

# *Battered Women's Multitude of Needs*

*Evidence Supporting the Need for Comprehensive Advocacy*

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*To better illuminate the elements of an effective community response to domestic violence, this study examined how survivors prioritized their help-seeking activities and what their priorities revealed about their patterns of need. This study expanded on Sullivan and Bybee's findings regarding the utility of community-based advocacy by examining whether the extent to which such advocacy was effective was dependent on the types of needs that survivors presented. Cluster analysis revealed five distinct subgroups of survivors: one focused primarily on activities to acquire housing, a second worked more on education and employment, a third focused heavily on legal issues, and two groups were characterized by survivors' level of activity across a variety of needs (high and low). Despite the varied constellations of needs survivors presented, broad-based advocacy enhanced survivors' effectiveness in mobilizing needed community resources. These findings suggest that comprehensive and individualized approaches to advocacy for battered women are essential.*

**Keywords:** *advocacy; coordinated community response; domestic violence; human service delivery; intimate partner violence*

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*Intimate partner violence against women* is a pervasive social issue requiring a comprehensive response from agencies across a variety of community sectors (Clark, Burt, Schulte, & Maguire, 1996; Hart, 1995; Shepard & Pence, 1999). There is increasing recognition that the degree to which communities respond effectively to

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AUTHORS' NOTE: This research was supported by a grant from the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (R49/CCR510531).

VIOLENCE AGAINST WOMEN, Vol. 10 No. 9, September 2004 1015-1035  
DOI: 10.1177/1077801204267658  
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intimate partner violence has direct consequences for women's safety and well-being. Although communities are making important strides to increase their responsiveness to abuse, most offer limited services to survivors of intimate partner violence. In fact, recent efforts have focused heavily on reforming the criminal justice response—sometimes to the exclusion of a broader community-wide focus (Allen, 2001; Hart, 1995). To better illuminate the critical elements of an effective community response to domestic violence, the current study examined survivors' needs and their efforts to mobilize community resources to meet those needs 6 months after they exited shelter. Specifically, the current study explored how survivors prioritized their help-seeking activities following their exit from shelter and what their priorities reveal about the varied patterns of need that they present.

Furthermore, given that survivors sometimes lack information about the full range of resources that do exist in their communities and how to effectively mobilize them, the current study explored the role of advocacy as a component of an effective community response to domestic violence. Specifically, there is growing evidence that community-based advocacy interventions can increase survivors' access to needed resources (Sullivan, 2000; Sullivan & Bybee, 1999); however, it is unclear if advocacy works equally well for all survivors or if the effectiveness of advocacy is dependent on the needs women present; that is, community-based advocacy may be more effective at addressing basic living needs (e.g., housing) than needs related to longer-term financial security (e.g., acquiring employment, continuing education). The current study expands Sullivan and Bybee's (1999) findings regarding the utility of community-based advocacy by examining whether the extent to which such advocacy increased survivors' effectiveness in accessing needed resources was dependent on the primary needs that survivors presented.

## ADVOCACY

Advocacy has been a core component of the women's movement to end domestic violence since its inception. Davies, Lyon, and Monti-Catania (1998) described advocates as "anyone who responds directly to help abused women in an institutional context" (p. 2). This inclusive definition encapsulates a variety of

approaches to advocacy but captures the essence of its purpose—to help survivors of domestic violence navigate the systems involved in the community response as they attempt to acquire needed resources. There is evidence that survivors of domestic violence are likely to have a constellation of needs such as housing, employment, education, and child care (Davies et al., 1998; Schechter, 1999; Sullivan & Rumptz, 1995; Sullivan, Tan, Basta, Rumptz, & Davidson, 1992). Thus, advocacy may involve a wide variety of social institutions that affect survivors' lives including, for example, the criminal justice system, health care and social services, and/or religious institutions.

Domestic violence shelter programs continue to be the cornerstone of services offered in many communities. These agencies typically offer crisis intervention services and may or may not also provide immediate shelter, long-term counseling, and support (Sullivan & Gillum, 2001). The majority also engage in some form of advocacy (Peled & Edleson, 1994) or provide direct assistance to women needing help obtaining community commodities or services. A common approach to providing advocacy services is to focus on single, particular areas that are viewed as critical to survivors of domestic violence. Some shelter programs employ housing advocates or medical advocates, however legal advocacy is probably the most common form of advocacy being provided to battered women today.

