Using Longitudinal Data to Understand the Trajectory of Intimate Violence Over Time

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Although a great deal of research has been conducted since the early 1980s on intimate male violence against women, we still know very little about the process women go through as they work to free themselves from the violence of partners and ex-partners. We do know woman abuse is pervasive in our society (Browne and Williams, 1993; Straus and Gelles, 1986), and that domestic violence often increases in intensity and frequency over time (Hilbert and Hilbert, 1984; Okun, 1986). Many barriers prevent women from living free of their assailants' violence (Barnett and LaViolette, 1993; Gondolf, 1990; Horton, Simonidis, and Simonidis, 1987; Jones, 1994), and our communities must become more active in preventing intimate male violence against women (Crowell and Burgess, 1996; Gamache, Edleson, and Schock, 1988; Sullivan, 1997).

The National Research Council's Panel on Research on Violence Against Women made several recommendations to increase our understanding of the antecedents of intimate male violence against women (Crowell and Burgess, 1996). The current research responded to a number of these recommendations, including—

,   All research on violence against women should take into account the context in which women live their lives and in which the violence occurs (p. 47).

,   Longitudinal research, with particular attention to developmental and life-span perspectives, should be undertaken to study the developmental trajectory of violence against women (p. 90).

,   Studies that describe current services for victims of violence and evaluate their effectiveness are needed. Studies to investigate the factors associated with victims' service-seeking behavior . . . are also needed (p. 139).

Theoretical Base for the Research

Many individuals believe the myth that battered women can simply leave if they want to. This assumption ignores the structural obstacles that prevent women from leaving abusive partners, as well as the fact that many women do leave their assailants—sometimes only to be beaten even more severely or killed (Jones, 1994; Mahoney, 1991; Stark and Flitcraft, 1988). This myth also presumes that the only option for all women with abusive partners is to leave the relationship—a view that ignores both the agency of battered women themselves in deciding what is best for them and the religious and/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 is something about which we still know very little. Prior research has found that social isolation and an ineffective community response to domestic violence each contributes to a woman's increased risk of abuse by partners and ex-partners (Aguirre, 1985; Barnett and LaViolette, 1993; Crowell and Burgess, 1996; Greaves, Heapy, and Wylie, 1988).

An effective means of controlling women and assaulting them with less fear of detection is to first socially isolate them (Browne, 1993; 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. Conversely, women who have reported receiving help and support from family or friends have rated it as being very helpful in their ability to leave their assailants (Bowker, 1984; Donato and Bowker, 1984).

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

Although some communities have improved their response to domestic violence, many women still do not receive the services they need to end the violence. Arrest for domestic assault continues to be a rare event (Hirschel et al., 1992), and prosecution is even more infrequent (Buzawa and Buzawa, 1990). Restraining orders are not always enforced (Buzawa and 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 and LaViolette, 1993; Browne, 1987; Jones, 1994). Although communities with coordinated responses to domestic violence have reported some successes (Gamache, Edleson, and Schock, 1988; Steinman, 1990), a collaborative, structured response continues to be absent in most communities.

Contrary to one view of battered women as dependent victims, ample empirical evidence shows that many women with abusive partners are active helpseekers, fighting for their survival in the face of numerous obstacles. One study of more than 6,000 women from 50 shelters found that the women had made an average of six prior helpseeking efforts (Gondolf and Fisher, 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, and/or agencies in their communities. Three factors appear to influence a woman's decision to seek outside help to end the violence: the severity of the abuse, the number of resources a woman possesses, and the belief that such efforts will succeed (Sullivan, 1991).

The Community Advocacy Project

The current analyses build on the findings from a study of the Community Advocacy Project, a community-based advocacy intervention designed to increase battered women's access to community resources and support. Participants were recruited from a Midwest shelter program for women with abusive partners. Advocates were female undergraduate students from a nearby university who were enrolled in a two-semester course in community psychology. A randomized field trial revealed that

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 even 2 years after receiving the intervention (Sullivan, 2000; Sullivan and Bybee, 1999). More than twice as many women in the advocacy group than in the control group experienced no violence across the 2 years. Moreover, on several outcome measures (difficulty accessing resources, perceived efficacy, intimate violence, and quality of life) advocacy/control differences increased over the 2-year followup, suggesting that the advocacy intervention may have instigated a process of persistent change. These encouraging findings raised a number of additional research questions that exceeded the scope of the original National Institute of Mental Health (NIMH) funding. Funding from the National Institute of Justice (NIJ) allowed for additional analyses to be conducted to answer the following research questions:

, What are the mediational processes by which the advocacy intervention affected reduction in victimization?

, Do the promising intervention effects continue to the 36-month timepoint?

, What antecedents explain differences in victimization over time?

