



Evaluations of Advocacy Efforts to End Intimate Male Violence Against Women*

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Before reviewing the scant research that has evaluated advocacy-based interventions for women with abusive partners, this piece begins with a broad definition of advocacy itself. Advocacy efforts are generally classified as either individual-based (i.e. working specifically with or on behalf of individuals to ensure access to resources and opportunities) or systems-based (i.e. advocating to change and improve institutional responses). In reality, many advocacy efforts simultaneously involve assisting individuals *and* working to change systems.

The majority of domestic violence service programs engage in some form of activity they identify as “advocacy” (Peled & Edleson, 1994). Systems-level advocacy efforts are generally targeted at the criminal justice system, the health care system, the welfare system, and other similar institutions. Activities identified by programs as individual-level advocacy have ranged from helping a woman safely move her belongings out of her residence to accompanying a woman through the court process.

But when does an individual-level activity change from being “direct service” to “advocacy?” As Knitzer (1976) pointed out in her historical piece on child advocacy, there are six principles common to all forms of advocacy:

- Advocacy assumes that people have, or ought to have, certain basic rights.
- Advocacy assumes that rights are enforceable by statutory, administrative, or judicial procedures.
- Advocacy efforts are focused on institu-

tional failures that produce or aggravate individual problems.

- Advocacy is inherently political.
- Advocacy is most effective when it is focused on specific issues.
- Advocacy is different from the provision of direct services.

To this list, Herbert and Mould (1992) added the following: “[A]dvocacy is not primarily concerned with providing a service, but rather with assuring the availability and relevance of the service that is provided. It implies a *proactive step* beyond the mandated delivery of service” (p. 117, emphasis added). Given this definition, it would appear that some agencies might confuse advocacy with the provision of direct service. While direct assistance can be quite valuable for a woman coping with an abusive partner or ex-partner, it is important to clarify the difference between the two in order to avoid diluting the term *advocacy* to the point that it loses all meaning.

Since the Violence Against Women Act was enacted as Title IV of the Violent Crime Control and Law Enforcement Act of 1994, we have witnessed increased attention and coordination among police, prosecutors, victim advocates, the judiciary, and other community institutions in responding to intimate violence against women. As more attention and dollars are being focused on this problem, the demand for accountability from many levels, including funders and community stakeholders, has increased. Thus, the quality and effectiveness of various types of approaches, including advocacy interventions, are under greater scru-

tiny. Fortunately, evidence of advocacy efforts' success is beginning to emerge. The remainder of this paper describes the available research that has evaluated advocacy efforts to end intimate violence against women. The first section describes evaluations of Community Intervention Projects, while the second section presents a longitudinal, experimental evaluation of an advocacy intervention.

Community Intervention Projects

More and more communities have what the Minneapolis Domestic Abuse Project termed Community Intervention Projects (CIPs). Under many different names across the country, such projects involve coordinating community efforts to respond effectively to intimate violence against women. Specifically, after the police respond to a domestic violence call (or in some communities after an arrest has been made), the police or dispatcher contact the CIP, who then send out volunteers to the home. The volunteers offer support and assistance to the survivor, and in some cases, additional volunteers (usually men) visit with the alleged perpetrator in jail to encourage him to take responsibility for his actions and to notify him of batterer intervention options available in the community. Additional help is provided to survivors over time who choose to (or are mandated to) work with the court system prosecuting the perpetrator.

Community Intervention Projects involve coordinating multiple systems in the community. The police agree to contact the CIP after responding to a domestic violence call and agree to hold perpetrators in jail for a set length of time, affording volunteers the opportunity to provide immediate assistance and safety to survivors. The prosecutors agree to aggressively prosecute domestic violence incidents and to work with advocates in obtaining evidence. Judges agree to order pre-sentence investigations and to mandate imprisonment with the option of staying the sentence in exchange for completing a batterer intervention program. Probation officers also play an important role in this coordination. They agree to incorporate the perpetrator's violent history and the survivor's wishes in the pre-sentence investigation, and they

hold accountable perpetrators who do not attend mandated batterer intervention meetings.

