# Journal of Interpersonal Violence

**The Role of Social Support in the Lives of Women Exiting Domestic Violence Shelters: An Experimental Study**

CHERIBETH TAN, JOANNE BASTA, CRIS M. SULLIVAN and WILLIAM S. DAVIDSON, II

The online version of this article can be found at:
http://jiv.sagepub.com/cgi/content/abstract/10/4/437

Published by:

Additional services and information for *Journal of Interpersonal Violence* can be found at:

**Email Alerts:** http://jiv.sagepub.com/cgi/alerts

**Subscriptions:** http://jiv.sagepub.com/subscriptions

**Reprints:** http://www.sagepub.com/journalsReprints.nav

**Permissions:** http://www.sagepub.com/journalsPermissions.nav

**Citations** http://jiv.sagepub.com/cgi/content/refs/10/4/437

*The present study investigated an intervention designed to increase battered women's social support and make their existing supports more responsive to their dire needs. It is part of a larger project that utilizes a longitudinal, experimental design to examine the effects, over a 2-year period, of an advocacy intervention on battered women's overall psychological well-being and ability to remain free of abuse. Study results (a) describe the social support of 141 women who have used a domestic violence shelter, (b) relate social support variables to psychological well-being and experience of further abuse, and (c) investigate the immediate effects of the intervention, as well as a 6-month follow-up. Key findings substantiate the strong relationship between social support and psychological well-being of battered women.*

# The Role of Social Support in the Lives of Women Exiting Domestic Violence Shelters

## An Experimental Study

**CHERIBETH TAN**
*Ateneo de Manila University*

**JOANNE BASTA**
*Pima County Superior Court*

**CRIS M. SULLIVAN**
**WILLIAM S. DAVIDSON II**
*Michigan State University*

***Social support networks*** are an important factor in battered women's ability to recover from violence at the hands of their intimate (or formerly intimate) partners. It has been described elsewhere that abusive men tend to socially isolate their victims from friends, family, and situations conducive to meeting new people (Browne, 1987; Dobash, Dobash, & Cavanagh, 1985; Hilberman & Munson, 1977-1978; Homer, Leonard, & Taylor, 1985; Mitchell & Hodson, 1983). Further, although battered women have been found to actively seek help and support from their friends, family, and community, this support

437

has been reported to be inadequate much of the time (Binney, Harkell, & Nixon, 1981; Bowker, 1983; Dobash et al., 1985; Gondolf, 1988; Hoff, 1990). The amount, type, source, and quality of social support battered women possess have also influenced their experience of violence as well as their psychological health and well-being (Bowker, 1984; Dobash et al., 1985; Donato & Bowker, 1984; Hoff, 1990; Mitchell & Hodson, 1983).

In the general social support literature, a strong link between psychological health and supportive social networks has been well documented. Numerous studies reviewed by Cohen and Wills (1985) and Kessler and McLeod (1985) have indicated that people with spouses, friends, and family members (informal supports) who provide psychological and material resources are in better health than those with fewer supportive social contacts. It has been theorized that social support may either buffer an individual from stress, or directly increase the individual's quality of life regardless of the individual's stress level (Cohen & Wills, 1985; Kessler & McLeod, 1985). In a study that specifically examined the relationships between stress, coping, social support, and psychological health among women with abusive partners, Mitchell and Hodson (1983) found that women receiving less help from institutional sources showed greater depression. In addition, they reported that differential responses from informal sources of support influenced their psychological adjustment. For example, avoidance responses from friends were associated with greater depression. In another study, battered women who received material aid or direct service from relatives or friends rated such help as very important to their ability to leave their assailants (Bowker, 1984; Donato & Bowker, 1984).

Evidence suggests that supportive social networks are beneficial to women with abusive partners in helping them reduce the stressful impact of the violence they are experiencing. However, it is crucial that the social networks be supportive. Even though a woman may have access to informal or formal sources of help, these sources may not provide adequate help, or help may be judgmentally provided, increasing the woman's feelings of guilt and stigmatization. With this evidence in mind, an intervention was developed to increase battered women's social support and make their existing supports more responsive to their dire needs.

