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# Using the ESID Model to Reduce Intimate Male Violence Against Women

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Described how the Experimental Social Innovation and Dissemination (ESID) model was successfully used to reduce intimate male violence against women. Following the principles of ESID, the experimental social innovation involved providing trained paraprofessional advocates to work one-on-one with women who had been assaulted by partners or ex-partners. Advocates worked with women for 10 weeks, assisting them in obtaining needed community resources such as legal assistance, housing, education, and employment. Two hundred seventy eight women who had exited a domestic violence shelter program were randomly assigned to the experimental or control condition. Participants were interviewed 6 times over a period of 2 years: pre- and postintervention (10 weeks later), and at 6, 12, 18, and 24-month follow-up. Women who received the intervention reported less violence over time as well as higher social support and perceived quality of life. The relevance of the ESID model in addressing this as well as other significant social problems is discussed.

**KEY WORDS:** domestic violence; experimental social innovation; collaboration; partner violence.



## INTRODUCTION

*. . . social policy experimental endeavors are not value free, nor do they assume that the involved scientists should observe but not act.*

So wrote Bill Fairweather and Lou Tornatzky on page 1 of their 1977 classic, *Experimental Methods for Social Policy Research*. The call to social scientists to use their profession to create positive social change—to not just analyze social problems but to act to remedy them—is as vital today as it was more than 20 years ago. An effective means of using social science to effect public policy and social change continues to be the Experimental Social Innovation and Dissemination (ESID) model.

The ESID model is predicated on the following principles: (1) social scientists should play an active role in creating positive societal change; (2) social scientists should take a humanitarian, multidisciplinary approach to their investigations; (3) a problem-oriented focus should replace the traditional discipline-oriented focus to research; (4) research efforts should be collaborative[2]; (5) new interventions should be innovative, continually monitored, and usable by society; (6) innovations should be scientifically and longitudinally evaluated; (7) to be generalizable, interventions should ideally occur in the natural setting with a representative sample; and (8) effective interventions should be widely disseminated and replicated (Fairweather & Tornatzky, 1977).

The ESID model is well-suited to addressing a variety of social problems, whether it involves improving the community response to individuals with schizophrenia (Fairweather, 1964) or adolescents labeled as delinquents (Davidson, Redner, Blakely, Mitchell, & Emshoff, 1987). Longitudinal, experimental studies conducted in natural settings continue to provide the most convincing evidence for

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[2]What Fairweather and Tornatzky (1977) referred to as the "democratic process."



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the effectiveness of new innovations. The remainder of this paper describes the process through which the ESID model was successfully used to address the pressing social problem of intimate male violence against women.

## Significance of the Problem

Millions of women are physically assaulted by male partners or ex-partners each year in the United States alone (Browne & Williams, 1993; Johnson, 1995; Straus & Gelles, 1986). Such abuse is often severe, resulting in heightened fear and depression on the part of the survivor, (Alpert, 1995; Campbell, Sullivan, & Davidson, 1995; Gleason, 1993) debilitating physical health problems or both (Alpert, 1995; Berrios & Grady, 1991; Council on Scientific Affairs, AMA, 1992; Haber & Roos, 1985; Randall, 1990; Sullivan, 1991b; Sutherland, Bybee, A1 & Sullivan, 1998). Injuries such as broken bones, torn ligaments, lacerations, and head trauma have been linked to health problems such as chronic pain, hearing and vision loss, epilepsy, and arthritis (Goldberg & Tomlanovich, 1985; McCauley et al., 1995). For some women, the violence even escalates to the point of murder (Browne, 1997; Browne & Williams, 1993; Jones, 1994; Jurik & Winn, 1990).

