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Perceptions of Community-Based Advocates in Jefferson County, Colorado Concerning Intimate Partner Violence Against Women

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Perceptions of Community-based Advocates in Jefferson County,
Colorado Concerning Intimate Partner
Violence Against Women

By
Amanda Lathrop

A Research Proposal Presented in Partial Fulfillment
Of the Requirements for the Degree
Masters in Criminology

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PERCEPTIONS OF COMMUNITY-BASED ADVOCATES IN JEFFERSON COUNTY,
COLORADO CONCERNING INTIMATE PARTNER
VIOLENCE AGAINST WOMEN

by

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has been approved

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Abstract

This qualitative study explored perceptions of community-based advocates in Jefferson County, Colorado and their experience assisting victims of intimate partner violence against women. Open-ended interview questionnaires were collected from community-based advocates and used to derive the perceptions community-based advocates hold with regard to access to community resources, ability to establish social support, improve quality of life, and ultimately reduce re-abuse. Results of these perceptions were combined with and compared to previous secondary research by Deborah Bybee and Cris Sullivan. This research of victims' perceived effectiveness combined with data collected from advocates' perceived effectiveness allowed for further insight into intimate partner violence and the perceived effectiveness of advocacy in reducing re-abuse. It was determined that advocates perceived their involvement with IPV victims is positive for victims when compared to those not receiving advocacy. Advocates perceived they were unable to reduce re-abuse, however, it was stated by advocates that they hoped by providing safety planning and other resources that they would empower female IPV victims to make positive future decisions regarding their abusive relationship. The advocates' combined with Bybee and Sullivan's research illustrated that women who experienced strain have various barriers that inhibit their ability to leave an abusive relationship. Robert Merton's Strain Theory framed the foundation for explaining intimate partner violence (IPV) against women.

Keywords: intimate partner violence, community-based advocacy, victim, Criminology

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Introduction

Almost half of all murders in Colorado are committed by an intimate partner.-Colorado Coalition against Domestic Violence Fact Sheet, 2007

Intimate partner violence —IPV— knows no demographics and has no boundaries. Recently, two brutal IPV homicides have headlined Denver area media coverage and sent shock waves through local communities. Even in Colorado, there is a rising awareness concerning the seriousness of IPV and its deadly potential. Violence in the home has always existed and, for too long, a blind eye was turned to the plight of the victims and the hopeless situations many of them face, not to mention the ongoing effects on society as a whole. The seriousness of IPV and the need for victim services for its victims are gaining long overdue respect, attention and resources in the criminal justice system and related community organizations.

Intimate partner violence, specifically against women, has been reported to be as frequent as one in four women (Bostock, Plumpton, & Pratt, 2009; Kipps, 2005; NCADV fact sheet, 2007). Survivors of IPV are regularly in need of more than one service at any given time, but often lack vital information regarding the full range of resources available to them within their communities. The availability of different community advocates such as criminal justice advocates, health care professionals, and social service advocates (Allen, Bybee, & Sullivan, 2004; Bostock et. al, 2009) allow survivors to gain valuable resources and information that pertain to their specific IPV circumstances. Community-based advocates and their ability to assist women that are considering or attempting to leave a violent relationship through several channels, ensure that women have the opportunity to learn about critical community resources to assist in their safety and well-being. This study explored Jefferson County, Colorado

community-based advocates' expert testimony combined with previous secondary data results. This research examines how advocates perceive their ability to reduce intimate partner violence against women.

Purpose

The purpose of the research was to analyze Jefferson County, Colorado community-based advocates' expert testimony in relation to the secondary data results from Bybee and Sullivan's study to examine perceptions advocates hold with their ability to reduce intimate partner violence against women. The research is intended to provide a different perspective of community-based advocacy and its perceived impact on female victims of IPV. The research provided insight into the strengths and weaknesses of advocacy services from those within the field.

