

# DOMESTIC VIOLENCE EVIDENCE PROJECT



## *Advocacy Services for Women with Abusive Partners* A Review of the Empirical Evidence

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## OVERVIEW OF THE DV EVIDENCE PROJECT

Increasingly, domestic violence programs are being asked to learn more about, contribute to, and describe how they are engaging in evidence-based and evidence-informed practices. Funders, policymakers, researchers, and advocates themselves are also more interested today in what evidence exists that a particular intervention or prevention strategy is making a positive difference for survivors, or is meeting the outcomes it was designed to achieve. With this information, domestic violence programs can better secure continued support for proven programs and practices, and can more easily identify, develop, and/or adapt innovative or exemplary approaches from other communities.

To respond to this new emphasis on evidence-based and evidence-informed practice, the National Resource Center on Domestic Violence (NRC DV), with support and direction from the Family Violence Prevention and Services Program at the U.S. Department of Health and Human Services, engaged in a two-pronged approach. First, evidence was collected and synthesized from published, empirical research studies. Second, in recognition that controlled research studies are not the only form of evidence to consider in determining program effectiveness (Puddy & Wilkins, 2011; Schorr & Farrow, 2011), the project also identified where emerging and promising evidence exists that specific programs and practices are effectively addressing complex social problems in community settings.

This research summary, one of a series developed by the NRC DV's **Domestic Violence Evidence Project**, should be viewed as an important piece of information to consider, but it does not include the broad scope and continuum of services being delivered across the country or globe. Practice-based evidence being generated by the field and captured in the project's Program and Practice Profiles should also be considered.

*"In one field after another, we are learning that so much of the most promising work in addressing the most intractable social problems is complex, multifaceted, and evolving."*

*Schorr & Farrow, 2011; p. 22*

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## *Advocacy Services for Women with Abusive Partners* **A Review of the Empirical Evidence**

### **Introduction**

Women with abusive partners<sup>1</sup> attempt a variety of strategies to protect themselves and their children, but numerous structural barriers exist that impede their efforts (Goodkind, Sullivan, & Bybee, 2004; Kennedy et al., 2012). Some women turn to the police for protection, while others turn to family, friends, religious leaders, health care practitioners, domestic violence programs, and others. Women's helpseeking behaviors are influenced by a number of complex factors, including their assessment of the strategy's effectiveness, fear of reprisal by the assailant, and prior successes in protecting themselves (Fleury-Steiner et al., 2006; Kennedy et al., 2012; Liang, Goodman, Tummala-Narra, & Weintraub, 2005). Abusers often escalate their violence when women attempt to end the relationship or seek outside assistance (Campbell & Glass, 2009; Fleury, Sullivan, & Bybee, 2000), and most communities are still insufficiently protecting women or holding their assailants accountable for the abuse (Fleury-Steiner et al., 2006; Goodman & Epstein, 2011). Given these realities, women are faced with difficult and limited choices after being victimized by intimate partners.

To redress the often severely limited responses that women with abusive partners receive from their communities, the majority of domestic violence service programs engage in various forms of advocacy on women's behalf (National Network to End Domestic Violence, 2012; Peled & Edleson, 1994; Sullivan, 2010). Advocacy involves more than providing emotional support and referrals, although these activities are also incredibly important to survivors. Advocacy is a distinct activity that involves working to change policies, practices and conditions that are negatively impacting people (Freddolino, Moxley, & Hyduk, 2004). It involves addressing injustices and increasing resources for disadvantaged individuals and groups (Schneider & Lester, 2001). Some domestic violence advocates work on a wide range of areas with survivors, while others focus on one particular system, such as the welfare, housing, or legal system. While a great deal of advocacy involves working with institutions and professionals, it should be noted that advocates may also intercede with survivors' informal support networks, such as with family and friends, as needed as well (Allen, Larsen, Trotter, & Sullivan, 2012).

Advocacy interventions have received scant evaluation, and the belief in their effectiveness has largely been predicated on anecdotal evidence. The purpose of this review, then, was to systematically locate and review the empirical evidence behind providing advocacy services to survivors of intimate partner violence (IPV).

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<sup>1</sup> Although many couples engage in mutual or low-level violence that does not alter the power dynamics within their relationship, the larger social problem of "battering" is a form of gender-based violence that includes a pattern of behavior, generally committed by men against women, the perpetrator uses to gain an advantage of power and control over the victim (Bancroft, 2003; Johnson, 1995; Stark, 2007). All domestic violence programs in the U.S. offer assistance to both female and male survivors of intimate partner abuse. However, the vast majority of those using services are women, and all of the empirical studies of advocacy services for IPV survivors were with women. For all of these reasons, the female pronoun is sometimes used to refer to survivors. This is not intended to minimize or ignore the experiences of male survivors needing advocacy services.