Although sometimes located in domestic violence service programs, legal advocacy programs can also be found in prosecutors' offices, law schools, or law clinics (Hart, 1995; Schneider, 2000). Bell and Goodman's (2001) quasi-experimental study of a legal advocacy program found that women who had worked with advocates reported less abuse 6 weeks later. Women also talked about their advocates as being very supportive and knowledgeable, while the women who did not work with advocates mentioned wishing they had had that kind of assistance.

In response to the dearth of information about the effectiveness of advocacy for women with abusive partners, Sullivan developed the Community Advocacy Project, an approach to advocacy that would extend the services typically provided by shelter programs (see Sullivan, 2000, 2003). More important, these advocacy services were provided following women's exit from shelter and were focused on meeting survivors' self-defined needs and wants

throughout the advocacy process. Sullivan and her colleagues have demonstrated that women who received these intensive advocacy services were more effective in acquiring needed community resources than were women in a control group (Sullivan, 1991b; Sullivan & Bybee, 1999). Furthermore, they demonstrated that positive outcomes persisted even 2 years after the intervention. Specifically, women who worked with community advocates had a higher quality of life, were more effective at accessing needed community resources, had greater social support, and were experiencing less violence than women who did not work with advocates (Sullivan & Bybee, 1999). Longitudinal latent structural equation modeling (SEM), used to examine the mediational process through which change occurred, revealed that working with an advocate had an immediate positive effect on women's social support and effectiveness at obtaining resources, which led to improvement in their subjective well-being or quality of life. Over time, this improved quality of life led to significant protection from reabuse (Bybee & Sullivan, 2002). What has not been examined is whether the advocacy intervention was more effective for women in certain circumstances or with particular needs.

### CURRENT STUDY

When considering advocacy efforts, of central concern is the degree to which advocacy approaches adequately accommodate the needs that survivors of domestic violence present. For example, although advocacy that has a specific focus (e.g., legal) can provide women with important assistance, it is critical not to reproduce the fragmented and categorical nature of services typically found in the human service delivery system (Friedman, 1994). In the human service delivery arena, categorical service delivery has long been criticized for failing to meet the complex array of needs that clients typically present (e.g., Knitzer, 1982, Schorr, 1988). In such a system, clients' needs are met only to the extent to which they reflect the particular categories of service offered. This makes a flexible, individualized response driven by clients' needs rare in the human service delivery system. For example, parents who enter the child protection system are

frequently offered (and often are mandated to attend) parenting classes. In some cases, these classes may reflect parents' needs, however in others, this category of service may be irrelevant while other needs (e.g., car repair, child care) may be far more pressing. The presence of parenting classes as a category of service drives the delivery of that service rather than a true assessment of the array of needs a particular client presents. In an effort to specialize advocacy in predetermined ways, the response to domestic violence may become increasingly similar to a traditional human service response, where categories of service (e.g., housing assistance, child care, counseling) determine what is offered to "clients," rather than having the needs that survivors present drive the intervention process. This may lead to a potential "mismatch" between what specialized advocacy offers and what survivors need. Conversely, survivors may present specific sets of needs that are best addressed by specialized advocacy services.

To better understand survivors' salient needs and how they relate to other needs these women have, the current study examined how survivors prioritize their help-seeking activities. Specifically, the current study examined the variety of needs women with abusive partners reported 6 months after they had left a domestic violence shelter program and the actions they took to address these needs. It was hypothesized that survivors would report acting to address a variety of needs simultaneously rather than needs that fit neatly within one domain of service, and that survivors' priority needs would not be uniform. This examination provides a few important pieces of information. First, it illuminates the full range of needs women present and the extent of activities in which they engage to meet those needs. Second, it allows for an examination of patterns of need, which, in turn, allows us to identify differences across subgroups of survivors with regard to which of their needs are most salient. Finally, although it is clear that the Community Advocacy Project was a successful community-based intervention, it is not clear if it worked equally well for all women, or if women with certain needs were more effectively assisted than others. The current study examined whether the degree to which advocacy affected access to resources was dependent on the patterns of needs that women presented.