The present study is part of a larger project utilizing a longitudinal, experimental design to examine the effects of an advocacy intervention on battered women's overall psychological well-being and ability to remain free from abuse (see Sullivan, Campbell, Angelique, Eby, & Davidson, 1994; Sullivan, Tan, Basta, Rumptz, & Davidson, 1992). The intervention provided postshelter advocacy services to women with abusive partners. Advocates assisted women in accessing needed resources and provided considerable

social support to their clients. It was hypothesized that women who worked with advocates would report increased satisfaction with their level and quality of social support, and greater effectiveness in obtaining needed community resources. The intervention effects were also hypothesized to persist over time, resulting in increased quality of life and decreased abuse.

The present study (a) describes the social support of women who have used a domestic violence shelter, (b) relates social support variables to psychological well-being and experience of further abuse, and (c) investigates the immediate effects of the intervention, as well as a 6-month follow-up.

## METHOD

### Research Participants

*Recruitment.* Research participants were recruited from a domestic violence shelter located in a medium-sized city in the Midwest. All women who stayed at the shelter at least one night and who did not move out of the general vicinity were considered eligible for the project, regardless of whether they returned to their assailants. Potential participants were informed that they would be interviewed after their shelter exit, 10 weeks thereafter (postintervention), and at follow-up time periods. They were also told that, due to limited resources, only half of the participants, randomly selected, would receive the free services of trained advocates for 4 to 6 hours per week during the first 10 weeks after leaving the shelter.

Most eligible participants (93%) expressed interest in participating in the study. Of the 146 initial study participants, 4 women voluntarily ended their participation within the first 2 weeks, and one woman was murdered one week into her intervention. Results presented are based on the 141 remaining participants, 71 of whom were randomly assigned to work with advocates.

*Tracking and postintervention interviews.* Almost all of the women (95%) were tracked successfully and interviewed 10 weeks after their first interview (Time 2) (see Rumptz, Sullivan, Davidson, & Basta, 1991). By the 6-month postintervention interview (Time 3), retention rate was still high at 93%. Of the 10 women who were not interviewed at Time 3, 5 could not be located after intensive tracking efforts; 3 were no longer interested in being in the project; and 2 were believed, but not positively confirmed, to have been murdered.

All women were paid for participating in the interviews, increasing successively at each interview ($10 at the first interview, $40 at the post-intervention interview, and $60 at the 6-month interview) to encourage

continued participation. Interviewers were project staff or trained under-graduates who participated in the project in return for college credits.

*Demographics.* Of the study's 141 participants, 45% were White, 43% were Black, 8% were Hispanic, 1% 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 28.5 years. Seventy-eight percent had at least one dependent child living with them.

Within the 6 months prior to entering the shelter, 82% were unemployed, and 81% were receiving some type of government assistance. Their mean annual income was $11,800, and 60% lived below the federal poverty line (U.S. Bureau of the Census, 1990). Of the study's participants, 64% had completed high school or had obtained a graduate equivalency degree (GED); 31% had at least some college experience.

The mean length of stay at the shelter had been 17 days (range = 1 to 45, $SD = 12.3$). Prior to coming to the shelter, 33% were married and living with their assailants; 45% lived with their assailants but were not married; 6% were romantically involved with their assailants but were not living together, and 15% were no longer involved with their partners at the time of the last assault (either separated, divorced, or no longer dating). The participants were demographically similar to the samples of other studies (Berk, Newton, & Berk, 1986; Finn, 1985; Gondolf, 1988; Greaves, Heapy, & Wylie, 1988; Hilbert & Hilbert, 1984; Mitchell & Hodson, 1983; Okun, 1986; Pagelow, 1981; Schutte, Malouff, & Doyle, 1988; Stacey & Shupe, 1983), indicating they are representative of women who utilize domestic violence shelters.

