

Reducing Violence Using Community-Based Advocacy for Women With Abusive Partners

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An intensive community-based advocacy intervention was designed and evaluated by randomly assigning 278 battered women to an experimental or control condition. Participants were interviewed 6 times over a period of 2 years. Retention rate averaged 95% over the 2 years. The 10-week postshelter intervention involved providing trained advocates to work 1-on-1 with women, helping generate and access the community resources they needed to reduce their risk of future violence from their abusive partners. Women who worked with advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources. More than twice as many women receiving advocacy services experienced no violence across the 2 years postintervention compared with women who did not receive such services.

Although a great deal of research has been conducted in the past few years regarding intimate male violence against women, researchers and practitioners still know very little about effective strategies to assist women as they work to free themselves from the abuse of partners and ex-partners. It is known that woman abuse is pervasive in American society (Browne & Williams, 1993; Straus & Gelles, 1986), that domestic violence often increases in intensity and frequency over time (Hilbert & Hilbert, 1984; Okun, 1986), that there are numerous barriers preventing women from living free of their assailants' violence (Barnett & LaViolette, 1993; Gondolf, 1990; Horton, Simonidis, & Simonidis, 1987; Jones, 1994), and that communities must become more active in preventing intimate male violence against women (Crowell & Burgess, 1996; Gamache, Edleson, & Schock, 1988; Sullivan, 1997).

Conservative estimates suggest that at least 2 to 4 million women are assaulted by their male partners or ex-partners each year in the U.S. alone (Browne & Williams, 1993; Straus & Gelles, 1986). Depending on the methodology used, prior research has found that 21% to 34% of all women in the U.S. will be victims of intimate male violence in their lifetimes (Browne & Williams, 1993; Koss, 1990; Stark & Flitcraft, 1988). Such violence is often severe, resulting in physical injuries (Berrios & Grady, 1991; Sullivan, 1991b), numerous physical health problems (Alpert, 1995; Berrios & Grady, 1991; Randall, 1990), psychological dis-

stress (Alpert, 1995; Bergman & Brismar, 1991; Campbell, Sullivan, & Davidson, 1995; Gleason, 1993; Koss, 1990), and sometimes death (Browne, 1987; Browne & Williams, 1993; Jurik & Winn, 1990).

Over half of all women presenting for counseling at clinics have reported marital aggression in their relationships (Cascardi, Langhinrichsen, & Vivian, 1992; O'Leary, Vivian, & Malone, 1992), yet many therapists are still unaware of the magnitude of domestic violence their clients are experiencing (Hansen, Harway, & Cervantes, 1991). Even when a clinician is aware of abuse occurring in a relationship, he or she is often ill-prepared to effectively deal with this issue and simultaneously protect the victim (Gauthier & Levendosky, 1996; Hansen et al., 1991).

Many individuals still hold the myth that "battered women could simply leave if they want to." This assumption not only ignores the many structural obstacles preventing women from leaving abusive partners, it also ignores the fact that many women do in fact leave their assailants—sometimes only to be beaten even more severely or killed (Jones, 1994; Mahoney, 1991; Stark & Flitcraft, 1988). This myth also presumes that the one and only option for all women with abusive partners is to leave the relationship—a view that not only ignores the agency of battered women themselves in deciding what is best for them, but also ignores the religious or cultural proscriptions many women face when making relationship decisions. The process of becoming violence free—whether or not by leaving an abusive partner—is complex, and it is something about which researchers still know very little. Prior research has found that both social isolation and an ineffective community response to domestic violence contribute to a woman's increased risk of abuse by partners and ex-partners (Aguirre, 1985; Barnett & LaViolette, 1993; Crowell & Burgess, 1996; Greaves, Heapy, & Wylie, 1988).

An effective means of controlling women and assaulting them with less fear of detection is to first socially isolate them (Browne, 1987; Hoff, 1990). Women with abusive partners often report that their contact with family and friends had been cut off or severely curtailed and that they had no one to turn to for help with the abuse. Conversely, women who have reported receiving help and

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This research was supported by National Institute of Mental Health Grant R01 MH 44849.

We acknowledge the dedication of all past and present staff members of the Community Advocacy Project, as well as the input from all participants, without whom this research would not have been possible. We also thank Anne Menard, Abby Schwartz, and Holly Rosen for their helpful comments on an earlier version of this article.

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support from family or friends have rated it as being very helpful in their ability to leave their assailants (Bowker, 1984; Donato & Bowker, 1984).

In addition to social support, many women need other community resources as well. For example, when describing reasons for remaining with or returning to abusive men, many women have mentioned lack of employment (Hofeller, 1982; Strube & Barbour, 1983) or economic dependence on the abuser (Aguirre, 1985; Johnson, 1988; Rumptz & Sullivan, 1996). Other resources needed by at least some women with abusive partners include proper medical attention (Dobash, Dobash, & Cavanagh, 1985; McFarlane, Parker, & Soeken, 1995), child care (Gondolf, 1988), affordable and safe housing (Sullivan, Basta, Tan, & Davidson, 1992), and help from social service agencies (Dobash et al., 1985).

