

**INTERVENING WITH BATTERED WOMEN:
EVALUATING THE EFFECTIVENESS
OF A FEMINIST MODEL**



**INTERVENING WITH BATTERED WOMEN:
EVALUATING THE EFFECTIVENESS
OF A FEMINIST MODEL**

MARYSE RINFRET-RAYNOR
ANN PÂQUET-DEEHY
GINETTE LAROCHE
SOLANGE CANTIN

Under the direction of Maryse Rinfret-Raynor

Canadian Cataloguing in Publication Data

Main entry under title:

Intervenir auprès des femmes violentées : évaluation d'un modèle féministe
= Intervening with battered women: evaluating the effectiveness of a feminist model.

Text in French and English.

Includes bibliographical references.

ISBN 2-89035-192-0

1. Abused wives – Quebec (Province). 2. Conjugal violence – Quebec (Province). 3. Abused wives – Services for – Quebec (Province). 4. Family life surveys – Quebec (Province). I. Rinfret-Raynor, Maryse. II. Title: Intervening with battered women.

HV6626.I57 1992

362.82'92'89714

C93-096056-4E

Graphic art: Gilles Gourdeau

The research project was made possible by a grant from the National Welfare Grants Program of Health and Welfare Canada project: 4554-35-27.

The summary of the research was made possible by a contribution from the Family Violence Prevention Division of Health and Welfare Canada.

The National Clearinghouse on Family Violence of Health and Welfare Canada assumes the diffusion of this book.

The view expressed on this publication do not necessarily reflect those of Health and Welfare Canada.

Copyright 4th trimester 1992

© Maryse Rinfret-Raynor et al

ISBN 0-662-59398-7

H72-26/1992

National Library of Québec

National Library of Canada

Printed in Canada

Acknowledgements

We extend our thanks first to the 181 women who agreed to participate in this study, meeting with us on four occasions for long interviews, sharing their experience of violence with us and answering innumerable questions about their attitudes, their feelings and their reactions. They carried out the most important task of the study, providing us with the information from which we could then interpret their situation and their progress. They gave generously and each can be assured that her personal participation was greatly appreciated by the members of the research team. Like them, we hope that their participation will help improve the services offered to women who are victims of marital violence.

We also thank the social practitioners who referred us to these women. By agreeing to have the effects of their work analyzed, they displayed a remarkable open-mindedness and demonstrated their faith in cooperation between theory and practice as a means to improve social intervention. Subjects in both experimental groups benefited from the professional support of one or another of the following practitioners: Françoise Alarie, Suzanne Ménard, Esther Potvin, Monique Robin, Claudette Robillard, Danielle Savard, Myriam Thiersen and Louise Vaillant. Subjects in the comparison group benefited from the support of the following practitioners: Cécile Beaudoin, Yvette Benjamin, Thérèse Besnard, Andrée Bougie, Francine Cormier, Isabelle Côté, Marguerite Côté, Martine Coupal-Lapierre, Renée Dauphinais, Monique Desnoyers, Peggy Elliott, Marthe Frigon, Marie Girard, Danielle Houle, Sylvie Jonkers, Françoise Lafortune, Françoise Lambert, Francine Larouche, Manon Larouche, Anne-Marie Lauterburg, Lucie Lemire, Marie Moro, Michelle Poupart, Louise Rousseau, Monique Thibault and Louise Varin.

Most of these social practitioners work within the Quebec social services network. (Note: In the early 1970s the Ministry of Health and Social Services in Quebec incorporated two official types of social service organization into the network of independent community

organizations : Social Service Centres and Local Community Service Centres, referred to by the French acronym CLSC.) Our difficulties in recruiting participants for this evaluative study highlights the importance of these centres' cooperation. In particular, we would like to thank the Montréal Métropolitain Social Service Centre and the Outaouais Social Service Centre, the Hautes-Laurentides, Aquilon and Trois Vallées CLSCs, Regroup'elles (a non-profit self-help organization for women), as well as the Ste-Foy, Valentine-Lupien, Val-St-François, Malbaie and Le Moulin CLSCs from which many clients came to participate in the study. We also appreciated the participation of the CLSCs in Rivière Désert, des Frontières, Normandie, Gaston Lessard, des Seigneuries, La Presqu'île, and Anjou, the Centre du Quebec Social Service Centre, and the Metropolitan Employees Service Centre.

Michelle Labrecque deserves credit for the fact that the project was actually carried out. She, as researcher, did most of the interviews in the first two stages of data collection and many interviews in the two later stages. Without her tenacity and ingenuity in recruiting subjects and her perseverance in motivating participants, the project would doubtless have suffered. We thank her for this valuable contribution, for her considerable help in developing and adapting research instruments, and for her sense of humour. We also thank Madeleine Dufresne who took Michelle's place as researcher, with the main responsibility of interviewing participants ; her dynamism and organizational skills made the transition smooth and painless. We thank Liliane Saulnier who helped us enormously with the interviews on the North Shore. We must not forget our faithful secretary, accountant and receptionist, Rollande Boileau, who with great competence and much discretion supported the research team, and Michelle Thibodeau who preceded her.

Statistical analysis of the data is a prominent feature of this study. It benefited greatly from the enlightened and constant support of Clément Dassa, professor in the department of Studies in Education and Educational Administration at the Université de Montréal. His assistance and availability were very important to us.

Finally, we would like to thank the people administering national welfare grants in the Ministry of Health and Welfare Canada, especially Mr. Evariste Thériault, for the confidence they placed in our project and the support they gave our research team.

Table of contents

<i>Acknowledgements</i>	7
<i>Table of Contents</i>	9
<i>List of Tables</i>	11
Introduction	13
1. Context of the study and methodology	17
Context of the study	17
Research objectives	18
Methodological framework	18
Nature of the intervention	20
Feminist intervention model used in the experimental groups	20
Approaches used in the comparison group	21
Practitioners' training and experience	22
Impact of the similarities observed in the practices of the three groups	23
Variables studied and instruments used to measure them	26
Description of the sample and drop-out rates at each stage	27
Data collection process	30
2. Major Findings	33
Socio-economic characteristics	33
Socio-economic characteristics at the beginning of the study	33
Change in the participants' socio-economic situation	34
Characteristics of the violence experienced before the intervention	37
Intervening variables	38
Anxiety, depression, somatization	40
Social support and psychosocial help received prior to the study	41
Attitude towards sexual roles	42

Perception of the quality of treatment and the therapeutic relationship	42
Intervening variables related to the practitioners	42
3. Effectiveness of the intervention as measured	
by change in dependent variables	45
Effectiveness of each mode of intervention (hypothesis 1).....	45
Changes in the violence experienced	46
Changes in self-esteem, assertive abilities and social and marital adjustment	48
Comparative effectiveness of intervention modes (hypotheses 2 and 3)	51
4. Discussion	55
Change in the battered woman's situation	56
Analysis of socio-economic change	56
Analysis of change in dependent variables	58
Analysis of the effectiveness of the modes of intervention studied	61
<i>Conclusion</i>	65
<i>Bibliography</i>	69

List of tables

Table 1	List of variables observed and instruments used to measure them	24
Table 2	Distribution of participants according to setting in which the intervention occurred, region and woman's place of residence	28
Table 3	Evolution of subject participation at different stages of the study by group, by sub-group, and for all subjects	29
Table 4	Socio-economic characteristics of participants at the beginning of the intervention	35
Table 5	Behaviours of the partner or ex-partner during disagreement or conflict in the couple during their life together, as perceived by the woman at the beginning of the intervention	39
Table 6	Analysis of variance results (repeated measures) applied to the CTS (Straus), for women who completed the intervention, and who live with a partner or had contact with an ex-partner, for each group	47
Table 7	Analysis of variance results (repeated measures) applied in each group : A) between the pretest and the post-test and B) between the four stages, on the following scales : 1) Tennessee self-concept scale 2) Rhatus assertiveness schedule 3) Social adjustment scale	49
Table 8	Results for women who completed 1) Scale of marital assertion, and 2) Scale of dyadic adjustment at: A) the pretest and the post-test, and B) all four stages	51

Table 9	Analysis of covariance expressing the difference A) between the two types of feminist intervention, and B) between individual feminist intervention and interventions in the comparison group, regarding their contribution to change over the course of the study, for each of the dependent variables defining the effectiveness of the intervention	53
---------	--	----

Introduction

SOME ASPECTS OF MARITAL VIOLENCE AND INTERVENTION WITH WOMEN WHO ARE VICTIMS OF THIS VIOLENCE

To present the general context in which intervention practices that seem better adapted to the needs of battered women are presently being developed, we will briefly discuss the scope of marital violence, the severity of its repercussions, changing attitudes, and recent progress in the delivery of services for women who are victims of such violence.

In Canada, studies reveal that at least one woman in ten is subjected to physical violence by her partner (MacLeod and Cadieux, 1980). This rate would bring the number of battered women in Quebec to 300,000 (Quebec, 1985). These estimates are judged conservative by experts consulted in the Commission d'enquête sur les services de santé et les services sociaux (Enquiry into health and social services) (1987), who state that one woman in seven is battered. In 1986, a Canadian study of men 18 and over revealed that almost a fifth (18%) of men married or living in common-law union had, in the year preceding the survey, committed at least one act of physical violence against their partner (Lupri, 1989).

The phenomenon of marital violence occurs in all social classes, as often in rural homes as in city homes. It affects all age groups and all races or nationalities. Marital violence in all its forms (physical, psychological, verbal or sexual) has dramatic repercussions that have been amply demonstrated. Physical effects are most visible, but the psychological and social consequences for women are much more serious: some of the most destructive effects are anxiety, depression, social isolation and loss of self-esteem, children witnessing violence and often being abused themselves (Frankel-Howard, 1989).

For centuries, marital violence has been part of the relationship between men and women and has long been sanctioned by social, polit-

ical, economic and religious structures (Rinfret-Raynor et al., 1989).¹ Only very recently has it moved from the realm of personal problem to social problem, so recently that the president of the Council on the Status of Women in Quebec asserted in the beginning of 1990 that this acknowledgement represented the most significant consciousness-raising milestone of the past decade in matters concerning women (Lavigne, 1990).

This awareness has been brought about by the feminist movement that has challenged the place that Western patriarchal societies reserve for women. Marital violence is among the most important forms of oppression experienced by women in our society.

Intervention with battered women began in Quebec in the mid-1970s, taking the form of women's shelters. These shelters were meant to provide a refuge for battered women and their children. They were the first services to be offered specifically to these victims, and they still provide indispensable services and play a leading role in the fight against marital violence.

The attitude changes inspired by feminist ideology and the work of women's shelters provoked changes in government policy, in police intervention practices and in the responses of social service centres.

Developed in Quebec by a social worker named Ginette Larouche (1982, 1985, 1986 and 1987), the feminist model for working with women who are victims of violence greatly contributed to improving treatment practices. The *Guide to Feminist Intervention*, printed by the Corporation professionnelle des travailleurs sociaux du Québec, is still being distributed today. The model clearly subscribed to feminist ideology and aimed to provide an alternative approach for social practitioners working with battered women. Until the 1980s, the phenomenon of wife abuse remained largely ignored by social service institutions (Hodgins and Larouche, 1982; Hilberman and Munson, 1977). Practitioners did not acknowledge this violence and felt unable to deal with it (Court, 1978); they received little information about the problem (Horley, 1989; Roy, 1977), and we can see the failings of the approaches used (Hodgins and Larouche, 1982; Martin, 1976).

Since 1980, we have seen, in the social, medical, police and judicial sectors, various attempts to improve response to the needs of women who are victims of marital violence. From 1984 to 1986,

1. See Paquet-Deehy, A. and Rinfret-Raynor, M. (1988).

Ginette Larouche offered two – or three – day training and awareness-raising sessions to more than 400 practitioners in Social Service Centres and CLSCs (Larouche, 1982 and 1985). In 1985, the Quebec Ministry of Health and Social Affairs published its policy for working with battered women. Acting on the needs of the network as displayed in the response to Larouche's program, the Ministry then organized training sessions for practitioners in the social services network (Boulanger, Giroux and Sabourin, 1988).

In 1980, the Ministry of Justice launched a grant program to counter violence and created working groups in each region of Quebec to bring practitioners from all sectors (judicial, social, educational) together. Moreover, the law instituting a new civil code came into effect on April 5th, 1981. This law redefined family law and recognized the equality of men and women. In 1986, the Ministry of Justice announced its policy for intervening in cases of marital violence, and in January 1988, it launched an advertising campaign using newspapers, radio and television to raise public awareness of the issue of marital violence.

In summary, the changes in the way battered women are perceived, observed since the beginning of the 1980s, have had an effect on social practitioners and policy makers. However, in the mid-1980s, progress in making social services for battered women more accessible and better adapted to women's needs appeared slow and often insufficient. It was at this point in the evolution of attitudes and services that we began collecting data for the evaluative research reported on here.

Begun in 1986, this study was designed to help fill the void observed in evaluating the relative effectiveness of intervention approaches used with battered women. It was undertaken with constant concern for the methodological problems associated with this type of research and with an awareness of the inherent constraints of intervention, particularly in a context of rapidly evolving attitudes and practices (Rinfret-Raynor et al., 1989).