Rationale

A major shortcoming of current research on intimate partner violence is that it is saturated with studies relating to perpetrators or examining effects of family violence on children. There is very little research concerning contemporary advocacy services or their effectiveness within the violence against women field. The expert testimony of the advocates themselves appears to have been completely overlooked or neglected by researchers. Expertly stated by Bennett, Howard, Riger, Schewe, and Wasco (2004), "...Many social service programs in which resources for evaluation are limited, providing direct services takes priority over evaluating the efficacy of those services," (p. 815). The limited research on victims regarding advocacy has examined the victim perspective of what advocacy has accomplished, failing to examine the collective experience of advocates. This research attempted to understand how advocates perceive they are impacting the reduction of IPV against women, as well as what

changes may be beneficial in the future to more efficiently use the limited financial resources available for social programs. Gaining advocates' perspectives may present opportunities for future practice. (Giattina, Johns, Macy, Martin, & Rizo, 2011)

Research Questions

Using Bybee and Sullivan's study as a basis for research questions, the following questions were examined through a qualitative open-ended interview questionnaire. The research questions were as follows:

RQ1 Does community-based advocacy provided to IPV victims reduce re-abuse when compared to IPV victims who do not receive community-based advocacy?

RQ2 Do advocates perceive they improve the quality of life of female IPV victims they work with?

RQ 3 Based on client correspondence and trial outcomes do advocates perceive they are able to reduce re-abuse by an intimate partner?

RQ 4 What aspects of unemployment, homelessness, poverty, and lack of legitimate opportunities interfere with advocates abilities to reduce re-abuse by an intimate partner?

Limitations/Delimitations

A major limitation of the research is the unavailability of first hand victim testimony and/or primary research regarding the victims' perceptions of the affect of advocacy on their quality of life, social support, resources, and reduction of re-abuse. The research uses secondary research to supplement the information obtained from community-based advocates with data collected directly from IPV victims. Another limitation present is the unreported cases of abuse or re-abuse that detract from the experts' knowledge concerning their clients. An immediate delimitation is the interview group will be comprised of community-based advocates who work

in Jefferson County, Colorado. By solely focusing on a suburban county, rural and urban counties are not considered as samples. Another generalization that can be assumed is that the population size of community-based advocates will be small and be comprised of female community-based advocates.

Definitions

Advocate: A person who encourages a victim to speak for themselves or provide that victim with a voice if they are unable to speak. Advocates do not make determinations or judgments about victims, but do empower victims to make decision for their selves. (Trinch, 2001)

Community-based Advocacy: Advocacy efforts generally involve paraprofessionals, working collaboratively and respectfully with individual survivors who guide the focus of the intervention to meet their specific needs and desires. (Bybee & Sullivan, 2002)

Intimate Partner Violence (IPV): a pattern or coercive control in an intimate relationship which may be characterized by physical, emotional, verbal, sexual, or financial abuse or isolating and controlling behaviors on the part of the perpetrator. (C. Baldwin, personal communication, August 3, 2010)

Legal Advocate: Someone who accompanies an IPV victim to court, trials, and legal meetings to provide emotional support and guidance through the court system. (Giattina et al. 2011)

Pattern of Abuse: Such behaviors include physical violence and the ongoing threat of violence. It may also include psychological torment designed to instill fear and/or confusion in the victim. It also often includes sexual and economic abuse, social isolation and threats against loved ones. (Bybee, Goodkind, & Sullivan, 2004)

Quality of Life: A general sense of contentment with one's experience of the world. (Bybee & Sullivan, 2002)

Shelter Advocate: Individual who works for shelters and who provide case management, resource and referral services, and intimate partner violence education. (Schow, 2006)

Strain Theory: A prominent sociological explanation for crime based on Robert Merton's theory that crime and delinquency occur when there is a perceived discrepancy between the materialistic values and goals cherished and held in high esteem by a society and the availability of the legitimate means for reaching these goals. (Bartol & Bartol, 2010)

Review of Literature

The selected published literature focused on the origination of family violence, followed by battered women's syndrome and determined why these topics were relevant to the current research. Second, Robert Merton's strain theory was discussed to illustrate the lack of opportunity provided to women attempting to leave a violent relationship. After exploring the relevant criminological theory, it was necessary to examine published literature on different community-based advocates and their separate roles in assisting with IPV victims. Finally, the research study completed by Deborah Bybee and Cris Sullivan was explained to initiate and set up parameters of the research study at hand.