Although some communities have worked to improve their response to domestic violence, many women still do not receive the services they need to end the violence they are experiencing. Arrest for domestic assault continues to be a rare event (Hirschel, Hutchison, Dean, & Mills, 1992), and prosecution is even more infrequent (Buzawa & Buzawa, 1990). Restraining orders are not always enforced (Buzawa & Buzawa, 1990; Youngstrom, 1992), and many women have reported fearing for their lives and the lives of their children if they were to try to escape their assailants (Barnett & LaViolette, 1993; Browne, 1987; Jones, 1994). Although communities with coordinated responses to domestic violence have reported some successes (see, e.g., Gamache, Edleson, & Schock, 1988; Steinman, 1990), such a collaborative, structured response continues to be absent in most women's communities.

Contrary to one prevailing view of battered women as dependent victims, there is ample empirical evidence that many women with abusive partners are active help seekers, fighting for their survival in the face of numerous obstacles. One comprehensive study of over 6,000 women from 50 different shelters found that the women had made an average of six prior help-seeking efforts (Gondolf, 1988). Wauchope's (1988) nationally representative sample of 3,665 women found that two thirds of those battered had sought help at least once from friends, relatives, or formal agencies within their communities. Three factors appear to influence the decision of women to seek outside help to end the violence they are experiencing: the severity of the abuse, the number of resources a woman possesses, and the belief that such efforts will be successful (Sullivan, 1991a).

Prior research has suggested the importance of social support and community resources in enabling women to successfully escape intimate male violence. Battered women have also been found to be active help seekers, facing numerous barriers within their own communities as they attempt to end their victimization. On the basis of this information, the present study was designed to answer the following questions: (a) Would the provision of paraprofessional advocates assist women in obtaining the social support and community resources they needed from their communities and (b) would such an intervention prevent further victimization by the current assailant, as well as by new partners, over time?

The purpose of the present study was twofold. First, this research was the first to implement and evaluate an intervention designed to increase battered women's access to needed community resources and support. It was hypothesized that (a) women who worked with community advocates would be more effective in obtaining needed resources and social support and (b) this

would reduce women's risk of abuse by current assailants and in subsequent relationships and would result in increased life satisfaction. The intervention was based on the preliminary findings of a small pilot study ($N = 41$ women followed for 20 weeks; Sullivan, 1991b) that suggested community advocates could be effective change agents for women with abusive partners. The present research was longitudinal and involved interviewing women six times over a period of 2 years to better understand the complex issues involved in escaping partner and ex-partner violence over time.

Method

Research Participants

Recruitment. Participants were recruited from a Midwest 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. Potential participants were informed that all respondents would be interviewed six times over a 2-year period—immediately on shelter exit, 10 weeks later, and at 6-, 12-, 18-, and 24-month follow-up. Women were also told that half the women being interviewed would be randomly selected to receive free advocacy services for the first 10 weeks postshelter exit, 4 to 6 hr per week. Ninety-three percent of eligible women agreed to participate. Two hundred eighty-four women completed initial interviews. To be considered a research participant, women had to be involved in the study a minimum of 3 weeks. This time frame was chosen to give women working with advocates ample time to get acquainted and begin working. Of the 284 initial study participants, 4 women ended their participation within the first 2 weeks and 1 woman was murdered by an intimate partner 1 week into the intervention. Data presented are based on the 278 remaining participants.

Condition assignment. All research participants were interviewed within the 1st 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 or not a woman was involved in an ongoing, intimate relationship with her assailant.¹ 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.

Demographics. 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.

Two thirds of the sample had completed high school or had obtained their high school equivalency degree, 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 = 1–76,

¹ As involvement with assailant had the potential for influencing whether a woman would be abused over time, it was important to ensure that equal numbers of women in this situation be included in each condition.

$SD = 16.5$). Twenty-seven percent of the women were married to the men who had abused them, and an additional 42% were living with but not married to their assailants. Seven percent of the women 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).

Violence experienced by the women in the 6 months before entering the shelter had been quite severe, ranging from being grabbed, pushed, or shoved (92%) to being raped (48%), kicked (47%), or threatened with a gun or knife (40%). 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%).

The Advocacy Intervention

Training of advocates. Advocates were female undergraduate students recruited from a large, land-grant university. Students were required to attend two mandatory orientation sessions before being allowed to enroll in the 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 extensive protocol was followed to minimize risk of violence. Protocol involved developing a safety plan with the woman, being required to leave the scene if violence appeared imminent or likely, and notifying supervisors of any safety concerns or questions. 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 composed of 5–7 students and two supervisors.

It cannot be overemphasized that the intervention focused on making the community more responsive in the delivery and distribution of limited or inaccessible resources. 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 and counseling), and social support (e.g., making new friends and joining support groups). An instruction manual developed for the course explains the training in more detail (Sullivan, 1989). One hundred forty-three advocates participated in the project over a 6-year time period.

The intervention process. The intervention consisted of helping women devise safety plans when needed and providing advocacy services. Safety plans were individualized on the basis of each woman's history, needs, and circumstances. Advocacy consisted of five distinct phases: assessment, implementation, monitoring, secondary implementation, and termination (Davidson & Rappaport, 1978; Sullivan, 1991b). Assessment consisted of (a) getting to know the client and significant others in her life (family, friends, etc.) and (b) gathering important information regarding the client's needs and goals. During this stage, the client 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 advocate actively worked with the client 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 advocate initiated a secondary implementation to meet the client's needs more effectively.

Termination began approximately 7 weeks into the 10-week intervention. At this time, the advocate began removing herself more and more

from activities. The advocate also intensified her efforts to transfer the skills and knowledge she had learned throughout the course to ensure the client would be able to continue implementing advocacy efforts on her own. Advocates were told repeatedly that their goal was to "put themselves out of a job."