## The Intervention

The 71 women randomly assigned to the experimental condition received the free services of trained advocates for 10 weeks after their shelter exit. Advocates were female undergraduates from a large, midwestern university, who earned college credits for their participation. Training lasted for 10 weeks and consisted of information regarding the prevalence and severity of woman battering, as well as the difficulties women face after leaving a shelter. In addition to receiving empathy training, advocates were trained to generate and mobilize an assortment of community resources.

Once an advocate was assigned to a woman, she began working with her for 4 to 6 hours per week for a period of 10 weeks. Advocates were trained to assess the woman's unmet needs, and then tailor the intervention to access those resources that would fulfill those needs (e.g., low-cost housing, legal issues, employment, child care). A major component of their work was not

only to provide the women with social support themselves, but to increase and expand their clients' social networks if the clients so desired. Results from the postintervention interviews revealed that advocates spent an average of 6.9 hours per week with or on behalf of their clients in person (mode = 6 hours) and an additional 2.5 hours per week on the phone.

## Measures

The study employed preexisting measures as well as those created specifically for this research project. In order to measure relationship with assailant, participants were asked at each interview what their current relationships were with their assailants. Women were considered to be "involved" with their assailants if they were (a) married and living together; (b) living together, unmarried; (c) romantically involved, not living together; or (d) dating.

Social support was assessed by a measure developed by Bogat, Chin, Sabbath, and Schwartz (1983). This instrument tapped two dimensions of social support described in the literature: functional and structural social support. A nine-item scale was created from this instrument to measure women's satisfaction with their perceived quantity and quality of overall social support as well as in four specific domains of support: companionship, advice and information, practical assistance, and emotional support. This scale had an overall Cronbach's alpha of .87. In addition, women were asked to list as many people they could immediately think of who they (a) usually spent time with, (b) enjoyed talking with, (c) counted on for advice or information on personal matters, (d) counted on for advice or information about resources, (e) depended on when they needed help, (f) counted on for favors, (g) counted on to listen to them, and (h) felt really cared about them. Nine categories were created that typified the people women mentioned in the above areas: children, relatives, friends, assailant, new relationship (lover/spouse other than assailant), community organizations, relatives of assailant, advocate, and "other." A "generalist" category was also created to indicate individuals women mentioned four or more times across different areas of support. In order to prevent artificially inflating the number of generalists for women in the experimental condition, advocates were not included in this category; neither were advocates included in calculating the total number of supportive individuals. Women were also asked to estimate the number of close friends they had.

Experience of physical abuse was measured by a modified version of the violence subscale of the Conflict Tactics Scale (Straus, 1979), found in this study to have an internal consistency of .90. Two items were dropped from this scale ("burned" and "drove recklessly so that you felt endangered") due

to lack of variance. Because the scores on this scale were highly skewed at the postintervention and 6-month interviews, they were simply dichotomized to reflect the existence or absence of further abuse. The Index of Psychological Abuse was specifically developed for this study. It is a 33-item measure of ridicule, harassment, and criticism experienced. Internal consistency of this scale was .97, with item total correlations ranging from .51 to .90.

Overall psychological well-being was measured by a modification of Andrews and Withey's (1976) Quality of Life measure. Twenty-five items measuring feelings about respondents' interpersonal relationships, self, neighborhood, and overall well-being were selected to predict overall quality of life (coefficient alpha = .90, item total correlations ranged from .30 to .65). Depression was assessed by the Center for Epidemiological Studies—Depression Scale (CES-D) (Radloff, 1977), a self-report checklist of psychological distress within the general population (coefficient alpha = .88).

Effectiveness in obtaining resources was assessed only at the postintervention interview in 11 areas: housing, material goods and resources, education, employment, health, child care, transportation, social support, legal assistance, finances, and issues regarding the children. Response categories were in the form of a Likert-type scale (1 = *very ineffective*, 4 = *very effective*). The Effectiveness of Obtaining Resources scale (coefficient alpha = .64) score was obtained for each woman by calculating the mean effectiveness score across all areas in which she worked.

