originally consisted of six options: (a) going to another shelter, (b) live with relatives, (c) live alone, (d) live with friends, (e) transitional housing, and (f) return to the batterers. Using the normal approximation to the binomial statistical analysis (Hayes, 1973), this group of options was reclassified into a dichotomized variable of "high risk" versus "low risk" destination or environment. This determination was made by the researcher and the director of the shelter.

"High risk" destinations were operationally defined as exit destinations which are abusive toward battered women.

Included in this group were the following: (a) returning to the batterers, (b) living with friends, (c) living alone, and (d) transitional housing. "Low risk" destinations were operationally defined as exit destinations which are not abusive toward battered women. Included in this group are the following: (a) living with relatives or (b) going to another shelter. This statistical transformation allowed for increasing the level of measurement of the dependent variable, or exit destination, from the nominal level of classification to the ratio level and allows the application of inferential statistics.

The study sample consisted of six demographic variables available for both the treatment and the non-treatment group. The demographic variables are as follows: (a) length of stay at the shelter, (b) age of the participants, (c) subjects' number of children, (d) ethnic origin, (e) educational level, and (f) financial income.

Transformations were made on two of the variables in order to do statistical analysis. The first was to move the nominal classification of educational level up to the ordinal level of measurement by operationally defining education as:

0: No high school diploma

1: Received a high school diploma

2: Received a college degree

This did not exclude any of the subjects in the study.

The second transformation was to use the midpoints of the reported annual income and group the subjects by the following financial status:

$ 0.00 Income

$1 - $2,500 Income

$2,500 + Income

This moved the nominal level of income up to the ordinal level of measurement. This did not exclude any of the participants in the study. Each one of the demographic variables was measured against the exit destination information for the treatment group and non-treatment group.

The interaction between the case management program and length of stay at the shelter was examined in regard to the subjects' plans to return to low risk environments. The length of stay was divided into two time intervals of a 2-3 weeks stay and an over 3 weeks stay (Figure 1). Using the normal approximation to the binomial, the obtained z statistic for the 2-3 weeks stay was calculated at $z = -2.044$, with $p = .05$. Women who received the case management program and stayed at the shelter 2-3 weeks

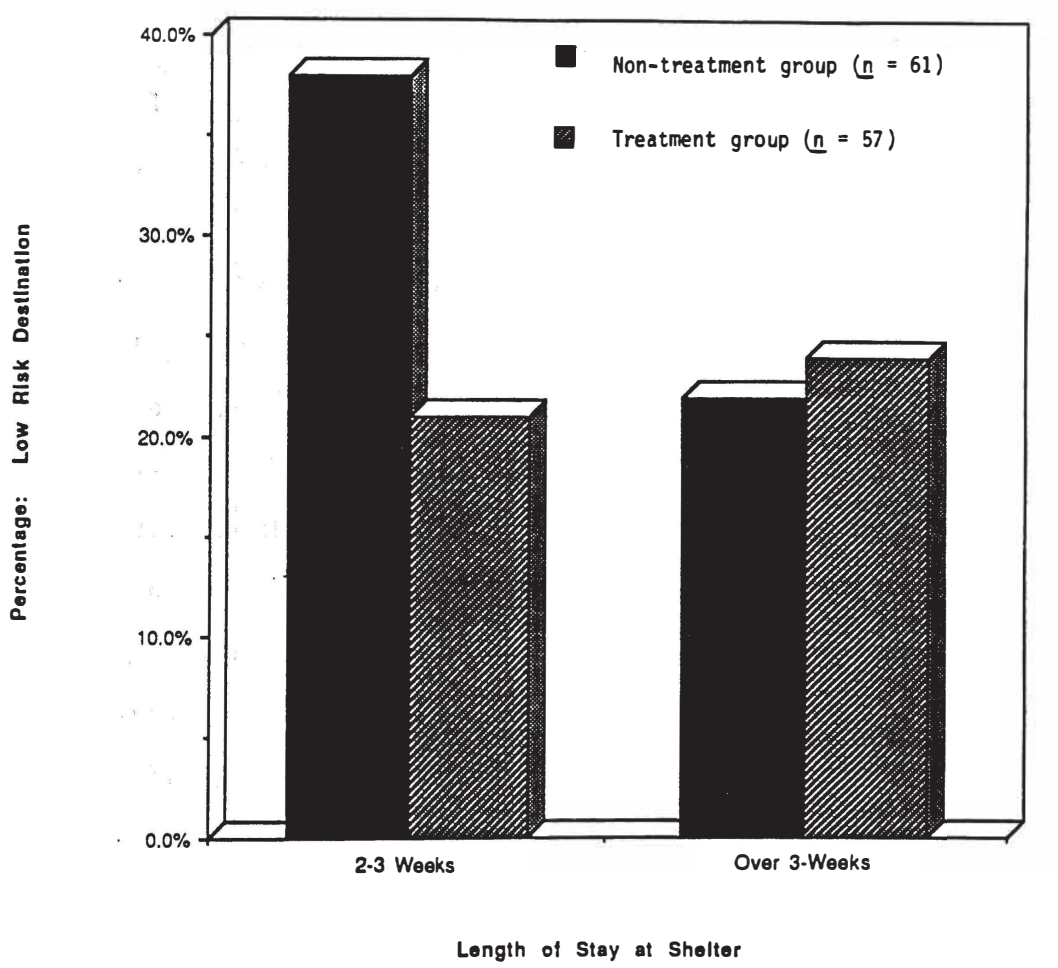


Figure 1. Graphic illustration of case management program using the variable of length of stay at the shelter.

were significantly less likely to indicate low risk destinations than were the non-treatment group subjects. Among the women who stayed at the shelter for over 3 weeks, the subjects in the treatment group were more likely to indicate low risk destinations than the non-treatment group subjects, but the difference was not significant.