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.

Specific intervention activities. Women reported seeing their advocates about twice a week over the 10-week intervention ($M = 2.3$, $SD = 1.18$) and spent on average 6.4 hr a week with them ($SD = 4.68$). The types of community resources women tried to obtain included education (84%), legal assistance (72%), employment (72%), services for their children (68% of the mothers), housing (67%), child care (63% of the mothers), transportation (62%), financial assistance (61%), health care (60%), and social support (47%). Ninety-eight percent reported being somewhat or very satisfied with the project (with 87% reporting "very satisfied").

The following is an illustration of a representative intervention.

Jane was a 26-year-old woman who had lived with her abusive boyfriend for 4 years. During this time, her boyfriend had succeeded in isolating Jane from her friends and family. He had forced her to quit her job as a receptionist in an office building and had prevented her from renewing her driver's license. Jane had two small children, 3 and 5 years old. On leaving the shelter, Jane had moved into a small apartment and applied for AFDC (Aid for Families with Dependent Children).

During the first few weeks of her involvement in the Community Advocacy Project, Jane and her volunteer discussed and prioritized Jane's unmet needs: (a) obtaining a restraining order against her ex-boyfriend; (b) earning money; (c) finding accessible, affordable childcare; and (d) making friends. Because the ex-boyfriend was continuing to stalk and harass Jane, the two worked on that issue first. Together they went to the various offices necessary to complete the paperwork for a restraining order and stalking order and to collect needed signatures. Once the orders had been served, they called the police department daily to check whether they had been placed on the electronic Law Enforcement Information Network. During this time, they also began working on obtaining employment. Jane expressed an interest in returning to secretarial work, which she had enjoyed. They decided that while they were looking for more permanent employment, Jane would also apply at a temporary employment agency. The volunteer agreed to obtain information from the local community college and university regarding free seminars for women returning to the workforce, and together they would update and revise Jane's résumé. Jane and her volunteer then compiled a list of all the day-care centers in the area. Also, whenever they were out together, they looked at personal advertisements in stores and Laundromats. The volunteer agreed to check the newspaper as well. In the process of going to the community college, the temporary services agencies, and day-care centers together, Jane began meeting other young mothers with whom she became friends.

Jane and the volunteer were successful in accomplishing each of their stated goals within their 10 weeks together. Jane obtained a temporary job that became permanent, and they found an older woman willing to provide child care in Jane's home in exchange for room and board. After Jane had been working for a few weeks, she decided she would like to renew her driver's license, and with the volunteer's help she was able to do so quickly.

Measures

Experience of violence by partners and ex-partners. A modified version of the Conflict Tactics Scale (Straus, 1979) was used to assess the violence women experienced by partners and ex-partners since the previous interview. During the initial interview, women were asked about the 6 months before their entering the shelter. The postintervention interview referred to the prior 10 weeks, and all follow-up interviews referred to the 6 months since the prior interview. Women were asked how often (1 = *never*; 6 = *more than 4 times a week*) they had experienced each of the types of violence listed (e.g., choking and beating up). All women were asked these questions about their original assailants; women who reported being in new relationships were also asked these items in regard to the new partner. Following the rationale of Downs, Miller, and Panek (1993), we combined responses to create a Frequency–Severity Scale of Violence, with 0 = *no violence*, 1 = *less severe abuse only* (tore clothing, pushed, grabbed, shoved, slapped, and threw something at), 2 = *lower frequency [once a month or less] severe abuse* (kicked, hit with fist, hit or tried to hit with object, beat up, choked, tied up, raped, and threatened to use or used a gun or knife), and 3 = *high frequency severe abuse*.

Psychological abuse. The 33-item Index of Psychological Abuse (Sullivan, Parisian, & Davidson, 1991) was used to measure the degree to which assailants used ridicule, harassment, criticism, and emotional withdrawal against the women interviewed. Women were asked, for example, how often in the last 6 months (1 = *never*; 4 = *often*) their assailants had “called you names” or “criticized your intelligence.” Internal consistency of this scale was .97, with item–total correlations ranging from .51 to .90.

Quality of life. Women indicated on a 7-point scale (1 = *terrible*; 7 = *extremely pleased*) how satisfied they were with nine particular areas of their lives, such as the way they spent their spare time and how they felt about their level of responsibility. This scale, adapted from the Andrews and Withey (1976) study, displayed high internal consistency (Cronbach’s $\alpha = .88$), with corrected item–total correlations ranging from .56 to .79.

Depression. We assessed depression by using the Center for Epidemiological Studies—Depression Scale (Radloff, 1977), a self-report checklist of psychological distress within the general population (Cronbach’s $\alpha = .88$). Women rated how much they had experienced each of 20 symptoms on a scale ranging from 0 (*rarely or never*) to 3 (*most or all the time*).

Social support. Nine items measured women’s quantity and quality of perceived social support (Bogat, Chin, Sabbath, & Schwartz, 1983). Women indicated on a 7-point scale how they felt about various types of social support, including emotional support, advice, and companionship. Cronbach’s alpha was .92, with corrected item–total correlations ranging from .71 to .83.

Effectiveness in obtaining resources. Effectiveness in obtaining resources was assessed, postintervention only, in 11 areas: housing, material goods and services, education, employment, health care, child care, transportation, social support, legal assistance, financial issues, and issues regarding the children. Response categories ranged on a scale 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.

