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# Get Thee to a Shelter

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## ABSTRACT

Psychotherapy and surrogate care, the two basic strategies for providing services to battered women, are criticized against outcome evidence of their reliability and efficacy. Surrogate care is shown to be the more desirable service approach. Some implications of this conclusion for the helping professions are enumerated.

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Many personal social services trade-off between two basic strategies of intervention: psychotherapy on the one hand and surrogate care on the other. The psychotherapeutic or "human potential" model of care seeks to reduce dysfunctional behaviors by direct interventions with clients. Whether the goals are expressed as enhanced living, intrapsychic care, stress reduction, motivation for independance or others, psychotherapeutic solutions to social problems usually involve a dialogue between the therapist and the client to change the client's attitudes

and thereby the client's behaviors. In contrast, surrogate care relieves or prevents dysfunctional behaviors by providing more acceptable substitutes for abusive situations.

Psychotherapeutic models emphasize that sustaining causes of dysfunctional behaviors reside in the individual and, therefore, point solutions toward individual behavior directly. Following a structural logic, surrogate solutions assume either that dysfunctional personal behaviors are molded by dysfunctional environments or that dysfunctional behaviors are past remedy; and, therefore, a sense of humanity dictates the provision of homelike environments. Structural solutions, therefore, tend to emphasize surrogate alternatives to the abusive conditions expecting that a more normal, pleasant living arrangement will nurture functional social adaptations. The structural assumptions lead to a series of programs that compensate for the failure of the customary social organizations, most notably the family, to provide adequate socialization, comfort or protection for its members.

While psychotherapeutic services can be distributed through the market place, the provision of surrogate care is most often forced upon society when the private charitable sector fails to make adequate provisions for those who are incapable of commanding sufficient resources for their basic needs. Moreover, the history of surrogate arrangements seems to suggest that the private sector customarily fails to provide sufficient resources. Thus, if a residual caretaking role is not accepted as a social good by the private sector, compensation for familial failures will probably not be provided at acceptable

levels, if at all, by private sources. Indeed, modern social work emerged out of the transition in responsibility for dependency from the private to the public sectors.

As resources become short relative to need, the competition heats up between therapeutic and surrogate intervention. For example, a residential program could emphasize costly psychotherapy for a few clients rather than a more modest surrogate program for a large number of people. Or, it could make the reciprocal decision to provide more comfortable surrogate care but include little, if any, psychotherapy.

Since each approach utilizes different solutions for similar problems, the resource allocation issue between therapeutic or surrogate care rests with an assessment of each strategy's technological efficacy, its ability to achieve preset ends.

This paper argues that a generous surrogate approach at least to the problem of family violence, at comfortable budget levels that may obviate psychotherapeutic interventions, is more effective than psychotherapy alone. Moreover, surrogate services for the battered woman, especially the emergency shelter, may be a necessary condition of successful psychotherapy.

This argument for surrogate care rests upon two pillars. First, the benefits of psychotherapy, that is, its technological efficiency, have not yet been demonstrated, suggesting that more reliable approaches may be more attractive. Secondly, surrogate care is a more critical service; while not as glamorous for practice as the psychiatric or psychological setting, surrogate care is more immediately

protective of most battered women and is now the setting in greatest need of support.

The Problem

Tending to favor a psychotherapeutic approach, Goodstein and Page (1981), two psychiatrists, recently published a state-of-the-art description of the battered wife syndrome. As they report, wife battering occurs often enough to attract general concern, while surveys suggest that the problem is not centered in any class or ethnic group. Moreover, due to the increases in both the number of reported cases and the number of women who seek aid, the call on resources for shelters is becoming an important item on the public agenda.

Battering is frequently resolved only when the wife seeks assistance, a decision that is dependent upon two interactive conditions: 1) a conscious cost/benefit summary of her relationship with the abuser that informs her desire to leave or stay and 2) the availability and attractiveness of alternatives to the abusing relationship that allows for the desire to be activated. The strength of her desire to leave, that is, the amount of disparity between the benefits and the costs of the relationship, is affected by the severity and type of abuse, and the danger to her children. Further, the costs of leaving the relationship, or reciprocally the benefits of staying, are affected by the quality of alternative homelike environments and her access to them. Access is frequently received through the police or intervention by others outside the family. Therefore, the social decision to make available either psychological help or surrogate environments could determine

the type of resolution that battered wives seek as well as the amount of abuse they absorb before seeking remedy. This, of course, will also determine the number who seek help.

Psychotherapeutic Solutions

The field of psychotherapy seems to have agreed upon a scientific standard for research studies and to have accepted the burden for proving its efficacy. Any proof of psychotherapeutic efficacy must conform to explicit standards of research: the measures must be valid; outcomes must endure over time; the summary techniques must be objective and replicable; and, most importantly, a study of outcomes is credible only to the extent to which experimental (treated) groups differ significantly from controlled (untreated) groups (Fiske,1970).