The interaction between the case management program and the variable of age was examined in regard to the subjects' plans to return to low risk environments. The ages of the subjects were divided into three main intervals: 21-25 years, 26-30 years, and over 30 years (Figure 2). A statistically significant interaction was obtained between the case management program and age in the over 30 years subgroup. Using the normal approximation to the binomial, the obtained z statistic was calculated at $z = -2.075$, with $p = .05$. Women who received the case management program and were over 30 years of age were significantly less likely to return to low risk environments than the women in the non-treatment group.

The third variable examined for an interaction effect with the case management program was the subjects' number of children. The reported number of children was divided into groups of: no children, one child, two children, and over two children (Figure 3). There was a significant

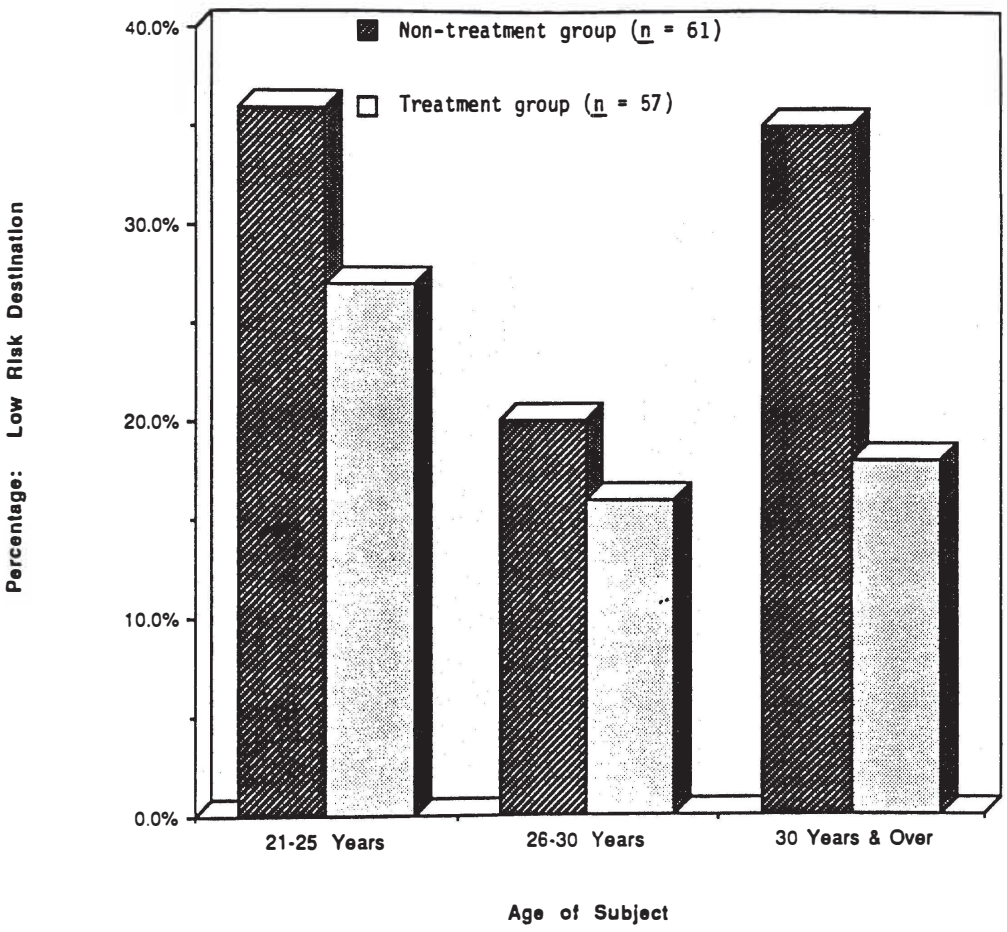


Figure 2. Graphic illustration of case management program using the variable of age of subject.

