Domestic Violence Survivors' Access of Career Counseling Services: A Qualitative Investigation

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Domestic Violence Survivors' Access of Career Counseling Services

A Qualitative Investigation

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The present study was a qualitative investigation of the impact of domestic violence on women's career development and the contextual barriers and supports that affect women's ability to access career counseling services. Our sample included 11 women who completed various stages of a community-based career counseling intervention program. The primary aim of this sampling strategy was to provide career development scholars and counselors with information about the contextual barriers and supports that influence women's decisions to access and complete career counseling services. Data indicated that emotional consequences of abuse, fear of new situations, others' judgments, and practical constraints served as barriers to accessing and completing the career program. Elements of the career group context and the career program structure served as supports to accessing career services. Recommendations for research and practice are provided.

Keywords: career counseling; career intervention; domestic violence; battered women

Domestic violence presents significant barriers that hinder women's abilities to formulate and pursue their career interests and goals and ultimately attain economic stability and independence. Barriers include serious financial restrictions, limited access to social services, and personal safety

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and health crises (Brush, 2000; Moe & Bell, 2004; Riger & Staggs, 2004). Women also are harassed at work and school by their abusers and forced to stay home to hide or tend to their injuries. Consequently, women receive less exposure to career role models and mentors, miss career advancement opportunities, and often lose their jobs (American Psychological Association, 1998; Crowell & Burgess, 1996; Retzlaff, 1999). Enhancing survivors' vocational development is critical for domestic violence prevention and intervention (Chronister, 2005). Researchers have shown consistently that waged work, increased financial autonomy, and educational and vocational development may rehabilitate survivors and foster their abilities to live free from violence (Sullivan & Bybee, 1999; Wettersten et al., 2004).

Although researchers have identified service strategies that influence the likelihood that women will complete welfare and other employment programs (Bell, 2003; Moe & Bell, 2004; Riger & Staggs, 2004), very little is known about the contextual barriers and supports that influence survivors' access of career counseling services. As a result, there is a significant gap in scholars' understanding of the contexts in which to implement career programs, how to structure career interventions, and when to offer specific career services for this population. More scholarly attention to career barriers and supports may provide important information about how to design career services that are accessible and relevant for domestic violence survivors.

The primary aim of this study was to investigate the contextual barriers and supports that affect survivors' career development and ability to access career counseling services. Our research questions, methods, and data interpretation were informed by a critical-ideological research paradigm. We believe that the research process was used to enhance women's and researchers' critical consciousness of the sociopolitical contexts affecting women's career development and access of career services and that focus groups contributed specifically to survivors' emancipation because women had the opportunity to experience validation, to articulate and voice their experiences, and to learn from others who shared similar experiences (Langford, 2000). Moreover, many scholars rooted in modernist perspectives have defined women survivors as *resistant* or *lazy* because this population accesses and completes social service programs at poorer rates than lower-risk populations (Moe & Bell, 2004; Riger & Staggs, 2004). Such labels blame women and contribute to systemic oppression perpetuated by health and educational institutions. Critical theory allows us to acknowledge that reality is shaped by ethnic, cultural, gender, social, and political values (Ponterotto, 2005).

Given the dearth of research exploring the aforementioned phenomena, we used qualitative inquiry (i.e., focus groups) to highlight women's perceptions and definitions of the most salient contextual barriers and supports to their career development and career services access. We chose qualitative inquiry because we wanted to gain an in-depth understanding of women's idiographic perspectives in a context-specific setting (Denzin & Lincoln, 2000; Ponterotto, 2005). We worked to create a transactional relationship between researcher and research participant that was dialectic (Ponterotto, 2005). Also, consistent with our postmodern research paradigm, our qualitative inquiry methods attempted to elicit survivor accounts that were co-constructed through the focus group process and that were informed by a critical theoretical awareness of the power disparity between interviewer and interviewee. We chose to use focus groups, rather than another mode of qualitative inquiry, because of the particular utility of the group format in gathering rich data and promoting safety during the investigation of experiences of a disempowered population (Langford, 2000; Morgan & Krueger, 1993).

Social Cognitive Career Theory

Our conceptualization of contextual career barriers and supports and our research questions were based on social cognitive career theory (SCCT; Lent, Brown, & Hackett, 1994). SCCT has encouraged greater vocational research attention to context. SCCT is a specific application of Bandura's (1986) social cognitive theory to the process of career and educational interest formation, the identification of career and educational choices, and performance and persistence in career pursuits. SCCT highlights the interactive roles of person, environmental, and behavioral variables that contribute to the formation of career and academic interests and the translation of these interests into goals, actions, and attainments.