Yet, in spite of many attempts to demonstrate the efficacy of specific psychotherapeutic interventions (Smith, 1980) or to summarize different series of studies (Bergin, 1970, 1971, 1978; Eysenck, 1966; Rachman, 1971 Paul, 1967; Kiesler, 1966), the benefits of psychotherapy remain indeterminate (Epstein, in press). The most ambitious attempt to demonstrate the existence and replicability of positive effects (Smith, 1980) failed either to summarize the evidence appropriately or to avoid several unfortunate experimenter biases. Not withstanding these problems, this study found only a very modest "effect-size" for psychotherapy; after adjusting for a "placebo effect", the average patient who had gone through psychotherapy was only about 10 per cent better-off than those who did not. Moreover, the tyranny of grouped data forces the conclusion that many who exceed

this average were balanced by the many for whom psychotherapy had little benefit or a negative effect.

The outcome literature is not any more convincing in demonstrating therapeutic benefits for battered women. Moreover, these studies are not in conformity with contemporary research standards, perhaps due in part to the recency of the interest of this problem. Recommendations of psychotherapy for battered women by Rounsaville (1978, 1979), Nichols (1976), Hanks and Rosenbaum (1977), and others (Scott, 1974; Rounsaville and Weissman, 1977) do not adequately establish positive effects that can be generalized beyond their samples or a casual link between the therapy they provide and the putative benefits that they report. Yet,these studies and others, while still not providing more convincing of psychotherapeutic benefits, acknowledge the practical importance of the emergency shelter (Higgins 1978; Hanks and Rosenbaum, 1977; Rounsaville and Weissman, 1977).

Psychotherapy, for this group, as well as most others, has not proved to be reliably effective. No modern comprehensive review of psychotherapeutic interventions has been able to put forth credible testimony to the consistency of psychotherapeutic benefits. No study has convincingly refuted the possibility that some clients deteriorate because of therapy or that recovery, when it occurs, is due either to a "spontaneous" regression to the mean of normalcy or to the client's own motivation to be cured (and thereby not to the efforts of the therapist).

The essence of counselling is a rational process that enables a client to select the best alternatives on the basis of the client's own interest. When choices

are limited, or more frequently, when they are inaccessible, the counselling process is impossible, trivial or meaningless. In short, where shelters for battered women either do not exist or are themselves abusive environments, and when welfare payments, legal services and child care arrangements are unavailable, then the battered woman has little choice but to somehow cope with an insanely damaging home. Therefore, counselling, to the extent that it can ever be successful for battered women, may be limited by the availability and quality of surrogate services.

Surrogate Care

A surrogate model of service offers an alternative environment to the battered wife, an immediate asylum from abuse for her and her children. It is concerned far less with her psychological reaction to abuse than her safety. Taking a respite from abuse in the shelter, a woman can decide whether to negotiate more favorable terms under which to return to her spouse or to continue on to an independent setting. Therefore, the shelter should provide the necessities of existence (food, clothing, shelter), transitional institutional supports (day care and education for children, referral to welfare) and protection for the women's legal position (referral to police, lawyers and the courts). This model of care defines a non-therapeutic role for the social worker: 1) to provide referral services in support of the woman's decision for independent living; 2) to follow-up her pursuit of these referral resources; 3) to pursue appropriate social and legal responses to the abuser; and 4) to assist, when necessary, in the negotiation of a reconciliation with her abusing spouse. Outside of the shelter,

the social worker's role is to minimize potential client resistance to utilize the shelter by: 1) providing appropriate information to referral sources; 2) minimizing the stigma attached to the utilization of the shelter; 3) identifying and reaching out to abused women; and, most importantly, 4) protecting resources for the shelter in political and social arenas. In summary, the case worker is a supportive and protective surrogate who provides referral, follow-up, outreach, case advocacy and social advocacy. The result is the realization of an abused woman's right to physical safety and some modicum of homelike comfort.

The decision to provide residual, surrogate care is forced by life-threatening and intolerable abuse. In this case, society must make provision, however reluctantly, for those who are orphans on its doorstep. Unfortunately, however, the level of this provisioning is customarily dictated not by the need but probably by some political or social calibration that measures out the most parsimonious allotment of resources relative to the political risks of offering meaner levels of care. Therefore, the efficacy of surrogate services is dependent upon the social <u>will</u> to create safe and caring environments. Still, an adequate surrogate technology is available, independent of the society's decision to use it. In contrast, the technological value of psychotherapeutic intervention is still indeterminate; at any intensity of use, psychotherapeutic efficacy has still not been demonstrated.