## RESULTS

### Descriptive Information on Women's Social Support

*Sources of support.* At all three time periods (upon shelter exit, postintervention, and 6-month follow-up), the most common source of social support mentioned by all the women was their relatives and friends. A majority of the women also mentioned staff of formal organizations and their children as other sources of support. About one third of the women mentioned their assailants and/or the staff of the local shelter. There were no differences between the experimental and control groups. Table 1 shows the sources of support for the women at various time periods.

*Social support network.* On average, the women mentioned a total of 7.39 individuals across various areas of social support at the initial interview, 7.27 individuals at the postintervention interview, and 7.73 individuals by the

TABLE 1:   Percentage of Women Citing Various Sources of Social Support Over Time

| Source of Social Support | Preintervention (N = 141) | 10 Weeks Later (N = 134) | 6-Month Follow-Up (N = 131) |
|---|---|---|---|
| Relatives | 78.7 | 82.8 | 80.9 |
| Friends | 74.5 | 79.9 | 75.6 |
| Organizations | 66.7 | 50.8 | 51.2 |
| Children | 63.1 | 63.4 | 74.0 |
| Staff of local shelter | 38.3 | 27.6 | 18.3 |
| Advocate | NA | 68.7[a] | 19.7[a] |
| Assailant | 32.6 | 35.1 | 28.2 |
| New relationship | NA | 18.7 | 24.4 |
| Relatives of assailant | 7.1 | 9.0 | 9.9 |
| Relatives of new relationship | 0.0 | 1.5 | 3.8 |
| Others | 8.5 | 10.4 | 9.2 |

a. Refers to percentage of women with advocates.

6-month follow-up. No significant differences existed between the experimental and control groups.

The women mentioned an average number of 1.36 generalists or individuals who provided various kinds of support to the women at Time 1, and 1.42 at Time 2. There was an increase at Time 3 (repeated measures $F[2, 128] = 6.32, p < .01$) to an average number of 1.82 generalists mentioned by the women, but no significant differences existed between the experimental and control groups.

The women also estimated having an average of 2.69 close friends at Time 1. At Time 2, however, the average number of close friends was significantly higher for the experimental group with a mean of 3.22 ($t[132] = 2.10, p < .05$), compared to the control group with a mean of 2.34. By Time 3, the average number of close friends was at 3.12 with no significant group differences.

*Satisfaction with social support.* The women had mixed feelings about the quality and quantity of social support they received. At the initial interview, the mean social support satisfaction scale score was 4.74 (1 = *terrible*, 7 = *extremely pleased*). Most of the women (79%) identified social support as one of the areas they would like to work on after leaving the shelter. The mean social support satisfaction score increased to 5.10 by Time 2, and stayed relatively the same at 5.12 by Time 3.

There were significant Group × Time interaction effects on social support satisfaction scores over time, $F(2, 126) = 7.78, p < .01$. Prior to the interven-

TABLE 2:    Means of Social Support Variables Over Time

| Variable | Preintervention (N = 141) | 10 Weeks Later (N = 134) | 6-Month Follow-Up (N = 131) | Repeated Measures $F^a$ | |
|---|---|---|---|---|---|
| | | | | Time | Time × Condition |
| Total number of supportive individuals mentioned | 7.39 | 7.27 | 7.73 | 1.19 | 0.90 |
| Experimental group | 7.47 | 7.48 | 8.24 | | |
| Control group | 7.31 | 7.06 | 7.22 | | |
| Number of generalists | 1.36 | 1.42 | 1.82 | 6.32* | 2.35 |
| Experimental group | 1.35 | 1.61 | 1.96 | | |
| Control group | 1.37 | 1.22 | 1.68 | | |
| Number of close friends | 2.69 | 2.78 | 3.12 | 1.42 | 0.33 |
| Experimental group | 2.79 | 3.22 | 3.50 | | |
| Control group | 2.59 | 2.34 | 2.73 | | |
| Satisfaction with social support | 4.74 | 5.10 | 5.12 | 12.80* | 7.78* |
| Experimental group | 4.86 | 5.50 | 5.21 | | |
| Control group | 4.61 | 4.70 | 5.02 | | |

a. The $N$ used in the multivariate analyses of variance varied from 129 to 131 due to incomplete data.
*$p < .01$.

tion, there were no significant group differences on social support satisfaction. After the 10-week intervention period, the experimental group expressed significantly greater satisfaction with their perceived social support, while the satisfaction scores of the control group remained relatively the same. Six months later, the satisfaction scores of the experimental group went down slightly while the scores of the control group went up slightly. Table 2 summarizes the various social support variables between the experimental and control groups.