Contextual barriers refer to negative environmental influences that hinder the development, formulation, and pursuit of goals. Contextual supports are environmental variables that facilitate formation and pursuit of choices and goals (Lent, Brown, & Hackett, 2000; Lent et al., 1994). Contextual barriers and supports, along with person inputs, are key constructs that directly influence individuals' learning experiences and subsequent development of self-efficacy, career interests, goals, actions, and achievements. SCCT is congruent with our research paradigm because it stresses the importance of person inputs and ecological contexts on individuals' career development. We focused specifically on barriers and supports because these contextual

factors are proximal predictors of an individual's career development process. Research attention to more proximal contextual affordances has the potential to enhance the domestic violence prevention impact of career counseling services and justice for women.

Domestic Violence and Vocational Research

A few studies have been conducted to explore survivors' career development barriers and supports and the effectiveness of career counseling interventions with survivors. In one distinctive qualitative study, Wettersten et al. (2004) investigated specifically the perceived vocational barriers of women survivors living in shelters. They found that domestic violence affected women's ability to maintain work and to concentrate on the job and that contextual factors, including children, barriers, and community resources, facilitated or impeded women's ability to obtain employment. Moe and Bell (2004) also used qualitative inquiry to explore the effects of battering on women's work and employability. Rich data revealed a broad range of abuse tactics that partners use to sabotage women's work and economic independence.

Using quantitative methods, Chronister (2007), Chronister, Wettersten, and Brown (2004), and Brown, Reedy, Fountain, Johnson, and Dichiser (2000) examined the perceived vocational barriers and supports of women survivors living in the community and shelters. The authors found racial group differences in women's perceptions of vocational barriers and supports and significant relationships between barriers and supports perceptions and other cognitive variables (e.g., outcome expectations, external expectancies, and self-efficacy).

With regards to career counseling services and intervention research, three studies have explored the effectiveness of career counseling interventions with women survivors (Brown, 2001; Chronister & McWhirter, 2006; Gianakos, 1999). This limited intervention research provides initial evidence that brief career interventions that take into account women's domestic violence experiences and their career development are effective at improving theoretically and clinically significant vocational outcomes.

We seek to contribute to this limited, extant research by examining women survivors' perceived contextual career barriers and supports to accessing career services. Our participant sample is unique because we examined the experiences of survivors living in nonshelter settings and who accessed, to varying degrees, a specific community-based career counseling service

(Advancing Career Counseling and Employment Support for Survivors of Domestic Violence [ACCESS]; Chronister & McWhirter, 2006). We wanted to provide career intervention scholars and service providers with information about the individual and contextual factors that affect survivors' capacities to begin and complete career counseling services. The first author has conducted two experimental investigations of ACCESS (Chronister, 2006; Chronister & McWhirter, 2006), but to our knowledge no qualitative data have been collected about survivors' experiences accessing career counseling services or participating in research-based career interventions.

ACCESS Career Intervention

The first author created ACCESS (Chronister, 2005, 2006), which is a manualized, community- and research-based career intervention program that addresses women's career development and domestic violence experiences. ACCESS is a brief (five sessions), group career counseling program designed to enhance survivors': exploration and identification of career interests, development and use of career skills, knowledge of career opportunities, connection to community resources, and planning of short- and long-term career goals. ACCESS is based on SCCT (Lent et al., 1994, 2000) and incorporates all intervention components empirically identified as leading to positive career outcomes: (a) written exercises, (b) individualized assessment, (c) information about work, (d) role modeling, and (e) attention to building support (Brown & Krane, 2000).

A unique component of ACCESS is the incorporation of critical consciousness facilitation techniques. Critical consciousness is a process designed to increase women's awareness of self, others' influence, and larger sociopolitical power dynamics at work in their lives (Comas-Díaz, 1994; Freire, 1970; Martín-Baró, 1994). Chronister (2006) conducted an experimental investigation of the effectiveness of ACCESS with 73 women survivors. Results indicated that ACCESS had a positive impact on women's self-efficacy and critical consciousness development at posttest and goal achievement at 2-month follow-up. Chronister (2006) conducted a second experimental study of ACCESS with 34 women survivors living in the community and expanded measurement to include mental health outcomes. We conducted the present study with a subsample of the 34 women who participated in the second experimental ACCESS study to learn more about survivors' perceived contextual barriers and supports to using ACCESS career services.