Historical Perspective of Family Violence

In the *Journal of Family Studies*, Nicholas Bala wrote a journal called *An historical perspective on family violence and child abuse: Comment on Moloney et al, Allegations of Family Violence, 12 June 2007*. Within the article, he discussed responses to familial abuse before 1960 to the present. Pre 1960's, Bala (2008) believed that familial abuse was seen as a 'private matter' and that a husband had the right to use force against an unruly wife. Law enforcement rarely became involved and if they did, there was no crime being committed to charge an individual. Bala, (2008), stated:

It is clear that during this period many victims of family violence and childhood abuse were too frightened or intimidated to disclose their victimization even to physicians or close relatives, or concluded, correctly, that if they did report to the

Police they were likely not to be believed or protected, but could be further victimized. p.273

Post 1960, a rising awareness came about with regard to familial abuse. Pediatricians began to wonder about children who had unexplained bone fractures and, in response, began to investigate further. (Bala, 2008) According to Bala (2008), the pediatricians' investigations led to implementation of mandatory child abuse reports. In the mid 1960's, women began to demand appropriate responses to their previous victimization. The first shelters for female IPV victims emerged in the United States in late 1960's. (Bala, 2008; Barner & Carney, 2011). Towards the end of the 1970's, Lenore Walker and other feminists began to discuss the cycle of violence and battered women, which can be referred to as the 'Battered Women's Movement'. (Barner & Carney, 2011) By the end of the 1970's, police, prosecutors and the overall legal system began to deal with familial abuse, though most victims were still not reporting. (Bala, 2008)

Through the 1980's, most U.S. judicial systems began to acknowledge the seriousness of familial abuse. "The changes in social supports, laws, and professional attitudes and practices eventually resulted in very substantial increases in reporting of familial violence to the police and to child welfare agencies, and many more of these cases were in the courts," (Bala, 2008, p. 274). One major factor in reporting was that the individuals who reported were often adults reporting on what happened to them as children. Through the 1980's and 1990's, services and support groups for victims of familial violence allowed for increased awareness across the United States. (Bala, 2008) By 1990, forty-eight states had strengthened their jurisdictional powers with regard to victim protection. (Barner & Carney, 2011) Although it is apparent

services and support has increased for victims of familial abuse, “Too often, genuine victims of familial violence lack the support or advocacy necessary to obtain protection,” (Bala, 2008, p. 277). This historical perspective of familial violence, along with the following information regarding battered women’s syndrome and intimate partner violence, will begin to illustrate the necessity for and the many uses for community-based advocacy for female IPV victims.

Battered Women’s Syndrome

Lenore Walker (1979) (as cited in Bartol & Bartol, 2010) identified a group of behavioral and emotional features that are commonly shared by women who have been physically and psychologically abused over time by the dominant intimate partner. Feelings involved with battered women’s syndrome include; depression, low self-esteem, and an overall feeling of helplessness. Battered Women’s Syndrome was one of the first concepts dealing with ongoing, long term negative effects of IPV on victims. (Bartol & Bartol, 2010) An article called “The Success of Battered Woman Syndrome”, written for the March 2002 issue of *Sociological Forum* by Bess Rothenberg, reveals several predominant theories concerning the many difficulties women must overcome to escape from IPV relationships. The article compiles several sources and includes common struggles that community based advocates attempt to empower women to prevail over. Rothenberg (2002) mentions problems that women face when leaving IPV relationships that, “...include the bearing of responsibility for children, and the lack of access to quality employment, transportation, and/or housing,” (p. 87). The article goes on to state that “...psychological problems that include depression, anxiety, low self-esteem, paralysis, overwhelming fear, brainwashing, and posttraumatic stress disorder further hinder women from asserting their independence,” (p. 87). These are some of the many forms of control that IPV

perpetrators assert over their victims. Community based advocates exist to assist victims in combating such severe barriers. Battered Women's Syndrome is critical to the pertinent research for the purpose of recognition. Without knowing where the concept of intimate partner violence began, it would be impossible to understand current advocacy practices.

Criminological theory

The sociological theory used to describe intimate partner violence is Robert Merton's Strain Theory. According to Bartol and Bartol (2010), "Merton's strain theory argues that humans are fundamentally conforming beings who are strongly influenced by the values and attitudes of the society in which they live," (p.4). Merton believed that every human wants legitimate opportunities (means) to reach the "American Dream" (ends). Without such an opportunity individuals will find different illegitimate means so reach the ends, or the individual will have no interest in the ends. Below defines the different models of adaptation illustrated by Robert Merton.

models of adaptation

Merton defines five models of adaptation to illustrate the types of populations experiencing strain. The "conformist" wants the American dream and uses legitimate means to reach legitimate ends. (Lista, 2009) Conformists are not seen as criminals, they usually adhere to society's values and attitudes. They hold on to society's legitimate means of achieving legitimate ends like the access to money and a good home life. (Lista, 2009)