, What antecedents explain differences in the context of victimization specifically by ex-partners?

The Research Data

Data were gathered from 1989 through 1996, with funding from NIMH. Data were available for 278 women who had been residents of a domestic violence shelter program. Women were interviewed when they left the shelter, 10 weeks later (post-experimental intervention), and at 6, 12, 18, 24, and 36 months later.

The 10-week post-shelter intervention involved randomly assigning trained advocates to work one-on-one with women to help them generate and mobilize the community resources they needed. Such resources included but were not limited to legal assistance, employment, education, housing, and medical care.

Results

Mediational Process Through Which Change Occurred

Overall, the analyses supported the contention that a community advocacy project that is short term and based on clients' strengths can set into motion a trajectory of positive change in the lives of women with abusive partners. The advocacy intervention resulted in immediate positive change in women's lives, as they successfully obtained needed resources from their communities. Increased access to resources and increased social support resulted in women reporting a better quality of life that included self-determination, psychological well-being, life satisfaction, physical and material well-being, and

personal fulfillment (Hughes et al., 1995; Powell et al., 1997). Over time, women who reported having more control over and satisfaction with their lives also reported a decrease in violence. Structural equation modeling determined that quality of life predicted risk of reabuse, as opposed to risk of reabuse predicting quality of life (Bybee and Sullivan, 2002). This finding speaks to the importance of viewing intimate male violence against women as a societal problem and for increasing women's opportunities for self-determination and autonomy to decrease their risk of intimate partner violence.

Effects of Intervention Over Time

Analyses examining women's risk of abuse across 3 years also supported the contention that society's treatment of women influences their risk of intimate partner violence. Women without financial resources and social support had a greater risk of abuse between 2 and 3 years post-intervention compared with women who were economically better off and who had stronger support systems (Sullivan and Bybee, 2000).

Revictimization Over Time

Women who received the intervention and/or who intended to leave the relationship decreased their risk of revictimization over time. The women most likely to experience abuse across any timepoint were those who intended to stay in the relationship and who did not work with advocates. Women working with advocates reduced the risk of reabuse after the 6-month followup timepoint even if they remained in relationships with their abusers (Sullivan and Bybee, 2000).

Predictors of Abuse by an Ex-Partner

While remaining in the relationship increased women's risk of being reabused over time, leaving the relationship did not guarantee safety. More than one-third of the women who ended their relationships also experienced abuse over time. Predictors of abuse by an ex-partner include—

, Length of the relationship before breakup.
, His prior threats.
, His sexual jealousy.
, His geographical proximity to the woman.
, Her involvement in a new relationship (Fleury, Sullivan, and Bybee, 2000).

These findings support the argument that domestic abuse is a means of gaining power and control over one's partner. The men who expressed greater threats and sexual jealousy and who remained in the same area as the woman after their breakup were more likely to continue harassing, threatening, and abusing their former partners. When women started new relationships, their risk of violence decreased. Many assailants likely viewed the new partners as protectors of the women, making it more difficult to continue abusing them.

Implications for Researchers

All of the participants in this study had been residents of a shelter program for women with abusive partners. Most were African-American or non-Hispanic white women, and none lived in a rural community. Future studies need to evaluate this type of program with a more diverse sample of participants and a more diverse type of advocate. Although the provision of advocates reduced the risk of further violence by a partner or ex-partner, many women (76 percent in the experimental group, 89 percent in the control group) were abused at least once over the 2-year timespan. No single intervention is a panacea for this immense and complex social problem. Future research efforts must build on the successes of this program to examine its effectiveness with a more diverse population of survivors, and to evaluate additional innovative programs to end intimate male violence against women.

Implications for Practitioners

The Community Advocacy Project can be adapted to meet a variety of community needs. Although it originated in a mid-sized city close to a university campus, it could be modified for larger cities as well as more rural communities.

An important next step is to investigate whether volunteers would advocate for women as effectively as university students did. One reason college students may be preferable to volunteers is that they pay for the experience (through tuition) and earn a grade and potential letter of recommendation for their efforts. This maximizes the likelihood that students will work the required hours and make the intervention a priority. On the other hand, volunteers can become excellent advocates and, with appropriate training and supervision (ideally from a paid staff member), could do as well if not better than university students. The advantage of using volunteers is that they may come from more diverse backgrounds than typical university students. Domestic violence service programs might consider joining forces with church groups, community organizations, or other volunteer programs to obtain a paraprofessional advocacy workforce.

No one solution will end intimate violence against women. This intervention is one response that has helped a number of women. It will not always be successful and it is not necessarily needed by all women with abusive partners and ex-partners. Community-based advocacy interventions should be one component of a larger, coordinated community response to holding perpetrators accountable and ensuring continued safety for survivors and their children.

Note

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