Intimate male violence against women, also referred to as domestic violence (Berrios & Grady, 1991), patriarchal terrorism (Johnson, 1995), or intimate partner violence (Cardarelli, 1998), refers in this context to a pattern of physical, psychological, and often sexual violence perpetrated by men against their female partners and ex-partners as a means of exerting power and control over them. The enormity of the problem (Johnson, 1995), the historical patriarchal context in which it is rooted (Schechter, 1982), and the degree to which our society condones such violence (Sullivan, 1997a), mandate the examination of this problem from a universalistic, rather than individualistic, perspective (Dobash, Dobash, & Cavanagh, A2 1985; Ryan, 1976).

Women attempt a variety of strategies to protect themselves and their children after their partners have been violent against them (Gondolf, 1988; Sullivan, 1991a; Wauchope, 1988). Some women turn to the police for protection (Langan & Innes, 1986), whereas others turn to family, friends, religious leaders, health care practitioners, domestic violence programs, and others (Ferraro, 1997; Sullivan, 1997a). 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 (Browne, 1993, 1997; Sullivan, 1991a). A3 Violence often escalates when women attempt to end the relationship or seek outside assistance (Mahoney, 1991), and most communities are still insufficiently protecting women while holding their assailants accountable for the abuse (Caringella-MacDonald, 1997; Sullivan, 1997a). Given these realities, women are faced with difficult and limited choices after being victimized by intimate partners.

## Applying the ESID Model to the Problem of Intimate Male Violence Against Women

### *Defining the Problem and Potential Solutions*

An important tenet not only of the ESID model but of Ecological/Community Psychology is the assumption of the competent community (Iscoe, 1974; Kelly, 1988). With this in mind, the author first spent a great deal of time talking with domestic violence advocates and survivors before contemplating an appropriate intervention to address intimate male violence against women. Whether facilitating support groups at the local domestic violence shelter program, talking with survivors over coffee, or discussing the problem with local, state, and national leaders in the field, conversation invariably returned to the same topic: many women with abusive partners lacked the community resources and assistance needed to protect themselves and their children from further abuse. Police could not be counted on to arrest the assailant (Hirschel, Hutchison, Dean, & Mills, 1992), and prosecution was even less likely (Buzawa & Buzawa, 1990). Other resources needed by many women included health care (Dobash et al., 1985), child care (Gondolf, 1988), affordable and safe housing (Ferraro, 1997), employment (Strube & Barbour, 1983), and help from social service agencies (Dobash et al., 1985). Survivors and advocates agreed that access to protective criminal justice remedies (e.g., personal protection orders, mandated batterer intervention, jail time for the assailant) had the potential to end further victimization by sending a strong message to the assailant that the community condemns domestic violence. Access to other community resources (e.g., housing, employment, child care) had the potential to end further victimization by giving women more options to either leave the relationship or to

remain in the relationship but with increased leverage. A number of women noted that they believed their assailants would cease the violence if they knew the women had places to go or money of their own on which to survive. Other research studies with women who have successfully escaped intimate male violence have supported this hypothesis (e.g., Bowker, 1984).

### *A Collaborative Approach to the Innovation and Research Design*

After determining together that many women with abusive partners needed access to a variety of community resources, the author and a small group of advocates and survivors began meeting to decide how to best accomplish this. The author suggested the viability of using trained paraprofessionals to work as advocates for women (on the basis of prior work by Davidson et al., 1987; Durlak, 1979, 1981), an idea that was enthusiastically embraced by the team. All aspects of the innovation—including length of intervention, components of advocacy training and supervision, and safety and confidentiality issues—were determined collaboratively. The innovation was designed to answer the following questions: Would the provision of paraprofessional advocates assist women in obtaining the support and resources they needed from their communities? Would such an intervention protect against the risk of further victimization by the current assailant as well as by new partners over time?

Issues pertaining to scientifically evaluating the innovation were discussed at length by the team. The idea of including a services-as-usual control group in the research design was initially resisted by advocates and survivors, who did not want to deny any women services that might be useful to them. The team ultimately decided to include a control group after concluding that (a) there would not be enough advocates for all the women needing them, meaning some women would not receive services even without a control condition; (b) the fairest way to determine who would receive an advocate would be through randomization; (c) there was no guarantee that advocacy services would be beneficial, and in fact they had the potential for being harmful if they resulted in women being assaulted for participating; and (d) we would not be able to confidently determine the effectiveness of the intervention without a control condition.