Method

Participants

Of the original 34 ACCESS intervention participants (Chronister, 2006), 11 women volunteered to participate in one 90-min focus group for the present study. All focus group participants identified as female domestic violence survivors. Participants' ages ranged from 20 to 55 years and 9 women self-identified as Caucasian/European American, 1 as African American, and 1 as Native American/European American. All participants identified as U.S. citizens, and all abusive partners were identified as male. In terms of relationship status, 1 woman reported that she was currently in an abusive relationship and 10 participants reported that they were not. The duration of participants' most recent abusive relationship ranged from 2 months to 41 years. Of the total sample, 10 participants reported having at least one child living with them. In addition, 6 women were employed and 5 participants were not employed. Participants' annual household incomes ranged from below $1,000 to $75,000. Of the 11 participants, 6 participants completed ACCESS, posttest, and follow-up assessments; 2 participants completed the pretest assessment, attended at least one ACCESS session, but did not complete the program; and 3 participants completed the pretest assessments only. More complete demographic information for participants across all focus groups is provided in Table 1.

Procedures

Participant recruitment. We telephoned all the original 34 ACCESS sample participants (Chronister & McWhirter, 2006) and asked if they would like to participate in the present study focus groups. Of the total original ACCESS sample, 11 women returned our phone calls and stated their interest in participating. Women were eligible to participate if they (a) were 18 years or older; (b) completed the pretest assessments only but did not begin ACCESS; (c) completed pretest assessments and began ACCESS, but did not complete a minimum of four ACCESS sessions and posttest and follow-up assessments; or (d) attended four out of five ACCESS sessions and completed posttest and follow-up assessments. We used these inclusion criteria to sample a broad range of women's experiences of contextual supports and barriers and to learn about what factors influenced women's decisions and/or capacities to participate in ACCESS.

Table 1
Participant Demographic Information

Group	Age	Race	Relationship Status	Abusive Relationship Duration	Education Completed	Children	Current Annual Income	Current Employment	ACCESS Participation
Focus group 1									
Participant 1	29	Biracial	Separated	6 months	High school	3	$6,000	Not employed	a
Participant 2	29	Caucasian	Separated	5 years	High school	1	$12,000	Escorting	b
Participant 3	55	Caucasian	Widowed	41 years	Bachelor's	4	$18,000	Business owner	c
Participant 4	20	Caucasian	Separated	6 months	High school	2	$10,800	Clerical	a
Focus group 2									
Participant 1	21	Caucasian	Single, living with nonabusive partner	12 months	High school	1	$12,000	Waitress	a
Participant 2	20	Caucasian	Single, living with abusive partner	5 years	Some high school	1	$0	Not employed	b
Focus group 3									
Participant 1	51	Caucasian	Separated	4 months	High school	2	$10,500	Accounts pay	c
Participant 2	51	Caucasian	Divorced	No info	High school	4	$1,100	Not employed	c
Participant 3	40	Caucasian	Separated	2 years	Bachelor's	1	$4,800	Not employed	c
Participant 4	29	Caucasian	Divorced	17 months	Some college	0	$4,200	Not employed	c
Participant 5	40	African American	Separated	2 years	2-year college	2	$75,000	Business owner	c

Note: ACCESS = Advancing Career Counseling and Employment Support for Survivors of Domestic Violence; a = completed pretest assessments, but did not begin ACCESS; b = completed pretest assessments, began ACCESS, but did not complete 4 out of 5 ACCESS sessions; c = completed pretest assessments, attended 4 out of 5 ACCESS sessions, and completed posttest and follow-up assessments.

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Research team. All research team members identified as female and their ages ranged from 27 to 31 years. One team member has a doctorate in counseling psychology, one member holds a doctorate in marriage and family therapy, and two members hold master's degrees in marriage and family therapy. Of the four research team members, three self-identified as European American/Caucasian and one self-identified as Filipino/European American. Three team members self-identified as heterosexual and one member as lesbian.