1 Context of the study and methodology

In this chapter we take a brief look at the context in which the evaluative research discussed in this summary was accomplished. We present its objectives, its methodological framework, the modes of intervention analyzed, as well as the variables studied and the instruments used to measure them. We then summarize the characteristics of the sample and describe the data collection process.

CONTEXT OF THE STUDY

As we stated in the introduction, the feminist intervention model was developed in Quebec by Ginette Larouche to provide social service intervention approaches that were better adapted to the problems and needs of women who are victims of marital violence. The research summarized here seeks to evaluate the effects of this model. The model has already been the subject of several publications (Larouche, 1983, 1985 and 1987) and has been widely used in the social affairs sector since the early 1980s. As we began our research, the need to train social practitioners to handle the problem of wife abuse and intervene on behalf of battered women appeared crucial, and the intervention models that had been tried out had not yet been evaluated. This provided the impetus for two complementary studies: an action-research project on the systematization of the feminist model and the improvement of training, and a research project to evaluate the model's effectiveness.

The feminist intervention model for helping battered women was taught at the Université de Montréal's School of Social Work by Ginette Larouche from April 1985 to September 1986, as part of a nine-credit continuing education course which could be credited towards a Master's degree in social service. Fifteen of the eighteen practitioners enrolled in the course completed the training program;

most of them came from Social Service Centres and CLSCs throughout Quebec. The course was part of an action-research project that aimed to systematize and enrich the model's definition through the participation of practitioners who were receiving training and using the model with battered women.

In 1989, a detailed report on this research was prepared by Ann Pâquet-Deehy, Maryse Rinfret-Raynor and Ginette Larouche: *Apprendre à intervenir auprès des femmes violentées: une perspective féministe* (Training social workers in a feminist approach to conjugal violence; a summary is available in English). As for the evaluative research, it was presented in a detailed two-volume report by Maryse Rinfret-Raynor, Ann Pâquet-Deehy, Ginette Larouche and Solange Cantin: *Intervenir auprès des femmes violentées: évaluation de l'efficacité d'un modèle féministe* (Intervening with Battered Women: Evaluating the Effectiveness of a Feminist Model), Report No 1: Research Methodology and Characteristics of Participation (1989), and Report No 2: Presentation and Analysis of Results (1991).¹

RESEARCH OBJECTIVES

Our main objective was to evaluate the effectiveness of the feminist intervention model developed by Ginette Larouche (1982, 1985, 1987). As complementary objectives, we aimed to explore the predictive potential of certain variables associated with whether battered women pursue or abandon counselling and to analyse variables other than treatment that could be associated with their continuing to live with the violent partner or not. The present summary will look only at results directly related to the main objective.

METHODOLOGICAL FRAMEWORK

Because of the many practical and methodological problems encountered in setting up this evaluative research, the experimental design initially chosen was transformed into a quasi-experimental design. The design finally adopted compares the effects of social service intervention on three groups of women:

- a first experimental group of 60 subjects benefiting from group intervention based on the feminist model, offered by practitio-

1. These reports have not been published in English.

- ners trained in the action-research project that preceded this evaluative study;
- an experimental group of 60 subjects (61 women were in fact seen in this group) benefiting from individual intervention by the same practitioners following the same feminist model;
 - a comparison group of 60 subjects benefiting from individual intervention offered by social practitioners who were not trained in the feminist intervention model, but whose basic training and professional experience were comparable to those of practitioners in the experimental group. A majority of this group had received additional training in their field of interest since obtaining their diplomas.²

Data was collected through interviews at four stages. The first research interview (pretest) took place at the beginning of the intervention, the second (post-test) one month after the end of the intervention or, at the latest, six months after the pretest; two follow-up interviews were then conducted at six-month intervals.

The design is summarized as follows:

- 01 X1 02 03 04 where: X1 = feminist group intervention,
 01 X2 02 03 04 X2 = individual feminist intervention,
 01 X3 02 03 04 X3 = individual intervention using
 other approaches,
 and: 0 = different research interviews.

Women included in the study had experienced physical violence or threats of physical violence from a partner they lived with or from whom they had been separated for less than two years. In theory, the intervention from which they benefited would be offered in a social service institution (Social Service Centre or CLSC); in fact, the research project had to set up an additional program outside these institutions to complete the two individual intervention groups.

Results obtained at the different stages of data collection served to verify the following three hypotheses about the intervention's effectiveness:

2. See p. 20 to 23 for the nature of the intervention for the experimental groups and the comparison groups.

- First hypothesis:** the three kinds of treatment would see subjects improve on the variables studied between the beginning and the end of the intervention, and these improvements would be maintained over time;
- Second hypothesis:** the feminist intervention received by subjects in the experimental group/group intervention would produce results superior to those achieved by battered women receiving individual treatment along the same model;
- Third hypothesis:** the feminist intervention received by subjects in the experimental group/individual intervention would produce results superior to those achieved by battered women receiving individual treatment from practitioners in the comparison group.

NATURE OF THE INTERVENTION

The independent variable of this study is composed of both the feminist intervention model used by practitioners in the experimental group and the approaches used by practitioners in the comparison group.

Feminist intervention model used by practitioners in the experimental groups

The intervention model under study is based on a perception of marital violence that conforms to a resolutely feminist analysis. The author assumes that men's violence towards their partners finds its roots in a society where a dominant male norm exists and in which all women can be victims of aggression within a relationship that makes love and intimacy a favourable ground for the development and expression of possession, jealousy and oppression (Larouche, 1982, 1985 and 1987; Pâquet-Deehy et al., 1989). Larouche goes on to identify factors that explain women's apparent tolerance of their partner's violence: integration of stereotypes by the woman, normalization of behaviours, personal factors. Violence progressively appears on the psychological, verbal, physical and sexual levels. The escalation of violence follows a repetitive model comprising three stages: tension – aggression – remission. These concepts, borrowed from different authors (Hofeller, 1982;

Pagelow, 1984; Paltiel, 1981; Walker, 1979) appear crucial to understanding the difficulty women have in identifying violence as well as the setbacks so often observed in their progress.

This analysis of violence gives rise to an intervention model developed along three main lines: a feminist perspective, concrete help, and consideration for each woman's personal experience. Adopting a feminist analysis will lead the practitioner to denounce violence, to place responsibility for violent acts on the aggressor and to relocate the battered woman's problems within the framework of patriarchal society in order to take the blame away from women and relieve immediate tensions. Acknowledging the battered woman's need for physical and psychological protection and her need to break out of isolation, the practitioner should inform clients of their rights and the resources available to them, and help them assert these rights and use these resources. Finally, the model suggests an intervention centred on the thoughts, feelings and behaviour of the woman in her particular situation.

The model suggests an intervention in three stages (crisis, short-term, and medium or long-term), where the emphasis progressively shifts from reducing tensions and providing support for the woman's decision, to reducing victim behaviours by helping her regain her self-esteem and her autonomy. The model can be applied in the form of individual intervention or of group intervention. The author considers this last form to be an essential component of any program designed to help battered women.

Approaches used by practitioners in the comparison group

We documented the intervention of practitioners in the comparison group by analysing their answers to a variety of questions about their general theoretical approach, its application with the one or many clients they referred to our study, the intervention techniques they used and their way of relating to the client. We were also interested in their perception of responsibility for marital violence.

As we looked at the theoretical orientation guiding their intervention, we found that almost two thirds (60%) of the practitioners in the comparison group identified with more than one school of thought: systemic and psychosocial approaches, crisis-intervention, educational approaches, network practice, structural, rational, psycho-dynamic and feminist approaches, task-centred model, transactional analysis, gestalt and reality therapy. The psychosocial approach was mentioned by 60%

of practitioners, followed by the systemic approach (40%) and crisis-intervention (26.6%). These three approaches reflect the theoretical orientations most widespread in the social services (Rinfret-Raynor et al., 1989).

In analyzing the intervention approaches used by comparison group practitioners, we found a number of points held in common by anywhere from half to two-thirds of them, depending on whether we examined the approaches to which they referred, the techniques they used or the relationship they established with clients. This rather homogeneous majority identified psychological and social factors at the root of the problem and focussed their intervention on these two aspects. They used active listening, support and clarification to help restore the woman's autonomy and self-confidence in a warm environment. Alongside this dominant group, we identified other intervention profiles that were individual or applied to at most a quarter of the group, depending on the aspect of the intervention considered. We found that many elements of the intervention described by practitioners in the comparison group, taken singly, were also found in the feminist intervention model applied by practitioners in the experimental groups. However, practitioners in the comparison group did not generally combine all of these elements.

The similarity between methods adopted by some practitioners in the comparison group and those proposed by the feminist intervention model used by practitioners in the experimental groups can be explained. In 1984, as we began recruiting for this study, there was a marked difference between the intervention techniques proposed by the feminist model and those generally used in social service centres. By the end of the 1980s, this difference had become less perceptible, because consciousness-raising campaigns conducted in Quebec in the social and legal domains had made it easier for well-informed practitioners in the comparison group to adopt approaches inspired by feminist ideology. Most practitioners in the comparison group adhered, in fact, to the premisses of the feminist intervention model proposed by Larouche in that they attributed marital violence to social conditioning, the patriarchal system, the stereotypes of masculine and feminine roles, the values imparted by the educational system and the social silence in which victims are trapped.

Practitioners' training and experience

A total of 34 practitioners (8 from the experimental groups and 26 from the comparison group) referred women to our study; of the latter group,

20 worked in social service centres and 6 within the program established by the project. The overrepresentation of practitioners from the comparison group results from the many problems we had recruiting subjects.

The eight practitioners in the experimental groups were younger, with an average age of 32 compared to 37 for practitioners in the comparison group who worked in social service centres and 45 for those working within the project. Though they were younger, practitioners in the experimental groups had an average of 9.8 years, experience in social service against 8.6 years among practitioners in the comparison group who worked in social service centres. But both these groups trailed those working within the project who had an average of 19.6 years of experience. The vast experience and greater average age of these 6 practitioners reflects the fact that social workers generally do not choose to work in private practice until they have spent many years in the profession.

The great majority of practitioners in the comparison group (86.6%) had received training in an intervention approach since obtaining their last professional diploma. On average they received three types of training, of which the most common were family therapy, transactional analysis, bio-energetic analysis and the systemic approach. We considered this additional training necessary to make practitioners of the comparison group comparable to those in the experimental group. We needed to discount the hypothesis that the possible superiority of the feminist model's effectiveness could be attributed to the mere fact of having received further training rather than to the content of this training.

Impact of the similarities observed in the interventions of the three groups

It must be acknowledged that our difficulties in recruiting practitioners in the comparison group, and the growing awareness of the issue of battered women that occurred during the recruitment process, encouraged the participation of practitioners whose intervention closely resembled the feminist model used by practitioners in the experimental group. Most practitioners in the comparison group shared the feminist model's analysis of the causes of marital violence, its basic objectives, and some of its key elements: intervention based on the woman's needs (as opposed to the family's or the couple's), work on self-esteem, openness to women's emotions, concrete help, etc. Moreover, the attitude of practitioners in the comparison group towards battered women, and their expectations from the intervention, did not differ significantly from those of practitio-

ners in the experimental group. We must thus take into account the similarities between the intervention applied in the experimental group and the one applied in the comparison group when we analyze the comparable effectiveness of these modes of treatment.

As our intention is to compare feminist intervention to the "usual treatment" received by battered women who use social service centres, we must ask to what extent the intervention dispensed by practitioners in the comparison group is representative of the norm in these centres. The following factors would seem to indicate that they are only partially representative and thus would somewhat limit any eventual generalization of our conclusions about the comparative effectiveness of the intervention modes studied: 1) we recruited only female practitioners while in some centres a battered woman is as likely to be seen by a man as a woman; 2) practitioners in the comparison group were volunteers in the study and thus had some interest in the issue of battered women to start with, which might distinguish them from colleagues who did not participate; 3) many practitioners in the comparison group, as well as being exposed to the change in mentality that occurred between the mid- and late 1980s as were their colleagues, may have, because of their interest in the issue, read about feminist intervention in general and Larouche's model in particular. On the other hand, feminist intervention approaches with women who experience marital violence are now used quite commonly in social service centres. In fact, 25 CLSCs were not accepted in the study because practitioners working therein who were interested in the issue had received from the social affairs network, or were receiving, training that was feminist-oriented and pursued the same objectives as Larouche's model (Boulanger et al, 1988). Interventions in the comparison group, while similar in many ways to the feminist model, may therefore be considered representative of the intervention offered in many social service centres.

VARIABLES STUDIED AND INSTRUMENTS USED TO MEASURE THEM

Variables defining the intervention's effectiveness (dependent variables) were identified in relation to the feminist model's objectives that derive from the model's particular analysis of the issue. The dependent variables thus become the cessation of violence within the couple and a number of characteristics indicating the subject's self-esteem and assertive abilities. Intervening variables that might affect dependent variables were identified by theoretical considerations and practitio-

ners' observations. Finally, practical considerations played a part in the definitive selection of variables: we needed to use instruments already validated in Quebec and to keep the pretest interview of reasonable duration.