## METHOD

### PARTICIPANTS

*Recruitment.* Participants were interviewed after leaving a mid-west shelter program for women with abusive partners. Women were eligible for the project if they (a) spent at least one night in the shelter and (b) planned on staying in the general vicinity for the first 3 months postshelter. Women were informed that one half the women being interviewed would be randomly selected to receive free advocacy services for the first 10 weeks postshelter exit, 4 to 6 hours per week. Advocates were intensively trained female undergraduate students from a large university.

### CONDITION ASSIGNMENT

All research participants were interviewed within the first week after exiting the shelter program. Most interviews were conducted in women's homes, and all were conducted in private rooms with no other adults present. Immediately on completion of the first interview, respondents opened a sealed envelope that 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 a woman was involved in an ongoing, intimate relationship with her assailant. Two hundred seventy-eight women participated in the program, with 143 receiving advocacy services. Women selected to work with advocates began working with their advocates immediately. Women in the control group were not contacted again until their next interview 10 weeks later.

### DEMOGRAPHICS

Of the participants, 45% were African American, 42% were White, 7% 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.

Two thirds of the sample had completed high school or had obtained GEDs, 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.

The mean length of stay at the shelter had been 19 days (range = 1 to 76,  $SD = 16.5$ ). Of the women, 27% were married to the men who had abused them, and an additional 42% were living with but not married to their assailants. Of the women, 7% had been intimately involved with the men who had abused them but were not living together, and 20% were no longer involved with their partners at the time of the last assault (either separated, divorced, or no longer dating).

### THE ADVOCACY INTERVENTION

The intervention consisted of providing community-based advocacy services to women and helping them devise safety plans as needed. It was designed as a “strengths-based, family-centered model,” focusing on the strengths and unmet needs of survivors (Dunst, Johanson, & Trivette, 1991; Sullivan & Bybee, 1999). This model requires that families guide the services they receive and that clients’ natural support networks are involved in the advocacy process. Advocacy consisted of five distinct phases: assessment, implementation, monitoring, secondary implementation, and termination (Davidson & Rappaport, 1978; Sullivan, 1991a, 2000; Sullivan & Bybee, 1999). Assessment consisted of (a) getting acquainted with the woman and significant others in her life (family, friends) and (b) gathering important information regarding her needs and goals. During this stage, the participant informed the advocate what she would like to accomplish during their time together.

Implementation naturally followed the assessment phase. Specifically, in response to each unmet need identified, the woman and her advocate actively worked to generate or mobilize appropriate community resources. This included brainstorming all possible resources, identifying critical individuals in control of those resources, and devising strategies to access the resources. This stage involved making phone calls, obtaining written information, making personal contacts—anything that had the potential to create positive change. 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, the pair initiated a secondary implementation to meet the woman's needs more effectively.

Termination began approximately 7 weeks into the 10-week intervention. At this time, the advocate intensified her efforts to transfer the skills and knowledge she had learned throughout the course to ensure the woman would be able to continue implementing advocacy efforts on her own.

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 woman and her advocate may have been monitoring one intervention while initiating another.

## MEASURES

*Resources needed.* As part of their first interview, all women were asked to identify which of the following needs they planned to be working on in the coming 10 weeks: housing, education, employment, transportation, legal assistance, health care, social support, financial assistance, material goods and services (e.g., furniture), child care, and issues for their children. Women were also asked whether they had any other needs not mentioned in this list.

At the second interview, conducted 10 weeks later, women were asked which of the 11 needs they had worked on since their first interview. Women were not reminded how they had answered previously.

*Strategies used to obtain resources.* For each need identified in the postintervention interview (e.g., housing, education), women were then asked to indicate which, if any, actions they had taken to access community resources including making phone calls, obtaining written materials or checking newspapers, going somewhere in person, contacting community agencies, or taking other actions. Levels of activity scores were created by calculating the



sum total of activities in which a woman engaged to meet each need. Total scores ranged from 0 to 7.

*Effectiveness in obtaining resources.* Effectiveness in obtaining resources was assessed, postintervention only, by asking women how effective they had been in obtaining the desired resource in each of the areas they had identified working on. Response categories ranged from 1 = *very ineffective* to 4 = *very effective*, and scale scores were created by calculating the mean of self-report effectiveness scores across all areas in which a woman worked. Internal consistency of the Effectiveness in Obtaining Resources (EOR) Scale was .64.