Focus group interviews. We used focus groups to learn more about women's perceived contextual barriers and supports to using ACCESS for several reasons, including (a) focus groups are designed to help researchers better understand the point of view of a group of people who have experienced a particular phenomenon (e.g., career counseling program); (b) participants are provided with a forum to acknowledge intervention strengths and air grievances, as well as identify problems that researchers may address (Patton, 2001); (c) to increase a sense of safety and validation among participants (Langford, 2000); and (d) because focus groups often allow participants to build on other group members' answers while allowing researchers to gather more extensive information in a shorter period of time. Given the participatory nature of focus groups, participants are often more invested in the results, which may represent a significant intervention in itself (Chronister & McWhirter, 2003). Thus, we conducted three, 90-min focus groups, which we audio recorded. There were 4 participants in the first group, 2 participants in the second group, and 5 in the final focus group. We formed the focus groups based on what days and times were most convenient for participants. We did not use more strict measures to form the focus groups because of the high-risk nature of survivors' daily lives and, consequently, the difficulty associated with accessing this population for research purposes. We chose to provide the greatest flexibility to encourage women's participation. Focus group facilitators were not involved in the implementation of ACCESS. Participants used pseudonyms during the focus groups. We paid each participant $50 cash and provided child care.

The first two authors met several times to develop focus group questions (see Table 2), which were based on the first author's previous research on the career development needs and experiences of domestic violence survivors (Chronister & McWhirter, 2003, 2004; Chronister, McWhirter, & Kerewsky, 2004). We asked simple, open-ended questions (Krueger, 1998b) that prompted women to reflect on the multiple contexts of their lives and their

career development and, in particular, the impact of contextual barriers and supports on their ACCESS experiences. All participants were asked the same questions (as shown in Table 2). For example, even participants who completed the ACCESS program were asked about barriers to accessing and completing career counseling services.

Data collection. We conducted all focus groups during the same week and within 1 to 2 months of women's involvement with ACCESS. The same moderator and assistant moderator conducted all three focus groups. The second author was the moderator and a female clinician with a master's degree in marriage and family therapy was the assistant moderator. The moderator attended to group dynamics, asked interview questions, and guided the group back to topic when necessary (Piercy & Nickerson, 1996). The assistant moderator gathered data that could not be tape recorded (e.g., observations of facial expressions), also known as field notes, and documented initial domains and categories that seemed to arise during the groups. After giving participants time to read and sign the informed consent, the moderators read to participants a written introduction explaining the study purpose, focus group rules, and procedures for how the research team would conduct the focus group, use participant information, and protect confidentiality (Linville, Lambert-Shute, Fruhauf, & Piercy, 2003).

Data analysis. After each focus group, the moderator and assistant moderator debriefed to capture their first impressions and highlights from the group interviews (Krueger, 1998a). The assistant moderator transcribed the focus group interview data within 2 weeks after the focus groups (Krueger, 1998a), and the moderator and assistant moderator listened to the audiotapes and checked transcripts for accuracy. Three research team members (moderator [who also is the second author] and the first and third authors) completed data analysis.

Identification of domains. Initial data analysis included coding, thematic analysis, and thematic building. Two data analysis team members (second and third authors) read each interview transcript initially and then, on second reading, wrote code words in the margins that appeared to capture participants' thoughts, patterns of behaviors, and phrases (Krueger, 1998c; Strauss & Corbin, 1998). Congruent with a critical-ideological paradigm, we reviewed our field notes throughout this process to (a) enrich analysts' interpretation of the transcripts and (b) to acknowledge our values and allow them

Table 2
Focus Group Questions

What were some life experiences or barriers that made it difficult to be in or complete the ACCESS program?

What support might have made it easier for you to complete the ACCESS program?

What were your experiences participating in the ACCESS research study (e.g., assessment meetings, phone calls) and/or program?

When you think back on your experiences with the ACCESS program and research study, what memory sticks out most for you?

What needs did the ACCESS program meet for you?

Of all the needs discussed which one was the most important to you?

If you could change some things about the ACCESS program, what would you change?

Of all of the changes you mentioned, what changes seem most important?

What were your experiences working with other women in a group setting (thoughts, feelings)?

What was it like being in a group with women who might have been very different than you in terms of economic situation? Career goals? Culture?

How might your educational or work background have affected your experiences in the group?

How might your financial resources or income have affected your experiences in the group?

How might your race or cultural background and values (e.g., ethnic culture, religion) have affected your experiences in the group?

What aspects of the ACCESS program and/or research study didn't seem to fit for you or might have turned you off from participating or completing the group?