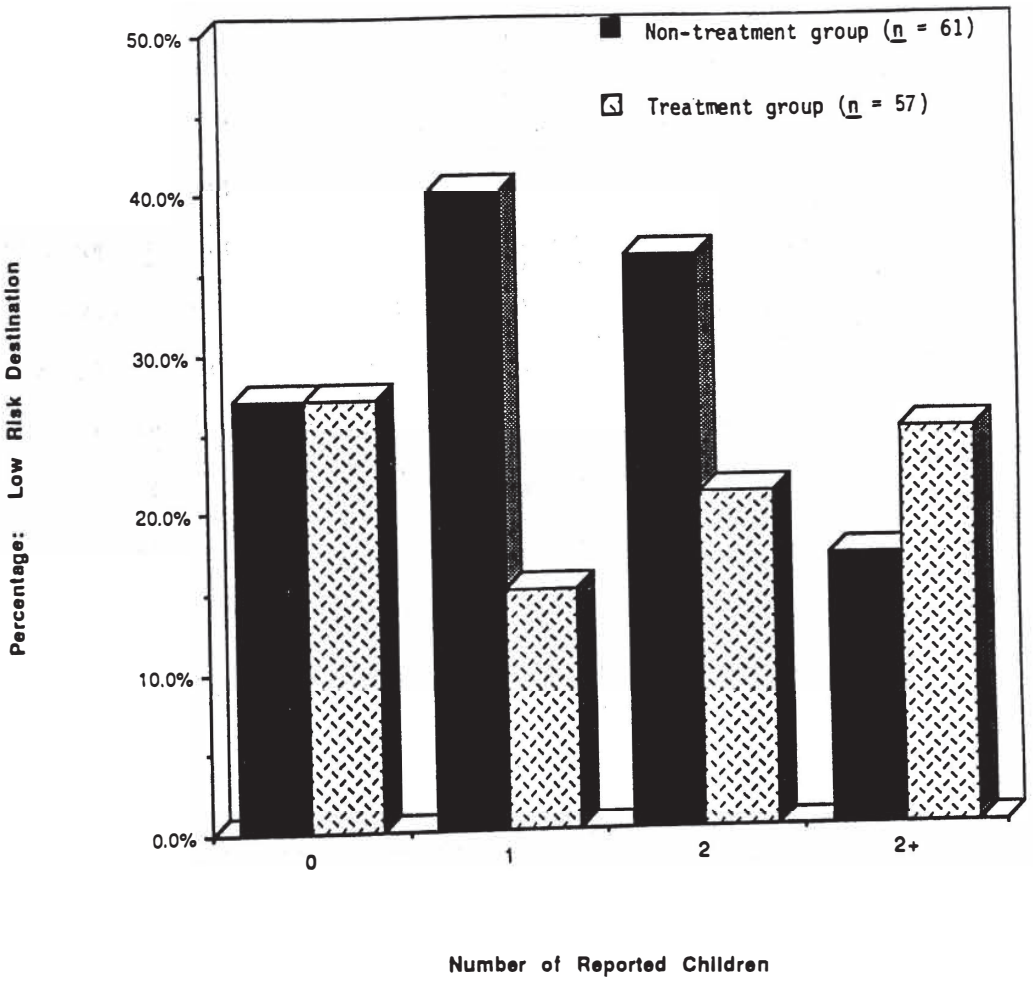


Figure 3. Graphic illustration of case management program using the variable of number of children of subject.

difference in the reported low risk destination between the treatment and non-treatment subjects who had either no children, two children, or more than two children. However, there was a statistically significant difference between the groups for those subjects with one child. Using the normal approximation to the binomial, the obtained $z$ statistic was calculated at $z = -3.131$, with $p = .01$. The women in the treatment group were significantly less likely to indicate return to low risk environments than the women in the non-treatment group.

The interaction of the case management program with ethnic origin was examined. The three primary ethnic groups were Anglo, Black, and Hispanic (Figure 4). The Anglo subgroup demonstrated a larger number of subjects returning to safe or low risk environments for those women in the treatment group, but statistical testing did not achieve significant results. The Black subgroup demonstrated a trend for lower return rates to low risk environments for the treatment group, but statistical significance was not achieved. Statistical significance was achieved for the Hispanic subgroup. Using the normal approximation to the binomial, the obtained $z$ was calculated at $z = -3.250$, with $p = .01$. The treatment

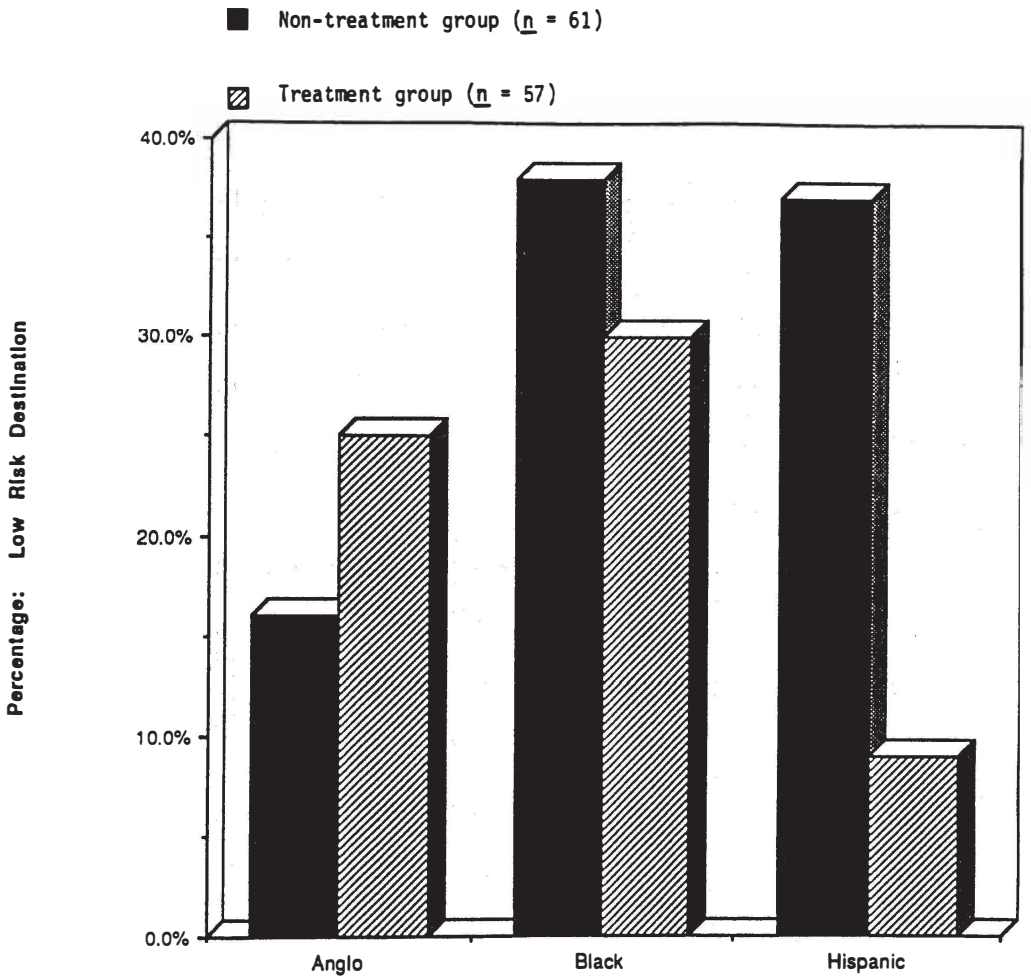


Figure 4. Graphic illustration of case management program using the variable of ethnic origin of subject.

group was significantly less likely to return to low risk environments.