Difficulty obtaining resources. Eleven items measured women’s perceptions of the difficulty they had experienced in obtaining resources in different areas (e.g., employment and housing) or, if they had not tried to access resources in a specific area, the difficulty they would expect to encounter. Response categories ranged on a scale from 1 (*not a problem*) to 4 (*very much a problem*). Cronbach’s alpha was .76, with corrected item–total correlations from .28 to .55. The Difficulty Obtaining Resources scale was measured at the 6- through 24-month follow-up interviews only.

Interviewer Training

Undergraduate women (separate from those students who worked as advocates) received course credits in exchange for locating participants and conducting interviews for this project. New groups of 5 to 7 interviewers received training every 3 months in order for trained interviewers to be available at any given time. Training consisted of intensive course instruction and mock interviews until adequate interrater agreement was attained. Interrater agreement on answers to closed-ended and brief-response open-ended questions, calculated at the completion of the 5-week training period, was consistently high, averaging 97% agreement. Interviews were conducted in women’s homes or at locations convenient for them and lasted approximately 1.5 hr. The intensive protocol regarding confidentiality issues and safety concerns was identical to that used with advocate training.

Retention Rate Over 2 Years

An extensive protocol was created and implemented to maximize retention of this mobile population over time. Strategies included making multiple contacts in the community, obtaining written Release of Information forms from participants, and paying women for participating in the research interviews. This protocol resulted in a retention rate of 95% at the postinterview, 94% at 6 and 12 months, and 95% at 18 and 24 months. Retention rates were not significantly different between the advocacy and control conditions, $\chi^2(1, N = 278) = 0.56, ns$. The specific components of the retention plan can be found in the Sullivan, Rumpitz, Campbell, Eby, and Davidson (1996) study.

Results

Statistical Analysis

Initial analyses verified the equivalence of the randomized advocacy and treatment-as-usual control conditions on demographic variables and preintervention measures. Postintervention comparisons were made on the proportion of women remaining involved with their assailants or becoming involved in new relationships over time. The immediate impact of the advocacy intervention in helping women access resources was assessed at postintervention by a simple between-conditions comparison of women’s ratings of their effectiveness (the EOR scale). A repeated measures multivariate analysis of variance (MANOVA) on the Difficulty Obtaining Resources scale examined the persistence of condition differences through the follow-up period.

Short-term impact of the advocacy intervention on the major outcome variables—experience of further physical violence, psychological abuse, depression, social support, and quality of life—was tested through a multivariate analysis of covariance (MANCOVA). This strategy allowed a between-groups comparison on all outcome measures at the same point in time (postintervention), controlling for individuals’ preintervention levels. A doubly multivariate repeated measures MANOVA was then used to test for the persistence of experimental–control group differences on the major outcomes across the five postintervention measurement points.

Kaplan-Meier event history analysis was used to compare the advocacy and control groups on the hazard functions for experience of further physical violence. Survival curves were computed for the two groups, and the log-rank test was used to compare them.

Complete longitudinal data were available for 87% of the total

278 cases. For 22 cases (8%), data were missing at only one of the six measurement points. Little's MCAR (Missing Completely at Random) test (Little & Rubin, 1987) indicated that the pattern of missing data was not strongly dependent on the nonmissing data values, $\chi^2(646, N = 265) = 698.86, p = .07$, and inspection revealed no apparent pattern of dependence on the missing values. Expectation Maximization (EM) methods were used to estimate the missing data for these 22 cases, resulting in imputed values for approximately 1% of the total data matrix. An additional 13 cases (8 experimental, 5 control, composing 5% of the original sample) had missing data at more than one measurement point and were omitted from the analysis.

Before analysis, all variables were examined for skew and other distributional anomalies. For one variable—psychological abuse—postintervention values showed consistent skew above 1; a log transformation was successfully applied to improve the distribution of this variable for parametric analyses. Skew for all other variables, including physical violence, was less than 1 at all postintervention data points.

Preintervention Comparisons

To verify the initial equivalence of the randomized experimental and control conditions, we compared groups on the five major outcome variables. MANOVA results confirmed no preintervention differences, multivariate $F(5, 259) = 0.38, p = .86$. Univariate analyses of variance (ANOVAs) showed no group differences on individual variables, with F s ranging from 0.04 to 1.24. Preintervention group means and standard deviations can be found in Table 1. Parametric and chi-square statistics performed on demographic variables also provided no statistical evidence of differences between the randomized groups.

Involvement With Assailant Across Time

Seventy-five percent of the participants reported at their first interview that they had ended or wanted to end their relationships with the men who had battered them. Of these, 86% reported they were not involved with their assailants at 6-month follow-up, and 90% were not involved at 12- and 18-month follow-up. This

number rose to 92% by the 24-month follow-up. Women who had worked with advocates were more effective in ending the relationship when they wanted to than were women in the control condition (96% vs. 87%), $\chi^2(1, N = 193) = 4.64, p < .03$.

Of the women who reported at the preinterview wanting to stay in the relationship, 55% had ended the relationship by the 24-month follow-up. There were no significant condition effects on this variable for women who intended to remain in their relationships.