Volunteer advocates work closely with survivors and various aspects of the court system to maximize the likelihood of a positive court outcome and to assist women in staying safe. They may also help survivors obtain Orders for Protection and/or deal with custody and visitation issues.

Not all Community Intervention Projects are identical across the nation, and some are more coordinated and comprehensive than others. The Minneapolis and Duluth CIPs stand out as models for including participation across a spectrum of systems - including law enforcement, prosecutors, judges, probation, and victim advocacy programs (Pence, 1983; Pence & Shepard, in press). Thousands of communities have adapted components of this model in a more limited way with varying degrees of success, although achieving this level of cooperation has proven difficult in many areas.

The Impact of CIPs

Community intervention projects have been evaluated in three suburbs of Minnesota (Gamache, Edleson & Schock, 1988), in Lincoln, Nebraska (Steinman, 1990), and in Minneapolis, Minnesota (Syers & Edleson, 1992). The tri-suburb Minnesota evaluation focused on whether change had occurred in arrest, prosecution, and sentencing after CIPs were initiated. The Nebraska and Minneapolis studies focused on the effects of CIPs on batterers' continued use of violence.

Gamache, Edleson, and Schock (1988) examined the number of domestic violence calls to the police, number of arrests, and court outcomes over a 22-month period as CIPs were introduced into their communities. Across all three communities they found a significant increase in arrests relative to calls received, increased successful prosecution, and an increase in the number of perpetrators mandated into batterer intervention programs. This study provides powerful evidence that community intervention projects can have a significant positive impact on the criminal justice response to woman abuse.

While Gamache and colleagues examined

the institutional impact of CIPs, Steinman (1990) and Syers and Edleson (1992) evaluated their effectiveness in deterring re-abuse. Steinman's research found that when police action was coordinated with other systems - a critical component of coordinated community intervention - perpetrators were significantly less likely to re-offend. Equally important, the author found that when police action was *not* coordinated with other components of the system, perpetrators actually seemed to *increase* their use of violence against women. Syers and Edleson (1992) corroborated these findings. Based on data collected from survivors, police reports, and advocacy records across three time points - time of police report, and 6- and 12-month follow-up - they found that arrest followed by mandated intervention resulted in the lowest recidivism among the perpetrators. Men who were arrested but *not* mandated into batterer intervention were more likely to recidivate. The group most likely to batter again was the group of men who were not arrested at all. These findings strongly support the contention that men's use of violence against women with whom they are involved is related to how the community responds to them. Lack of arrest, as well as arrests that lead to no sanctions, send a clear signal to perpetrators that they can abuse their partners with impunity.

The Community Advocacy Project

The community intervention projects described in the previous section, which are being developed more and more frequently across many states, focus almost exclusively on coordinating components of the criminal justice system, with significantly less, if any, attention targeting the numerous other systems with which survivors come into contact. Given that many women who have been abused have little or no contact with the court system, Sullivan created and evaluated an advocacy program designed to increase women's access to a variety of community resources and supports (Sullivan, 1991; Sullivan & Bybee, 1999). Developed in mid-Michigan, the Community Advocacy Project (CAP) provided advocates to work one-on-one with women who had recently exited a domestic violence shelter. CAP also worked in

communities with these women 6-8 hours a week over a period of 10 weeks. Advocates were university students who received extensive training in accessing and mobilizing resources before being assigned to work with clients. In addition, all advocates received weekly small group supervision throughout their interventions. While each intervention was unique to the survivor's needs and circumstances, all were based on the same theoretical position. First, the project was based on the belief that survivors were competent adults capable of knowing what was best for them and what they needed from their communities. Following this logic, the survivor, not the advocate, guided the direction of the intervention. Third, activities focused on making the community more responsive to women's needs, not on changing the survivor's thinking or belief system. Types of resources advocates were trained in helping women obtain included housing, employment, legal assistance, transportation, education, child care, health care, material goods and services, financial assistance, services for the children (e.g., tutoring, counseling), and social support (e.g., making new friends, joining clubs or groups). An instruction manual developed for the course explains the training in more detail (Sullivan, Sutherland & Allen, 1998).