The second model of adaptation is the "innovator". The innovator is seen as the main criminal model. This model uses illegitimate means to reach legitimate ends. (Lista, 2009)

Some common forms of an innovator would be a drug dealer or a robber. These examples depict a criminal who wants to meet legitimate ends of excessive amounts of money, but cannot use legitimate means to reach those ends. (Lista, 2009)

The third model Merton defines is the “Ritualist”. A ritualist uses legitimate means, but has no desire to obtain the legitimate ends. They will work a full time job, but not for the purpose to earn excessive money and live the American Dream. (Lista, 2009) The ritualist will is not viewed as a criminal, but does not have the same values and beliefs as the rest of society.

The fourth model examined through Merton’s models of adaptation is the “Retreatist”. Merton describes the retreatist as someone who rejects both society’s means and ends. A retreatist is explained as not wanting to participate in anything that society desires such as status and economic wealth. (Lista, 2009) The last model, rebel, can be viewed as similar to a retreatist except for the fact that they can be criminals.

The final model Merton examines is the “Rebel”. Rebels like the retreatists reject both means and ends within a society. Their difference according to Lista, (2009) is a rebel is usually interested in changing society. A frequently used example of a rebel is a gang member. A gang member rejects both legitimate means and legitimate ends, but wants to change society to a gang society. With all five models of adaptation defined, it is necessary to comprehend their relevance to intimate partner violence against women.

Merton’s strain theory alludes to an interesting perspective of IPV victims. Merton believed that individuals who were socially and economically disadvantaged are not provided with opportunities to attain the shared societal goals of wealth and some form of power. (Bartol

& Bartol, 2010) Bennett et al. (2004) addressed advocates beliefs that female IPV victims are frequently involved with more than physical assault. Strain from factors such as potential homelessness and actual poverty restrict women's perceived ability to become independent from their violent intimate partner. When unemployment and lack of opportunity co-exist women are more susceptible to re-engage in a violent relationship. (Smith, 2008) Female victims of IPV can be described as the conformist model of adaptation. With strain, women will more likely return to their violent relationship because of the lack of opportunities victims are provided upon leaving. Merton's strain theory can be a dual relationship with intimate partner violence. Both perpetrators and survivors of IPV regularly experience strain that could impact the likelihood of re-abuse. The theory proposed, defines a barrier community-based advocates deal with when providing their services.

Advocacy

“Advocacy has been a core component of the women's movement to end domestic violence since its inception,” (Allen, Bybee, & Sullivan, 2004, p. 1016). Community-based advocates are seen as the primary intimate partner violence educators and service providers for the United States population. (Schow, 2006) IPV victims frequently do not have the abilities necessary to protect or provide for themselves. Therefore, branches of the community cooperate to form a safety network intended to protect victims of IPV and hold perpetrators accountable for their illegal actions. (Belknap, Bybee, Fleury-Steiner, Melton, & Sullivan, 2006) According to Bybee and Sullivan (2002):

Whether seeking help to end the violence while maintaining the relationship, or seeking help to end the relationship as well as the violence, women turn to a

variety of community systems to protect themselves and their children, including domestic violence shelter programs, the police, health care professionals, religious leaders and the social service system. (p.104)

It is within these service areas that current research perceives different community-based advocacy groups as effective in assisting female victims of IPV.

shelter advocates

According to Bybee and Sullivan (as cited in Berkman, Desai, Marans, and Stover, 2010), protective IPV shelters are designed to increase safety and resources. Frequently, IPV shelters are able to offer a safe and confidential living location for women and their children while allowing women to evaluate their options and begin to discover resources necessary to survive outside the abusive relationship and without the support of their abuser (Bennett et al. 2004). These resources are intended to assist IPV victims in becoming independent and self reliant. Sullivan (2011) concluded that, according to shelter residents, shelter programs for victims of IPV are some of the most supportive, effective resources for women in abusive relationships. Shelters endeavor to improve women's feelings on quality of life, access to resources, and social support upon leaving shelter. "Staff of domestic violence shelter programs spend a great deal of time discussing safety-planning strategies with clients, with particular emphasis on emergency escape plans," (Bybee, Goodkind, & Sullivan, 2004, p. 524). Shelter advocates are commonly the first stage of community-based advocates used when a woman decides to seek shelter due to an unsafe violent living situation. When clients require resources outside of their scope of service of shelter advocates, they are commonly referred to legal advocates.