Women's satisfaction with their social support was not consistently related to the total number of individuals that they mentioned across all the areas of support. Satisfaction with social support was, however, significantly correlated with the number of close friends they had, $r(139) = .27$ at Time 1, $r(132) = .29$ at Time 2, $r(129) = .27$ at Time 3, $p < .01$; and also with the number of generalists, $r(139) = .35$ at Time 1, $r(132) = .38$ at Time 2, $r(129) = .40$ at Time 3, $p < .01$.

Social support satisfaction also correlated significantly with age, $r(139) = -.22$ at Time 1, $r(132) = -.21$ at Time 2, $r(129) = -.28$ at Time 3, $p < .05$. Younger women tended to have higher social support satisfaction scores.

## Social Support and Psychological Well-Being

*Social support and continued involvement with assailant.* Prior to their shelter stay, 84% of the women were involved with their assailants. Upon shelter exit, only 35% indicated they were continuing the relationships. Ten weeks after their shelter exit, 40% continued to be involved with their assailants; 6 months later, only 34% were still involved. There were no significant differences between the experimental and control groups on whether they continued to be involved with their assailants.

Continued involvement with assailants was not significantly related to satisfaction with social support, nor to the number of supportive people in women's lives. The only difference between women involved with their assailants and those no longer involved was that women who were involved with their assailants were more likely to mention the men as a source of support, $\chi^2(1) = 65.86$ at Time 1, $\chi^2(1) = 69.32$ at Time 2, $\chi^2(1) = 61.42$ at Time 3, $p < .01$. At all time periods, about three fourths of the women who were involved with their assailants mentioned their assailants as a source of support (e.g., people they spent time with and/or who cared for them). Only 6%-9% of those who were not involved with their assailants mentioned their assailants in any one positive social support category. Regardless of whether they were continuing or ending their relationships, the women's assailants were also most often mentioned when asked who made their lives difficult (77% at Time 1, 58% at Time 2, 54% at Time 3).

*Social support and further violence.* At the postintervention interviews conducted 10 weeks after women had left the shelter, 49% of the women reported having experienced further psychological abuse, and 46% reported experiencing further physical abuse. Within the next 6 months, 56% continued to experience psychological abuse while 44% still suffered physical abuse. There were no significant differences between the experimental and control groups regarding further violence experienced. Women who continued to be involved with their assailants, however, were more likely to continue experiencing physical abuse, $\chi^2(1) = 20.87$ at Time 2, $\chi^2(1) = 24.83$ at Time 3, $p < .01$, and psychological abuse, $\chi^2(1) = 64.11$ at Time 2, $\chi^2(1) = 40.00$ at Time 3, $p < .01$. Among women who were involved with their assailants, 70% were physically harmed and 92% were psychologically abused within the first 10 weeks postshelter; 75% experienced physical violence and 95% experienced psychological abuse within the next 6 months. Among those who ended their relationships, 29% still continued to be assaulted and 20% experienced psychological abuse during the intervention

period; 28% were harmed and 36% experienced psychological abuse within the next 6 months.

The experience of further violence appeared to be related to satisfaction with one's social support, at least at the postintervention interviews. The relationship was, however, significant only for the control group. That is, women in the experimental group were generally satisfied with their social support regardless of whether they experienced further abuse. Among the women in the control group, those who experienced further abuse were significantly less satisfied with their social support, $t(63) = 3.47$, $p < .01$. Six months later, no significant differences existed between experimental and control groups in terms of their social support satisfaction scores and experience of further abuse.