## Method

A systematic review of the scientific literature was undertaken to locate all empirical articles examining the impact of advocacy services on IPV survivors' lives. Articles were located through computerized journal databases (PubMed, PsychInfo, Google Scholar, & JSTOR) and computerized registries (Campbell Collaboration, Canadian Best Practices, Center for the Study and Prevention of Violence, Cochrane Review, Community Guide, HomeVee, Office of Crime Solutions, Promising Practices Network, National Registry of Evidence-based Programs and Practices) using various combinations of the following keywords: violence, abuse, domestic violence, intimate partner violence, domestic abuse, gender-based violence, gendered violence, advocacy, effectiveness, evaluation, longitudinal, intervention, randomized and "services or intervention." Articles were also located using a backward search of relevant articles. The original search yielded 14,023 results; however, many of these were either not empirical studies, did not include outcome data, or did not meet this review's definition of "advocacy," which involves actively working with and on a survivor's behalf to change problematic policies, practices and conditions. Two studies, for example, purported to examine advocacy but in actuality examined a service that involved providing support and information only (Coker et al., 2012; Tiwari et al., 2010). They were excluded from this review but will be included in a review of health clinic-based interventions. Nine journal articles relevant to IPV advocacy efficacy were ultimately identified, describing five distinct empirical studies.

This paper was prepared for the *Domestic Violence Evidence Project*, an initiative of the National Resource Center on Domestic Violence. The overall goal of the DV Evidence Project is to combine what we know from research, evaluation, practice and theory to inform critical decision-making related to domestic violence intervention and prevention efforts. We encourage you to visit [www.dvevidenceproject.org](http://www.dvevidenceproject.org) for additional materials, including research summaries, community practice summaries and evaluation tools.

## Findings

In response to the dearth of empirical evidence examining the efficacy of advocacy for women with abusive partners, Sullivan and colleagues designed and experimentally evaluated a community-based advocacy intervention for women after they exited a domestic violence shelter program (Allen, Bybee, & Sullivan, 2004; Bybee & Sullivan, 2002, 2005; Sullivan, 2000; Sullivan & Bybee, 1999). The Community Advocacy Project (CAP) involved providing advocates to work one-on-one with women who had recently exited a domestic violence shelter, working in their communities with them 6-8 hours a week over a period of 10 weeks. Advocates were trained in helping women obtain a variety of community resources, including housing, employment, legal assistance, transportation, education, child care, health care, material goods and services, financial assistance, services for the children (e.g., tutoring, counseling), and social support (e.g., making new friends, joining clubs or groups).

A true experimental design was utilized to evaluate the impact of the Community Advocacy Project, through which women were randomly assigned to either the intervention group or the control group (services-as-usual). All 278 women, regardless of group assignment, were interviewed pre-intervention, 10 weeks later (post-intervention for those in the experimental group), and again every 6 months over 2 years. Forty five percent of

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the women were African American, 42% were European American, 7% were Latina, 2% Asian American, and the remainder were Native American. This study had an extremely high retention rate, with 94% or more women located and interviewed at each time point.

Women who worked with advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources over time. One out of 4 (24%) of the women who worked with advocates experienced no physical abuse, by the original assailant or by any new partners, across the 24 months of post-intervention follow-up. Only 1 out of 10 (11%) women in the control group remained completely free of violence during the same period. The investigators then used longitudinal latent structural equation modeling to examine the process through which this long-term change occurred. As hypothesized, the intervention affected women's overall subjective well-being by increasing their access to community resources and social support. Higher subjective well-being then served as a protective factor, minimizing the likelihood of further victimization by a partner or ex-partner (Bybee & Sullivan, 2002).

The advocacy program's effect on risk of re-victimization did not continue 3 years post-intervention (Bybee & Sullivan, 2005). However, having worked with an advocate 3 years prior continued to have a positive impact on women's quality of life and level of social support. Importantly, the risk of being abused 3 years post-shelter stay was exacerbated by a number of factors present 1 year prior, including women's: (1) having experienced abuse in the 6 months before that point; (2) having difficulties accessing resources; (3) having problems with the state welfare system; and (4) having people in their social networks who made their lives difficult. Women were at less risk of abuse if, 1 year earlier, they: (1) were employed; (2) reported higher quality of life; and (3) had people in their networks who provided practical help and/or were available to talk about personal matters. These findings support the hypothesis that access to resources and social support serve as protective factors against continued abuse, which in turn, supports the need for ongoing advocacy for survivors.

Based on the success of the Community Advocacy Project, Sullivan and colleagues created a similar intervention that involved survivors' children (Sullivan, Bybee, & Allen, 2002). The experimental intervention involved the same level of advocacy for mothers (6-8 hours per week) but also included a 10-week support and education group for the children (aged 7-11), and lasted 16 weeks rather than ten. Eighty mothers and their 80 children participated in the study, with half being randomly assigned to the intervention condition. Mothers and their children were interviewed separately three times: Pre-intervention, 4 months later (post-intervention) and 8-month follow-up (95% retention). Findings from this small study were modest but promising. Children in the experimental condition reported significantly higher self-competence in several domains compared to children in the control group. The intervention also resulted in improvement in women's depression and self-esteem over time.