The interaction of the case management program with education was examined. The educational level was divided into three subgroups of: no high school diploma, a high school diploma, and a college diploma (Figure 5). The only group to achieve statistical results was the subgroup who did not complete high school. Using the normal approximation to the binomial, the obtained $z$ statistic was calculated at $z = -1.94$ with $p = .05$. There was no difference in the return to low risk environments for the group who completed high school. The group who received college diplomas was too small to be useful. The treatment group was less likely to return to low risk environments.

The final variable tested in this study was financial income. The income level of both groups of women was divided into three subgroups (Figure 6). There was a slight increase in the return to low risk environments for the treatment group who had no income, but significant statistical results were not achieved. The subgroup with an "income of $1 - $2,500" demonstrated a decrease in the return rates to low risk environments for the treatment group but significant results, again, were not obtained. The only subgroup to show statistical significance was the

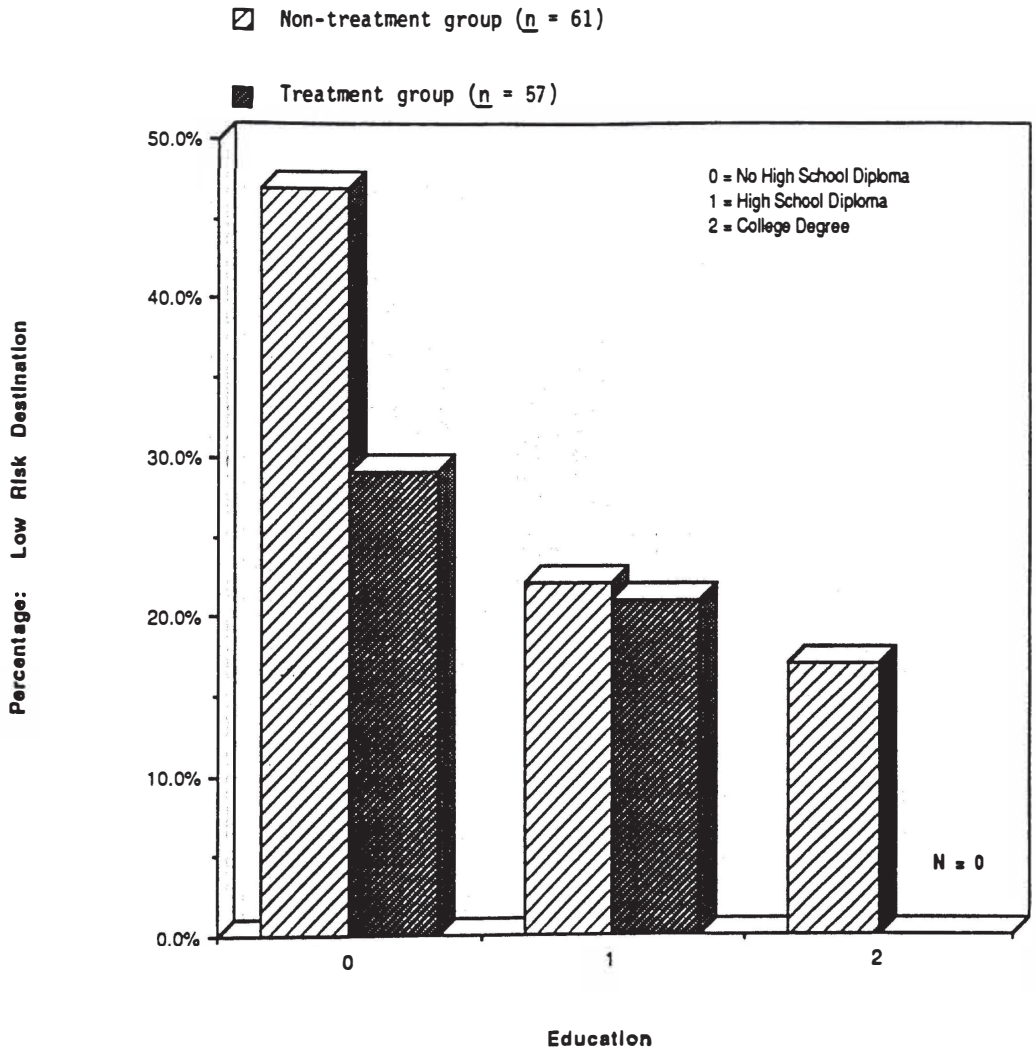


Figure 5. Graphic illustration of case management program using the variable of educational level of subject.