## RESULTS

To verify the initial equivalence of the randomized conditions, groups were compared on demographic variables. Parametric and chi-square statistics provided no statistical evidence of differences between the randomized groups. MANOVA results also confirmed no preintervention differences, multivariate  $F(5, 259) = .38, p = .86$ . Immediately on exiting the domestic violence shelter, the needs identified by women were many. Specifically, the majority of women indicated they wanted to work on obtaining material goods and services (86%), health-related issues (77%), increasing their level of social support (77%), and school-related issues (e.g., obtaining a GED, attending college or trade school; 72%). In addition, a significant portion indicated they wanted to address financial needs (68%), transportation needs (66%), obtaining employment (60%), and legal issues (59%). It is important to note that housing was not identified as a need for the majority of women because they had recently exited shelter and obtained housing. For women who had children, 67% indicated they needed to address child care issues, and 68% indicated they wanted to address other issues related to their children.

In the 6 months following their stay in shelter, many survivors engaged in at least one type of activity (e.g., making phone calls, going somewhere in person, obtaining written materials) to access community resources for housing (61%), education (61%), employment (62%), transportation (49%), legal assistance (59%),

**TABLE 1**  
**Mean Levels of Activity to Meet Needs for Experimental and Control Groups**

<i>Need (Range of Activity Level)</i>	<i>Experimental Mean (SD)</i>	<i>Control Mean (SD)</i>	<i>Total Mean (SD)</i>
Housing (0 to 5)	2.00 (1.78)	1.83 (1.74)	1.92 (1.75)
Education (0 to 6)	2.32 (1.98)	1.49 (1.80)	1.91 (1.94)
Transportation (0 to 5)	1.29 (1.56)	0.99 (1.31)	1.14 (1.45)
Employment (0 to 7)	2.37 (2.33)	2.25 (2.26)	2.31 (2.29)
Legal assistance (0 to 7)	2.47 (2.28)	1.81 (2.16)	2.15 (2.24)
Health care (0 to 5)	1.61 (1.63)	1.71 (1.45)	1.66 (1.54)
Social support (0 to 5)	0.74 (1.30)	0.87 (1.16)	0.80 (1.23)
Financial assistance (0 to 5)	1.61 (1.82)	1.48 (1.72)	1.54 (1.77)
Material goods (0 to 5)	2.84 (1.59)	1.52 (1.58)	2.20 (1.71)
Child care (0 to 5)	1.23 (1.63)	0.94 (1.41)	1.09 (1.53)
Children's issues (0 to 5)	1.47 (1.73)	1.40 (1.53)	1.44 (1.63)

health care (62%), social support (37%), financial assistance (48%), material goods and services (69%), child care (40%), and issues for their children (50%). See Table 1 for a summary of the level of activities in which survivors engaged to address each need. Women who worked with advocates reported seeing them about twice a week during the 10-week intervention ( $M = 2.3$ ;  $SD = 1.18$ ), and spent on average 6.4 hours a week with them ( $SD = 4.68$ ).

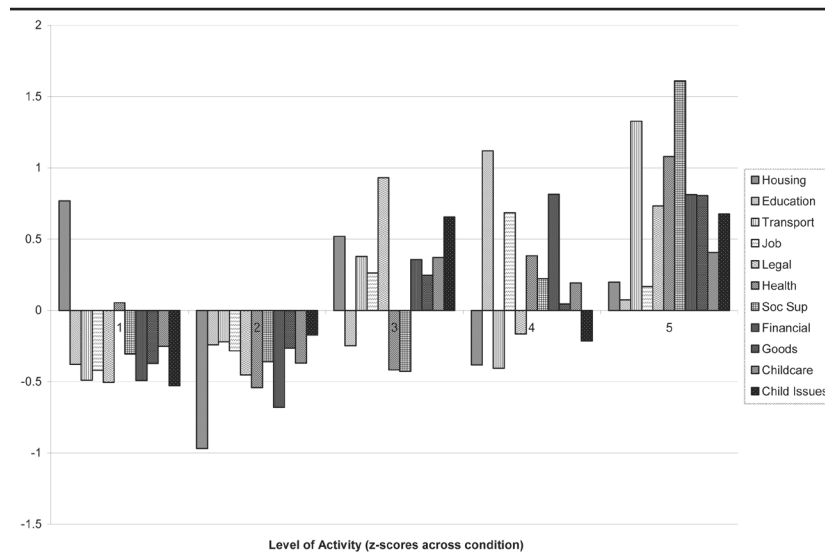
Cluster analysis was used to group women by their pattern of activity to access community resources. Specifically, the hierarchical agglomerative method of cluster analysis and Ward's method on the squared Euclidian distance measure were used to generate initial cluster solutions. To further refine the groups after the best solution had been determined, a  $k$ -means cluster analysis was performed using as start means the cluster centroids and specifying a specific number of clusters from the previous analysis. The purpose of this two-step process was to reduce misclassification because of the sequential nature of the hierarchical agglomerative process (Rapkin & Luke, 1993). Subsequent analyses included a MANOVA aimed at examining differences between the control and experimental group with regard to the amount of activity in which women engaged in each area.