Note: ACCESS = Advancing Career Counseling and Employment Support for Survivors of Domestic Violence. All participants in all focus groups were asked the questions listed in the table.

to inform our analysis (Ponterotto, 2005). First, the data analysis team compared initial codes and then the second and third authors proceeded with a third reading, using constant comparison and analytic induction (Strauss & Corbin, 1998) to support or modify emerging themes. Second, the data analysis team discussed and modified the themes and performed a final distillation of themes, which grouped under five overarching domains and corresponding categories (see Table 2).

Methods of verification. The moderator completed seven research methods courses in her doctoral program with three courses providing advanced training in qualitative methodology. Additionally, her primary research involves qualitative inquiry with a focus on program evaluation. The moderator trained the assistant moderator in focus group inquiry by providing readings

(e.g., Krueger, 1998b; Piercy & Nickerson, 1996) on focus group processes and development of focus group questions and providing a forum for the assistant moderator to practice leading focus groups. Additionally, the moderator and assistant moderator used role plays to practice how to handle challenging focus group situations (Krueger, 1998c).

The research team used triangulation at several levels to verify credibility, dependability, and confirmability of the data (Morrow, 2005; Patton, 2001; Strauss & Corbin, 1998). The moderator and assistant moderator gathered data via focus groups, observations, and field notes to establish data validity and researcher reflexivity with the focus on accurately describing participants' experiences through thick description (Morrow, 2005). Additionally, to ensure trustworthiness of the results, the second and third authors analyzed all focus group interviews and had the first author provide feedback on initial themes. The analysis team discussed the coded interviews and came to a consensus when there were interpretation differences. To verify that their interpretations and observations were congruent with participants' experiences, at the end of each focus group, the moderator and/or assistant moderator read summaries of the interview data to participants, allowing participants to clarify their answers and meanings, a form of participant checking (Krueger, 1998a). To foster dependability of the study findings, the moderator created an audit trail that included the step-by-step process of data collection and analysis (Anfara, Brown, & Mangione, 2002; Morrow, 2005). Finally, to ensure transferability of the findings, the research team provided description of the study phenomenon and used a criterion selective sampling strategy (Anfara et al., 2002).

Results

The results are presented in three overarching domains: (a) effects of the domestic violence context on women's career development, (b) barriers affecting women's ability to access and participate in ACCESS and other career-related activities, and (c) supports affecting women's ability to access and participate in ACCESS and other career activities. Within these three domains, participant comments are grouped into categories and further organized into subcategories reflecting themes that emerged from all participants' comments.

Effects of Domestic Violence

Participants' comments on the effects of domestic violence are grouped into two categories: (a) effects of domestic violence on participants' physical,

psychological, and interpersonal well-being and (b) effects of domestic violence on career development. Although we single out participant comments specific to career issues, there is considerable overlap between the two aforementioned categories and participants' general observations regarding their domestic violence experiences. The comments in the first and second categories describe the context in which participants have engaged, or attempted to engage, in career-related activities.

Interpersonal, physical, and psychological effects of domestic violence. During the three focus groups that included a total of 11 women, there were comments that offered general observations regarding domestic violence. Participants commented that the effects of domestic violence tend to be persistent or long-lasting. One woman explained, "Even if we're away from our abuser, we're still living with the results . . . and it still really is disrupting our day to day lives." Additionally, some participants observed that survivors often have children and this needs to be taken into account when developing services.

A number of participants described effects on their physical, psychological, and interpersonal functioning. Four participants mentioned effects of domestic violence that suggested a disruption in interpersonal relating. Comments included under this theme spoke to fear or discomfort in groups and public settings, hypervigilance in intimate relationships or in protecting children, and fear of judgment. One participant explained, "You have a complete boundary. Like your little space bubble. And nobody gets in." Another person shared the following.

> Well, I'm scared to leave my daughter with anybody . . . Even when you said you guys have child care [for today's meeting], I didn't bring my baby . . . I mean I saw the lady [child care provider] and she looked really nice, but if there was a man I wouldn't have left my daughter there. She wouldn't have even stayed. Maybe if the lady [child care provider] had met everybody I would feel more comfortable.

Four participants described the impact of domestic violence in terms of traumatic effects, such as exhaustion, guilt and worry, and disconnection. One of these four participants explained,

> If he [the abusive partner] chose to keep me up all night bitching at me, the next day I'm kind of disconnected from the world and can't really participate. Or a big fight over nothing that keeps you in the back of your mind going over

what you could've should've done. And you know, you're supposed to be concentrating. You learn to compartmentalize different aspects of yourself.