Effectiveness of the Community Advocacy Project

Sullivan and colleagues (1999) used a true experimental design to evaluate the impact of the Community Advocacy Project, which means women were randomly assigned to either the intervention group or the control group (services-as-usual). All 278 women, regardless of group assignment, were interviewed pre-intervention, 10 weeks later (post-intervention for those in the experimental group), and again every six months over two years. Ninety-four percent or more women were located and interviewed at each time point.

Women who worked with advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources over time. One out of four of the women who worked with advocates (24%) experienced *no* physical abuse -

by the original assailant or by any new partners - across the 24 months of post-intervention follow-up. Only one out of ten (11%) of the women in the control group remained completely free of violence during the same period.

This low-cost, short-term intervention using unpaid advocates appears to have been effective not only in reducing women's risk of re-abuse, but also in improving their overall quality of life. It is important to remember, however, that although the provision of advocates *reduced* the risk of further violence by a partner or ex-partner, many women (76% who worked with advocates; 89% who did not) were abused at least once over the two-year time span. No one intervention will be a panacea for this complex social problem, and many abusive men continue their violence despite the strategies women use to protect themselves. Systems-level and individual-level advocacy should be viewed as important components of an overall comprehensive community approach to ending intimate violence against women.

Conclusions

The few research evaluations of advocacy-type efforts to assist women with abusive partners have reported promising findings. Clearly a great deal more work needs to be done in this area as more and more communities develop similar interventions. Process and outcome evaluations of advocacy efforts located in domestic violence service agencies are also needed. Most agencies have advocacy programs, yet such programs differ across sites in intensity, purpose, duration, and philosophy. Knowing more about the effectiveness of various types of efforts will be beneficial in directing future policies and practices across the nation.

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***In Brief* : Evaluations of Advocacy Efforts to End Intimate Male Violence Against Women**

- Gamache, Edleson, and Schock (1988) examined the institutional impact of Community Intervention Projects (CIPs). They found that, as CIPs were introduced into three communities, arrests and successful prosecutions increased. They also noted an increase in the number of perpetrators mandated into batterer intervention programs.
- Steinman (1990) and Syers and Edleson (1992) evaluated the effectiveness of CIPs in deterring re-abuse. Steinman found that when police action was coordinated with other systems, perpetrators were significantly less likely to re-offend. Equally important, when police action was *not* coordinated with other components of the system, perpetrators increased their use of violence. Syers and Edleson (1992) found that arrest followed by mandated batterer intervention was the most effective strategy to reduce recidivism.
- Sullivan and colleagues (Sullivan, 1991; Sullivan & Bybee, in press) created and evaluated an advocacy program that involved providing one-on-one services to women who had exited a domestic violence shelter program. The program lasted 10 weeks, and paraprofessional advocates worked 6-8 hours a week assisting women with obtaining needed community resources. Examining the effects of the advocacy intervention over the first two years post-intervention, the researchers reported: “Women who worked with advocates had less difficulty obtaining community resources over time, experienced less violence over time, and reported higher quality of life and higher levels of social support compared to the women who did not received advocacy services.”
- These evaluations all provide evidence that advocating to change the system response to domestic violence is feasible and effective. Community Intervention Projects have resulted in increased arrests, higher conviction rates, and more perpetrators mandated into batterer intervention programs. When all components of the system work together, perpetrators were found less likely to re-abuse over time. The Community Advocacy Project, involving the provision of intensive advocacy services to survivors for 10 weeks, resulted in women reporting higher quality of life, increased social support, and fewer problems obtaining community resources. Perhaps most significantly, they also experienced less abuse over time than women who did not receive advocacy services.
- No one intervention will be a panacea for this complex social problem. Systems-level and individual-level advocacy should be viewed as important components of an overall comprehensive community approach to ensuring the safety of survivors, holding perpetrators accountable, and ultimately ending intimate violence against women.

This *In Brief* highlights issues discussed in a longer document created by Cris Sullivan and Mary Keefe and is available through your state domestic violence coalition.

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