Table 1 presents the variables we studied and the instruments we used to measure them. We invite readers to consult the annex to research report no1 (Rinfret-Raynor et al., 1989) for a detailed justification of our choice of variables and instruments.

DESCRIPTION OF THE SAMPLE AND DROP-OUT RATES AT EACH STAGE

Source of the sample

Contributions from three Social Service Centres and fifteen CLSCs were about equal in recruiting clients for the study: SSC: 31.5% and CLSCs: 32% (see Table 2). Clients seen in Social Service Centres were found almost exclusively in the two experimental groups as 5 of the 8 practitioners in these groups worked in a Social Service Centre where individual and group intervention were available to women who were victims of violence. Clients receiving treatment in CLSCs were more broadly represented in the comparison group and in the experimental group/group intervention as 2 of the 8 practitioners in the experimental group worked in CLSCs where they offered group intervention. Recruitment for the comparison group, while attempted in all types of centre, was also most fruitful in CLSCs, 13 of which participated (the 2 other CLSCs were those where 2 practitioners from the experimental group worked). Women receiving help outside the institutional setting made up almost one third of the sample (30.4%) and were found in the two individual intervention groups, which clearly reflects the problems we had recruiting practitioners in social service centres.

Research participants came from many regions in Quebec (see table 2). This makes the sample territorially representative and allows better generalization of the results. To keep transportation costs down when forming the comparison group, we didn't contact social service centres in remote areas (Abitibi-Témiscamingue, Lower St. Lawrence-Gaspé, the North Shore). The North Shore is nevertheless represented in the experimental group/group intervention by one practitioner working in a CLSC there.

TABLE 1
List of variables observed and instruments used to measure them.

Variables	Instruments
Independent variables	
Nature of the treatment received	<ul style="list-style-type: none"> - For the experimental groups: <ul style="list-style-type: none"> • description of the model • chart to be completed by the practitioner - For the comparison groups: <ul style="list-style-type: none"> • questionnaire for the interviewer to identify the principal characteristics of the intervention • chart to be completed by the practitioner
Dependent variables	
Characteristics of the violence experienced	<ul style="list-style-type: none"> - Conflict Tactics Scale (Straus, 1979, translated into French and adapted to the needs of the study) - Questionnaire on the history of the violence
Means of resolving conflicts within the couple	<ul style="list-style-type: none"> - Conflict Tactics Scale (Straus, 1979, translated into French and adapted to the needs of the study)
General assertiveness	<ul style="list-style-type: none"> - Rathus Assertiveness Schedule (Rathus, 1973, translated into French by Bouchard, Valiquette and Nantel, 1975, adapted by Boisvert, 1980)
Assertiveness in the couple	<ul style="list-style-type: none"> - Scale of assertiveness within the couple (Klostermann, 1980, translated into French and adapted to the needs of the study)
Marital adjustment	<ul style="list-style-type: none"> - Dyadic Adjustment Scale (Spanier, 1976, translated into French and adapted by Baillargeon, Dubois and Marineau, 1983)

Social adjustment	– Social Adjustment Scale – Self Report (Weissman and Bothwell, 1976, translated into French and adapted to the needs of the study)
Self-esteem	– Tennessee Self-Concept Scale (Fitts, 1965, translated into French and validated by J.M. Toulouse, 1971)

Intervening variables related to the subjects

Clinical diagnosis (somatization, depression, anxiety, psychosis)	– SCL-90-R (Derogatis, 1982, translated and validated by Fortin and Coutu, 1985)
Social support and characteristics of the request for help	– Questionnaire developed for the study
Attitudes toward feminine roles	– Sex Role Ideology Scale (Kalin and Tilby, 1978, translated into French by Hardy, 1981)
Perception of the quality of treatment and the therapeutic relationship	– CSQ (Client Satisfaction Questionnaire) (Larsen et al., 1979, translated into French by Louise Frenette, 1985) – Relationship Inventory (Barrett-Lennard, 1967)
Scores on dependent variables in the pretest	– See instruments in the section on dependent variables

Intervening variables related to the practitioners

Expectations as to the result of the intervention	– Inventory of therapists' expectations (Bernstein, Lecomte, Desharnais, 1979)
Attitude toward battered women	– Attitude towards women victims of marital violence (Lavoie et al., 1986, Laval University)

TABLE 2
Distribution of participants according to setting in which the intervention occurred, region and woman's place of residence

Characteristics	All Respondents		Experimental Groups				Comparison Group	
			Group Intervention		Individual Intervention			
	N	%	N	%	N	%	N	%
Settings								
• Social Service Centre (3)	57	31.5	29	48.3	25	41.0	3	5.0
• CLSC(15)	58	32.0	23	38.3	2	3.3	33	55.0
• Women's Centre (1)	8	4.4	8	13.3	–	–	–	–
• Other	3	1.7	–	–	–	–	3	5.0
• Non-Institutional Setting	55	30.4	–	–	34	55.7	21	35.0
Total	181	100.0	60	100.0	61	100.0	60	100.0
Region								
• Metropolitan Montréal (6A)	76	42.0	19	31.7	33	54.1	24	40.0
• Upper Laurentians (6B)	46	25.4	23	38.3	12	19.7	11	18.3
• Ottawa Valley (07)	28	15.5	10	16.7	14	23.0	4	6.7
• Québec (03)	10	5.5	–	–	–	–	10	16.7
• North Shore (09)	8	4.4	8	13.3	–	–	–	–
• Mauricie-Bois-Francis (04)	5	2.8	–	–	–	–	5	8.3
• Lower Laurentians (6C)	4	2.2	–	–	2	3.3	2	3.3
• Eastern Townships (05)	4	2.2	–	–	–	–	4	6.7
Total	181	100.0	60	100.0	61	100.0	60	100.0
Residence								
• Urban (more than 25,000 pop.)	114	63.0	35	58.3	46	75.4	33	55.0
• Semi-urban (5,000 to 25,000 pop.)	34	18.8	15	25.0	11	18.0	8	13.3
• Rural (less than 5,000 pop.)	33	18.2	10	16.7	4	6.6	19	31.7
Total	181	100.0	60	100.0	61	100.0	60	100.0

TABLE 3
Evolution of subject participation at different stages of the study by group, by sub-group, and for all subjects.

Stage of the study	Experimental Groups (groups 1 and 2)			Comparison Group (group 3)			All Subjects	
	Group Intervention (group 1)	Individual Intervention		Institution	Project	Subtotal		
		Institution	Project				Subtotal	
Began intervention								
a) pretest interviews	60	27	34	61	39	21	60	181
Pursued intervention								
b) agreed to post-test interview	43	19	28	47	27	17	44	134
c) refused post-test interview	1	1	2	3	2	1	3	7
Abandoned intervention								
d) agreed to interview	13	3	3	6	5	3	8	27
e) refused to interview	3	4	2	6	4	-	4	13
First follow-up (6 months after post-test								
f) agreed to interview	40	17	27	44	25	15	40	124
g) refused to interview	3	2	1	3	2	2	4	10
Second follow-up								
h) agreed to interview	40	17	27	44	25	14	39	123
i) refused to interview	-	-	-	-	-	1	1	1
Drop-out Rate {(d+e)/n} * 100	26.6%	25.9%	14.7%	19.7%	23.1%	14.3%	20.0%	22.1%
Global Experimental Loss {(c+d+e+g+i)/n } * 100	33.3%	37.0%	23.5%	29.5%	33.3%	33.3%	33.3%	32.0%

An attempt in the pretest to classify subjects according to rural or urban place of residence showed that almost two thirds of our sample was composed of women living in urban areas (more than 25,000 inhabitants), while the other third was distributed equally among semi-urban (municipalities of 5,000 to 25,000 inhabitants) and rural areas (municipalities of less than 5,000 inhabitants). Women living in urban areas constituted a majority in each group, but were most concentrated in the experimental group/individual intervention, while women living in semi-urban areas were more numerous in the experimental group/group intervention, and women living in rural areas were more numerous in the comparison group.

Evolution of subject participation

Less than a third of subjects (58 out of 181, or 32.0%) dropped out of the study at one stage or another, bringing the number of participants who reached the second follow-up interview to 123. Most drop-outs resulted from discontinued intervention (40 out of 58); among the 141 subjects who continued with the intervention, 7 refused to participate in the post-test interview or could not be contacted within an acceptable time period, which meant that we completed 134 post-test interviews; among these 134, 10 refused to complete the first follow-up interview or could not be contacted, while only one of the 124 women eligible could not participate in the last interview of the study. As we can see in table 3, the experimental loss is about the same in each of the three groups, the smallest loss being observed in the experimental group/individual intervention (29.5%). The drop-out rate for the intervention was 22.1% (40 of 181). Discontinuation of the intervention was defined in this study as participation in less than 6 individual encounters or less than 6 group sessions. The drop-out rate was higher among those participating in group intervention: 26.6% against 19.7% and 20.0% in the two groups where subjects received individual intervention. In individual intervention, drop-out rates were particularly low in the program set up by the project (14.7% and 14.3%), whereas the drop-out rate for women receiving individual intervention in social service centres was comparable to that for women receiving group intervention.³

3. A study on the factors associated with the drop-out rate is available at Université de Montréal (Cantin 1990).

DATA COLLECTION PROCESS

Data was collected through structured interviews involving multiple-choice questionnaires, completed by the subjects themselves, as well as questionnaires administered by a researcher.⁴ Out of concern for fairness and practical considerations, the women who participated in the study were paid \$15 for each of the first two interviews and \$10 for each of the follow-ups. The 123 women who continued through to the last follow-up interview received an additional bonus of \$20 for their complete participation in the study.

Recruitment of the 181 subjects took place from January 1987 to April 1989, and the body of data was collected over a period of 42 months between April 1987 and June 1990. The length of this process was due to problems we encountered in recruiting battered women who were using social services.

The average interval between the pretest and the post-test (for the 134 subjects who completed the post-test) was 5 months, with a minimum of 2.5 months and a maximum of 10 months. The interval between the post-test and the first follow-up interview averaged 6.13 months and the interval between the two follow-up interviews was comparable (6.12 months).

The first interview of the study (pretest) lasted on average 2h. 20min. and the length varied little from group to group. The post-test interview lasted 1h. 45min., requiring on average half an hour less than the pretest, while the two follow-up interviews, lasting 1h. 25min., were 20 minutes shorter than the post-test interview.

The interviewers remarked that, despite the effort required of the women, the great majority of them had no difficulty in completing the questionnaires. In other words, they had no trouble understanding the questions or following instructions, which does not mean they found it emotionally easy to answer them. The biggest problems, observed mostly among women in the experimental group and more so in the first two interviews, were inadequate reading skills, marked hesitation in choosing an answer and a strong tendency to comment on each question and on each item of the various scales.

4. See Rinfret-Raynor and al. 1989 for a complete copy of all the instruments used in the study and the detail of the first interview.

2 Major findings

In this chapter we summarize certain socio-economic characteristics of the women in the study and how these changed during the period studied. These observations will be followed by a description of the violence experienced before the intervention and data obtained on intervening variables.

SOCIO-ECONOMIC CHARACTERISTICS

After describing participants' demographic and socio-economic characteristics at the time the intervention and study began, we will look at how their situations changed in some of these respects.

Socio-economic characteristics at the start of the intervention

The vast majority of women in the study were born in Quebec (95.6%) and were native speakers of French (96.7%). Their ages varied from 19 to 60 years with an average age of 34. As we can see in Table 4, two thirds of participants were between 25 and 39 years old. Average schooling was 10.5 years; almost two thirds completed between 7 and 11 years of school (secondary level), and almost a quarter reached the collegial level. Housewives made up the largest group of participants while a third worked outside the home; almost 10% were unemployed and another 10% were students. Almost 90% of participants were mothers and had an average of 2.22 children. However, the proportion of subjects whose children lived with them was 75% and the average number of children living with the mother was 1.79. Social assistance was the main source of income for more than 4 women in 10, while 3 in 10 depended on their salary and 1 in 10 lived on unemployment insurance payments. The average annual income of participants was \$11,016.14 at the start of the intervention and a little more than half had an annual income of less than \$10,000.

At the time of the first interview, almost two thirds of participants were no longer living with their violent partner. Of the 69 women who

were living with their partner more than half were married, and the rest had a common-law union. The duration of cohabitation for women living with their partner was 10.89 years against 7.25 for women no longer living with their partner. Almost half of the women living with their partner had experienced 1, 2 or 3 separations from him. Among separated women, this was the first separation from the violent partner in 41.5% of cases. They had been separated from the violent partner for an average of 1 year (11.48 months). Among the 116 women who were separated from violent partners, two thirds still maintained contact with them. Four of these 116 women were living with new, non-violent partners.