Eleven variables representing survivors' level of activity to acquire community resources were used, including the number of activities in which they engaged to acquire housing, education, transportation, employment, legal assistance, health care, social support, financial support, material goods and services, child

care, and to address issues related to their children. Variables were standardized prior to inclusion in the cluster analyses given the inconsistent ranges in the number of activities in which survivors engaged. Given that the first purpose of the current study was to examine survivors' needs and activities following shelter in the absence of the advocacy intervention, initial clusters were generated within the control condition. After the final cluster solution was refined by the *k*-means cluster analysis, analogous clusters were generated for the experimental group using as start means the cluster centroids for the control group. This allowed for comparison of control and experimental groups with similar constellations of needs on the degree to which they effectively engaged to access community resources.

Using the hierarchical agglomerative method of cluster analysis and Ward's method on the squared Euclidian distance measure, three-, four-, five-, and six-cluster solutions were generated. Ultimately, the five-group solution was chosen as optimal, based on an analysis of the change in the fusion coefficients. *K*-means cluster analysis was performed to further refine these groups and resulted in the movement of 21 individuals (8%) from one cluster to another.

Cluster means (represented as *z* scores) for each of the 11 needs are illustrated in Figure 1. See Table 2 for the mean levels of activity across clusters in each activity domain and significant results of Tukey paired comparisons among clusters. Cluster names and interpretations were derived from these comparisons. Survivors in the housing cluster ( $n = 69$ ) engaged in a significantly greater breadth of activities to access housing. Survivors in the low-activity cluster ( $n = 68$ ) engaged in the smallest breadth of activities to access resources, and no particular area of need was predominant. Survivors in the legal cluster ( $n = 48$ ) involved significantly more legal activities than any other cluster, plus high levels of activity around housing and children's issues. Survivors in the education/employment cluster ( $n = 43$ ) focused primarily on accessing education and employment, while those in the high-activity cluster ( $n = 36$ ) engaged in a relatively high level of activities to meet numerous needs. Several domains were not a major focus in any of the clusters but were present as a secondary focus. For example, children's issues constituted a secondary focus among survivors in the legal cluster, while financial assistance



**Figure 1: Five Cluster Solution: Mean Level of Activity Across Need Domains by Cluster TS**

NOTE: SOC SUP = Social Support.

was a secondary focus of survivors in the education/employment cluster.

### EXAMINING THE ADVOCACY INTERVENTION

To examine the degree to which working with an advocate increased (a) survivors' effectiveness in accessing needed community resources and (b) the level of activities in which they engaged to meet their needs, two general linear models (GLM) were performed. The interaction between condition (advocacy or control) and the specific constellation of the needs presented (i.e., cluster) was examined to reveal (a) if differences across clusters were dependent on condition assignment, and (b) if condition differences varied depending on the specific cluster of needs survivors presented (i.e., if advocacy was more effective for certain constellations of needs than others).