Advocates and survivors also actively participated in creating the measurement interview. The outcomes of interest were determined collaboratively, as were the specific questions and the interview format. On the basis of numerous discussions and pilot testing, items were created, modified, and removed from the interview until the team was unanimous in its approval. Survivors were also instrumental in designing the retention protocol for locating women for subsequent interviews. Discouraging retention rates in other longitudinal studies with battered women had concerned the author, and the team was determined to retain as many women as possible over the 2 year follow-up. Lengthy discussions about the difficulties in safely and respectfully following battered women over time resulted in an elaborate and extensive protocol being put into place to maximize retention. Strategies included obtaining written Release of Information forms from participants to allow friends and relatives to provide information about women's whereabouts; establishing a tollfree telephone number; indicating on a separate form safe as well as potentially unsafe times to contact women; actively going out into the community to locate participants; and paying women for participating in the research interviews. This protocol, which the author would not have thought to develop on her own, resulted in extremely high retention rates: 95% at the postinterview, 94% at 6- and 12-months, and 95% at 18- and 24-months. The specific components of the retention plan can be found in Sullivan, Rumptz, Campbell, Eby, and Davidson (1996).

## The Research Study

### *Feasibility Study*

Funding was initially obtained from the George Gund Foundation to implement a small-scale feasibility project. Forty-one women participated in the first study, with 24 being randomly assigned to work with advocates. Women were interviewed preintervention, postintervention, and at 10 weeks follow-up. The innovation (described in more detail in the following section) appeared effective, with women in the experimental condition being more successful in obtaining desired resources than women in the control group. The feasibilty study is described in more detail elsewhere (Sullivan, 1991a), and was promising enough that the author received funding from the National Institute of Mental Health to continue the research on a much larger scale. That research is described in the following Section.

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*The Experimental Intervention*

Advocates were female undergraduate students enrolled in a two-semester Community Psychology course. The first semester involved extensive training, and consisted of empathy and active listening skills, facts surrounding woman abuse, strategies for generating, mobilizing, and accessing community resources, and in-depth discussion of dealing with potentially dangerous situations. The safety of the advocates and the women in the program was of paramount concern, and an extensive protocol was followed to minimize risk of violence. After training, each advocate was required to work 4–6 hr per week with and on behalf of a single client. Advocates continued to receive intensive supervision in weekly sessions comprised of 5–7 students and 2 supervisors.

The intervention consisted of helping women devise safety plans when needed, and advocating in the community to obtain needed resources and to increase women's social support. Safety plans were individualized based on each woman's history, needs, and circumstances. Advocacy involved making the community more responsive in the delivery and distribution of limited, inaccessible resources, or both. Such resources included 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 support groups).

Advocacy consisted of five distinct phases: assessment, implementation, monitoring, secondary implementation, and termination (Davidson & Rappaport, 1978; Sullivan, 1991b, 2000; Sullivan & Bybee, 1999). *Assessment* consisted of gathering important information regarding the client's needs and goals. This was accomplished by directly asking women what they needed as well as by observing women's circumstances (e.g., extent of furniture and clothing in the home). In response to each unmet need identified, the advocate actively worked with the woman to generate or mobilize appropriate community resources (*implementation*). This involved exploring who in the community controlled the desired resource, deciding how best to obtain that resource from the resource provider, and actively working to obtain the resource. Although this was sometimes straightforward (e.g., obtaining a rental agreement from a potential landlord or receiving groceries from the local food bank), at other times creative strategies needed to be used (e.g., insisting that a police officer arrest an assailant for violating a personal protection order, or convincing a potential landlord to accept a lease with no security deposit).