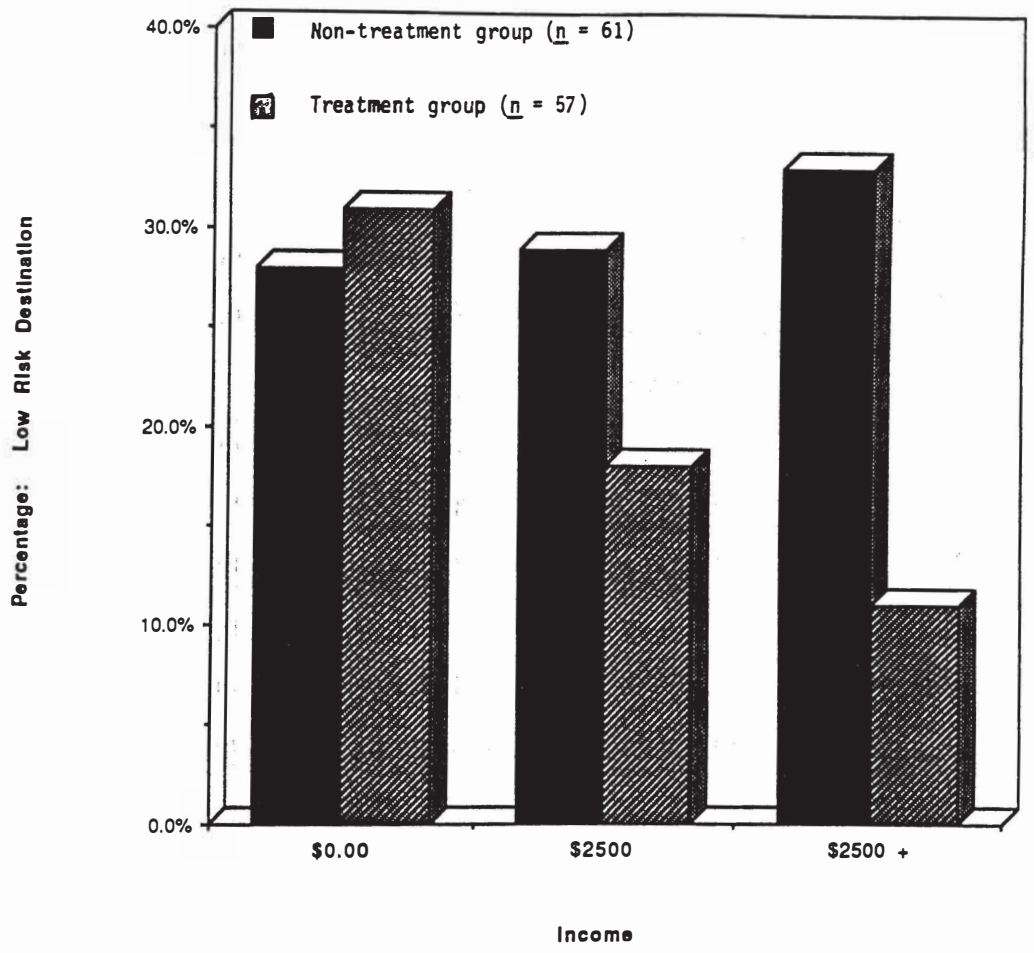


Figure 6. Graphic illustration of case management program using the variable of income level of subject.

"$2,500 income and over" treatment group. Using the normal approximation to the binomial the obtained $z$ statistic was calculated at $z = -2.10$ with $p = .05$. Women with incomes over $2,500 were less likely to return to low risk environments.

## Summary of Findings

This quasi-experimental study consisted of the records of 61 battered women admitted to a shelter who served as a non-treatment group and 57 battered women who served as the treatment group. The participants in the treatment group received the case management program. The participants in the non-treatment group received the normal counseling given at the shelter. Data were then collected and analyzed to measure the effect of the case management program on the return rates of battered women to the batterers.

The findings of this study indicated that the case management program did not have a significant effect in decreasing the return rate of battered women to the batterers. The chi-square statistic was used to test the hypothesis. Additionally, comparing the interaction of the case management program with each of the six demographic variables demonstrated a significant decrease in returning to low risk environments for women who stayed at the

shelter less than 2 weeks, were over 30 years of age, had only one child, were Hispanic, had no high school diploma, or had an income over $2,500 per year.

# CHAPTER V

## SUMMARY OF THE STUDY

The purpose of this study was to evaluate the effect of a case management program in decreasing the return rates of battered women to the batterers. This chapter includes a summary of the study, discussions of the findings, conclusions, and implications of the results. Finally, this chapter concludes with recommendations for further studies on the subject of battered women.

### Summary

This study was classified as a quasi-experimental design. The purpose of the study was to determine the effect of a case management program on decreasing the return rate of battered women to the batterers. Subjects in the non-treatment group ($n$ = 61) were selected from the 1991 statistics at the shelter. This group served as the control group. Subjects in the treatment group ($n$ = 57) were given the content of the case management program by the counselors at the shelter. Participants for this study were adult women, 18 years of age or older, who stayed a minimum of 2 weeks at the shelter.

The tools for this study consisted of the case management program content and the goal attainment training log developed by the researcher and the director of the shelter. Face validity for the case management program content was established by a panel of experts in the area of battered women prior to data collection. The counselors at the shelter were given training sessions to teach the case management program content.

Participants in the non-treatment group did not receive the case management program content. Subjects in the treatment group received the case management program content for a minimum of 2 weeks. The data were analyzed using the exiting destination information obtained on the exit log. The hypothesis was tested using the chi-square statistic. The obtained chi-square statistic was calculated at $X^2 = 0.00476$, with $\underline{p} = .05$. Additionally, the data were analyzed using the demographic variables of length of stay, age, number of children, ethnic origin, education, and financial income.

## Discussion of the Findings

The hypothesis tested in this study was: The return rate of battered women who participate in a case management program will be less than the return rate of battered women who did not participate in a case management program. The

hypothesis was analyzed using the data available from the 1991 shelter statistics demographics and from the demographics available on the goal attainment training log. The study results indicated that there was no difference in the return rates of battered women to the batterers for women who participated in a case management program and those battered women who did not participate in a case management program. Since there was no significance obtained using the chi-square statistic, an additional test was done using the demographic data obtained on the exiting information.