Involvement in New Relationships Over Time

A third of the sample (34%) reported being in new relationships within the first 10 weeks postshelter. This number rose to 47% at the 6-month follow-up and reached 56% by the 24-month follow-up. During the 2-year follow-up, 73% of the women reported having been in a new relationship at some point; this proportion was not significantly different for the two conditions.

Postintervention Condition Comparisons on Resource Variables

To test the hypothesis that women who worked with advocates would be more effective in obtaining resources than would women in the control group, we performed a one-tailed t test on the EOR scale at postintervention. Women in the experimental advocacy condition reported being more effective in reaching their goals than did women in the control condition, $t(263) = 5.91, p < .001, \eta^2 = .14$. Means were 2.7 ($SD = 0.7$) for the control condition and 3.2 ($SD = 0.6$) for the experimental group.

The persistence of the advocacy condition advantage on obtaining resources was tested through a repeated measures MANOVA on the Difficulty Obtaining Resources scale at 6- through 24-month follow-up. Both the time, multivariate $F(3, 261) = 10.85, p < .01$, and the Condition \times Time, multivariate $F(3, 261) = 2.73, p < .05$, effects were significant. Both effects could be characterized by linear trends. Although resource difficulties declined steadily for both groups, the slope for the advocacy condition was significantly steeper. Within-time condition differences were significant only at 24-month follow-up.

Table 1
Pre- and Postintervention Means and Standard Deviations of Outcome Variables by Condition

Outcome variable	Condition ^a	Preintervention		Postintervention	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Physical violence	X	2.53	0.71	0.80	1.08
	C	2.52	0.66	1.09	1.13
Psychological abuse	X	2.73	0.63	1.46	0.67
	C	2.72	0.52	1.57	0.68
Depression	X	2.39	0.65	1.92	0.59
	C	2.44	0.61	2.10	0.64
Quality of life	X	4.47	1.18	5.03	1.01
	C	4.32	0.98	4.61	1.13
Social support	X	4.85	1.12	5.46	0.94
	C	4.70	1.00	4.82	1.19

Note. $N = 265$ women with data for at least four of five postintervention interviews; 13 cases were dropped because of missing data. X = experimental-advocacy; C = control.

^a Experimental-advocacy $n = 135$; Control $n = 130$.

Short-Term Outcomes: Postintervention Comparison Between Conditions

Pre- and postintervention group means and standard deviations for the five major outcome variables can be found in Table 1. As would be expected, postintervention levels of physical violence and psychological abuse showed a marked decline in both conditions from the extremely high levels of abuse reported at preintervention (which described women's experiences immediately before they entered the domestic violence shelter). Additionally, levels of physical and psychological abuse were averaged over a shorter time interval at postintervention (10 weeks) than at preintervention (6 months). Physical abuse declined from an average across conditions of 2.52 to 0.94, whereas psychological abuse dropped from 2.73 to 1.52. Depression also declined substantially (from 2.41 to 2.00), whereas quality of life and social support improved (from 4.40 to 4.82 and from 4.78 to 5.15, respectively). Ignoring condition, we found that all preintervention-postintervention changes (time effects) were of a magnitude to be statistically significant at $p < .001$.

A two-group MANCOVA was conducted to assess whether postintervention levels were significantly different for the advocacy group compared with the control group. After adjusting each individual's postintervention scores to reflect her levels on all five preintervention outcome variables, a significant effect for condition was found, multivariate $F(5, 254) = 5.18, p < .001, \eta^2 = .09$. As can be seen in Table 2, follow-up univariate ANCOVAs for each outcome variable verified more positive outcomes in the advocacy condition: Physical violence, psychological abuse, and depression were lower in the advocacy condition, whereas quality of life and social support were higher. For all individual outcome variables except psychological abuse, the comparison between the conditions was statistically significant.

Long-Term Outcomes: Condition Comparisons Across 2-Year Follow-Up

Means and standard deviations for each of the main outcome variables across five postintervention time points are displayed in Table 3. A doubly multivariate repeated measures MANOVA

showed a significant Time \times Condition interaction, multivariate $F(20, 244) = 1.91, p < .01$, accounting for 14% of the multivariate; 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, although not significant, is suggestive, considering the directional nature of the experimental-control group comparison.

To identify effects associated with particular outcome variables, we conducted follow-up repeated measures MANOVAs on each individual dependent variable. These are summarized in Table 4. Physical violence by a partner or ex-partner showed a significant Condition \times Time interaction as well as a significant main effect for time. Polynomial contrasts revealed significant linear, $F(1, 263) = 7.83, p < .01$, and quadratic terms, $F(1, 263) = 5.68, p < .02$, in the time main effect and a significant quadratic term, $F(1, 263) = 4.91, p < .05$, in the Condition \times Time interaction. The nature of the Condition \times Time interaction on physical violence can be seen in Figure 1. Although violence levels appear higher for the control condition at all points except 6-month follow-up, only the differences at postintervention and 24-month follow-up were significantly different from zero, according to joint 95% multivariate confidence intervals. In parallel analyses conducted separately for violence by the woman's original assailant and for violence by a new partner, Condition \times Time effects were similar but of marginal significance.

In Table 4, one can see results for other outcome variables. For psychological abuse only, the main effect for time was significant, as levels declined over time in both groups. Throughout the follow-up, mean psychological abuse was lower for the advocacy group, but not significantly so. No significant overall condition or time effects were found for depression, although depression levels in the advocacy condition were generally lower than in the control condition.