The third phase was to *monitor* the effectiveness of the implemented intervention. The advocate and woman with whom she worked assessed whether the resource had successfully been obtained, and whether it was satisfactory to meeting the unmet need. If it was not, they initiated a *secondary implementation* to meet the client's needs more effectively. For example, if they had obtained after-school child care for the woman's daughter, the advocate would ask how the child care was working and whether both the mother and daughter were pleased with the arrangement. Dissatisfaction would result in either modifying the current child care arrangement, obtaining new child care, or eliminating the need for child care altogether. Specific pros and cons of each scenario would be discussed, and the project participant would ultimately decide how next to proceed.

*Termination* of the intervention consisted of three components. First, advocates stressed their termination dates from the very beginning of their interventions, to eliminate the possibility that their leaving would come as a surprise to the women with whom they worked. Keeping this date in mind also helped both the woman and advocate focus their energies on the very limited time period they had together. Beginning about week seven of the 10-week intervention, the advocates intensified their efforts to transfer the skills and knowledge they had learned throughout the course. With the goal of "putting themselves out of a job," advocates also left families with written "termination packets" containing lists of community resources, helpful tips for obtaining difficult-to-access resources, and useful telephone numbers. Although the rare occasion occurred that an advocate worked one to two weeks longer than anticipated (generally due to a pending court date), we found the 10-week time frame to generally be ideal. It provided enough time to complete all goals without encouraging dependency on the advocate or making the end of the intervention traumatic.

Although the five phases of advocacy intervention were described here as distinct stages for clarification purposes, in reality advocates engaged in various phases simultaneously. For instance, assessment was a continuous process, as additional areas of unmet need arose throughout the 10 weeks. Multiple interventions often occurred at various points, such that, for example, the advocate may have been monitoring one intervention while initiating another.

Advocacy efforts are generally classified as either individual-based—working specifically with or on behalf of individuals to ensure access to resources and opportunities—or systems-based, which entails advocating to change and improve institutional responses. In reality, many advocacy efforts involve both working to change systems *and* assisting individuals simultaneously. The Community Advocacy Project was designed to do exactly this, by providing numerous individualized advocacy interventions with the intention of ultimately creating community-level change. For example, advocates would send letters to the local police chief either commending or criticizing an officer's performance as appropriate. Other community service providers were doing this as well, and the police chief commented at a local meeting that such letters had led to specific policy changes in the department.

Sometimes the advocacy supervisors worked on systems-level change while advocates were working with their individual families. For instance, it became clear over time that workers within the county Friend of the Court office (responsible for handling child visitation and child support issues) were unlikely to take domestic violence into account when mandating mediation between couples and when determining child visitation. The advocacy supervisors documented a number of cases where this had occurred, and took this information to a senior-level manager. Policy changes were implemented and the advocacy supervisors noted advocates having fewer such problems over time. These are just two examples illustrating how the project was determined to focus on the *community's* responsibility to respond effectively to women with abusive partners.

### *Participants*

Two hundred seventy eight women were recruited from a domestic violence shelter program in a mid-sized urban city located in the Midwest. All women were interviewed within the first week after exiting the shelter program. Immediately upon completion of the first interview, respondents opened a sealed envelope which informed them if they would or would not be working with an advocate. Interviewers did not know to which group women would be assigned. Group selection was random, stratifying for order and for whether or not a woman was involved in an ongoing, intimate relationship with her assailant.[3] One hundred forty three women were assigned to the experimental condition. Women selected into this condition began working with trained advocates within a week. Women in the control group were not contacted again until their next interview, and simply received services-as-usual from the community.

Forty-five percent of the participants were African American, and 42% were European American. Seven percent were Latina, 2% were Asian American, and the remainder were Native American, Arab American, or of mixed heritage. Ages ranged from 17 to 61 years, with a mean of 29 years. Seventy-four percent had at least one child living with them (median = 2).