During the focus groups, three participants offered comments on the effects of domestic violence that reflected women's resiliency and active coping with abuse. One participant observed,

> Sometimes you have to be deceptive when you're in an abuse situation, so you have to be deceptive as a coping skill, and you can look at it negatively, like, "wow, that is lying," or you can look at it positively like, "wow, that's strategizing for survival and planning ahead."

Effects of domestic violence on career. Half of the participants noted that domestic violence affects one's career via the abusive partner's control of educational and career activities. For example, one person stated the following.

> Education and working was really hard because I was being controlled all the time. It helped to talk about the violence and career stuff all at once. It was hard to hold down a job and be educated being with the men we were with.

Similarly, another participant explained, "Finding a job and actually going out working on your own when your other spouse is, you know, takin' over basically is really hard."

In addition to citing career effects related to abusers' control tactics, participants described effects of abuse on their motivation. Participants offered thoughts on how abuse resulted in them feeling less motivated to work. One shared the following about her experience.

> I think it would be pointless to even try to have a career. 'Cause in a domestic violence situation, you don't have money, you don't get to keep money and you don't get to buy stuff. It all goes to them [the abuser]. So for me it's pointless. It's just gonna get taken away. I worked my butt off to get it all taken away.

Finally, some participants suggested that exposure to abuse affected their identity, encompassing their career identity. As one participant elaborated,

> I don't know about other people, but having gone through this domestic violence and abusive relationship, I lost a sense of who I was. And even so, I also changed and became, I don't want to say a brand new person, but it definitely added a different dimension to my understanding of the world and my dealing with things.

Barriers to Participation in ACCESS and Other Career-Related Activities

Participants offered a variety of comments about barriers to accessing career services. This domain treats the ACCESS intervention as a possible means to furthering survivors' career development. Participants' comments included in this section, therefore, address barriers to using ACCESS to further one's career development and barriers to other types of career advancement. This domain is organized into two categories: (a) career service access barriers related to abuse and (b) career service access barriers related to practical constraints.

Career service access barriers related to abuse. Half of the participants mentioned the abusive partner as a barrier to undertaking career-related activities, including participation in ACCESS. One of these participants described her struggle with this barrier.

> If your spouse wouldn't let you leave, if you would have to sneak around to go. Because in a lot of domestic violence situations there is a lot of control. And then he may not want you to go do a career thing, you know, or get out by yourself. Or just do anything. That would be a big barrier.

Almost half of the participants talked about their discomfort in groups and new situations as a result of their domestic violence experiences and that this discomfort can be a significant career development barrier. One woman shared the following view.

> If you've grown up with [domestic violence and sexual abuse] your whole life, it's really hard to believe that maybe there's somebody else out there that's got an open mind and isn't going to be focused on, you know [suggesting a focus on domestic violence]. It would be hard to describe to someone else who hasn't gone through it. And each time that I've been to a different group, it's usually that's one of the barriers that I have to talk myself through.

Participants also suggested that the stigma and misunderstanding surrounding domestic violence sometimes can be a career development constraint. Specifically, one participant recounted discrimination against domestic violence survivors in other career development groups where she felt that the other programs would not give her a chance to participate in the career counseling until she had fixed the domestic violence. Another participant said that

not wanting to admit she needed help seemed to be a potential barrier to career development.

Career services access barriers due to practical constraints. Participants described a variety of practical constraints that made career-related activities difficult. For example, about half of participants cited time constraints and competing obligations, particularly work, as barriers to ACCESS participation. A few women cited obligations to other domestic violence programs as a barrier to ACCESS participation. Finally, several women cited the practical constraint of finding child care that they trusted as a barrier.

Supports to Participation in ACCESS and Other Career-Related Activities

Participants also offered comments about contextual supports related to using ACCESS services. This domain treats the ACCESS intervention as a service that may further survivors' career development. Participants' comments included in this section address supports to using ACCESS and other types of services to further one's career development. This domain is organized into two categories: (a) support offered and needs addressed by ACCESS career counseling services and (b) the influence of ACCESS group diversity.

Support and needs addressed by ACCESS. Overall, participants commented that the structure and format of weekly ACCESS groups facilitated their career-related goal setting. One participant explained, "Because there was time each week to focus on my goals and people to help me stay focused. It made it closer to a possibility. Because we talked about it more and I thought about it more." Additionally, several participants stated that ACCESS encouraged them to focus on the future. Two of these three participants engaged in the following dialogue.