The interaction between the case management program with the variable of length of stay was examined. Findings demonstrated a significant decrease in the number of battered women returning to low risk environments for the treatment group who stayed 2-3 weeks. However, the treatment group did show a mild increase in the number of women returning to low risk environments when the length of stay was over 3 weeks. This study on battered women supports previous research findings by Walker (1979) and Hilbert and Hilbert (1984). According to Walker (1979), a battered woman needs between 4-6 weeks stay at a shelter to make major changes in her life. The study by Hilbert and Hilbert (1984) also found that the longer the length of the

shelter stay, the more likely the battered woman would leave the batterer. Possibly, the initial 2 weeks minimum stay required for the study was not long enough for the case management program to have an effect. A longer shelter stay may help these women to gain more knowledge about battering relationships and help them decide to leave the batterers.

The interaction between the case management program and the participants' ages and the number of women returning to low risk environments in the treatment group was examined. Significant results were found only in the 30 years and older age group, but all the age groups indicated that the case management program did not have an effect in increasing the return rate of battered women to low risk environments. Hilbert and Hilbert (1984) found that the older a woman was, the more likely she would be to leave the batterer. The results of the present study did not support Hilbert and Hilbert's research findings.

The third variable measured against the effect of the case management program was the subjects' number of children. Significant results were found only in the group of women with one child. The case management program demonstrated a decrease in the number of women returning to low risk environments for this group. The only group

to demonstrate an increase in returning to low risk environments was the subjects with more than two children. Research studies done by Gondolf and Fisher (1988) found that battered women with access to childcare were more likely to leave the batterers. Possibly, battered women in this group had more access to childcare or had older children at home who could care for the younger children. The women with less than three children may have returned to the batterers so the children could have a father or for some other unknown reason.

The effect of the case management program in increasing the return rate to low risk environments was then examined using the variable of ethnic origin. Significant findings only occurred in the Hispanic subgroup. This group demonstrated a decreased return rate to low risk environments. The only subgroup to show an increased return rate to low risk environments was the Anglo group, but these results were not significant. Studies by Walker (1979) found battering to occur among all races, but that minority women have fewer resources to turn to than Anglo women. The Anglo women may have had more community resources to use than the Hispanic or Black subgroup.

The next variable measured against the interaction of the case management program was the subjects' educational levels. Significant results appeared only in the group who did not finish high school but, again, these women demonstrated a decreased return rate to low risk environments. The study by Schutte et al. (1987) found that more highly educated women were more likely to leave the batterers. In the present study, the number of women with college diplomas was too small to compare. This study was not able to support or refute Schutte et al.'s research findings.

The final variable tested in this study was the interaction between the case management program and income. Significant findings were obtained only in the group of women with an income level over $2,500. Again, this group demonstrated decreased return rates to low risk environments. There was a mild increase in the return rate for women with no income. Studies by both Strube and Barbour (1984) and Hilbert and Hilbert (1984) examined variables that would predict whether battered women would leave the batterers. It was found that the more income a woman had, the more likely she would leave the batterer. The present study did not support these findings. The women in this study may have been married to the batterers

for longer periods of time and had lifelong material investments in the relationships, so they chose to stay. Possibly, the batterers were the sole supporter and the women felt they could not afford to leave the income. However, Walker (1979) found women who were more likely to leave battering relationship were women with no income who would then receive welfare benefits. The group of women with no income in the present study showed a non-significant decrease in the return rate to the batterers, which would support Walker's research findings. Possibly, the women in this study who had no income decided to leave the batterers and apply for some kind of financial aid.

Additionally, some of the case managers felt this program was more structured and easier for the battered women to obtain valuable information. The program improved problem-solving skills, increased the knowledge of and use of community resources, and helped to improve communication skills. Other case managers felt the case management program reinforced that the battered women were incapable of making choices and the program was too time consuming for clients staying only 2 to 3 weeks. According to Renzulli et al.'s (1972) Key Features Model, which served as the conceptual framework for this study, the concept of time played a major role in evaluating this program. This

case management program was designed to use the 2-weeks stay at the shelter to give information to the women.

A review of the literature did not find any research done on case management programs for battered women. However, according to Sheuman (1987), case management is becoming a respected tool used for controlling costs and ensuring the quality of health care. Case management in medical care has been in practice long enough to evaluate its effectiveness; however, the use of case management for mental health services is new. While social service systems have relied on case management for many years, the process has been used infrequently in privately funded health care services until recently. The reason for this is that the case management process is most effectively implemented within a service delivery system. Private mental health care traditionally has not been delivered through an organized system. Much more experience with models of case management are necessary before valid evaluations can occur.

Sheuman (1987) asserted that a case management program should consist of three major components: (a) a system for identifying and performing the initial evaluation of service providers, (b) a system for selecting cases that will be subject to case management, and, finally, (c) a

system for evaluating the outcomes of a case management program.

In this study on battered women, a case management program was evaluated to determine if battered women participating in the educational program would have a decreased rate in returning to the batterers. Renzulli et al.'s (1972) Key Features Model served as the conceptual framework for this study. To evaluate a program, three key concepts are required. These concepts are: a prime interest group (battered women), a key feature (the case management program), and time (minimum 2 weeks shelter stay). Six demographic variables were utilized in the study. A final evaluation of this study found that the case management program did not decrease the return rate of battered women to the batterers, but valuable information was gathered in analyzing the demographic variables.