DePrince and colleagues (2012) rigorously examined the efficacy of broad-based advocacy by randomly assigning women with domestic violence police reports to one of two conditions. In the referral condition (n=50), women were contacted by court advocates and given the phone number of the local domestic violence program. In the outreach condition (n=79), the local domestic violence program proactively contacted survivors and offered advocacy services to them. A third of the women in this sample identified as White/Caucasian, and 29% identified

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as Black/African American. Fourteen percent were American Indian or Alaskan Native, and 2% were Asian American or Pacific Islander. Forty two percent identified as Latina/Hispanic. Participants were interviewed three times over one year. At one-year follow-up (81% retention rate), women in the proactive advocacy condition reported less depression, fear, and PTSD symptoms compared to the women in the referral group. Further, those in the referral condition reported increased distress symptoms between six and twelve months post study entry.

In contrast to the broad-based advocacy services described above, many domestic violence advocacy programs focus on working within one particular system (e.g., welfare, housing, legal). Welfare and housing advocacy services are more rare, and have yet to be evaluated. The most common type of advocacy offered throughout the country, however, is “legal advocacy,” which can help survivors navigate through civil legal procedures (e.g., divorce, visitation, custody) or criminal cases (e.g., misdemeanor or felony domestic violence).

Legal advocacy encompasses a variety of supportive services related to either civil or criminal matters. Whether offered over the telephone or in person, trained advocates provide survivors with both information and support, while also advocating on women’s behalf with prosecutors, police, probation officers, and other court-related personnel. A common role for legal advocates is to help women obtain protection orders, and many will also accompany women through all phases of the court process as needed.

The only evaluation of a legal advocacy program to date is Bell and Goodman’s (2001) quasi-experimental study conducted in Washington, DC. They examined the efficacy of providing legal advocacy to women obtaining protective orders by comparing women receiving “services as usual” (who received little more than a phone call from a court-based advocate) to women receiving intensive legal advocacy from law students. They enrolled 81 women in the study, and retained 57 of them six weeks later (70% retention; 21 advocacy, 36 services as usual). Almost all (93%) were African American. Advocacy services were intensive, averaging four contacts a week over the course of the court case (approximately six weeks). Contacts were by phone and in person, averaged one and a half hours in length, and occurred either at the law school or in women’s homes. Their research found that women who had worked with law student legal advocates reported decreased physical and psychological abuse six weeks later, as well as marginally higher emotional well-being compared to women who did not work with advocates. Their qualitative findings also supported the use of paraprofessional legal advocates. All of the women who had worked with advocates talked about them as being very supportive and knowledgeable, while the women who did not work with advocates mentioned wishing they had had that kind of support while they were going through this difficult process.

In the fifth study reviewed, Weisz and colleagues (1998) were interested in whether legal advocacy services impacted the criminal legal response to perpetrators. They first examined 392 police reports of domestic violence, for whom calls were then made to the local domestic violence program. They then examined the police, court, and domestic violence service records for these women. One hundred eight of the women had received advocacy services from the local domestic violence program. The investigators found that when a woman received advocacy services or had a protective order, the criminal case against the perpetrator was more likely to go forward. Given that this study involved only a record review and not interviews with survivors, however, it is unknown what this relationship might mean. For example, it is not clear if increased prosecution related to survivors’ participation with the system or to severity of the violence or to specific actions taken by advocates.

## Conclusions

Survivors of intimate partner violence often have a variety of issues they are working on as they attempt to restore their own and their children's well-being. One study that included 1,467 survivors seeking non-shelter services from 90 domestic violence programs across four states found that women reported needing advocacy assistance with legal issues (72%), government benefits (46%), housing (40%), finances (38%), healthcare (32%), employment (30%), immigration (24%), and issues related to a disability (22%), among numerous other concerns (Lyon, Bradshaw, & Menard, 2011). Similarly high rates of need have been found in a number of other studies as well (e.g., Sullivan & Rumpitz, 1994; Tutty, 2006). The five evaluations reviewed herein support the efficacy of advocacy services for survivors of intimate partner violence. Broad-based advocacy has shown to result in decreased risk of re-abuse as well as increased access to community resources, higher social support, and higher mental health and well-being. The one study of civil legal advocacy found that such services may decrease women's risk of reabuse and increase their well-being, while the one study of criminal legal advocacy found a significant relationship with criminal cases against perpetrators being prosecuted. However, it should be noted that these findings are all based on only five distinct research studies. More research in this area is sorely needed, especially given the promising results reported to date.

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