Generally speaking, women in the experimental group/group intervention were worse off than women in the two other groups, and women in the comparison group were better off. Differences between subjects in the experimental group/group intervention and subjects in the comparison group were statistically significant when it came to education ($F_{2, 178}$; $F=3.288$; $\text{prob.}=.04$) and number of children ($F_{2, 155}$; $F=3.187$; $\text{prob.}=.44$). The χ^2 test also allowed us to identify significant differences between the three groups of women concerning the following characteristics, women in the experimental group/group intervention generally being the worse off: principal occupation ($\chi^2_{6}=25.386$; $\text{prob.}=.000$), permanent or temporary nature of the occupation held or usually held ($\chi^2_{2}=9.383$; $\text{prob.}=.009$) and marital status ($\chi^2_{10}=18.965$; $\text{prob.}=.041$). Members of the experimental group/group intervention also showed statistically significant differences from the other two groups in their annual income ($F_{2, 167}$; $F=6.218$; $\text{prob.}=.002$), and in the duration of cohabitation for women living with their partner ($F_{2, 65}$; $F=4.530$; $\text{prob.}=.014$). Finally, we find a statistically significant difference between the comparison group and the experimental group/group intervention and between the two experimental groups concerning the average educational level of the partner with whom the women was living ($F_{2, 60}$; $F=5.931$; $\text{prob.}=.0004$).

Changes in participants' socio-economic situation

Among the 69 women who were living with a partner at the start of the intervention, 27 (39.1%) left him at one time or another during the study; 16 of these women left between the beginning and the end of the intervention. Of the 139 women who had left their partner (112 before the beginning of the study and 27 at some point during the study), 21 (15.1%)

MAJOR FINDINGS

TABLE 4
Socio-economic characteristics of participants at the beginning of the intervention (n=181)

Age	N	%	Education	N	%
Under 25 years	16	8.9	6 years or less	13	7.2
25-29 years	39	21.5	7-11 years	112	61.9
30-34 years	47	26.0	12-14 years	42	23.2
35-39 years	35	19.3	15 years or more	14	7.7
40-44 years	27	14.9			
45-49 years	9	5.0			
50 years and over	8	4.4			
Average: 34 years			Average: 10.5 years		
Principal occupation	N	%	Number of children	N	%
Women at home	82	45.3	None	23	12.7
Women at work	58	32.0	1	49	27.1
Women unemployed	16	8.9	2	61	33.7
Women in disability	4	2.2	3	26	14.4
Women studying	18	9.9	4	14	7.7
Other	3	1.7	5	6	3.3
			More than 5	2	1.1
			Average number:		2.22
			Average number living with mother:		1.79
Marital status	N	%	Income	N	%
Married	38	21.0	Less than \$5,000/year	17	9.4
Common-law	31	17.1	5,000-9,999	77	42.5
Separated	36	19.9	10,000-14,999	43	23.8
Divorced	35	19.3	15,000-19,999	15	8.3
Separated from a common-law partner	38	21.0	20,000-29,999	13	7.2
Widowed	3	1.7	30,000-39,999	2	1.1
			40,000-49,999	2	1.1
			50,000 and more	1	0.5
			No information	11	6.1
Lives with partner	69	38.1	Average income:	\$11,016	
Does not live with partner	112	61.9			

returned to live with him, and of these 13 (9.4% of 139) were still with him at the end of the study. Nineteen of these 139 women (13.6%) lived with a new partner, of whom 15 (10.8% of 139) were still with him at the last interview of the study. There were thus less than 3 women in 10, separated from their violent partner, who returned to live with a partner; approximately half lived with the violent ex-partner and the other half lived with a new partner. We observed differences between the groups regarding separated women: almost 4 women in 10 in the experimental group/group intervention returned to live with their ex-partner or with a new partner; this proportion dropped to 3 women in 10 in the comparison group and to 2 in 10 in the experimental group/individual intervention.

Between the beginning and the end of the intervention, slightly more than 1 woman in 10 experienced changes regarding their children. These changes were observed more often among women in the two experimental groups. They also occurred monthly during the follow-up stages of the research and were experienced in greater number by women in the experimental group/group intervention. Two out of 10 women in this group experienced changes concerning children during this time. Generally speaking, changes leaned toward a diminution of the number of children living with the mother and the same women tended to be affected from one interview to the next.

Almost a third of women (51 out of 161) changed residence between the pretest and the post-test. This tendency continued after the intervention: 28.2% at the first follow-up interview and 21.1% at the last interview.

By the end of the intervention, the proportion of working women had clearly increased, from 32.0% to 43.3% of women who completed the intervention. The situation varied little between the two follow-up interviews: 46.8% and 43.1% of respondents were working. At the post-test, the percentage of housewives dropped from 45.3% to 38.1% and this decline continued thereafter: 28.2% and 25.2%. We noticed, however, an increase in the precariousness of employment, which could be attributed to new jobs held by women entering the workforce. The proportion of women enrolled in professional training programs increased slowly but constantly between the beginning of the intervention and the first follow-up interview, to stabilize at the last interview (22%).

Participants' main source of income changed considerably between the beginning and the end of the intervention: dependence on welfare fell to 36.5% to be narrowly surpassed by salary (38.0%). The

percentage of women for whom a salary constituted the principal source of revenue continued to increase at the two follow-up interviews (41.9% and 42.3%) while dependence on welfare saw a parallel decline (35.5% and 32.5%). At the end of the study, the proportion of women living on their salary was comparable in the experimental group/individual intervention and the comparison group (50.0% and 51.3%). Though only 25% of women in the experimental group/group intervention relied on their salary at this time, the proportion had nonetheless doubled since the pretest. The average income of participants increased throughout the duration of the study. The increase, observed in all three groups, was particularly marked in the comparison group.

CHARACTERISTICS OF THE VIOLENCE EXPERIENCED BEFORE THE INTERVENTION

We summarize the major characteristics of the violence experienced before the intervention: frequency and severity of verbal and physical violence, sexual violence, duration of the violence and violence towards children.¹

To measure the frequency and severity of the violence, we used the Conflict Tactics Scales² (CTS: Straus, 1979). The CTS involves three scales describing behaviours adopted during conflicts between members of a family; the scales measure the use of reasoning (see Table 5, items a to c), verbal violence (items d to j) and physical violence (items k to r).

At the time of the first research interview, we asked participants whether their partner or ex-partner had ever adopted the behaviours described in these scales. Table 5 shows that behaviour in the Reasoning scale occurred very rarely. Only 12.7% of respondents stated that they had ever experienced a calm discussion with their partner when there was some discord within the couple, while 18.8% reported that their partner had asked for help to solve the conflict, and in 20.4% of cases the partner had obtained information to support his point of view. When we look at the Verbal Aggression scale, the frequency with

1. See Rinfret-Raynor and al. (1989 and 1991) for a description of the women's reactions to the violence, for the identification of the formal and informal resources they contacted, for the reactions of the persons they consult and for a description of the previous history of the violence in the victim family and the aggressor family.

2. See Rinfret-Raynor and al. (1989) for a description of the characteristics of this scale and the problems related to its use.

which the behaviours listed were adopted at one time or another during conjugal life increases dramatically, climbing from 71.8% for having left the room or the house slamming the door to 98.9% for having insulted or injured his partner. The majority of women questioned had at one time in their life with the partner experienced fully half of the behaviours described on the Physical Aggression scale, and between 13.8 to 40.9% of them had experienced one or another behaviour listed on this scale. The most common violent experiences were being pushed, grabbed or knocked over, slapped or spanked, kicked, bit or punched, or repeatedly hit. More than a quarter of the women in the sample had been threatened with a knife or a gun while the partner had actually used a gun or a knife against 13.8% of the 181 women questioned.

The women generally answered questions about sexual violence quite openly. More than two thirds (68.5%) acknowledged having agreed to sexual relations with their partner in order to "buy peace". One woman in two (51.9%) stated that she had had sexual relations with her partner or ex-partner after a verbal aggression on his part. Sexual relations occurring directly after an episode of physical aggression or in the hours that followed were experienced by almost a third of the 181 women in the sample (31.5%).

The women in the study had experienced outbursts of verbal violence from their partner or ex-partner for an average of nearly 8 years (7.77 years), with a minimum duration of 2 months and a maximum of 34 years. Physical violence had been occurring for an average of 6.08 years with a minimum of 2 weeks and a maximum of 30 years.

Among respondents with children, more than a third (56 out of 158) said the children had been victims of harmful physical treatment from one or more people around them. The father was most often cited as the perpetrator of this bad treatment (41 of 56) while 17 mothers stated having inflicted harmful physical treatment on their child or children.

INTERVENING VARIABLES

We identified certain factors other than the intervention that might have contributed to the changes seen in dependent variables. Intervening variables, related to the subjects of the study (depression, anxiety, somatization, social support, attitude toward sexual roles, perception of the quality of the treatment and the therapeutic relationship), were thus studied along with intervening variables related to the practitioners (their expectations of the intervention and their attitudes toward battered women).

MAJOR FINDINGS

TABLE 5
Behaviours of the partner or ex-partner during disagreement or conflict in the couple during their life together, as perceived by the woman at the beginning of the intervention (Conflict Tactics Scale, Strauss)

Behaviours of the Partner or Ex-partner	All Respondents		Experimental Groups				Comparison Group	
			Group intervention		Individual intervention			
	N	%	N	%	N	%	N	%
a. He discussed calmly.	23	12.7	5	8.3	8	13.1	10	16.7
b. He obtained information to support his point of view.	37	20.4	11	18.3	13	21.3	13	21.7
c. He asked or tried to ask, someone for help in resolving the problem.	34	18.8	13	21.7	8	13.1	13	21.7
d. He insulted or offended you.	179	98.9	60	100.0	59	96.7	60	100.0
e. He sulked or refused to talk to you.	153	84.5	52	86.7	53	86.9	48	80.0
f. He left the room or the house, slamming the door.	130	71.8	49	81.7	44	72.1	37	61.7
h. *He did or said something to try and make you angry.	176	97.2	59	98.3	58	95.1	59	98.3
i. He threatened to hit you or throw something at you.	145	80.1	48	80.0	52	85.3	45	75.0
j. He threw an object in the room, broke, hit or kicked something.	140	77.4	46	76.7	48	78.7	46	76.7
k. He threw an object at you.	74	40.9	27	45.0	22	36.1	25	41.7
l. He pushed, grabbed or knocked you over.	176	97.2	57	95.0	60	98.4	59	98.3
m. He slapped you or spanked you.	113	62.4	34	56.7	43	70.5	36	60.0

Behaviours of the Partner or Ex-partner	All Respondents		Experimental Groups				Comparison Group	
			Group intervention		Individual intervention			
	N	%	N	%	N	%	N	%
n. He kicked, bit or punched you.	107	59.1	32	53.3	35	57.4	40	66.7
o. He hit you, or tried to hit you, with an object.	33	18.2	9	15.0	15	24.6	9	15.0
p. He hit you repeatedly.	93	51.4	27	45.0	35	57.4	31	51.7
q. He threatened you with a knife or gun.	52	28.7	21	35.0	18	29.5	13	21.7
r. He used a knife or gun against you.	25	13.8	12	20.0	5	8.2	8	13.3

*Item g (He cried.) was omitted as calculations do not take this item into account.

Anxiety, depression and somatization

These aspects of the clinical diagnosis were measured at the beginning of the intervention and at each subsequent stage of the study, using the appropriate elements of the SCL-90-R scale³ (Derogatis, 1977; translated into French and validated by Fortin and Coutu, 1985).

At the start of the intervention, participants exhibited many symptoms of anxiety, depression and somatization. These were especially marked among women in the two experimental groups. The symptoms diminished between the beginning and the end of the intervention and continued to decrease over the following year (the average score for anxiety dropped from 1.80 to 1.18 to 1.07 and to 0.91; for depression, from 1.95 to 1.42 to 1.19 and to 1.08; for somatization, from 1.39 to 1.05 to 0.96 and to 0.84). Despite this important decrease, most of the women in the sample exhibited, even at the end of the study, symptoms of anxiety, depression and somatization that were significantly higher than those obtained in a sample representing the female population of Quebec (Fortin and Coutu, 1985). This discrepancy can be attributed to the women in the experimental groups, for symptoms exhibited by sub-

3. Another aspect of this scale (psychotic) is reported exclusively in Rinfret-Raynor and al. (1989 and 1991).

jects in the comparison group were comparable, at the last follow-up interview, to those of the reference sample.

Social support and psycho-social help received prior to the study

We found in the pretest that the women participated very little in groups and associations and that those who did were involved mostly in volunteer or self-help organizations (16%). Participation in groups or associations had increased slightly at the post-test and the two follow-up interviews, with participation in social or recreational organizations and volunteer or self-help groups predominating.

At the time of the pretest, a majority of women had already had recourse to different kinds of support in their surroundings or believed that this support would be available to them if they needed it. The possibilities of obtaining concrete help increased slightly all through the study. However, at the time of the post-test, we found an increase in the percentage of women who thought it would be impossible for them to borrow money from someone close to them or secure help in the event of an illness. This situation reverted subsequently. In general terms, research participants perceived less and less difficulty, at each stage of the study, in obtaining help from their surroundings for many of the little services they could need (more than 80% of women said, in the last interview, that they could get help rather easily or very easily against 58.1% in the pretest).