In the first GLM, the degree to which women were effective overall was included as the dependent variable. These analyses revealed main effects for condition and cluster assignment. Specifically, women who worked with advocates were more effective overall at accessing needed community resources,  $F(1, 261) =$

**TABLE 2**  
**Mean Differences in Level of Activity to Meet Needs by Cluster**

Cluster Defining Variables	Cluster Means					F(4, 259)
	1 (Housing) (n = 69)	2 (Low) (n = 68)	3 (Legal) (n = 48)	4 (Education/Job) (n = 43)	5 (High) (n = 36)	
Housing	3.25 <sup>a</sup>	0.21 <sup>b</sup>	2.81 <sup>a,d</sup>	1.23 <sup>c</sup>	2.25 <sup>d</sup>	58.64*
Education	1.20 <sup>a</sup>	1.47 <sup>a</sup>	1.46 <sup>a</sup>	4.12 <sup>b</sup>	2.08 <sup>a</sup>	24.05*
Transportation	0.43 <sup>a</sup>	0.82 <sup>a</sup>	1.69 <sup>b</sup>	0.56 <sup>a</sup>	3.06 <sup>c</sup>	37.66*
Employment	1.35 <sup>a</sup>	1.66 <sup>a,c</sup>	2.92 <sup>b</sup>	3.88 <sup>b</sup>	2.69 <sup>b,c</sup>	12.40*
Legal assistance	1.03 <sup>a</sup>	1.15 <sup>a</sup>	4.25 <sup>b</sup>	1.79 <sup>a</sup>	3.81 <sup>b</sup>	35.70*
Health care	1.72 <sup>a</sup>	0.81 <sup>b</sup>	1.00 <sup>b</sup>	2.23 <sup>a</sup>	3.31 <sup>c</sup>	26.69*
Social support	0.42 <sup>a</sup>	0.35 <sup>a</sup>	0.27 <sup>a</sup>	1.07 <sup>b</sup>	2.78 <sup>c</sup>	53.53*
Financial assistance	0.67 <sup>a</sup>	0.34 <sup>a</sup>	2.17 <sup>b</sup>	2.98 <sup>c</sup>	2.97 <sup>b,c</sup>	43.81*
Material goods and services	1.56 <sup>a</sup>	1.75 <sup>a</sup>	2.63 <sup>b</sup>	2.28 <sup>a,b</sup>	3.58 <sup>c</sup>	11.85*
Child care	0.71 <sup>a,b</sup>	0.53 <sup>a</sup>	1.67 <sup>c</sup>	1.40 <sup>b,c</sup>	1.72 <sup>c</sup>	07.74*
Children's issues	0.58 <sup>a</sup>	1.16 <sup>a</sup>	2.52 <sup>b</sup>	1.09 <sup>a</sup>	2.56 <sup>b</sup>	19.45*

NOTE: Within each dependent variable, means with different superscript letters are significantly different at  $p < .05$ , according to Tukey paired comparisons.

\* $p < .001$

42.90,  $p < .001$ . Across clusters, women in the control group reported a mean level of effectiveness of 2.71 ( $SD = .71$ ), while women in the advocacy group reported a mean level of 3.26 ( $SD = .57$ ). Examination of simple main effects (i.e., condition differences within cluster) indicated that this difference in perceived effectiveness held true for all clusters with the exception of the high-activity cluster. Women who received advocacy services did not differ from those who did not in this cluster. Furthermore, there were differences in perceived effectiveness in accessing resources across clusters,  $F(4, 261) = 4.35$ ,  $p < .01$ . Specifically, post hoc analyses employing Tukey's honestly significant difference (HSD) indicate that women in the high-activity cluster perceived themselves as more effective at accessing needed resources than women in the housing cluster (Mean Difference = .52,  $p < .01$ ). Notably, the condition by cluster interaction was not significant. This indicates that the degree to which advocacy promoted effectiveness was not dependent on the array of needs women presented. Likewise, the difference between clusters in perceived effectiveness (i.e., the housing and the high-activity groups) was not dependent on condition.