legal advocates

Community-based advocates exist in many different roles, but research indicates that survivors are most likely to continue their services with legal advocates (Berkman, Desai, Marans, & Stover, 2010). Legal advocates assist in taking legal action against victims' perpetrators. (Weisz, 1999) Such actions consist of educating victims of the legal system and its processes, assisting with legal remedies like civil restraining orders, divorce, allocation of parental rights and other forms of advocacy on victims' behalf. However, legal advocates are not to be held responsible to the ultimate decisions a judge makes. (Sullivan, 2011) Belknap et al. findings suggest that the barriers within the legal system such as confusing legal processes, duration of legal processes and fear of retribution of perpetrators all contribute to IPV victims failing to see legal processes through to the end, often subverting efforts of the criminal legal system. Legal advocates are service providers who can depict legitimate goals and expectations for IPV victims. Sullivan (2011) describes legitimate expectations such as not expecting a perpetrator of IPV to go to prison forever, because that is an unlikely sentence for the crime. Conversely, legal advocates attempt to inform victims who might be uneducated in the legal system, such as immigrants, that it is illegal to perpetrate IPV, a fact often disputed by perpetrators. (Sullivan, 2011) Legal advocates are one of numerous kinds of advocates who attempt to reduce the re-abuse and severity of IPV against women.

Bybee and Sullivan Research

In 1999 Deborah Bybee and Cris Sullivan initiated a research intervention project called *Reducing Violence Using Community-Based Advocacy for Women With Abusive Partners*, which was published in the *Journal of Consulting and Critical Psychology*. They created the

intervention by assigning two hundred and eighty-four women who just left a domestic violence shelter to either a control group or the experimental group. To be eligible the women must have one, spent at least one night in the shelter, and two, planned on staying in the general vicinity for three months post shelter. (Bybee & Sullivan, 1999) After determining eligibility Bybee and Sullivan established that the experimental group would receive free advocacy services for the first ten weeks post shelter exit, while the control group would not receive any advocacy services. Bybee and Sullivan (1999) said participants who agreed discovered they would be interviewed six times over a two year period (immediately upon leaving shelter, ten weeks later, and at six, twelve, eighteen, and twenty-four month follow up). During the initial interview process five women dropped out of receiving advocacy services. One woman was actually murdered by her intimate partner during her first week of intervention, therefore leaving two hundred seventy-eight participants for the intervention. Once the researchers established possible participants they created an advocacy intervention.

Bybee and Sullivan (1999) established that all the advocates used would be female undergraduate students who received extensive training consisting of empathy and active listening skills, facts surrounding IPV of women, strategies for generating, mobilizing and accessing community resources, and in-depth discussion of dealing with potentially dangerous situations. Once in the intervention the advocacy consisted of five distinct phases: assessment, implementation, monitoring, secondary implementation and termination. (Bybee & Sullivan, 1999)

assessment

To complete initial assessments of clients the advocates attempted to get to know the client and the important people in her life such as family and friends. (Bybee & Sullivan, 1999) Then the advocate would gather information about the client's needs and goals of the intervention. Overall the assessment was a critical step in determining what the client's needs were and what the client wished to accomplish over the period of time while working with an advocate. (Bybee & Sullivan, 1999)

implementation/monitoring

During the implementation period the advocate would work with the client to generate and mobilize appropriate community resources. (Bybee & Sullivan, 1999) Not only generating the resources, but also devising strategies of accessing each resource needed by the client. The implementation stage consisted of the clients advocating for themselves through making phone calls and creating personal contact with individuals who would generate a positive change in the client's quality of life. (Bybee & Sullivan, 1999) Advocates third step was to monitor the effectiveness of the implementation and to see if it was necessary to establish a secondary implementation to meet the client's necessary needs.