At the beginning of the intervention, 84.5% of participants had experienced a difficult event or situation in the past month. The major difficulties encountered were related to the partner or ex-partner (separation, return, ambivalence, violence). The vast majority of women continued to experience problems during the intervention (72.7%) and between subsequent interviews (87.7% at the first follow-up interview and 82.1% at the last). Problems related to the partner or the ex-partner remained the most frequently reported, though they decreased steadily, while problems with transition and personal problems increased considerably during the intervention and remained frequent at the last two stages, reflecting the difficulty of putting an end to the violent atmosphere.

More than 60% of the women in the study had consulted a member of a helping profession (social worker, psychologist, psychiatrist) in the five years preceding the intervention under study. Simultaneously with the intervention studied, a quarter of the women were consulting

another practitioner. Half the respondents consulted someone between the post-test and the first follow-up interview and between this and the last interview (which could include, in these last two cases, continued help from the practitioner who participated in the study). These findings attest to women's need for help in facing the problems mentioned earlier.

Attitude toward sexual roles

In each group, we found women with traditional attitudes and women with feminist attitudes. As measured in the last follow-up interview, this attitude changed only slightly towards greater liberalization. We found, though, that women who discontinued the intervention had a significantly more conservative attitude than those who persevered with the intervention.

Perception of the quality of treatment and the therapeutic relationship

Participants were, in general, very satisfied with the intervention received in all three groups, scoring an average of 3.594 out of a possible 4 on the CSQ-8 scale (Nguyen, Atkinson et al., 1984, translated in French by Frenette, 1985).

Post-intervention results obtained on the Relationship Inventory (Barrett-Lennard, 1967, translated by Charbonneau and Bouchard, 1980) indicated that women in the study thought their practitioners demonstrated a great deal of respect (average score of 36.10 out of a possible 48), authenticity (30.55) and empathy (28.32). The warmth associated with an attitude of unconditional acceptance was perceived much less (13.75). The only significant difference between the groups was found in the area of authenticity where practitioners in the experimental group/individual intervention were perceived as more authentic (34.31) than practitioners in the comparison group (26.51): $F_{2, 124}$; $F=4.150$; $prob.=.018$.

Intervening variables related to the practitioners

As well as looking at the practitioners' training and social work experience (see pp. 22-23), we explored their attitudes toward women who are abused by their partners using the 'Attitude envers les femmes vio-

lentées par leur conjoint' (AFEVIC) scale (Lavoie et al., 1986), and their expectations of the intervention using the 'Inventory of Therapists' Expectations' (Bernstein et al., 1979).

Results on the scale of attitudes toward battered women indicated that practitioners in the experimental group favoured support for the battered woman slightly more (119.83) than practitioners in the comparison group (116.18), but the difference was not statistically significant. We observed, however, a greater homogeneity in the answers of practitioners in the experimental groups (a spread of 114 to 124 compared to a spread of 101 to 123 for those in the comparison group).

Before reporting our results from the three scales of the Inventory of Therapists' Expectations, we should state that social practitioners are generally reticent about using this instrument, feeling that many items don't reflect their practice. We found a statistically significant difference ($t=3.047$; $prob.=.006$) on the Process scale, where practitioners in the experimental groups manifested higher expectations (4.63 vs. 3.97 for practitioners in the comparison group) and gave much less varied answers (4.14-5.36 against 2.75-4.82). On the two other scales of the Inventory of Therapists' Expectations (Diagnostic and Prognostic), the differences observed were not statistically significant but the average scores obtained by practitioners in the experimental groups were slightly higher than those obtained by practitioners in the comparison group, and we saw less variation in their answers, especially on the Prognostic scale.

3 Effectiveness of the intervention measured by change in dependent variables

This chapter looks at the progress made by participants on dependent variables and the effectiveness of each mode of intervention (hypothesis 1). Next, we compare the effects of the two experimental modes of intervention (hypothesis 2) with the effects of the individual experimental mode and the treatment received by subjects in the comparison group (hypothesis 3).

For each of the dependent variables, hypothesis 1 predicting a change between the pretest and the post-test was verified statistically using an analysis of variance (repeated measures) where results for each group of women completing the same instrument in the pretest and the post-test were compared. The complementary hypothesis about these improvements being maintained over time was then verified using the analysis of variance (repeated measures) applied to the results of women in each group who had completed the same questionnaire at four stages. Concerning changes in violence, only the results of the pretest, the post-test and the last follow-up interview were taken into account given the great number of women who had had no contact with their violent ex-partner between the post-test and the first follow-up interview. Hypotheses 2 and 3 regarding the superiority of one intervention mode over another were verified using an analysis of covariance applied, for each of the dependent variables, to results for subjects who had completed the four stages of the study.

EFFECTIVENESS OF EACH MODE OF INTERVENTION (HYPOTHESIS 1)

We will present our subjects' progress on the dependent variables used to define the treatment's effectiveness: the frequency and severity of the violence experienced and progress in the mode of conflict resolu-

tion within the couple, the woman's self-esteem, her general ability to assert herself and her social adjustment. For women living with a partner, we will also look at the woman's progress in assertive abilities within the couple and her conjugal adjustment.

Changes in the violence experienced

In the first research interview (at the beginning of the intervention), we looked at the frequency with which partners had, over the past six months, adopted the behaviours described in the Conflict Tactics Scale; in the case of an ex-partner, women were asked to refer to the last six months of life with their partner. In the post-test and the two follow-up interviews, we asked about the partner's behaviour since the last interview and, where there had been contact between the separated woman and her violent ex-partner, about his behaviour during this same period.

Given the number of women who had separated from their violent partner and had no contact with him during the study, we can say that the violence had stopped for 21.7% of women in the sample (35/161) at the post-test, for 24% (30/124) at the first follow-up interview and for 11.4% (14/123) at the last interview. Let us now see what happened with women who continued to live with their violent partner or who had contact with a violent ex-partner during the period studied. Given the small size of many groups at certain stages and taking into account the fact that the distinction between a partner and an ex-partner was not needed to verify the hypothesis according to which the violence had diminished, we grouped together results of the Conflict Tactics Scale completed in reference to a partner and those referring to an ex-partner.

Table 6 presents results of the analysis of variance (repeated measures) applied to the Conflict Tactics Scales (Straus). First of all (A) the results of a same subject in the pretest were compared to those of the post-test; secondly (B) results for the same women at the three stages examined here were subjected to the variance analysis. We can see that scores on the Reasoning scale increased in a statistically significant manner ($p < 0.005$) in each of the groups between the beginning and the end of the intervention, demonstrating greater use of behaviours described in the items of the Reasoning scale by partners and ex-partners of the women concerned. This increase was more significant among partners than ex-partners. These changes continued over time, as shown by the ANOVA applied to each of the three periods. Parallel

TABLE 6

Analysis of variance results (repeated measures) applied to the CTS (Straus), for women who completed the intervention, and who live with a partner or had contact with an ex-partner, for each group

A) between the pretest and post-test and B) between the three stages

Scale Results at Each Stage	Experimental Groups				Comparison Group	
	Group Intervention		Individual Intervention		Mean F	n p
	Mean F	n p	Mean F	n p		
Reasoning						
A) Pretest	1.79	34	1.27	33	1.31	29
Post-test	4.53	34	3.36	33	5.41	29
ANOVA	21.826	0.000*	15.880	0.000*	23.791	0.000*
B) Pretest						
Post-test	1.25	28	1.08	25	1.58	24
Second follow-up interview	4.11	28	3.48	25	6.00	24
ANOVA	16.638	0.000*(1)	6.996	0.002*(1)	19.152	0.000*(1)
Verbal Aggression						
A) Pretest	22.65	37	22.82	38	22.03	31
Post-test	13.49	37	13.13	38	11.94	31
ANOVA	39.664	0.000*	27.231	0.000*	34.268	0.000*
B) Pretest						
Post-test	23.03	32	21.63	30	21.57	28
Second follow-up interview	13.84	32	13.30	30	11.36	28
ANOVA	11.47	32	11.40	30	8.93	28
ANOVA	29.066	0.000*(1)	16.972	0.000*(1)	31.813	0.000*(1)
Physical Aggression						
A) Pretest	7.24	37	9.68	38	9.39	31
Post-test	1.62	37	1.63	38	1.74	31
ANOVA	25.782	0.000*	28.96	0.000*	31.256	0.000*
B) Pretest						
Post-test	7.00	32	8.53	30	8.96	28
Second follow-up interview	1.13	32	1.17	30	1.75	28
ANOVA	1.31	32	0.73	30	0.57	28
ANOVA	20.054	0.000*(1)	26.292	0.000*(1)	26.488	0.000*(1)

** $p \leq 0.005$

(1) Differences between the pretest and each subsequent measurement are significant

to this, scores on the Verbal Aggression scale decreased in a statistically significant manner between the pretest and the post-test and this in each of the three groups, indicating that these women experienced much less verbal abuse. This decrease in verbally violent behaviour was slightly more important among ex-partners. Here too, the improvements continued over time. The same pattern occurred in the Physical Aggression scale, with the exception of a very slight increase in physical aggression between the post-test and the last follow-up interview among women in the experimental group/group intervention.

The two aspects of hypothesis 1 were thus confirmed concerning the decrease of verbal and physical violence and the increased use of reasoning by partners and ex-partners in their conflict resolution strategies.

Changes in self-esteem , assertive abilities and social and conjugal adjustment

The dependent variables defining the effectiveness of the intervention in this study include not only the cessation or decrease of violence experienced, but also an improvement in the woman's self-esteem and assertive abilities (general assertiveness and assertiveness within the couple), as well as a positive change in her level of social adjustment and adjustment in the couple. All scales used to measure these variables, with the exception of the Rathus Assertiveness Schedule, are made up of sub-scales that we will not present in this summary. (See Rinfret-Raynor et al. (1991), chapter 5, for descriptions of each of the sub-scales).

At the start of the intervention, participants had a level of self-esteem significantly inferior to the Quebec norm (Toulouse, 1971). Taking into account that these norms might be somewhat out of date, these results eloquently confirm the low level of self-esteem of the battered women in the sample at the start of the intervention. We also observed, in the pretest, little self-assertion, particularly in the experimental groups and especially for subjects receiving group intervention, whose scores were significantly different from those of the comparison group from a statistical point of view.

Table 7 shows that statistically significant improvements occurred between the pretest and the post-test on each of the dependent variables presented in this table: self-esteem, general ability to assert oneself and so-

TABLE 7
Analysis of variance results (repeated measures) applied in each group,
A) between the pretest and the post-test and B) between the four stages,
on the following scales:

- 1) Tennessee Self-Concept Scale (TSSC: Fitts, 1964, translated by J.M. Toulouse, 1968)
 2) Rathus Assertiveness Schedule (Rathus, 1973, translated by Bouchard et al., 1975)
 3) Social Adjustment Scale (Weissmann and Bothwell, 1976, translated for this research)

Scale Results at Each Stage	Experimental Groups				Comparison Group	
	Group Intervention		Individual intervention		Mean	n
	Mean	n	Mean	n		
	F	p	F	p		
1. Self-concept						
A) Pretest	318.79	42	317.43	47	331.64	42
Post-test	331.83	42	331.06	47	346.31	42
ANOVA	8.051	0.007*	6.209	0.016*	15.542	0.000**
B) Pretest	317.97	37	318.20	41	334.08	37
Post-test	332.84	37	332.15	41	350.32	37
First follow-up interview	342.30	37	345.12	41	360.95	37
Second follow-up interview	346.73	37	350.34	41	368.70	37
ANOVA	9.066	0.000*(3)	13.457	0.000*(4)	25.193	0.000***(2)
2. Assertiveness						
A) Pretest	-12.10	41	-10.23	43	0.70	37
Post-test	2.93	41	3.77	43	10.68	37
ANOVA	17.383	0.000**	13854	0.001**	11.688	0.002**
B) Pretest	-12.35	37	-9.83	41	0.88	33
Post-test	3.62	37	4.07	41	11.33	33
First follow-up interview	9.33	37	9.34	41	17.55	33
Second follow-up interview	10.62	37	13.37	41	24.12	33
ANOVA	13.450	0.000***(1)	15.987	0.000***(1)	17.780	0.000***(2)
3. Social Adjustment						
A) Pretest	2.25	43	2.35	47	2.13	44
Post-test	2.07	43	2.16	47	1.87	44
ANOVA	6.677	0.013*	4.498	0.039*	18.077	0.000**
B) Pretest	2.23	40	2.32	44	2.09	39
Post-test	2.08	40	2.11	44	1.82	39
First follow-up interview	1.96	40	2.02	44	1.82	39
Second follow-up interview	1.86	40	1.93	44	1.67	39
ANOVA	9.361	0.000***(4)	8.787	0.000***(1)	17.237	0.000***(1)

* $p \leq 0.05$

** $p \leq 0.005$

(1) Differences are significant between the pretest and each of the three subsequent measurements.

(2) Differences are significant between the pretest and each of the three subsequent measurements, and between measurements of the post-test and the first follow-up interview.

cial adjustment, confirming the first part of hypothesis 1 about these three variables. The analysis of variance (repeated measures) applied to the results of subjects who completed questionnaires at all four stages of the study showed, moreover, that these changes were maintained throughout the period studied. Generally, improvements observed at the end of the intervention continued, at a slower rate, until the two follow-up interviews. The second part of hypothesis 1 was thus also confirmed.