## Conclusions and Implications

Based on the findings of this study, the following conclusions are offered:

1. Upon leaving a battered women's shelter, whether they had treatment or not, a majority of battered women indicated they would not return to the batterers.

2. There were six variables analyzed to determine the effect of the case management program on battered women.

The variables of length of stay at the shelter, number of children, race, and income had an influence on battered women's decisions to return to low risk environments.

Implications based on the study findings suggested that the situation concerning battered women is complex. Interventions for battered women must include the means to encourage these women to stay long enough at the shelter to receive counseling. The original case management program may need to be re-designed to meet the individual needs of all the clients. The final decision to either leave or return to the batterer can only be made by the battered woman. By providing adequate information through the shelters and evaluating these programs, many of these women can learn to survive away from abusive environments.

## Recommendations for Further Studies

Based on the findings of this study, the following recommendations are made:

1. A repeat of the study using a 6-month follow-up phone call to determine if the actual behavior of the battered woman complied with her own prediction upon exit from the shelter.

2. A study using a minimum 3-week shelter stay for the battered women.

3. A follow-up interview with battered women to find out what helped or did not help in determining what aspects of the case management program were beneficial to them.

## REFERENCES


Billy, B. (1983). Life patterns and emergency care of battered women. Journal of Emergency Nursing, 9, 251-253.

Bower, K. (1988). Managed care: controlling costs: Guaranteeing outcomes. Definition, 3(3), 2-4.

Bradley, D. (1986). Battered women: An important nursing issue. Issues, 3(6), 24-25.

Bullock, L., Sandella, J., & McFarland, J. (1989). Breaking the cycle of abuse: How nurses can intervene. Journal of Psychosocial Nursing, 27(8), 11-13.

Campbell, J. (1989). A test of two explanatory models of women's responses to battering. Nursing Research, 38(1), 18-24.

Campbell, J., & Sheridan, D. (1989). Emergency nursing interventions with battered women. Journal of Emergency Nursing, 15(1), 12-17.

Delgaty, K. (1985, February). Battered women: The issues for nursing. The Canadian Nurse, pp. 21-23.

Dickstein, L. (1988). Spousal abuse and other domestic violence. Psychiatric Clinics of North America, 11, 611-627.

Flitcraft, A. (1977). Battered women: An emergency room epidemiology. New Haven, CT: Yale School of Medicine.

Foster, L., Veale, C., & Fogel, C. (1989). Factors present when battered women kill. Issues in Mental Health Nursing, 10, 273-284.

Giles-Sims, J. (1983). Wife battering: A system theory approach. New York: Gilford.

Gondolfe, E., & Fisher, E. (1988). Battered women. Lexington, MA: D. C. Heath.

Hayes, W. (1973). Statistics for the social sciences. Holt, Rinehart, & Winston, Inc.

Hilbert, J., & Hilbert, H. (1984). Battered women leaving shelters: Which way do they go? The Journal of Applied Social Sciences, 8, 291-297.

McLeer, S., & Anwar, R. (1989). A study of battered women presenting in an emergency department. American Journal of Public Health, 79(1), 85-86.

McLeer, S., Anwar, R., Herman, S., & Maquiling, K. (1989). Education is not enough: A systems failure in protecting battered women. Annals of Emergency Medicine, 18, 651-653.

Nicarthy, G. (1986). Getting free (2nd ed.). Seattle, WA: The Seal Press.

Pizzy, E. (1977). Scream quietly or the neighbors will hear. Trenton, NJ: Enslow.

Polit, D., & Hungler, B. (1987). Nursing research: Principles and methods (3rd ed.). Philadelphia: J. B. Lippincott.

Renzulli, J., Callahan, C., & Archambault, F. (1972). Key features: A practical model for program evaluation. Curriculum Trends, 2(6), 1-6.

Rosenberg, P. (1984). Support groups: A special therapeutic entity. Small Group Behavior, 15(2), 173-186.

Schetcher, S. (1985). Women and male violence: The visions and struggles of the battered women's movement. Boston: South End Press.

Schutte, N., Malouff, J., & Doyle, J. (1987). The relationship between characteristics of the victim, persuasive techniques of the batterer and returning to a battering relationship. Journal of Social Psychology, 128, 605-610.

Sheuman, S. (1987). A model of case management for normal health services. Quarterly Review Bulletin, 4, 314-317.

Snyder, D., & Fructman, N. (1981). Differential patterns of wife abuse: A data-based typology. Journal of Counseling and Clinical Psychology, 49, 878-885.

Strube, M. (1988). The decision to leave an abusive relationship: Empirical evidence and theoretical issues. Psychological Bulletin, 104, 236-250.

Strube M., & Barbour, L. (1984). Factors related to the decision to leave an abusive relationship. Journal of Marriage and Family, 46, 837-844.

Trimpey, M. (1989). Self-esteem and anxiety: Key issues in an abused women's support group. Issues in Mental Health Nursing, 12, 297-308.

Walker, L. E. (1979). The battered woman. New York: Harper & Row.

Walker, L. E. (1984). The battered woman's syndrome. New York: Springer.

Warner, C. (1983). Emergency management of victims of domestic violence. Obstetric and Gynecologic Emergencies, 10, 583-594.

# APPENDIX A

## Human Subjects Review Committee Exemption Form

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: _____

Virginia Leib and entitled:

The Effect of a Case Management Program on Battered Women's Return Rate to Batterers

Has been read and approved by the member of (his/hers) Research Committee.