termination

The last step of the ten week advocacy process was to establish termination. It began at seven weeks and continued to the tenth week of advocacy. Each advocate would slowly remove herself from previous 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,” (Bybee & Sullivan, 1999, p. 45). It was important for the advocates to understand that frequently they would be using several intervention techniques simultaneously to best serve their client’s needs. (Bybee & Sullivan, 1999)

results

Bybee and Sullivan’s results were separated into various subjects. The first topic was involvement with assailant across time. The interviews reflected that seventy-five percent of the clients reported at their first interview they ended or intended to end their relationships with their perpetrators. (Bybee & Sullivan, 1999) Eighty-six percent reported they were still not involved with their perpetrators at the six month follow up, and ninety percent of the participants were still not involved at their twelve and eighteen month follow up. (Bybee & Sullivan, 1999) It was said that the experimental group of women who worked with advocates were more successful in ending the abusive relationship than the control group. Also, women in the experimental advocacy conditions reported being more effective in reaching their resource goals than the control group. (Bybee & Sullivan, 1999) Overall the women who received advocacy reported experiencing less physical violence over time and reported an increased quality of life, higher feeling of social support, and increased effectiveness in obtaining resources when compared to the control group who did not receive any advocacy upon leaving a shelter. (Bybee & Sullivan, 1999)

Following the initial research by Bybee and Sullivan, they completed an experimental evaluation of the community-based advocacy program two years post intervention in the year 2002. The study to be discussed is *The Process Through Which an Advocacy Intervention*

Resulted in Positive Change for Battered Women Over Time. Bybee and Sullivan (2002) found that the improvement of quality of life continued over time and suggested that the long term successes was because there was early positive change in social support, access to resources, and quality of life. The 2002 analysis was based on client's positive feeling of quality of life. Bybee and Sullivan discussed how social support was effective in their study because of the common dynamic of IPV against women: isolation. When victims feel as though they have social support they are more likely to know their options once violence does face them. Social support can directly relate into the increase of victims' success to community resources. (Bybee & Sullivan, 2002) Resources like employment, housing, and child care can give victims the ability to not feel strain and therefore find new avenues to live their lives rather than returning to an abusive relationship. (Bybee & Sullivan, 2002)

Through Bybee and Sullivan's continued study of effectiveness of community-based advocates, the proposed research attempts to explore the way in which community-based advocates in Jefferson County Colorado perceive their own ability to assist IPV victims. Such perceptions are viewed with respect to community resources, providing social support, and increasing IPV victims' quality of life all in attempt to reduce re-abuse by an intimate partner.

Methods

Methodology

Using previous research, this research is considered a qualitative analysis of community-based advocates' expert testimony combined with previous secondary data results to examine whether advocates perceive they are effective in reducing intimate partner violence against women.

In this analysis, the researcher used a deductive approach in the attempt to discover a pattern that is logically expected and to test whether the pattern actually exists, (Babbie, 2010). This thesis research project is based on a larger study, but is limited to an exploratory qualitative research design using in-depth interviews with several community-based advocates in the Jefferson County, Colorado area. The community-based advocates (interview subjects) were identified by the leader on the research project. Interview subjects play various different roles in the community as community-based advocates such as; legal advocates, shelter advocates, and social services advocates.

Sample

The researcher examined second source data combined with primary interviews of community-based advocates in Jefferson County, Colorado to complete the research study. The second source data from Bybee and Sullivan used interviews of victims on six different occasions over a two year period to gather data where as the community-based advocates interviews looked at their perceptions, not victim perceptions. Data was extracted from peer reviewed journals; *Violence Against Women*, *Journal of Interpersonal Violence*, and the *Journal of Community Psychology*. Published books such as *Criminal Behavior* by Bartol and Bartol published in 2010, and Babbie who wrote *The Practice of Social Research*, combined with

expert testimony from community-based advocates was used to answer the previously stated research questions.

Measurement

The researcher identified the independent variables as; advocates, community resources, quality of life, social support, and reduction of re-abuse. The dependent variable in the thesis research was the community-based advocates' perceived effectiveness.

Procedure

Initially the researcher identified five interview subjects who serve as community-based advocates in Jefferson County, Colorado. The researcher contacted each participant on a different occasion through personal contact, phone contact, or e-mail. To begin, the researcher explained why this proposed research is important and how this topic was produced through Bybee and Sullivan's previously published work. The actual personal contact with each participant varied. The researcher completed personal contact with each participant to establish a functioning interview method for each participant that best fit their availability. The methods varied from in person interview to written interviews via e-mail. The open-ended qualitative interview was used to gather qualitative data from each community-based advocate. Once all the interviews were complete they were examined for similarities and differences among the interviews and, also, with the secondary research provided by Bybee and Sullivan.