Table 8 presents changes exclusively among women living with their partner during the study. We can see that the average global score for self-assertion in the couple was moderate and would indicate a couple relationship characterized by medium assertive behaviour in the woman. The global score on the scale of dyadic adjustment obtained in the pretest was very low, particularly among women in the comparison group and in the experimental group/group intervention, indicating a low quality of marital life. Differences between the groups were not statistically significant. The number of women living with their partner at all four stages of the study in each group was too small to permit the use of statistical tests that would confirm or invalidate the hypothesis about the two variables.

We can, however, state in a general way that marital relations in the three groups changed between the beginning and the end of the intervention, with an increase in the woman becoming increasingly assertive. The change tended to be maintained over time (see Table 8). These results support hypothesis 1 concerning the effectiveness of each mode of intervention.

We observed that women in the experimental group/individual intervention, who displayed a greater degree of adjustment within the couple at the start of the intervention, acted on this variable differently than women in the two other groups. While the latter experienced an important increase between the pretest and the post-test, women in the experimental group/individual intervention experienced a decrease in their level of dyadic adjustment. However, they improved their score on this variable at the last follow-up interview. For the experimental group/group intervention and the comparison group, results supported hypothesis 1, while the results in the experimental group/individual intervention did not.

TABLE 8
Results obtained

1) the Scale of Marital Assertion (Klosterman, 1980, translated for this research),
2) the Scale of Dyadic Adjustment (Spanier, 1976, translated by Baillargeon et al., 1983),
at A) the pretest and the post-test; and B) all four stages

Scale at Each Stage	Experimental Group				Comparison Group	
	Group Intervention		Individual intervention		Mean	n
	Mean	n	Mean	n		
1. Marital Assertion						
A) Pretest	91.29	17	92.93	14	84.99	9
Post-test	80.41	17	81.43	14	76.11	9
B) Pretest						
Post-test	90.36	11	88.11	9	87.71	7
First follow-up interview	76.64	11	78.33	9	77.29	7
Second follow-up interview	74.91	11	81.56	9	67.00	7
74.27	11	77.33	9	64.43	7	
2. Dyadic Adjustment						
A) Pretest	61.00	14	80.08	12	62.00	11
Post-test	80.71	14	69.92	12	70.46	11
B) Pretest						
Post-test	58.20	10	87.88	8	56.86	7
First follow-up interview	76.40	10	79.25	8	64.86	7
Second follow-up interview	74.00	10	73.63	8	94.43	7
79.80	10	82.38	8	105.14	7	

COMPARATIVE EFFECTIVENESS OF INTERVENTION MODES (HYPOTHESES 2 AND 3)

Hypothesis 2 predicted that the feminist intervention received by subjects in the experimental group/group intervention would produce results superior to those produced among battered women receiving individual intervention of the same model. The third and last hypothesis stated that the feminist intervention received by subjects in the experimental group/individual intervention would produce effects superior to those achieved in battered women treated with other individual approaches by practitioners in the comparison group.

To test these hypotheses, we used an analysis of covariance, which allowed us to verify whether the modes of treatment differ in their contribution to changes undergone at the various stages of the study. In doing so we must take into account each group's score on the dependant

variable at the start of the intervention. This covariance analysis was all the more justified as subjects were not randomly placed in each intervention group and differences on dependent variables were observed at the beginning of the intervention, though these differences were not statistically significant except in a few cases (general ability to assert oneself, the physical aspect of self-esteem, and the financial aspect of social adjustment). The data presented in section B of Tables 6, 7 and 8 was used to perform these analyses of covariance.

Results of these analyses (see table 9) indicate that the hypothesis regarding group intervention of the feminist model's superiority to individual intervention of the same model (hypothesis 2) must be rejected for each of the dependant variables analyzed.

Likewise, hypothesis 3 claiming the superiority of individual intervention of the feminist model over the other individual approaches studied must be rejected. We observed that the comparison group intervention contributed more to an increased use of reasoning by partners or ex-partners while individual intervention in the experimental group contributed slightly more to reducing physical aggression than interventions of the comparison group.

TABLE 9

Analysis of covariance expressing the differences

A) between the two types of feminist intervention; and
 B) between individual feminist intervention and interventions in the comparison group, regarding their contribution to change over the course of the study, for each of the dependent variables defining the effectiveness of the intervention.

	A N C O V A					
	Measured at the last follow-up interview (dependant variable)			Measured at the pretest, post-test and first follow-up interview (concomitant variables) ⁽¹⁾		
	A) Hypothesis 1			B) Hypothesis 2		
	(n)	F	P	(n)	F	P
Conflict Tactics Scale (Straus)						
• Reasoning	(53)	2.216	0.143	(49)	4.728	0.035*
• Verbal Aggression	(62)	0.025	0.874	(58)	0.787	0.379
• Physical Aggression	(62)	0.969	0.329	(58)	0.185	0.669 ⁽²⁾
Self-Esteem (Fitts)	(78)	0.057	0.812	(78)	1.418	0.238
General Assertiveness (Rathus)	(78)	0.480	0.490	(74)	1.053	0.308
Social Adjustment (Weissman)	(84)	0.104	0.748	(83)	1.075	0.303
Assertiveness with the Partner (Klostermann)						
• Women living with the partner	(20)	0.259	0.618	(16)	0.006	0.938
Dyadic Adjustment (Spanier)						
• Women living with the partner	(18)	0.545	0.711	(15)	0.452	0.517

* The difference in each mode of intervention's contribution the change is significant ($p \leq 0.05$).

(1) For the CTS, only pretest and post-test variables were kept as concomitant variables.

(2) A significant interactive effect ($F = 7.844$; $p = 0.007$) is observed between the mode of treatment and the results of concomitant variables.

4 Discussion

The strengths and weaknesses of the methodology we adopted will determine the relevance of our findings to the field of social intervention. By demonstrating the effectiveness of the approaches used in the study, the results are encouraging both to women who are victims of marital violence and to practitioners working with these women. Before we generalize our results, however, we must look closely at the process used to select participants and the practitioners who referred these women to us. This process was strongly influenced by a social context in which attitudes toward battered women were rapidly changing.

It is important to remember here that practitioners in the comparison group who agreed to participate in the study, while not having received specific training in working with battered women, practiced an intervention that resembled the feminist model applied by practitioners in the experimental groups. They shared much of the feminist analysis of the causes of marital violence, pursued goals similar to those targeted by the model, used an intervention based on the needs of the woman rather than the family or the couple, worked on self-esteem, were open to the woman's emotions, and offered concrete help. The researchers did not select practitioners for these similarities; rather, they result from problems encountered in recruiting practitioners. The representativity of these practitioners in relation to common practice in social service establishments is limited by the fact that only female practitioners were recruited, that these practitioners participated voluntarily and that their interest in the issue most likely led them to read about feminist intervention in general and Larouche's model in particular. As well, to be accepted in the project, practitioners in the comparison group had to have received supplementary training related to intervention after their basic university studies, which might have made them feel more competent about their intervention and partly explain their interest in working with battered women and participating in research. We must acknowledge, however, that practitioners in the

comparison group, while familiar with the feminist model, are in this respect representative of practitioners working in certain other Quebec social service centres who have received training offered by the Ministry of Health and Social Affairs, training that is based on a feminist perspective (Boulanger et al., 1988).

Observations regarding the battered women who participated in the study cannot automatically be generalized to all battered women who receive treatment in social service centres. The selection process excluded women who turned to participant centres for help but never returned, women who benefited from one or several sessions with a practitioner but to whom the practitioner did not suggest participating in the study and, of course, women who refused to take part in the study while still receiving a form of intervention and all the clients receiving intervention where marital violence was not detected. It is possible that these women are different from the volunteers who participated in the study.

Taking into account these restrictions on the interpretation of our research results and the generalizations that can be made, we will briefly discuss the changes in participants' situations and factors that appear to be related to the effectiveness of intervention with battered women.

CHANGE IN THE WOMAN'S SITUATION

We will limit ourselves in this section to analyzing the change in participants' situations evidenced by certain socio-economic variables and by the dependant variables that define, in our study, the intervention's effectiveness.

Analysis of socio-economic change

The primary occupation of respondents changed significantly from the beginning to the end of the intervention. The number of working women increased while the number of housewives decreased. With more than 50% of respondents employed, unemployed or seeking employment at the end of the intervention, the proportion of working women approached that of Quebec women in general (51.3%, Statistics Canada, 1986). However, part of this increase can be explained by the fact that all recipients of welfare must participate in income supplement programs by accepting precarious jobs. By the end of the inter-

vention, the woman's salary had overtaken welfare payments as primary source of income. Even though the greater financial autonomy gained by these women led to an increase in their average disposable income and this average income approached that of the average for Quebec women (Statistics Canada, 1986), the battered women in the sample generally lived below the poverty line established by the Canadian Council on Social Development (Ross and Shillington, 1989).¹ Longer-term studies would be needed to see to what extent jobs and training programs lead to a stable presence on the workforce and are accompanied by an increase in income that allows women to rise above the poverty line.

A comparison of our results with those of a recent study of battered women who had been residents of shelters in the Lower St. Lawrence and Gaspé (Chénard et al., 1990) clearly demonstrates the influence of an area's economic situation on a woman's chances of improving her socio-economic condition. Twelve percent of the women in our sample who had been housewives at the time of the pretest were working by the end of the intervention. In Chénard's study, only 1.5% of the women whose principal occupation at the time of their stay in the shelter was keeping house were working at the time of the survey, conducted at least one year after they had left the shelter. As well, of the 26 women in Chénard's study for whom welfare was the main source of income when they lived in the shelter, 20 (76.9%) were still in this position at the time of the survey. As we know, this region of Quebec has one of the highest unemployment rates in the country.

Among the women in our study who had left their partner, less than 3 in 10 went back to living with a partner (a little more than half of whom returned to the violent ex-partner), and less than 2 in 10 were still with this partner at the end of the study. This is far from showing a morbid dependency on the violent ex-partner and these findings, added to the fact that a great number of respondents reported in the pretest that they had attempted several separations during the time they were with their partner, confirms that a series of temporary separations often progresses into a definitive separation and can even be considered as stages towards separation (Larouche, 1985; Pfouts, 1978). The fact that few women moved into relationships with a new partner serves to dis-

1. It is important to note that large differences were observed among the participants (for example, from \$360.00 to \$57,000.00 yearly at the time of the pretest.

credit the "saviour" scenario, in which a woman finds a new partner to protect herself from the aggressor or from eventually going back to live with him (Hofeller, 1982).

Analysis of change in dependent variables

The feminist intervention model aims to correct the effects of violence on a woman's self-esteem, her capacity for self-assertion, and her social adjustment; for those still living with a partner, it seeks to improve her ability to assert herself with her partner and to increase her adjustment within the couple. As these problems are considered to be dependent on the violence experienced, the model's first objective is to eliminate the violent atmosphere in which the woman lives (Larouche, 1982, 1985, 1987; Pâquet-Deehy et al., 1989).

Observations during the first research interview indicated that the 181 women participating in the study had experienced all forms of marital violence: verbal, psychological, physical and sexual. Our research supports the idea, brought up every time we talk to women who are abused by their partner, that the humiliation and degradation they were subjected to were very often perceived to be just as, if not more, damaging and destructive than physical blows (Larouche, 1987; MacLeod, 1987; Regroupement provincial des maisons d'hébergement et de transition pour femmes victimes de violence, 1987).

Women separated from their violent partner experienced more severe or more frequent violence in the last six months of their cohabitation with him than did women who were living with their partner during the six months before data was collected. It is possible that the latter women underestimated the frequency or severity of the violent acts committed by their partner, while the separated women overestimated them or, simply, could admit to them without threatening their own ability to function. However, it seems more realistic to explain this difference by the fact that it was exactly this increase in the frequency or severity of physical violence that led these women to leave their partners (Gelles, 1976).

Our study touched directly but very rapidly on the question of sexual violence. The reticence we expected did not generally manifest itself and, despite some discomfort displayed by some women, the majority answered our questions, and many told us they were talking about it for the first time. The findings, while much less detailed, were

similar to those of a study on sexual violence in the couple conducted by the Regroupement provincial des maisons d'hébergement et de transition pour femmes victimes de violence (1987), and confirmed that verbal and physical violence are accompanied by sexual violence within the couple (Walker, 1979).

At the beginning of the treatment programme, women in the study had experienced violence for many years, whether or not the violence was now ended (the average was about 8 years for verbal violence and 6 for physical violence). The longer duration of verbal violence (threats, insults, etc.) clearly supports the notion of a cycle in which violence progressively penetrates all levels and occurs in a repetitive pattern that becomes more and more frequent (Larouche, 1987). Verbal violence, which was the first to appear, was also the last to disappear: the interval since the last aggression was always shorter for verbal violence than for physical violence. This finding confirmed observations made by practitioners themselves. Research into the progress of violence among aggressors receiving treatment also indicates that verbal violence continues after physical violence has ceased (Tolman, Beman and Mendoza, 1987; Edelson and Grusznski, 1987, reported by Werk, 1989).