Two-thirds of the sample had completed high school or had obtained GED's, and 35% had completed at least some college. Most were unemployed before entering the shelter (59%), and 76% were receiving some form of governmental assistance. All spoke English as their first language. Violence experienced by the women in the 6 months prior to entering the shelter had been quite severe, ranging from being grabbed, pushed or shoved (92%), to being raped (48%), kicked (47%), threatened with a gun or knife (40%), or both. Injuries sustained in the prior 6 months included cuts and bruises (85%), broken bones (19%), dislocations (10%), and miscarriages or pregnancy complications due to the abuse (11%). Research participants were demographically representative of many domestic violence shelter program residents (Dobash & Dobash, 1979; Gondolf, 1988; Okun, 1986), and women in the experimental group did not differ from women in the control group on any demographic variables.

### *Interviewing Participants*

Women were interviewed six times for this project: preintervention, postintervention, and at 6-, 12-, 18-, and 24-month follow-ups. Interviews were conducted in the community at women's convenience, often in their homes. Interviews lasted approximately 1-1/2–2 hr, and women were compensated for their participation ($10, $40, $60, $80, $90, and $100, respectively). Measures within the interview pertained to women's (1) level of intimate

[3]Since involvement with assailant had the potential for influencing likelihood of repeated violence it was important to stratify on this variable.

abuse experienced (physical, psychological, sexual), (2) quality of life, (3) social support, (4) depression, (5) effectiveness in accessing resources (post only), and (6) difficulty accessing resources (followup points only). At the postinterview, women who worked with advocates also answered additional questions about the intervention itself.

## Effectiveness of the Intervention

Multivariate analysis of covariance (MANCOVA) was used to test between-group differences on the major outcome measures (physical abuse, psychological abuse, depression, social support, and quality of life) immediately postintervention. This strategy allowed a between-group comparison on all outcome measures at the same point in time (post-intervention), controlling for individuals' preintervention levels. A significant effect for condition was found (multivariate $F(5, 254) = 5.18$, $p < .001$; $\eta^2 = .09$), which led to conducting follow-up univariate analyses of covariance (ANCOVAs) for each outcome variable. Physical violence, psychological abuse, and depression were lower in the advocacy condition, while quality of life and social support were higher. For all individual outcome variables except psychological abuse, the comparison between the conditions was statistically significant.

Doubly multivariate repeated measures MANOVA was then used to test for the persistence of experimental—control group differences on the major outcomes across the next two years. The analysis indicated a significant Time × Condition interaction (multivariate $F(20, 244) = 1.91$, $p < .01$) accounting for 14% of the multivariance, a significant time effect (multivariate $F(20, 244) = 2.45$, $p < .001$) accounting for 16%, and a condition effect (multivariate $F(5, 259) = 1.56$, $p = .17$) that, while not significant, was suggestive, considering the directional nature of the experimental–control group comparison.

To identify group differences between individual outcome variables, follow-up repeated measures MANOVA's were conducted. Women who worked with advocates reported higher quality of life and social support over time, as well as decreased difficulty obtaining community resources. Perhaps most importantly, they also experienced less violence over time than did the women who did not work with advocates. The research methodology and longitudinal findings are presented in more detail in Sullivan and Bybee (1999).

Structural equation modeling was then used to examine the complex mediational process through which the intervention resulted in change two years later. As hypothesized, the short, 10-week intervention appears to have set a positive chain of events into motion, beginning by first increasing women's connections to needed resources, people, and opportunities. Increased social support and access to resources then continued to exert positive changes in women's lives, affording more opportunities for continued successes and serving as protective factors against further abuse (see Bybee & Sullivan, 2002, for more detail).