Results

Each interview participant completed the open-ended qualitative interview questionnaire and the results were as follows.

Community-based advocates reported many factors that hinder IPV victims' abilities to leave a violent relationship and there were several recurring themes. Reported factors that interfere with IPV victims' ability to leave a violent relationship included logistical barriers such as: financial limitations, geographic location, accessibility to transportation, availability of child care, housing, and physical limitations like mental health issues or drug and alcohol addiction. Advocates listed safety barriers including fear of stalking, threat of suicide, and fear of separation violence, or violence after victim leaves. Finally, emotional barriers such as love, religious beliefs, low self-esteem, isolation from others including friends and loved ones, embarrassment, shame, and a belief that the abuser will change all act as barriers in female IPV victims' ability to leave a violent relationship.

The majority of the community-based advocates interviewed do not perceive they are able to intervene on re-abuse by an intimate partner. Major reasons community-based advocates said they are not able to intervene is because the advocates do not have any control over what the perpetrator of IPV will do next. Advocate 5 responded by saying, "In my opinion, the responsibility of the abuse lies solely with the perpetrator." The majority of the advocates said that ultimately, it is up to the victim to implement safety techniques, and access the proper resources to ensure their safety in the future. Advocates indicated that their role is to provide support, information, resources, and safety planning strategies, not to attempt to persuade victims according to advocates' personal opinions. Advocate 1 reported on her intervention techniques by stating:

I intervene by educating the victim on the cycle of violence that she is enduring and the resources that could potentially lead her to a deserving healthy lifestyle free of abuse, but whether or not the victim ultimately chooses to take that information to intervene in the violence occurring between the two intimate partners is up to the victim.

When comparing IPV victims' who do not receive advocacy versus IPV victims' who work with community-based advocates, the majority of interview participants reported that the advocacy provided does assist in reducing re-abuse when compared to victims who do not receive advocacy. Advocate 2, who is a member of a high ranking committee against intimate partner violence, said, "We have found it highly infrequent that the victims of domestic violence homicides have sought assistance from a community agency. What we have inferred from this information is that it is possible that community advocacy may in fact have some impact on the reduction of re-abuse." Advocate 5 reiterated that although advocacy may be provided, it is still ultimately up to the perpetrator, his future actions and the victim's own actions to prevent re-abuse. It was also pointed out by an advocate that some victims are strong and smart and may not need any advocacy to help avoid future abuse.

Community-based advocates did not necessarily perceive they are improving the quality of life of female IPV victims they encounter. With regard to this question, advocates responded that they attempt to empower victims to improve their own quality of life. Advocate 5 reported that every connection a victim makes with an advocate provides them with support and resources that are helpful in improving a victim's life. It was stated that in some cases, advocates might perceive they have improved the quality of life of a victim. However, the majority of advocates

reported that an IPV victims' quality of life depends more on the victims' choices and state of mind than the advocate.

One consistent goal described by the majority of advocates interviewed is to provide resources intended to inform victims that others experience similar forms of abuse and control. The increased awareness of appropriate resources is aimed at increasing knowledge of individual safety practices. Advocate 2 stated, "Showing a victim that there are available resources and options that could work for them can be both empowering and can also help victims feel safer once they have left an abusive relationship." Advocates' indicated that providing resources to victims is often similar to an interview process. Some resources are provided when requested by victims directly. Most times, a common practice used by the interviewed advocates called a case analysis or a motivational interview is used. This process is described as an in person discussion or telephone call where the advocate determines what resources and referrals the client is eligible for and what might be effective to accomplish the victims' goals. The process consists of cooperation among many organizations, advocates and the victims themselves. Adequate communication is said to be an important element to properly provide victims options for safety resources that might be of assistance if clients decide they are ready to make a change. One advocate reported that an advocate is "only as good as their resources" and that learning about those resources is necessary for effective community-based advocacy.

Overall, community-based advocates responded that they do not perceive that they are able to reduce re-abuse in IPV relationships. One of the major barriers mentioned was that an advocate cannot predict or change the behavior of either the perpetrator or the victim. During an interview advocate 1 stated, "I could spend hours pouring resources and tools into the life of the victim, but the tools will not be effective until the victim is ready to make it so." It was reported

that the advocates can only attempt to educate, provide resources, and suggest different kinds of safety planning techniques intended to assist victims in making the positive decisions for themselves.