The second GLM examined differences across groups regarding the extent of activity in which survivors engaged to meet their needs. Dependent variables included each of the 11 variables on which the clusters were based (e.g., number of activities to address housing, education, legal help, transportation, etc.). This model reveals main effects for condition and cluster assignment as well as a significant interaction between the two. Overall, survivors who worked with advocates engaged in a greater number of activities to address their needs when compared to those who did not work with advocates, Pillai's Trace  $F(11, 244) = 8.44, p < .001$ ). Specifically, univariate ANOVAs indicated that survivors who worked with advocates engaged in a greater number of activities to address education needs,  $F(1, 254) = 19.41, p < .001$ ; legal issues,  $F(1, 254) = 5.72, p < .05$ ; and acquiring material goods and services,  $F(1, 254) = 47.07, p < .001$ . Given that clusters were based on the level of activity in which survivors engaged, not surprisingly, the level of activity in which women engaged to meet needs also varied across clusters, Pillai's Trace  $F(44, 988) = 25.84, p < .001$  (see Table 2 for a summary of the mean level of activity for each need across clusters). More interesting, however, there was a significant cluster by condition interaction, Pillai's Trace  $F(44, 988) = 2.71, p < .001$ . This indicated that survivors' levels of activity to acquire resources within each cluster were dependent on condition. An examination of significant simple main effects reveals that, with only two exceptions, survivors who worked with advocates engaged in a greater number of activities to acquire needed community resources across clusters. However, survivors from the high-activity cluster who were in the control group engaged in a significantly greater number of activities than those in the advocacy group to address child care (Mean Difference = 1.00,  $p < .05$ ) and to address issues related to their children (Mean Difference = 1.33,  $p < .05$ ).

## DISCUSSION

Consistent with previous research, the current study provides evidence that women with abusive partners actively seek a wide variety of community resources (e.g., Bui, 2003; Gondolf, 1988; Hutchison & Hirschel, 1998; Sullivan, 1991a, 2000). The current study builds on previous research by demonstrating that women

work to address their needs across a wide variety of domains and that their needs are far from uniform. In fact, there was significant variability across women regarding the extent to which they sought community resources and where they focused their efforts. Specifically, five distinct subgroups emerged: (a) low activity, (b) housing, (c) education and employment, (d) legal, and (e) high activity. Although some women engaged in relatively few activities, others engaged in higher levels of focused activity in one or two domains (e.g., education and employment). Still, it is important to note that although women focused their activities in particular areas, they rarely had needs in only one domain. For example, one subgroup of women was particularly focused on legal assistance, however these women were also engaged in activities to address housing needs and child-related issues. Similarly, women in the education/employment group also indicated they were working on financial and health care issues. It appears, then, that even when women had extremely pressing needs in one domain of their lives (e.g., legal, housing), they were likely to be dealing with a number of other, and often related, issues as well.

Furthermore, the current study reveals that the community advocacy intervention enhanced survivors' effectiveness in acquiring needed community resources regardless of the specific set of needs women presented. The only cluster for which this difference did not persist was the high-activity cluster. The women in the control condition who were part of this cluster engaged in a great deal of activity to acquire resources, and this effort was effective overall. It is important to note that women in the control and advocacy conditions in the housing subgroup perceived themselves as less effective in accessing community resources than women in the high-activity group. This may be because low-income housing is typically in short supply in communities and may have been difficult to acquire. These findings also suggest that some women (in this case those in the high-activity cluster) will succeed in obtaining community resources with or without advocacy services if they engage in a high enough number of activities to do so.

These findings have important implications for how we approach interventions with women with abusive partners and community-wide efforts to create a coordinated community response. First, it is essential that advocacy and other human

service programs recognize the need for a comprehensive response to survivors' needs. Programs that focus exclusively on one domain of service delivery are unlikely to meet the full range of needs that women present. Furthermore, the variability in women's focal needs punctuates the importance of emphasizing women's active involvement in identifying their needs and how they wish to prioritize them. This requires flexibility in the service delivery response and a willingness to individualize services as directed by domestic violence survivors. Family-centered and strengths-based approaches to service delivery emphasize such individualized and comprehensive approaches (Dunst & Trivette, 1994; Dunst, Trivette, & Thompson, 1994; Early & GlenMaye, 2000; Fraser & Galinsky, 1997; Saleebey, 1997), yet, to date, comprehensive approaches seem to be the exception to the rule rather than the norm.