A limitation of the research was that all of the study participants had been residents of a shelter program for women with abusive partners. The majority had low incomes, none were living in rural areas, and the majority were either African American or non-Hispanic White. Findings can therefore only be generalized to women in similar circumstances. Advocates were all undergraduate students earning course credit for their participation. Future ESID studies are needed to replicate and modify this program in other communities and under different conditions. For example, it would be interesting to use a different pool of individuals as advocates, such as community volunteers, paid staff, formerly battered women, or both. Other modifications might include length of intervention, intensity of intervention, and working with a sample of women who had never sought shelter services.

### *Current Dissemination and Expansion Efforts*

Social action researchers have a responsibility to disseminate innovations that have shown to be effective in ameliorating a social problem. Such efforts are underway with the current intervention. In one case, the intervention has been lengthened and expanded to include advocating not just for survivors but for their children as well (Sullivan, 1997b; Sullivan, Bybee, & Allen, 1999). The ESID model is being followed to experimentally evaluate the effectiveness of that innovation over time.[4] A pilot study is also underway to examine the feasibility of replicating the original project with a nonshelter sample that is not receiving monetary compensation for their participation.[5] Additional dissemination efforts are needed

[4]Funded by National Institute of Mental Health R01 MH 57267.
[5]For more information contact the author.

across multiple communities to examine the integrity and generalizability of this innovation.

An important consideration when developing this innovation was how to continue it in the original setting should it be found to be effective. It would have been unethical to create an intervention that was not sustainable in the community in which it originated. The author, therefore, worked with the local domestic violence shelter program to obtain state funds to create an Advocacy Coordinator position within the shelter program. Using supporting data from the Community Advocacy Project, funding was successfully secured, and the Advocacy Coordinator is now a core position in the agency. The Advocacy Coordinator provides direct advocacy services to women while they are shelter residents and also trains volunteers to provide individualized advocacy services.

### *Conclusions*

The Community Advocacy Project represents the only longitudinal, experimental evaluation of a program designed to reduce intimate male violence against women (Crowell & Burgess, 1996). The women in this study who worked with advocates were significantly less likely to be abused again compared to their counterparts in the control condition. They also reported higher quality of life and fewer difficulties obtaining community resources even two years after this short-term intervention. It is notable that the long-term success of the intervention was not merely due to the continuation of short-term effects. On the contrary, a considerable proportion of the positive effects of the intervention on reabuse was delayed, and resulted from earlier positive change in social support, access to resources, and quality of life. These changes were set in motion by the intervention but were not observed until the later follow-up time points.

The success of this research project was due in large part to its adherence to the principles of the ESID model. The researcher is accepted as an advocate in the domestic violence community and took an explicitly feminist approach to the investigation. The innovation was implemented in a natural setting (the community) with a representative sample, and was scientifically and longitudinally evaluated. Most important to the success of this effort was the collaborative means by which it was conducted. Advocates and survivors were integral in designing, implementing, and interpreting the research. Without the valuable input from survivors, it is also unlikely that such an elaborate retention protocol would have been implemented, and even less likely that a 94+% retention rate achieved over time.

The ESID model has been effectively used to document improved community-based interventions with such diverse populations as individuals with schizophrenia (Fairweather, 1964), adolescents labeled as delinquents (Davidson et al., 1987), and now women with abusive partners (Bybee & Sullivan, 2002; Sullivan, 1991b, 2000; Sullivan & Bybee, 1999). Although the utility of ESID has been demonstrated again and again, it is still unfortunately avoided by a number of social action researchers. Conducting truly collaborative research in the community is not only time consuming (Edleson & Bible, 1998; Riger, 1997), it requires a great deal of negotiation and compromise between the researcher and community members (Gondolf, Yllo, & Campbell, 1997). Although these difficulties cannot be denied, they are worth contending with to reap the rewards of conducting ESID research. When one conducts experimental, longitudinal social action research in the community, with a representative, generalizable sample, the findings from such research are almost invariably instructive, ecologically valid, and useful to the community. As such, the ESID model not only provides us with a practical model for evaluating community-based interventions, but it also encompasses the finest principles of Community Psychology.

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