At the 10-week interview, women who experienced more frequent psychological abuse were more likely to be dissatisfied with their social support, $r(131) = -.19$, $p < .05$, with no group differences. These relationships, however, were not significant by the 6-month follow-up interviews.

Most of the women who experienced further violence over the first 10 weeks postshelter (77%) and over the next 6 months (72%) did tell other people about the violence. They told either their friends (50% at Time 2 and 46% at Time 3), relatives (28% and 32%), staff at the battered women's shelter (23% and 33%), police (33% and 42%), and/or medical staff (12% and 23%). Fifty-eight percent of the women with advocates told their advocates about the violence they had experienced within the first 10 weeks postshelter.

*Social support and emotional well-being.* Satisfaction with social support was highly related to women's overall psychological well-being, $r(139) = .58$ at Time 1, $r(132) = .63$ at Time 2, $r(129) = .64$ at Time 3, $p < .01$. Social support satisfaction scores also correlated negatively with depression scores, $r(139) = -.29$ at Time 1, $r(132) = -.44$ at Time 2, $r(129) = -.42$ at Time 3, $p < .01$. That is, women who were satisfied with their social support were more likely to be pleased with their lives and were less depressed. In addition, at the postintervention interview, social support satisfaction scores correlated positively with women's perceived effectiveness in obtaining needed resources, $r(130) = .37$, $p < .01$.

The number of close friends that women had was also significantly related to their overall psychological well-being, $r(139) = .17$ at Time 1, $r(132) = .21$ at Time 2, $r(129) = .18$ at Time 3, $p < .05$. Women with more close friends reported being more pleased with their quality of life.

## Advocates as Sources of Support

Among the women in the experimental group who worked with advocates, 69% mentioned their advocates in at least one area of support at Time 2 (postintervention). In most cases, advocates were mentioned as the people on whom women could rely for advice or information about community resources (57%) or as the ones they could count on to help get things or do things (36%). Data from advocates' progress reports indicated that advocates called potential resource providers an average of 22 times ($SD$ = 14.1) throughout the 10-week intervention period, provided the women with written information an average of 15 times ($SD$ = 9.8), and contacted potential resource providers in person an average of 7 times ($SD$ = 6.7). Almost all the women in the experimental group found their advocates competent (98%), and expressed satisfaction with the efforts exerted by their advocates on their behalf (97%).

At the postintervention interview, women in the experimental group generally reported being more effective in obtaining resources than the control group, $t(128) = 5.06$, $p < .01$. One area that many women worked on was improving their social support. Within 10 weeks after shelter exit, 41% of the women reported having worked on increasing their social support, such as making new friends. Although there was an equal number of women in the experimental and control groups who *wanted* to work on social support prior to the intervention, there was a significant group difference in the proportion of women who *did* so, $\chi^2(1) = 10.91$, $p < .01$. All in the experimental group who wanted to work on social support reported being able to do so, compared to only 67% of the control group.

Most of the women (88%) also had talked to their advocates about their assailants, and 81% of these women had found this helpful to them. Six months after the termination of the 10-week intervention period, 20% of the experimental group continued to cite their advocates as providing them support in at least one area.

## DISCUSSION

The results of the study substantiated the strong relationship between social support and psychological well-being of battered women. Women who were more satisfied with their social support were also more likely to be satisfied with their quality of life and to be less depressed. Women who had more close friends also reported being more pleased with their quality of life.

Satisfaction with social support appeared to be independent of the size of one's network. It was, however, significantly correlated with the number of close friends and the number of generalists in one's network. It seems, then, that women were more satisfied with their social support when they had at least one or two individuals they could rely on for various forms of support, from tangible aid to emotional support, rather than having a wide circle of acquaintances, friends, and relatives. Thus satisfactory support can apparently be derived from one good relationship. Furthermore, such support may not be available to women with more superficial relationships, regardless of the number of these relationships.

Satisfaction with social support was related to experience of violence for women who did not work with advocates. Although women in the experimental condition tended to be satisfied with their social support regardless of whether they had been battered again, women in the control condition who experienced further abuse were less satisfied with their social support. Such findings, however, could be largely due to the huge increase in social support satisfaction immediately after the intervention among women in the experimental group. Six months later, the experimental group's satisfaction scores decreased slightly. By then, there was no significant relationship between social support satisfaction and decreased violence.