At the beginning of the intervention, women in the study displayed a level of self-esteem significantly inferior to norms dating from the early 1970s on the scale used to measure self-image (Toulouse, 1971). Given the changes in Quebec society that have brought about greater confidence, on a personal as well as social and economic level, over the past 50 years, we can reasonably assume that a representative sample of today's general population would produce higher scores than those that established the norms in 1971. The differences we obtained thus appear even more significant. Low self-esteem among battered women is regularly reported in the literature. At the end of the intervention, the situation improved in such a way that the women in the study caught up with the 1971 norms for global self-esteem scores. Six months and one year later, the level of self-esteem continued to progress, though at a slower pace, and comparison with the 1971 norms showed that these were in effect surpassed, the significant differences observed now resting in favour of the women in the sample.

Along with their low level of self-esteem, the women displayed, at the beginning of the intervention, little capacity for self-assertion, con-

firming observations made elsewhere about battered women (Rosenbaum and O'Leary, 1981). At the end of the intervention, their ability to assert themselves had increased significantly, and this climb continued six months later. While slowing its pace, this progress was still apparent another six months later.

The battered women participating in the study started the intervention with many social adjustment problems. The global score on the social adjustment scale translated for our research needs ranged from 2.16 to 2.37 out of 5, depending on the group. We can compare this, though imperfectly, to the average scores obtained by a sample of American women on the original scale (1.61) and to a sample of severely depressed women (2.53) surveyed by Weissman et al. (1978). At the end of the intervention, there was a general decrease in social adjustment problems. Six months and one year later, the situation seems to stabilize or continue to improve slightly.

At the beginning of the study, we found that the marital relations of women living with their partners were characterized by little behavioural assertiveness on the woman's part. These results resemble those reported in other studies (Rosenbaum and O'Leary, 1981; Jakubowski, 1977). We must point out, however, that the scale translated for our research needs has certain weaknesses (Rinfret-Raynor et al., 1989) and that data from a representative sample of Quebec women would be needed to make a valid interpretation. At each subsequent stage of the research, we noticed a slight increase in the woman's ability to assert herself with her partner, but noticed a more significant decrease in non-assertive behaviour, which supports the claim that it is easier to decrease non-assertive behaviour than it is to increase assertive behaviour (Beaudry, 1981). It is also possible that living with the aggressor forces a woman to avoid assertive behaviour as a survival mechanism that minimizes the risk of aggression.

In the same way, scores obtained at the beginning of the intervention on the scale of dyadic adjustment and its various sub-scales indicated a low quality of marital life as perceived by respondents living with their partner. Compared to scores obtained in a sample of Quebec women (Baillargeon et al., 1986), our participants scored lower on all indexes, with the satisfaction and cohesion scores being twice as low. At the end of the intervention, we saw an increase in the average score of all respondents, but this increase did not occur among women benefiting from the individual mode of feminist intervention. Women in this

group had a more positive outlook on their role in the couple at the beginning of the intervention than did women in the other groups. Given the combination of this more positive perception and the fact that they experienced more severe violence, we can presume that this positive outlook would darken as their awareness of the violence increased.

ANALYSIS OF THE EFFECTIVENESS OF THE INTERVENTION MODES STUDIED

Our study aimed to verify three hypotheses. The first postulated the effectiveness (significant improvements between the beginning and the end of the intervention) of the three modes of treatment received by 181 battered women, and the persistence of these effects over time. The first two treatment types were the group and individual applications of the feminist intervention model developed and taught by Larouche (1982, 1985, 1987); the third brought together individual approaches of practitioners who had never received specific training to work with battered women. The second hypothesis predicted that within the feminist intervention model, group treatment would be more effective than individual treatment. Finally, the third hypothesis stated that individual treatment according to the feminist model would be more effective than individual treatment offered by practitioners who had not been specifically trained to intervene with battered women. The first hypothesis was largely confirmed by statistical tests conducted on measurements of dependent variables defining the intervention's effectiveness, while the second and third hypotheses must be rejected, at least in the context of the present study. The context in which this study was undertaken limits the possibility of interpreting or generalizing results concerning the hypotheses we formulated. At the same time, the study allows us to pinpoint characteristics common to the three kinds of intervention studied that could be viewed as conditions for an effective intervention with women who are victims of marital violence.

The feminist model of intervention with battered women attributes marital violence to the patriarchal system, social conditioning, female and male stereotypes, values imparted by the educational system and the silence in which victims are trapped. The work options of the feminist model arising from these premisses are clear: work centred on the woman rather than the family or the couple, work on autonomy and self-esteem, openness to women's emotions, concrete help. The practi-

tioners who voluntarily agreed to refer women victims of marital violence to the comparison group used an intervention that, in these fundamental respects, resembled the intervention of the feminist intervention model. These similarities were identified through questions put to practitioners in the comparison group that served to document their intervention², and were supported by additional information on the intervention obtained from the practitioners for each woman who participated in the study.³ In fact, though we saw less homogeneity among practitioners in the comparison group than among their counterparts in the experimental groups, problems associated with self-esteem, rage and other emotions associated with violence were the most often reported. Practitioners in the experimental groups and the comparison group displayed a more favourable attitude towards support for battered women than the one observed in the general population and among other social practitioners (see pp. 42-43). In our opinion, these common aspects of the intervention prescribed by the feminist model and the intervention of practitioners in the comparison group clearly constitute the basic conditions for effective intervention with women who are victims of marital violence:

- 1) feminist analysis of the issue;
- 2) intervention centred on the women rather than the couple or the family;
- 3) emphasis placed on restoring self-esteem;
- 4) importance of concrete help;
- 5) work on the emotions associated with violence.

The similarities between the social practitioners of the experimental groups and those of the comparison group can be attributed to the fact that, since 1984 (the date when the action-research that preceded the present evaluative study began), important changes in attitude have occurred in society in general and in the social service and law enforcement domains in particular. Awareness-raising campaigns undertaken in Quebec in the social and legal domains helped to develop methods largely inspired by the feminist school. As well, training offered within public sector social services is based on a feminist analysis of the issue and thus favours a largely pro-feminist view. The difference that existed in the early 1980s between the intervention Larouche proposed

2. See Rinfret-Raynor and al. (1989).

3. See Rinfret-Raynor and al. (1991).

and the intervention generally used in social service establishments has thus become much less evident, at least among social practitioners who voluntarily agree to work with victims of marital violence and participate in research on the subject.

It is obvious that social intervention with battered women, when it respects the basic conditions identified above, can empower the battered woman to diminish the level of violence she experiences. Social practitioners intervening with battered women do not expect to change the behaviour of the aggressor, but seek to minimize the violence of which the woman is a victim. When the victim demonstrates, in one way or another, her intention of using means to stop or diminish the violence to which she is subjected, the aggressor is left with the responsibility of choosing to cease or continue with his violent behaviour. By requesting help, the woman increases her own strength and her power in relation to the aggressor. The changes that occurred between the beginning and the end of the intervention in the women interviewed were impressive, both in the decrease of violence experienced and in the significant reduction of psychological problems arising from violence.

The continuation of improvements, for at least six months and one year after the post-test, is probably not unrelated to the fact that about 20% of women in each group continued to see their social practitioner between the post-test and the first follow-up interview, and about 10% did so between the two follow-up interviews. If we take into account the number of consultations these women benefited from in the period studied, these proportions rise to 26% between the pretest and the post-test (other than with the practitioner participating in the post-test), and to 46% and to 45.5% respectively at the two other stages (this time including the practitioner participating in the project). Many of the women thus maintained a therapeutic relationship with a professional (social worker, psychologist, psychiatrist). As well, the women saw an improvement, throughout the period studied, in the social support they received or thought they could receive if needed. This could be an element that worked in favour of their growth in the dependent variables studied, or we could assume, inversely, that the personal changes they went through improved the contact they maintained with their surroundings.

These encouraging results challenge earlier research claiming that members of the helping professions, and the social services in particular, demonstrate little effectiveness (Eysenck, 1952, 1961, 1966; Fis-

cher, 1982). However, since the 1970s, it is generally acknowledged that certain psychotherapies, implemented by some therapists with some clients, produce results superior to those observed among clients who do not receive help (Garske and Lynn, 1985). Our research does not look at battered women who do not receive help, but it tends to confirm that intervention with some clienteles, if it complies with certain conditions, is useful. This does not discount that the types of intervention we evaluated share with all effective forms of intervention the active ingredients that make them instruments of change (Garske and Lynn, 1985). A deeper analysis of these instruments of change is outside the scope of our study. We will simply point out that the feminist intervention model and the approaches used by practitioners in the comparison group integrated techniques borrowed from various theories, which, according to some authors, characterize the most effective and most commonly used approaches (Garfield and Kurtz, 1976; Goldfried, 1980).

Let us end with a brief comment on the fact that our results do not demonstrate the postulated superiority of group intervention over individual intervention in the feminist intervention model. This hypothesis is based on the greater coherence between the group (collective) approach and the theoretical basis of the feminist model and on the practitioner's perception of more rapid change in a group, or at least more visible change. Practitioners also believe that the challenge presented by the model to battered woman is more apparent in group than individual intervention and that it should thus be more effective. Lewis (1983) summarizes what makes group intervention superior in work with battered women as follows: the knowledge that her situation is quite common lessens the woman's shame and her negative perception of herself, and the group reduces the social isolation that produces depression and feelings of helplessness.

The lack of differences observed between the two applications of the same model in their effects on the variables studied can be interpreted in different ways (Rinfret-Raynor et al., 1991). First of all, we might question the ideas underlying the perceived superiority of the group approach. We might also say that the group may offer a specific contribution that has not been considered in our research estimates. Finally, the differences observed at the start of the treatment between women who benefited from group intervention and those who received individual intervention might explain, at least in part, the lack of difference between the effectiveness of the two approaches.

Conclusion

Our findings offer some encouraging prospects for women who experience marital violence and for social service intervention. With support from an adequate form of help, women who are victims of marital violence can use their personal resources and those of their social network, on the one hand to try to eliminate or significantly diminish the violence they experience, on the other hand, to rebuild their personal and social lives. This rebuilding is reflected in the progressive improvement of their socio-economic condition, in the significant increase in their level of self-esteem, their ability to assert themselves and their level of social adjustment, and in a marked improvement in their general mental state.

Our findings do not, however, permit us to generalize the help potential we observed to all social intervention approaches. Without claiming that other conditions could not also produce an effective intervention, we can state that the characteristics that practitioners in the experimental groups and the comparison group hold in common are conditions for effective intervention with women victims of violence. These conditions are a feminist analysis of the issue and a choice of intervention arising from this analysis. The analysis of marital violence in a feminist perspective, where it is seen as generated by a patriarchal system in which violence itself as much as the victim's tolerance of it is encouraged by the social conditioning imposed on men and women, forms the basis for the intervention options largely shared by the social practitioners participating in our study: work centred on the woman rather than the couple or the family, intervention promoting the restoration of self-esteem and autonomy, openness to emotions, and concrete help.

These conditions associated in our study with the effectiveness of intervention with battered women support an approach where intervention is differentiated according to the type of violence within the family and the person's position as victim (children, women, old people) or aggressor (violent partner, abusive parent, aggressing children). This

integrated approach tries to put an end to the violence while respecting the person's position in the violent dynamic (Larouche, 1990; Larouche and Gagné, 1990). This integrated approach to treating violence is quite different from another approach, also called global and integrated, that centres on the couple or the family as an intervention unit, and is supported by, among others, the Quebec Council on the family (Conseil de la famille, 1990); in this approach, the violence is explained by tensions affecting members of a same system. These are thus two opposite points of view on a same but differently formulated problem. Approaches centred on the family as an intervention unit and largely inspired by systemic models are widespread in social service centres and, to our knowledge, have seldom been evaluated with respect to the decrease of violence and improvement in the well-being of the victims (Harris et al., 1988). They have, however, been condemned for their inability to identify marital violence, and intervene effectively in this area, because of the dilemmas they present to social practitioners (Court, 1978; Hilberman and Munson, 1978; Horley, 1989; Martin, 1976; Martin and Lavoie, 1986; Roy, 1977). Our results demonstrate, on the other hand, that an approach centred on the woman and respecting the other conditions identified above can act effectively to reduce the level of violence experienced, to restore the woman's self-esteem and autonomy and to improve her general mental health. This confirms the importance of orientations chosen by feminist practitioners in their work with battered women.

In addition to the positive effect it might have on the work of social practitioners, the present evaluative study illustrates the possibility of creating operational links between practice and research, a cooperation actively sought in social services but difficult to attain in this discipline as it is elsewhere. The feminist intervention model was developed in constant contact with research; practitioners played key roles in evaluating the model, in applying it, and in systematizing it (Larouche, 1987; Pâquet-Deehy et al., 1989; Rinfret-Raynor et al., 1989). This experience of complementarity between research and practice was not accomplished without some difficulties, but on the whole it was a valuable undertaking for all parties; all emerged more aware of the demands, problems and limitations of practice or research, and enriched by their participation in a common project.