Quality of life showed significant main effects for both condition and time. Although both groups increased over time, joint 95% multivariate confidence intervals showed significantly higher scores in the advocacy condition at postintervention and at 18- and 24-month follow-up, as well as trends ($p < .10$) at all other times.

For social support there was a significant Condition \times Time

Table 2
Analysis of Covariance on Postintervention Measures With Preintervention Scores as Covariates

Outcome variable	Condition ^a	Adjusted <i>M</i>	ANCOVA <i>F</i> (1, 262) condition effect	<i>p</i> <	Partial η^2
Physical violence	X	0.82			
	C	1.08	4.69	.03	.02
Psychological abuse ^b	X	0.30			
	C	0.37	2.42	.12	.01
Depression	X	1.93			
	C	2.08	5.56	.02	.02
Quality of life	X	4.98			
	C	4.66	9.88	.01	.04
Social support	X	5.42			
	C	4.86	24.47	.001	.09

Note. *N* = 265 women with data for at least four of five postintervention interviews; 13 cases were dropped because of missing data. ANCOVA = analysis of covariance; X = experimental-advocacy; C = control.

^a Experimental-advocacy *n* = 135; Control *n* = 130. ^b Psychological abuse scores were log-transformed to correct positive skew.

Table 3
Postintervention Means and Standard Deviations of Outcome Variables by Condition Across 24-Month Follow-Up

Outcome variable	Condition ^a	Postintervention		6-month follow-up		12-month follow-up		18-month follow-up		24-month follow-up	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Physical violence	X	0.80	1.08	1.06	1.16	0.88	1.07	0.85	1.06	0.60	0.99
	C	1.09	1.13	0.95	1.14	1.00	1.14	0.98	1.06	0.85	1.07
Psychological abuse	X	1.46	0.67	1.48	0.64	1.42	0.61	1.43	0.61	1.36	0.63
	C	1.57	0.68	1.57	0.69	1.44	0.58	1.52	0.67	1.40	0.58
Depression	X	1.92	0.59	1.99	0.62	1.97	0.63	1.97	0.65	1.92	0.69
	C	2.10	0.64	2.07	0.63	1.98	0.67	1.96	0.60	2.00	0.65
Quality of life	X	5.03	1.01	5.03	1.05	5.08	1.01	5.15	0.97	5.19	1.09
	C	4.61	1.13	4.81	1.09	4.87	1.04	4.90	1.08	4.94	1.15
Social support	X	5.46	0.94	5.33	1.01	5.32	1.12	5.38	1.08	5.46	1.02
	C	4.82	1.19	5.15	1.16	5.19	1.12	5.27	1.02	5.33	1.06

Note. *N* = 265 women with data for at least four of five postintervention interviews; 13 cases were dropped because of missing data. X = experimental-advocacy; C = control.

^a Experimental-advocacy *n* = 135; Control *n* = 130.

interaction as well as significant main effects for condition and time. Social support was consistently higher in the advocacy condition, although the within-time difference reached significance only at postintervention, according to joint 95% multivariate confidence intervals.

Examination of the Hazard for Experience of Further Physical Violence

Kaplan-Meier event history analysis was used to calculate the survival and hazard functions for experience of further physical violence from a partner or ex-partner (i.e., a score of 1 or above on the Physical Violence scale) following the preintervention shelter stay. Figure 2 contains the smoothed cumulative survival functions—the proportion not yet reabused at each time point—for the two groups. The log-rank test of equality of survival functions indicated that the functions were significantly different for the

experimental-advocacy and control conditions (log rank = 6.08, *p* < .01). For the advocacy condition, the hazard for additional violence—the instantaneous probability of reabuse, given that it has not yet happened—leveled off at approximately 15 months. For the control condition, however, the hazard continued to escalate through the end of the follow-up period. Median time to first reabuse was 3 months for the control condition and 9 months for the advocacy condition. By the end of the 24-month follow-up period, only 11% of the control condition had experienced no further violence from a partner or ex-partner compared with 24% of the experimental condition.

Discussion

Women who received the free services of paraprofessional advocates for 10 weeks experienced less physical violence over time and reported increased quality of life, higher social support, less

Table 4
Repeated Measures MANOVA Effects on Individual Outcome Variables

Outcome variable	Design effect	Statistical test	<i>p</i>	Partial η^2
Physical violence	Condition	<i>F</i> (1, 263) = 2.10	.15	.01
	Time	Mult. <i>F</i> (4, 260) = 3.84	<.01	.04
	Condition × Time	Mult. <i>F</i> (4, 260) = 2.38	<.05	.06
Psychological abuse ^a	Condition	<i>F</i> (1, 263) = 1.60	.21	.01
	Time	Mult. <i>F</i> (4, 260) = 3.93	<.01	.06
	Condition × Time	Mult. <i>F</i> (4, 260) = 0.40	.81	.00
Depression	Condition	<i>F</i> (1, 263) = 1.35	.25	.01
	Time	Mult. <i>F</i> (4, 260) = 1.06	.38	.02
	Condition × Time	Mult. <i>F</i> (4, 260) = 1.77	.14	.03
Quality of life	Condition	<i>F</i> (1, 263) = 6.46	<.01	.02
	Time	Mult. <i>F</i> (4, 260) = 4.05	<.01	.06
	Condition × Time	Mult. <i>F</i> (4, 260) = 0.93	.45	.01
Social support	Condition	<i>F</i> (1, 263) = 4.93	<.05	.02
	Time	Mult. <i>F</i> (4, 260) = 4.07	<.01	.06
	Condition × Time	Mult. <i>F</i> (4, 260) = 5.06	<.001	.07

Note. *N* = 265 women with data for at least four of five postintervention interviews; 13 cases were dropped because of missing data. MANOVA = multivariate analysis of variance; Mult. = Multivariate.