The possibility exists that the high social support satisfaction scores among women in the experimental group at Time 2 might have reflected the women's desire to please the researchers and the advocates who had worked on their behalf. The tendency to please the interviewers might also have existed among women in the control group. What is more likely, however, is that the high satisfaction with social support expressed by the experimental group at Time 2 was mainly influenced by the support provided to them by their advocates. The results showed that the advocates had provided intensive assistance to the women, in both professional and personal capacity. Although the primary sources of support were family members and friends for both experimental and control groups, advocates were most helpful when assisting women to access community resources. Thus women who worked with advocates felt significantly more effective in obtaining needed resources than women who worked alone. The information and instrumental support provided by the advocates may have directly decreased the women's levels of stress and/or bolstered their ability to cope with stressful situations. Having someone showing concern and genuine interest in their lives may have also helped the women feel supported and empowered, influencing their emotional and cognitive states positively and fostering a general sense of well-being.

Given that social support buffers individuals from stress and increases their perceived quality of life in general, these results suggest that providing

advocacy services to women with abusive partners is an effective interven-
tion. The general stress literature suggests that such assistance has the
potential for reducing physical and psychological health symptoms and
increasing women's abilities to handle crisis situations effectively. The pro-
vision of advocacy services, however, appeared to produce only short-term
positive results. The intervention was insufficient to provide longer term
positive change in the level of social support and in decreasing the violence
experienced by the women. This comes as no surprise given the existence of
interrelated system-level problems and stresses confronting the women. Most
of the women, for example, had to face several other chronic difficulties such
as poverty-related problems (poor medical care, inadequate housing, danger-
ous neighborhoods, and financial uncertainties), in addition to dealing with
the abuse in their lives. Thus while advocates can help women obtain
government assistance, apply for low-cost housing, or secure restraining
orders, they are limited by the existing system, with its institutional biases
and practical limitations. Low-cost housing, for example, may not be readily
available. Restraining orders may be ignored. Legal matters may take months,
or even years, to settle. Police protection may be inadequate. The complex
problems facing the women cannot be easily remedied. In most cases,
long-term advocacy support is necessary for women with abusive partners.

Providing advocacy services to women with abusive partners will not in
and of itself decrease the violence in women's lives or end abusive men's
behavior. This does not, however, negate the efficacy or the necessity of
advocacy services for women. Such an intervention is only one of many other
needed interventions and policy changes. Efforts must continue and expand
in the area of holding batterers accountable for their behaviors, and the
criminal justice system must provide adequate protection to battered women.
However, expanding and improving battered women's social support net-
works is one means of helping buffer the stressors in their lives and improving
their psychological health and well-being while they are moving through and
beyond this crisis period. Further research into the role of social support in
helping women break free of their assailants is needed. This study is intended
to be one step in that process.

## REFERENCES

Andrews, F. M., & Withey, S. B. (1976). *Social indicators of well-being: Americans' perceptions
of life quality*. New York: Plenum.
Berk, R., Newton, P., & Berk, S. (1986). What a difference a day makes: An empirical study of
the impact of shelters for battered women. *Journal of Marriage and the Family, 48*, 481-490.

Binney, V., Harkell, G., & Nixon, J. (1981). *Leaving violent men: A study of refuges and housing for battered women*. Leeds, Yorkshire: Women's Aid Federation.

Bogat, G. A., Chin, R., Sabbath, W., & Schwartz, C. (1983). *The Adult's Social Support Questionnaire* (Technical Report 2). East Lansing: Michigan State University.

Bowker, L. H. (1983). *Beating wife-beating*. Washington, DC: Heath & Co.

Bowker, L. H. (1984). Coping with wife abuse: Personal and social networks. In A. R. Roberts (Ed.), *Battered women and their families: Intervention strategies and treatment programs* (pp. 168-191). New York: Springer.

