

Community Based Mobile Advocacy

Sullivan, C. M., & Bybee, D. I. (1999)

Description of intervention	Sullivan and Bybee (1999) developed and evaluated a community-based advocacy intervention designed to increase access to community resources and social support for shelter based women who experienced abuse. Advocacy consisted of five phases (assessment, implementation, monitoring, secondary implementation, and termination) that sought to develop a safety and action plan tailored to the participant’s specific situation that could be monitored and modified as needed. For 10 weeks, the advocate would meet with the participant and the pair would spend time in the community for 4-6 hours a week looking for jobs and/or housing, work on legal issues, or help with accessing other resources.
What was the intervention designed to do?	This community based mobile advocacy intervention was designed primarily to empower women with a secondary goal of reducing symptoms associated with the experience of trauma. By working with advocates in the community to improve access to resources, women would experience less risk of abuse and an increase in life satisfaction.
Underlying conceptual or theoretical model(s)	Study was designed around the basis this information: “Prior research suggested the importance of social support and community resources in enabling women to successfully escape intimate male violence. ..Women experiencing domestic violence... have also been found to be active help seekers, facing numerous barriers within their own communities as they attempt to end their victimization.”
Rationale for developing the intervention	This intervention was designed to address the needs and wishes of IPV survivors while highlighting the message of “women helping women”. It was important to portray women not just as survivors of IPV but rather as whole persons in charge of their own decisions and treatment plans.
Who is the intervention designed to help?	IPV survivors staying in shelters
What are the eligibility criteria for the intervention study?	<ul style="list-style-type: none"> • Spent at least one night in the shelter • Would be staying in the area for the first 3 months post-shelter
Rationale for specific inclusion/exclusion criteria	As this was a funded study, there was a need for rigor in terms of sampling strategies to ensure some similarities among participants. However, beyond the 1999 study there were no specific eligibility criteria. The intervention is offered as an option for women to complete instead of staying at the shelter.
Study Design	<ul style="list-style-type: none"> • Longitudinal randomized control trial

	<ul style="list-style-type: none"> Assessments at baseline, postintervention, 6-month, 12-month, 88-month, and 24-month follow-up
Outcome variables and Measures	<ul style="list-style-type: none"> Intimate Partner Violence: Conflict Tactics Scale (CTS; Straus, 1979) Psychological Abuse: Index of Psychological Abuse (Sullivan, Parisian, & Davidson, 1991) Quality of Life: 7-point scale adapted from Andrews and Withey (1976) Depression: Center for Epidemiological Studies – Depression Scale (Radloff, 1977) Social Support: 9-item scale (Bogat, Chin, Sabbath, & Schwartz, 1983) Effectiveness in obtaining resources: Effectiveness in Obtaining Resources Scale Difficulty obtaining resources: Difficulty Obtaining Resources Scale
Level of scientific rigor	<p>Randomized: Yes Appropriate outcome measures: Yes Active Control Group: Yes Effect size: Not reported</p>
What adaptations were made specifically for IPV survivors?	<p>Women did not have to be separated from their abusive partner to be included in the study as researchers knew that leaving the relationship could be dangerous and that the time following that could also be very dangerous. Researchers also felt that requiring women to be out the relationship sent a message to women that they should end the relationship, which could potentially be more dangerous.</p> <ul style="list-style-type: none"> Women were frequently asked about their personal safety, if their situation was safe, and if they had any concerns Safety plan developed that was individualized for each woman based on history, needs, and circumstances Meetings occurred at an agreed upon safe location or in the privacy of a participant’s home Codes were developed between advocate and woman to determine when, where, and how to meet Researchers were required to leave the scene if violence was likely to occur Supervisors were informed by advocates of any safety concerns <p>No formal assessments were used for risk or danger</p>
Considerations and/or adaptations related to culture and identity	<p>The goal was to stay as open and humble as possible about each survivor’s experience. Advocates were instructed to pay attention to any cultural specifications and modify the plan if needed based on the survivor’s wishes.</p>