Participant 1: That's what I thought was good about the program . . . you have all of these situations, and it was your good point that said we are not defined by our past but . . .
Participant 2: . . . by our future.
Participant 1: Which is where our facilitator kept bringing us. Yes, that happened to you. Yes, I'm sorry for that, but now let's see what we can get in this career area for you.
Participant 2: Yes, let's move forward.

There also were a few participants who stated that ACCESS provided them with specific information and tools related to educational and career development, such as guidance in acquiring financial aid for education.

Three participants noted that ACCESS met a need for flexible, personalized assistance with career development. Contrasting the ACCESS program with other career assistance she had received, one participant observed, "Because of the inflexibility of other programs, they just want to plug you into something so that they could show someone that, 'See this person found a job,' and they could congratulate themselves for doing that."

Several participants also suggested that they appreciated receiving career support in a group that included peers who also had experienced domestic violence. As one explained, "It helped that all the women in the room were also domestic violence survivors. It was more comfortable than other career groups, where I felt stupid and out of place." Additionally, two participants noted the benefits of addressing career development and domestic violence in the same group. As one participant explained, "It helped me to talk about the violence and career stuff all at once. It was hard to hold down a job and be educated being with the men that we were with."

A quarter of the participants stated that ACCESS had increased their motivation around career-related activities. For example, one participant reflected on what she had gained from ACCESS.

> I was more motivated than I was before this class to go do things that I needed to do. To go to college and get my college bill paid off and get my abuser to pay me back. So it helped me to get motivated to go back to school.

According to two participants, the intervention provided validation and increased their self-esteem. As one of these women described, "The program was different from my expectations, but my self-esteem increased and I got up the courage to go to LCC [community college] spring term." Finally, one participant remarked that ACCESS met the important need of having trustworthy child care as part of domestic violence and career support services.

Influence of ACCESS group diversity. Participants were asked to share their experiences related to the diversity of ACCESS groups. Group career services are commonly used by agencies and educational institutions because groups are often more cost effective than individual services and serve more people. We thought that it was important to present survivors' perceptions of the ACCESS group composition, and particularly the diversity

of the group membership. ACCESS uses the group structure to facilitate women's critical consciousness and group identification as survivors, two critical components of the ACCESS intervention. In addition, we wanted to explore if women preferred a more general or tailored career intervention group context (i.e., heterogeneous or homogeneous group composition). ACCESS is a community-based career service designed to serve a broad range of domestic violence survivors. Questions about the utility of the ACCESS group diversity were important for understanding in what ways survivors' perceived the group diversity as a contextual support and barrier to their career development. Responses in this domain are presented in two categories: (a) positive experiences of group diversity and (b) negative experiences of group diversity.

Positive experiences of diversity. Many of the participants' diversity comments reflected that they had a positive experience with respect to group diversity. Specifically, three participants expressed that the common experience of domestic violence superseded other differences. As one of these participants noted, "The common ground of domestic violence goes across everything." In addition, two participants expressed that individual differences—such as differences in sexual orientation, ethnic/racial background, and religious affiliation—did not affect the group negatively. Two participants stated that having a variety of ages and experiences positively contributed to the group. One said the following about her experience of this aspect of diversity: "I think it was helpful having younger and older ladies in the group. You know the point of view of women where they were at and then the older women, they had gone through different things and had more input." One person noticed that group members' willingness to invest in the group mattered more than similarities or differences in background.

Negative experiences of diversity. Participants who had negative experiences of group diversity generally commented on the negative effects of specific disparities in background. For example, four participants remarked that differences in education negatively influenced their experience in the group. One of these four explained that, "If someone comes in and is like, 'I graduated from college,' acting like they're better than me. I don't like that. I'll tune that out. I get intimidated." Speaking to the same issue, another participant stated, "I didn't want to come forward as an educated person for fear of how people would react to my being educated. And I wanted to not talk as much. But there is still abuse at all levels of society." Additionally, one

participant cited difficulty relating across different socioeconomic back-grounds while another mentioned discomfort with the mention of God as a negative diversity experience. Finally, a participant observed that racism can be a negative influence in groups in general.