^a Psychological abuse scores were log-transformed to correct positive skew.

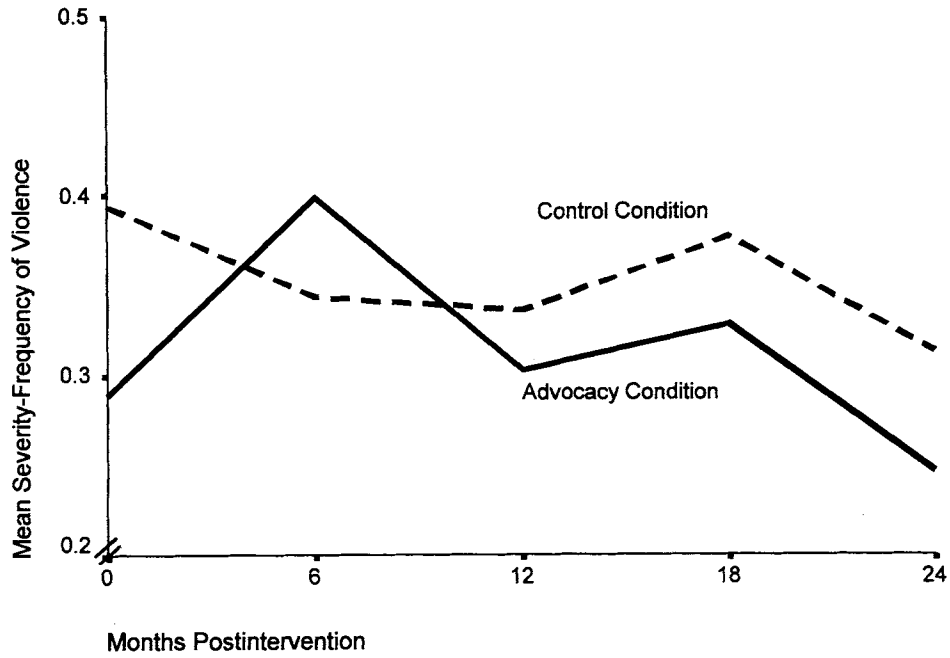


Figure 1. Mean level of physical abuse by a partner or ex-partner over time.

depressive symptoms, and increased effectiveness in obtaining resources compared with women in the control condition. The results of this longitudinal, experimental study have promising implications for the field of domestic violence prevention.

Although violence declined over time for both groups, women who had worked with advocates experienced less abuse at each

time point except the 6-month follow-up. This temporary increase was likely due to the removal of the advocate as a "protective factor" after the cessation of the 10-week intervention. In other words, after the termination of the project, women may have been temporarily at increased risk of violence. It could also be the case that women who had worked with advocates were making more

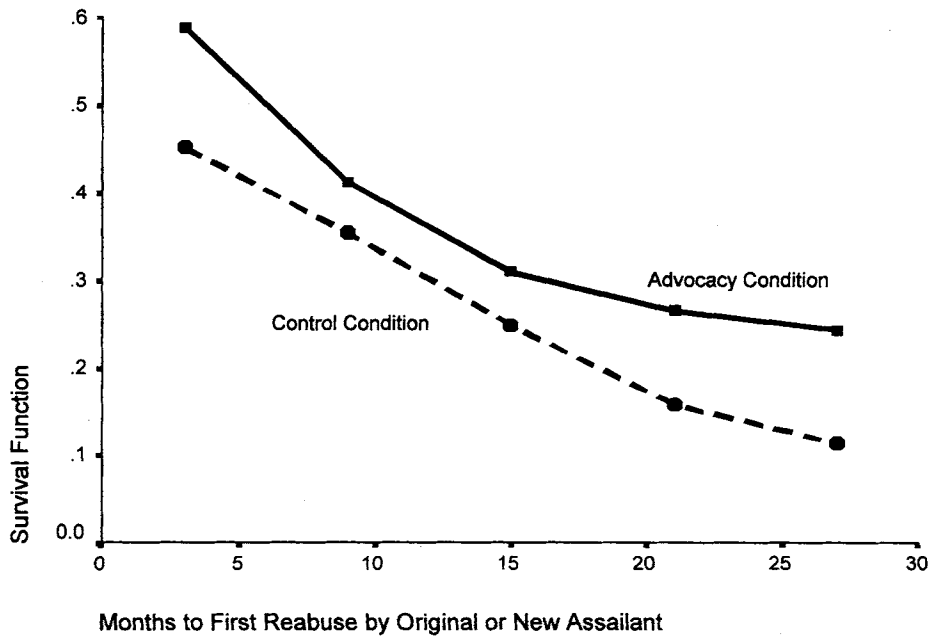


Figure 2. Smoothed survival function for further physical abuse by a partner or ex-partner. Log-rank test of equality of survival functions was 6.08. $p < .01$.

visible strides away from the relationship compared with women in the control group, which may have led some batterers to exert even more violence and control against them. It is notable that even at the 6-month follow-up time period, when these women were at the highest risk of experiencing reabuse, they were not at significantly higher risk than the women in the control condition. It does suggest, however, that researchers undertaking future similar interventions should be aware of this phenomenon and take steps to reduce this risk.