Considerations and/or adaptations related to experiencing multiple types of trauma (individual and collective)	The program is always in flux and changing based on participants’ needs so as the relationship between the advocate and survivor grew stronger, other experiences of trauma were often revealed. There was no specific strategy in place to deal with those instances but the main idea was to keep the intervention flexible.
What is the mode of delivery?	In-person delivery
What were the key findings?	<ul style="list-style-type: none"> • Experiences of physical violence and psychological abuse and symptoms of depression over time decreased over time for both groups but were lower in advocacy condition • Of the 75% of women at baseline who reported wanting to end their relationship with abusive partner, 86% had ended relationship by 6-month follow-up and 92% by 24-month follow-up; women in advocate condition more effective in ending relationship ($p < .03$) • Increased quality of life and higher social support for both groups but higher in advocacy condition • Increased effectiveness in obtaining resources <ul style="list-style-type: none"> ○ Women in advocate condition more effective in obtaining resources, $t(263)=5.91$ ($p < .001$)
Author’s reflection on study results/ findings	This program can be hard to implement and disseminate because of the intensity and time required to carry it out (10 weeks, 4-6 hours a week). The length of the program is part of why it is effective but it is also why it is difficult for programs to do this model. The timeframe means working with fewer people and in some cases, 10 weeks is not enough for the survivor.
Implementation challenges and strategies for addressing those challenges	See Author’s reflections
What, if any, professional qualifications are required to deliver the intervention?	Does not require a clinician to deliver intervention. Advocates were originally female undergraduate students who had taken orientation sessions and enrolled in community psychology courses. No specific degree was required which demonstrated that education did not determine who would make a good advocate but rather the training that was involved.
What intervention-specific training is required to use this	Advocates completed around 50 hours of training. Training involved: teaching how to be empathic and use active listening skills; education prevalence and impact of domestic violence; strategies for generating,

model?	mobilizing, and accessing resources; how to deal with potentially dangerous situations; and how to impart the advocate’s knowledge to their client.
In what settings can the intervention be delivered?	<ul style="list-style-type: none"> ○ Interviews took place in the woman’s home or in a private room ○ Sessions took place on women’s terms ○ Advocacy took place over 10 weeks in the community.
Ongoing research regarding this intervention	<p>Author’s own research:</p> <ul style="list-style-type: none"> ● The program has not undergone major changes as survivors design and modify their own advocacy plans. When the program was carried out in Monterey, Mexico, some changes concerning participant eligibility were made. Women who were the victims of abuse perpetrated by drug cartel members or police officers were not offered the intervention for safety reasons. <p>Research by other investigators:</p> <ul style="list-style-type: none"> ● Many researchers are using mobile advocacy as a program (especially in rural communities). Researchers can find information on the program on SAMSA and can find all manuals and fidelity instruments online. Dr. Sullivan has also been contacted directly for additional training and information. ● The program was also disseminated in Monterey, Mexico.
Author’s recommendations and reflections	<p>Advocates must understand that this program was built around the needs and wishes of the survivor. If women came into sessions not wanting to complete a task or not having completed a task, that was accepted and understood. Advocates should be comfortable being a “listening ear” and a support system when needed.</p> <p>It is important to be clear about when the intervention will end. Advocates are trained with the idea to “put themselves out of work in 10 weeks”. Though 10 weeks may not be a long enough time frame for some participants, it is important to lay out a plan that fits the time frame and stick to it. Advocates can do this by bringing up the termination date three or four weeks prior and work down to the last date with the survivor. In this time, it is important to ensure that the survivor has other supports in place and that they have all the knowledge and skills imparted on them by the advocate. Some advocates also provided a “closure packet” that was included all resources a client may need alongside thoughts and hopes for the future. These packets were personalized for the client and were given at the end of the program.</p> <p>“I am always continuing to learn. This program has morphed and I am now evaluating a similar mobile advocacy program that focuses on housing for</p>

	survivors with women who are homeless or housing unstable. The main thing is continuing to listen to survivors and stay as flexible as possible by adapting programs to address what survivors are looking for and not going in with very rigid manualized programs. Those tenets help us stay trauma informed and useful to survivors in need.”
Citations – article of intervention	Sullivan, C. M., & Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners. <i>Journal of Consulting and Clinical Psychology, 67</i> (1), 43. DOI: 10.1037//0022-006X.67.1.43
Author contact information	Cris M. Sullivan, PhD Department of Psychology 135 Snyder Hall Michigan State University East Lansing, MI 48824 Email: sulliv22@msu.edu