Discussion

The purpose of this study was to use a critical-ideological research para-digm and focus group methods to enhance survivors' and scholars' under-standing of the contextual factors affecting survivors' capacities to access career counseling services, services that enhance survivors' vocational and economic development and increase their capacity to live lives free from vio-lence. We chose to focus specifically on the SCCT constructs of contextual barriers and supports because of the proximal influence of these constructs on women's early career development. We also worked collaboratively with survivors to look critically at how the structure and delivery of career ser-vices may support and hinder their development.

The data from the present study support extant research by highlighting the direct and indirect impacts of domestic violence on women's career devel-opment as well as the potential value of addressing women's domestic vio-lence and career development experiences simultaneously. Results underscore that the impact of domestic violence is often mediated by the effects of abuse on women's health and their children's health (Carlson, McNutt, Choi, & Rose, 2002; Nurius et al., 2003). Participants reported that trauma, fatigue, lack of sleep, and fear of new situations and people were barriers to access-ing career services and to their career development. Women made it clear that many of the same emotional barriers were relevant for women who were still with their abusive partners as were relevant for women who were no longer with their abusive partners.

Women also cited fear of social service providers' and group members' judgments and lack of trust in child care as major barriers to accessing career counseling services. Such information suggests that career counseling providers might enhance women's access of group career services by taking more time initially to meet with women, build rapport and trust, discuss explicitly the service provider's or agency's treatment philosophy, and share information about the group context (e.g., members, format of group). Career counseling also may be enhanced by orienting women to the agency space (e.g., giving a tour of building space) and introducing women to staff

members and child care providers, as appropriate. Women's trust and utilization of career services might also be enhanced by conducting focus groups at all stages of the career counseling process (e.g., beginning, middle, and end of a career program). Focus groups may provide a forum for women to contribute to the development of career services that better serve this population.

Data also suggest that women benefited from an integrated approach to career and domestic violence counseling services and that being in a group with other domestic violence survivors was a contextual support. Women shared that an integrated approach bolstered their self-esteem and sense of motivation and agency. The integrated approach to career counseling also seemed to help women feel less judged and discriminated against because they were in a career counseling program designed specifically for domestic violence survivors and that acknowledged their survival skills. While providing these types of integrated career counseling services, however, it also seems important to attend to women survivors' compartmentalization and loss of identity. Many career theories and interventions focus on increasing women's sense of integrated identity, so it might be important for service providers to be mindful that such integration may be more difficult for domestic violence survivors as well as possibly detrimental to their survival short-term (i.e., while in an abusive situation).

In addition, participants provided their perspectives on the importance of attending to group composition and the complex and nuanced dynamics that arise when providing group career counseling services. For example, for a few participants, educational and socioeconomic differences among group members affected their ability to feel comfortable in the group and to share certain experiences. These data suggest that service providers and researchers may need to consider creating, and examining the effectiveness of, more homogeneous career counseling groups along dimensions of domestic violence experiences, educational attainment, and socioeconomic status. It also may be important for career service providers to facilitate more in-depth discussions of group dynamics and group member similarities and differences.

Furthermore, data support a previous examination of the impact of within group differences on ACCESS effectiveness. Chronister (2006) found that some survivors wanted to be divided along socioeconomic and educational dimensions because they felt more comfortable (i.e., less judged) sharing with women from similar economic and educational backgrounds. In the present study, participants expressed similar sentiments. We believe that it is critical to explore the influence of individual and group diversity and group

dynamics on the effectiveness of career counseling interventions with the use of qualitative and quantitative methods.

Limitations of Study

This study provided a deeper understanding of the contextual barriers and supports affecting women survivors' abilities to access career services and we interpret the results in consideration of study limitations. One limitation may be sampling bias, as there were 34 ACCESS participants who were eligible for this study, but of which 23 did not respond to our request for participants. Participants in this study were self-selected and may not represent all women's ACCESS experiences, for example, women who had more negative experiences. This study also was cross-sectional because participants shared their perceptions at a single time point, so it is important to acknowledge that career development is lifelong and dynamic.

In conclusion, we believe that this qualitative investigation of women's ACCESS career counseling experiences has provided valuable information about women's perceptions and experiences of career counseling and the contextual barriers and supports that influence their access of career services. We also hope that the present study data provide scholars and service providers with important information about how to enhance the accessibility and relevance of career services for survivors as well as how to more effectively recruit and retain women in career programs. We believe that illuminating the voices of survivors' will advance scholars' development and refinement of career services that promote women's economic stability and independence and advances justice for survivors.

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