## Conclusions

Three service interventions exist for victims of family violence: psychotherapy

alone, surrogate care alone, or a combination of both. While the orthodox safety of the middle ground would dictate an acknowledgement of both, neither the literature nor a cost-effective consideration of the benefits support this position. Where the choice exists, surrogate services are preferable to psychotherapy. Where psychotherapy is indicated, surrogate care may be a necessary condition for its success.

Therefore, until psychotherapy can demonstrate reliable outcomes, the intervention of choice for battered women is the shelter, especially one that encourages their transition to an independent setting through the provision of supportive social services. The role of the social worker in this case is to encourage the abused client to take advantage of existing services while at the same time to secure adequate support for the shelter from public sources.

This is a very old role for social work, a role, moreover, that typically competes for professional attention with the role of therapist. If social need is to dictate the choice, then the provision of surrogate care is by far the more important role. Presently, many forces conspire to produce a large number of people in distress, people for whom surrogate care is required. First, we continue to experience a great number of children and others who are being abandoned, abused and neglected. Second, modern social redefinitions of family responsibility create needs for care (e.g. geriatric services, special educational services and income supports) where once an extended family or homogenous community may have cushioned hardship.

The social worker's advocacy of the rights of dependent populations to decent surrogate care will certainly contribute to the general support for a broad universal entitlement to share in the country's bounty. The political translation of this goal entails the enumeration of a core of publicly underwritten and supervised education, health, employment and surrogate services. The definition of this package of social services depends upn the political resolution of a number of questions. What core of services should constitute the real rights of a citizenship? What claims on resources do people have as security against the inevitable failures of the market place and other social institutions, most notably the family? What system of social and personal welfare services can be sold to the country? Social work has a direct stake in an expansive and generous response to these questions. Moreover, if social casework is to have any role in redressing the problems of its more needy clients, if it is to do more than comfort the worried-well, then it must confront the reluctance of our society to provide adequate surrogate services. This is a political task.

Unfortunately, the current temper of social work lies in precisely the opposite direction. For years, "vendorship status" for social workers has been one of the top legislative priorities of professional social work. Social workers apparently wish to compete with psychologists and psychiatrists for the private fee-for-service patient. However, this kind of practice is in conflict with the interests of traditional social work clients, whose pressing needs are for nonpsychotherapeutic surrogate care. Moreover, the private, fee-for-service practitioner, by sidestepping agency quality control and agency board

direction, defies community priorities and client accountability. The need in social work today, created by a narrowing sense of public responsibility, is for the protection of vulnerable populations through the provision of surrogate services.

Current social work may reflect the unfulfilled promises of psychotherapy and the profession's neglect of surrogate services. Human behavior seems stubbornly resistant to change, especially when the extra-psychic environment reinforces dysfunctional social adaptations. If the profession of social work is to maintain (or perhaps restore) a credible advocacy of its client's rights, then it had best consider the simple justice of providing comfortable and safe alternatives to abusive situations before involving itself in the reconstruction of human behaviors that have typically withstood the onslaught of time and reason. A simple yet monumental fact must somehow be dealt with: in spite of decades and decades of psychotherapeutic assaults on dysfunctional human behavior, no convincing demonstration has yet been made of its efficacy. (1)

A disturbing disjunction with need may be emerging in come counselling agencies. Despite the enormous economic and social strains that are creating evermore social needs, some counselling agencies may be experiencing declining caseloads even after adjusting for their budget-shortened staffs. If these agencies were sensitive to current problems, then it would be reasonable to expect the reverse: caseloads that increase along with the more typical indicators of social and economic stress. Unfortunately, many counselling agencies rigidly elect to serve one particular set set of problems, problems that may involve an office-bound, safe and struc-

tured practice. They tend to ignore the priorities for care in their communities, preferring instead to pursue a rather impractical psychological idealism.

If the growing population of needy people are rejecting social work's counselling role, then these agencies might well dust off the possibility of a community-based social service practice, rooted in the current needs of people in their neighborhoods and based upon the premise that the problems of most people are products of abusing environments. These agencies might look to the immediate problems of their neighborhoods' residents in dealing with existing welfare bureaucracies, in developing self-help arrangements to cope with less money and unemployment, in sustaining mutual neighborhood institutions for recreation, education, crime prevention and with creating more pressure for publicly supported surrogates. In other words, these agencies should be far more committed to creating the rational alternatives toward which they wish to counsel their clients.

If social work is to protect its traditional clients through the political and economic transitions of these coming decades, then the field must seek a core of tax supported substitutes to compensate for the failure of society's private institutions. Psychotherapeutic interventions are neither appropriate for these ends nor reliable even on their own terms.

## Notes

1. The recent evidence in social work doesn't contradict this finding. In spite of Reed and Hanrahan's (1983) claims, little grounds exist for their optimism

(Epstein, 1983).

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