Browne, A. (1987). *When battered women kill*. New York: Macmillan/Free Press.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*, 310-357.

Dobash, R. E., Dobash, R. P., & Cavanagh, K. (1985). The contact between battered women and social and medical agencies. In J. Pahl (Ed.), *Private violence and public policy: The needs of battered women and the response of the public services* (pp. 142-165). London: Routledge & Kegan Paul.

Donato, K. M., & Bowker, L. H. (1984). Understanding the helpseeking behavior of battered women: A comparison of traditional service agencies and women's groups. *International Journal of Women's Studies, 7*, 99-109.

Finn, J. (1985). The stresses and coping behavior of battered women. *Social Casework: The Journal of Contemporary Social Work, 66*, 341-349.

Gondolf, E. W. (1988). *Battered women as survivors: An alternative to treating learned helplessness*. Lexington, MA: Lexington.

Greaves, L., Heapy, N., & Wylie, A. (1988). Advocacy services: Reassessing the profile and needs of battered women. *Canadian Journal of Community Mental Health, 7*, 39-51.

Hilberman, E., & Munson, K. (1977-1978). Sixty battered women. *Victimology: An International Journal, 2*, 460-470.

Hilbert, J., & Hilbert, H. (1984). Battered women leaving shelter: Which way do they go? *Journal of Applied Social Sciences, 8*, 292-297.

Hoff, L. A. (1990). *Battered women as survivors*. New York: Routledge.

Homer, M., Leonard, A., & Taylor, P. (1985). Personal relationships: Help and hindrance. In N. Johnson (Ed.), *Marital violence* (pp. 93-108). London: Routledge & Kegan Paul.

Kessler, R. C., & McLeod, J. D. (1985). Social support and mental health in community samples. In S. Cohen & S. L. Syme (Eds.), *Social support and health* (pp. 219-240). Orlando, FL: Academic Press.

Mitchell, R. E., & Hodson, C. A. (1983). Coping with domestic violence: Social support and psychological health among battered women. *American Journal of Community Psychology, 11*, 629-654.

Okun, L. (1986). *Woman abuse: Facts replacing myths*. Albany: State University of New York Press.

Pagelow, M. D. (1981). *Woman battering: Victims and their experiences*. Beverly Hills, CA: Sage.

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.

Rumptz, M., Sullivan, C. M., Davidson, W. S., & Basta, J. (1991). Tracking battered women over time: An ecological approach. *Violence and Victims, 6*, 237-244.

Schutte, N., Malouff, J., & Doyle, J. (1988). The relationship between characteristics of the victim, persuasive techniques of the batterer, and returning to a battering relationship. *Journal of Social Psychology, 128*, 605-610.

Stacey, W. A., & Shupe, A. (1983). *The family secret*. Boston: Beacon.

Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and the Family, 41,* 75-88.

Sullivan, C. M., Campbell, R., Angelique, H., Eby, K. K., & Davidson, W. S. (1994). An advocacy intervention program for women with abusive partners: Six-month follow-up. *American Journal of Community Psychology, 22,* 101-122.

Sullivan, C. M., Tan, C., Basta, J., Rumptz, M., & Davidson, W. S. (1992). An advocacy intervention program for women with abusive partners: Initial evaluation. *American Journal of Community Psychology, 20,* 309-332.

U.S. Bureau of the Census. (1990). *Statistical abstract of the United States, 1990.* Washington, DC: U.S. Department of Commerce.

*Cheribeth Tan received her Ph.D. in ecological/community psychology from Michigan State University in 1994. She is now both Research Associate for the chair of the United Nations Commission on the Status of Women and Assistant Professor of Psychology at Ateneo de Manila University, Quezon City, Philippines.*

*Joanne Basta is the criminal justice analyst for the Adult Probation Department, Pima County Superior Court, Tucson, Arizona.*

*Cris M. Sullivan and William S. Davidson II are principal investigators on a longitudinal study evaluating the effects of providing advocacy services to women with abusive partners. They are also principal investigators on a longitudinal research project designed to assist children who have witnessed and/or experienced violence in their homes.*