One out of 4 of the women in the experimental condition experienced no abuse (by the original assailant or by any new partners) across the 24 months of postintervention follow-up. Only 1 out of 10 women in the control condition remained completely free of abuse during the same period. The intervention appeared to be successful in reducing violence by both the original assailant and by any new partners.

In addition to its impact on women's levels of abuse, the advocacy intervention was also effective at instigating long-term improvement in other areas of participants' lives. Prior research (e.g., Browne, 1987; Dobash et al., 1985) has hypothesized that social isolation and lack of community resources place battered women at increased risk of further abuse. The findings of this study provide empirical evidence to support this position. Results suggest that women who worked with advocates were more effective in obtaining needed resources and reported higher levels of social support compared with the women in the control group. They also reported fewer depressive symptoms postintervention. Across the next 2 years, women who had worked with advocates continued to report higher levels of social support and quality of life and also reported less difficulty in obtaining the resources they needed.

This research also supports Durlak's (1979, 1981) premise that trained paraprofessionals can be effective change agents in their communities. The advocates in this project had no prior experience doing such work and had no degrees of higher education. They received 10 weeks of extensive training before beginning their work and received intensive supervision throughout their interventions. They received no monetary compensation; rather, they paid for college credits for the privilege of gaining invaluable experience. Future interventions should consider using college students if possible to work as trained advocates. It is also intriguing to consider the effects of using formerly battered women or community volunteers to work as trained advocates, as has been the practice within battered women's programs for over 20 years.

A limitation of this study was that all participants had been residents of a shelter program for women with abusive partners. Most had low incomes, and all had sought help from their community to deal with the abuse they were experiencing. The majority of participants were African American or non-Hispanic White, and none of the women were residing in a rural community. The extent to which these findings can be generalized to women experiencing abuse in other communities is unknown. Future studies are needed to evaluate this type of program with a more diverse sample of participants, as well as with a more diverse type of advocate. The advocates in this project were all undergraduate students receiving course credit for participation. It is also critical to remember that, although the provision of advocates reduced the risk of further violence by a partner or ex-partner, many women (76% in the experimental group, 89% in the control group) were

abused at least once over the 2-year time span. No one intervention will be a panacea for this immense and complex social problem. Advocacy should be viewed as one important component of an overall comprehensive community approach to ending violence against women.

One question this research raises is what specific elements of the intervention served to protect women from further abuse and increase their quality of life? Although this study cannot provide a definitive explanation, we can provide our interpretation to begin the discussion. Although each intervention was necessarily unique, based on individual women's needs, all shared three common theoretical underpinnings. First, the participant, not the advocate, guided the direction of the intervention. Second, activities were designed to make the community more responsive to the woman's needs, not to change the survivor's thinking or her belief system. This related to the third supposition, which was the belief that survivors were competent adults capable of making sound decisions for themselves. We believe the success of this program was due to this underlying orientation. Specifically, by providing non-judgmental support and active assistance to women, we sent an important message that at least one segment of the community understood their needs and was available to help. We also provided valuable information regarding where resources could be located within the community and how to approach the individuals in control of those resources. By achieving success throughout the intervention, women were likely to believe they could effectively obtain community resources in the future. Interestingly, unlike the typical intervention that demonstrates immediate effects, which then soon deteriorate, the experimental and control groups in this study continued to diverge over a 2-year time period on a number of important variables. It is possible there is a component unique to advocacy that maximizes the continuation of effects over time. On the other hand, it could be the client-centered focus of the intervention that accounts for the continued differences. Further research is needed to adequately understand this phenomenon.

The present intervention has financial implications for communities as well. It has been estimated that women make approximately 1.5 million medical visits per year to treat injuries sustained by male partners and ex-partners (Straus, 1986). When one calculates the cost involved in this, added to the criminal justice system costs, employment-related costs, child protective services costs, and social service delivery costs, it becomes clear that intimate male violence against women is a tremendous financial burden to communities. It is notable, then, that women who received advocacy services were more than twice as likely to remain completely free from intimate violence across a 2-year time period. Given the low expense involved in training and supervising paraprofessionals, this type of intervention is extremely cost-effective.

Note that some of the across-time differences would not have been detected had we not followed this sample for 2 years. Had we interviewed women only over a year or even 18 months, we might have erroneously concluded that the intervention effects decayed over time. For example, we would have failed to detect that women who had worked with advocates were experiencing significantly less violence at the 24-month time point. Given the lack of significant difference between the two groups on this variable at 6-, 12-, and 18-month follow-up, we likely would have concluded the intervention had no lasting effects on level of violence experienced. A similar erroneous conclusion could have been made

regarding women's difficulty in obtaining resources over time. This suggests that longitudinal studies must be extensive enough to detect sleeper effects as well as continued or variant change within and between groups.

Although this research represents one important step in our understanding how to effectively assist women with abusive partners, a great deal more work needs to be done. No one intervention can successfully aid all survivors of intimate male violence. Future efforts are needed to build on the successes of this program, to examine its effectiveness with a more diverse population of survivors, and to develop additional innovative programs designed to end intimate male violence against women.

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Received September 24, 1997

Revision received January 28, 1998

Accepted June 18, 1998 ■