Second, the current study presents further evidence that not all battered women focus on legal services or criminal justice intervention. Of the sample, 59% noted working on legal issues, and for at least some of these women, the legal problem was not directly related to the prosecution of the assailant or to obtaining a protection order. Rather, women were fighting landlords, getting divorced, working out custody and visitation, or dealing with other legal concerns. This finding is particularly important given that coordinated community response efforts almost always focus on creating reforms in the criminal justice system but often fail to address broader social and human service delivery needs (Allen, 2001; Pence, 1999). Although the criminal justice response may be a critical component of fostering batterer accountability, it is essential to focus on the varied needs that survivors present and increase the accessibility of those resources that meet women's self-identified needs. Meeting such needs may foster survivors' safety to a greater extent than an exclusive focus on an improved criminal justice response; that is, connecting women broadly to the resources they identify as important may play a greater role in fostering their safety than focusing only on pursuing criminal action against the batterer. This is consistent with Davies et al.'s (1998) assertion that women-centered advocacy (i.e., advocacy directed by survivors' self-identified wants and needs) is the key to effective safety planning.



Furthermore, meeting women's basic needs may be a necessary precursor to fostering an effective criminal justice response. For example, Goodman, Bennett, and Dutton (1999) found that having adequate tangible support (e.g., child care, transportation) was positively related to survivors' decisions to participate in the prosecution of their batterers. Given the difficulty that prosecutors face when they pursue a case without the survivor as a witness, this link underscores the importance of ensuring a comprehensive response to domestic violence.

Third, it is notable that a significant portion of women was addressing issues beyond meeting basic needs, such as housing and material goods and services. Many women were focused primarily on continuing their educations and obtaining employment. It is essential that advocacy services become increasingly well equipped to assist women in achieving these life goals. A focus on meeting only women's basic needs, while necessary, may be insufficient for many women. This will likely require thinking "outside the box" when considering how to foster a coordinated community response. For example, inviting community colleges, 4-year colleges, trade schools, and local businesses to be a part of the response to domestic violence may increase the number of outlets women have to achieve economic self-sufficiency—one factor linked to increased safety for women (Davies, 2001; Davies et al., 1998; Dutton, 1992; Gondolf, 1988; Rhodes & McKenzie, 1998).

Fourth, it is important to consider the women in the low-activity cluster. These survivors engaged in fewer strategies to create positive change in their lives compared to women in the other clusters, yet they felt effective in meeting their needs, and those who worked with advocates benefited from the intervention. This goes against the conventional wisdom that more activity and more community engagement are always better. Some women simply have fewer needs than others or are in a place in their lives where they do not want to be pursuing new experiences (such as attending support groups, returning to school, or moving). Instead of viewing these women as "unmotivated" or as inadequate help seekers, it appears more appropriate to accept that they are doing what they need to do to take care of themselves in that moment. Offering services and support to women, without mandating their participation or judging their lack of interest as an

indicator of a character flaw, will be ultimately more helpful to them and certainly more appreciated.

Finally, the current study provides evidence that comprehensive advocacy programs, in general, increase women's help-seeking behavior over time. This suggests that individualized, comprehensive approaches to advocacy increase the degree to which women actively seek resources on their own behalf. Relatedly, the advocacy services examined in the current study were offered following a survivors' shelter stay. Currently, there are very limited opportunities to provide such ongoing advocacy to women with abusive partners.

Although the current study has important implications for intervention with women with abusive partners, it is important to note that only survivors who had accessed shelter services were included in this sample. Survivors who become involved with community agencies from different points of entry (e.g., when a batterer is arrested or when they seek medical attention) may have different constellations of needs. Those who seek shelter services may not be representative of women who do not seek shelter-based assistance. Thus, generalizations must be made with caution.

In conclusion, it is critical to approach advocacy for women with abusive partners by maximizing the degree to which such services are individualized, comprehensive, and driven by survivors' priorities. The current study suggests that women who received comprehensive advocacy were more effective in meeting their needs than women who did not receive such support and that this difference was not dependent on the specific array of needs they presented. Furthermore, it is essential to recognize that women are likely to have goals that extend beyond acquiring housing and legal assistance. It is important to recognize that this population of women has aspirations that exceed their basic needs and to provide the supports necessary for women to realize their goals. Finally, it is essential to recognize that efforts to stimulate a coordinated community response to domestic violence must not be limited to criminal justice intervention alone and should attend to the interagency linkages that must be fostered to more effectively meet women's needs—including those with organizations that can enhance longer term financial independence and quality of life (e.g., educational institutions, trade

schools, and local businesses). Only then will the multifaceted needs of battered women be adequately addressed.

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