This research is (check one):

xx Is exempt from Human Subjects Review Committee review because it is classified as category I research

_____

_____

_____ Requires Human Subjects Review Committee review because _____

_____

Research Committee:

Chairperson, Susan Goad

Member, Lois Haugh

Member, Rose Mary Bermudez

Date: 4/3/91

Dallas Campus x Denton Campus __ Houston Campus __

# APPENDIX B

## Texas Woman's University Graduate School
## Permission Letter to Conduct Study

TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON
THE GRADUATE SCHOOL
P.O. Box 22479, Denton, Texas 76204-0479 817/898-3400

May 29, 1991

Ms. Virginia Lieb
5726 W. Amherst
Dallas, TX 75209

Dear Ms. Lieb:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

Leslie M Thompson

Leslie M. Thompson
Dean for Graduate Studies
and Research

dl

cc Dr. Susan Goad
Dr. Carolyn Gunning

# APPENDIX C

## Approval of Participating Agency to Conduct Study

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Women's Haven of Tarrant County, Inc.

GRANTS TO Virginia E. Leib
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

The Effect of a Case Management Program on Battered Women's Return Rate to Batterers

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

April 11, 1991
Date

Marianne MacCormick
Signature of Agency Personnel

Virginia E. Leib
Signature of Student

Susan Goad
Signature of Faculty Advisor

*Fill out & sign 3 copies to be distributed: Original-student; 1st copy-Agency; 2nd copy-TWU School of Nursing

# APPENDIX D

## Explanation of Study to Participants

Cover Letter

My name is Virginia Leib and I am a graduate nursing student at Texas Woman's University. I am interested in evaluating a teaching program for battered women at the women's shelter.

I would like you to volunteer to participate in a study I am conducting on battered women. Participants will be selected to be in the study by the director of the shelter. There are no risks involved to you in the study.

If you agree to participate in this study, you will be asked to respond to questions asked by one of the counselors at the shelter. Your responses will be written down on a log and kept completely confidential. If you decide not to participate in the study, if you decide not to answer information asked, or if you withdraw at any time during the study, it will not effect your treatment or stay at the women's shelter.

The potential benefits of this program may help in developing other programs for battered women. Findings of this study will be used to evaluate the rate of return to the batterer by battered women.

I can be contacted through the director of the shelter if you have any questions or if you would like to obtain results of this study. Thank you for your participation in the study.

Sincerely,

Virginia E. Leib

# APPENDIX E

## Case Management Program Content

Objective 1--To improve the problem-solving skills of the client.

PLEASE NOTE: PROBLEM-SOLVING AND THE CLIENT'S COMMITMENT TO CHANGE ARE AT THE HEART OF GOAL ATTAINMENT.

Activities: (1) Teach the 5-steps to problem solving:
a. identify the problem/need
b. identify all available options/resources
c. explore the advantages and disadvantages of each option/resource
d. identify barriers to solution and explore ways to overcome barriers
e. select an option/resource and act

Objective 2--To increase knowledge of and use of available community resources

Activities: (1) Inform clients of the resources available to meet the needs of the family
(2) Provide clients with a list of useful resources
(3) Demonstrate to clients how to effectively advocate for the family and their needs

Objective 3--To improve family communication

Activities: (1) Client participation in the shelter Parenting Workshops
(2) Inform clients of parenting assistance and guidance available in the community
(3) Assist family members in their adjustment to the shelter

Objective 4--To increase knowledge of and use of available network and support systems in the community

Activities: (1) Client participation in agency counseling program
(2) Client participation in agency Family Support Program
(3) Referral to existing community support systems
(4) Active participation in Case Management

# APPENDIX F

## Goal Attainment Training System Log

CASE MANAGEMENT PROGRAM: GOAL ATTAINMENT TRAINING SYSTEM (GATS)

CLIENT INITIALS_____ AGE:_____ RACE:_____

NUMBER OF CHILDREN:_____ EDUCATION LEVEL:_____

NUMBER OF VISITS TO SHELTER:_____

DESTINATION AT EXIT:_____

Goal:

| Activities required to reach goal: | Steps to complete activities: |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

PROGRESS NOTES:

Goal:

| Activities required to reach goal: | Steps to complete activities: |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

PROGRESS NOTES:

# APPENDIX G

## Panel of Experts Letter and Validity Form

Letter to Panel of Experts

I am a graduate nursing student at Texas Woman's University. I am working on a study with the director of a women's shelter about battered women and the return rates to the abusive partners by these battered women.

The director of the shelter and I have been working on developing a case management program for battered women at the shelter. I would like you to serve as an expert on battered women. I have enclosed the material on the Case Management Program content along with a validity form.

Please use the validity form to indicate high, medium, or low validity for each of the four objectives of the Case Management Program. Questions are also asked about the clarity, organization, and content covered. Please return the validity forms in the enclosed, stamped, and pre-addressed envelope. If you have any questions, please contact me through the director of the shelter. Thank you for your assistance.

Sincerely,

Virginia E. Leib, RN

Validity Form

Please mark with an "x" for high, medium, or low validity and add any comments in the space provided:

| | Validity | | |
|---|---|---|---|
| | High | Medium | Low |
| Objective #1: To improve the problem-solving skills of the client | ____ | ____ | ____ |
| Objective #2: To increase knowledge of and use of available community resources | ____ | ____ | ____ |
| Objective #3: To improve family communication | ____ | ____ | ____ |
| Objective #4: To increase knowledge of and use of available network and support systems in the community | ____ | ____ | ____ |

Comments:_____

_____

_____

Is the case management program content material:

| | | |
|---|---|---|
| Clear? | Yes_____ | No_____ |
| Organized? | Yes_____ | No_____ |
| Appropriate content covered? | Yes_____ | No_____ |