In spite of this special association between researchers and practitioners, many problems hindered the recruitment of subjects for the study, problems that we have extensively described in our two research

reports (Rinfret-Raynor et al., 1989 and 1991) and that forced us to make many alterations. This experience allows us to repeat what other researchers have stated before us about the need for evaluative research on intervention to integrate, at every stage of development (from conception of the design to distribution of results), mechanisms to adapt to situations encountered in practice. It is in fact impossible, and especially ineffective in producing knowledge, to arrange situations: any arrangement undertaken to satisfy the needs of the research, to the extent that it would significantly modify the intervention process, only succeeds in limiting the value of results obtained.

The research on which we have reported here represents a case study of evaluative research adapting to the pace imposed by action. It was accomplished over a period when changing attitudes about the issue were influencing practice. This had a strong impact on the initial research design and meant that it had to be progressively modified to adapt to these changes and to deal with the practical concerns of organizing and distributing services while still preserving a constant concern for methodological rigour. These modifications limited the possibilities of generalizing results, mostly because of the particular characteristics of the practitioners and clients who voluntarily participated, but they allowed us nonetheless to identify certain conditions for effective intervention that can serve as broad reference points in the organization and distribution of services. The application of these conditions in different situations could be studied in order to specify their operational usefulness. If, as Benoît Gauthier stated following his analysis of a hundred evaluative studies conducted in Quebec, "... evaluative research is only effective when it is conscious of being inscribed in action" (Gauthier, 1982, p.285), our research will have some usefulness as it accompanied an effort to strengthen and transform intervention.

Bibliography

- Baillargeon, J., Dubois, G. and Marineau, R. (1986). Traduction française de l'échelle d'ajustement dyadique. *Canad. J. Behav. Science/Rev. canad. sci. comp.*, 18: 25-34.
- Barret-Lennard, G.T. (1967). Dimensions of therapist response as casual factors in therapeutic change. *Psychological Monography*, 76(43).
- Beaudry, M. (1981). La femme et les difficultés d'affirmation de soi. *Service Social*, 30 (1-2) : 61-69.
- Bernstein, B.L., Lecomte, C. and Desharnais, G. (1983). Therapist Expectancy Inventory: Development and preliminary validation. *Psychological Reports*, 52:479-487.
- Bouchard, M.A., Valiquette, C. and Nantel, M. (1975). Étude psychométrique de la traduction française du Rathus Assertiveness Schedule. *Revue de modification du comportement*, 5 : 89-103.
- Boulanger, S., Giroux, T. and Sabourin, M. (1988). Apprendre à intervenir auprès des femmes violentées. *Revue canadienne de santé mentale communautaire*, 7(2) : 89-102.
- Cantin, S. (1990). *Les facteurs associés à l'abandon de l'intervention en service social par des femmes victimes de violence conjugale*. Master degree thesis presented to the Faculté des études supérieures for the obtention of an M.A. in Measure and evaluation, Université de Montréal.
- Chénard, L., Cadrin, H. and Loïselle, J. (1990). *État de santé des femmes et des enfants victimes de violence conjugale*. Research report, Département de santé communautaire, Centre hospitalier régional de Rimouski.
- Commission d'enquête sur les services de santé et les services sociaux. (1987). *Programme de consultation d'experts. Dossier « Femmes »*, Québec.

- Conseil de la famille (1990). *Rapport annuel 1989-1990*, Québec.
- Court, J. (1978). Violence in the Home. *Social Work Today*, 9: 27.
- Derogatis, L.R. (1977). *SCL-90-R (Revised Version) Administration, Scoring and Procedures, Manual I*, John Hopkins University, School of Medicine.
- Eysenck, H.J. (1952). The effects of psychotherapy: An evaluation. *Journal of Consulting Psychology*, 16: 319-324.
- Eysenck, H.J. (1961). The effects of psychotherapy. In H.J. Eysenck (Ed.), *Handbook of abnormal psychology*. New York: Basic Books.
- Eysenck, H.J. (1966). *The effects of psychotherapy*. New York: International Science Press.
- Fischer, J. (1982). Does Anything Work? *Journal of Social Service Research*, 1(3):215-243.
- Fitts, W. (1964 and 1965). *Manual: Tennessee self-concept scale*, Nashville, Tennessee, Counselor Recordings and Tests.
- Fortin, F. and Coutu-Wakulczyk, G. (1985). *Validation et normalisation d'une mesure de santé mentale, le SCL-90-R*. Université de Montréal, Faculté des sciences infirmières, Montréal.
- Frankel-Howard, D. (1989). *Family Violence: A review of Theoretical and Clinical Literature*, Health and Welfare, Canada, Ottawa.
- Fréchette, D., Généreux, G. and Leblanc, J. (1981). *Recherche sur la santé mentale et les conditions de vie des femmes victimes de violence après leur passage en maison d'accueil*. Relais-Femmes, Montréal.
- Garfield, S.L. and Kurtz, R. (1976). Clinical psychologists in the 1970's. *American Psychology*, 31: 1-9.
- Garske, J. P. and Lynn, S.J. (1985). Toward a General Scheme for Psychotherapy: Effectiveness, Common Factors, and Integration. In Garske, J.P. et Lynn, S.J. (éd.) *Contemporary Psychotherapy. Models and Methods*, Merrill Publishing, 497-516.
- Gauthier, B. (1982). *Méta-évaluation en affaires sociales : analyse de 100 cas de recherches évaluatives*. Hull.

BIBLIOGRAPHY

- Gelles, R.J. (1976). Abused wives: Why do they stay? *Journal of Marriage and the Family*, 38:659-668.
- Goldfried, M.R. (1980). Toward a delineation of therapeutic change principles. *American Psychologist*, 35: 991-999.
- Hardy, J. (1981). *Le sexisme chez des étudiantes(ts) sous-graduées(és) en service social*. Master degree thesis in psychology, Université Laval.
- Harris, R., Savage, S., Jones, T. and Brooke, W. (1988). A Comparison of Treatments for Abusive Men and Their Partners within a Family - Service Agency. Special Issue: Wife Battering: A Canadian Perspective. *Canadian Journal of Community Health*, 7(2):147-155.
- Hilberman, E. and Munson, K. (1978). Sixty Battered Women. *Victimology*, 2: 460-470.
- Hodgins, S. and Larouche, G. (1982). La femme violentée et les services qui lui sont offerts. *Intervention*, 63 : 7-14.
- Hofeller, K. (1982). *Social Psychological Situational Factors in Wife Abuse*, Palo Alto, California.
- Horley, S. (1989). Woman Abuse and Training. *Social Work Today*, January 1989: 22.
- Jakubowski, P.A. (1977). Self-Assertion Training Procedures for Women. In Rawlings, E.I. and Carter, D.K. (ed.). *Psychotherapy for Women: Treatment Towards Equality*, Springfield, Charles C. Thomas, 168-190.
- Kalin, R. and Tilby, P.J. (1978). Development and Validation of a Sex-Role Ideology Scale. *Psychology Reports*, 42: 731-738.
- Kérouac, S., Taggart, M.E. and Lescop, J. (1986). *Portrait de la santé de femmes violentées et de leurs enfants*. Faculté des sciences infirmières, Université de Montréal.
- Klostermann, L.A.R. (1980). *A Reliability and Validity Study of the Marital Assertion Scale*, Saint-Louis University, Ph.D.
- Larouche, G. (1982). *Protocole d'intervention en service social auprès de la clientèle des femmes battues*. Corporation professionnelle des travailleurs sociaux du Québec, Montréal.

- Larouche, G. (1985). *Guide d'intervention auprès des femmes violentées*. Corporation professionnelle des travailleurs sociaux du Québec, Montréal.
- Larouche, G. (1985). *A Guide to Intervention with Battered Women*. Corporation professionnelle des travailleurs sociaux du Québec, Montréal.
- Larouche, G. (1987). *Agir contre la violence*. Montréal, La pleine lune.
- Larouche, G. (1990). Une intervention coordonnée. *Vis-à-vis*, 8(3) : 4-5.
- Larouche, G. and Gagné, L. (1990). Où en est la situation de la violence envers les femmes dans le milieu familial, dix ans après les colloques sur la violence ?, *Criminologie*, 23(2) : 23-45.
- Larsen, D.L., Attkinson, C.C., Hargreaves, W.A. and Nguyen, T.D. (1979). Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning*, 2:197-207.
- Lavigne, M. (1990). D'une décennie des femmes à l'autre. *Perception*, Conseil canadien de développement social, 14(2) : 50-52.
- Lavoie, F., Martin, G., and Valiquette, L. (1988). Le développement d'une échelle d'attitude envers les femmes violentées par leur conjoint. *Revue canadienne de santé mentale communautaire*, 7(1) : 17-29.
- Lewis, E. (1983). The Group Treatment of Battered Women. *Women and Therapy*, 2(1):51-58.
- Lupri, E. (1989). La violence masculine au foyer. *Tendances sociales canadiennes*, Statistique Canada, automne : 19-21.
- MacLeod, L. and Cadieux, A. (1980). *La femme battue au Canada, un cercle vicieux*. Conseil consultatif canadien sur la situation de la femme, Ottawa.
- MacLeod, L. (1987). *Pour de vraies amours... Prévenir la violence conjugale*. Conseil consultatif canadien sur la situation de la femme, Ottawa.
- Martin, D. (1976). *Battered Wives*, San Francisco: Glide Publications.
- Martin, G. and Lavoie, F. (1986). Dilemmes et intervention dans le contexte de la violence conjugale. *Intervention*, 75 : 37-47.

- Pagelow, M.D. (1984). *Family violence*, New York, Praeger.
- Paltiel, F.L. (1981). Shaping Futures for Women. *Women's Studies Int. Quart.*, 4:13-25.
- Pâquet-Deehy, A. and Rinfret-Raynor, M. (1988). *Analyse de l'évolution de la problématique de la violence conjugale au Québec et proposition d'un modèle d'intervention pour les années '90*. Paper presented at the International Conference of Schools of Social Work, Vienna, Austria.
- Pâquet-Deehy, A., Rinfret-Raynor M. and Larouche, G. (1989). *Apprendre à intervenir auprès des femmes violentées : une perspective féministe*, Research report, Université de Montréal.
- Pfouts, J.H. (1978). Violent Families: Coping responses of Abused Wives. *Child Welfare*, 57:101-111.
- Québec (1985). *Une politique d'aide aux femmes violentées*. Ministère des Affaires sociales.
- Rathus, S.A. (1973). A 30-item Schedule for Assessing Behavior. *Behavior Therapy*, 4: 398-406.
- Regroupement provincial des maisons d'hébergement et de transition pour femmes victimes de violence (1987). *La sexualité blessée. Étude sur la violence sexuelle en milieu conjugal*, Montréal.
- Rinfret-Raynor, M., Pâquet-Deehy, A., Larouche, G. and Cantin, S. (1989). *Intervenir auprès des femmes violentées : évaluation de l'efficacité d'un modèle féministe. Rapport de recherche n° 1 : Méthodologie de la recherche et caractéristiques des participantes*, École de service social, Université de Montréal.
- Rinfret-Raynor, M., Pâquet-Deehy, A., Larouche, G. and Cantin, S. (1991). *Intervenir auprès des femmes violentées : évaluation de l'efficacité d'un modèle féministe. Rapport de recherche n° 2 : Présentation et discussion des résultats*, École de service social, Université de Montréal.
- Rosenbaum, A. and O'Leary, K.D. (1981). Marital Violence: Characteristics of Abusive Couples. *Journal of Consulting and Clinical Psychology*, 49: 63-71.

- Ross, D.P., Shillington, R. (1989). *Données de base sur la pauvreté au Canada 1989*, Conseil canadien de développement social, Ottawa/ Montréal.
- Roy, M. (1977). *Battered Women*, Von Nostrand, New York.
- Roy, M. (1977). A Current Survey of 150 cases. In Roy, M., *Battered Women*, Von Nostrand, New York.
- Spanier, G.B. (1976). Measuring Dyadic Adjustment: New Scales for Assessing the Quality of Marriage and Similar Dyads. *Journal of Marriage and the Family*, 38: 15-28.
- Statistique Canada (1986). *Recensement Canada 1986*, Publications 93-101, 93-102, 93-106, 93-109, 94-109, 94-110.
- Straus, M. A. (1979). Measuring Intrafamily Conflict and Violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and the Family*, 41: 75-88.
- Tolman, R.M., Beeman, S. and Mendoza, C. (1987). The Effectiveness of a Shelter-sponsored program for Men Who Batter: Preliminary results. Paper presented at the Third Family Violence Conference for Researchers, Durham, N.H.
- Toulouse, J.M. (1971). *Mesure du concept de soi – TSSC Manuel*, photocopied paper.
- Walker, L.E. (1979). *The Battered Women*, Harper & Row, New York.
- Weissman, M.M. and Bothwell, S. (1976). The Assessment of Social Adjustment by Patient Self-report. *Archives General of Psychiatry*, 33: 1111-1115.
- Weissman, M.M., Prusoff, B.A. and Thompson, W.D. (1978). Social adjustment by self-report in a community sample and in psychiatric outpatients. *Journal of Nervous and Mental Disorder*, 166: 317-326.
- Werk, Annette (1989). Les conditions de l'efficacité. In Broué, J. and Guévremont, C. *Quand l'amour fait mal*, Éditions Saint-Martin, 143-151.