With respect to social support, interview subjects reported that strong and positive social support systems can lead to greater safety and decreased isolation. The advocates named various social support systems including friends, family, communities, and churches. It was reported that having one form of social support is not adequate; it is necessary to have a complete structure of social support. Advocate 2 asserted that, "...increased social support contributes to increased self-esteem and empowerment; low self-esteem is often a barrier to a victims leaving an abusive relationship." It was said by one advocate that many times social support can be the first step to empower victims to proceed with creating safety plans and eventually leaving an abusive relationship. The advocates felt differently on their perceptions regarding their effectiveness in providing social support to IPV victims. Advocate 3 believed that advocacy does not provide social support because the client advocate relationship must remain professional and advocates shouldn't venture into the role of victims' friend. Conversely, advocate 4 stated, "We invest a lot in these victims... so we celebrate with them, and hold them accountable, fight for them, and get mad at the injustices or encourage them through the disappointments." One commonality between all the advocates' perceptions was that there has to be clear client/advocate boundaries set to be in a position to provide social support through advocacy.

Advocates reported that unemployment, homelessness, poverty, and lack of legitimate opportunities interfere with their ability to reduce re-abuse because each of those barriers presents overwhelming difficulties for female victims of IPV. These difficulties often drive victims back into an abusive relationship because of the reliance on their perpetrator. One

advocate pointed out that all of those barriers experienced by clients that are not directly linked to the IPV, require the provision of many services, and, when combined with abuse, leave advocates feeling hopeless. Advocate 2 stated;

There are only so many tools an advocate can give to a victim and the aforementioned obstacles present life-altering difficulties that make victims also question their ability to maintain life on their own without the perpetrator, who has often convinced the victim that they are worthless, not capable, stupid, etc.

The interview respondents shared a belief in the importance of understanding these multi-faceted challenges and of continually discovering other resources and strategies to assist victims in finding some relief from abuse.

Discussion

“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 women possesses, and the belief that such efforts will be successful.” – Deborah Bybee & Cris Sullivan, 1999

The discussion portion of this research examined similarities and differences between Bybee and Sullivan’s research and the results from the primary research. The research questions were answered through a combination of Bybee and Sullivan’s secondary research and the personal interviews of Jefferson County, Colorado community-based advocates. There are many similarities between the two studies, however; it is critical to keep in mind that Bybee and Sullivan’s study came from victims’ of IPV perspectives, whereas, the primary research was conducted from community-based advocates’ perspectives on IPV. Both studies examined social support, access to resources, quality of life, and re-abuse.

RQ1 Does community-based advocacy provided to IPV victims reduce re-abuse when compared to IPV victims who do not receive community-based advocacy?

When comparing IPV victims’ who do not receive advocacy versus IPV victims’ who work with community-based advocates, the majority of interview respondents reported that the advocacy provided does assist in reducing re-abuse when compared to victims who do not receive community-based advocacy. Secondary research coincides with the advocates’ perspectives. Bybee and Sullivan’s (1999) research illustrated that women who worked with advocates felt an improvement in overall well-being which served as a protective factor from future abuse. Conversely, the control group, who did not receive advocacy, was less likely to be

abuse free over the two year period. It was depicted by advocates' opinions that some victims are strong and smart and may not need any advocacy to help reduce re-abuse, which was not addressed in previous research. Advocates perceived their positive presence, education, ability to safety plan, and knowledge to be beneficial and important to the lives of female IPV victims. Similarly, Bybee and Sullivan (1999) found that the community-based advocates intervention affected re-abuse during the intervention stage and again during the post termination stage. During the beginning stages of the intervention, advocates were seen as a direct "protective presence" that formed a barrier for female IPV victims' from being re-abused. From post termination interviews, Bybee and Sullivan (2002), found community-based advocates long term ability to reduce re-abuse came from the female victims' ability to experience an improved quality of life. The quality of life of victims' was increased due to the resources and social support provided to them by community-based advocates. (Bybee & Sullivan, 2002) From this research, it can be inferred that community-based advocacy provided to IPV victims can make a positive impact on the reduction of abuse when compared to victims who do not receive advocacy.

RQ2 Do advocates perceive they improve the quality of life of female IPV victims they work with?

Bybee and Sullivan (1999) found that victims reported an improvement of quality of life that continued over time. Their research suggested that the long term successes was because there was early positive change in social support, access to resources, and quality of life provided through advocacy. (Bybee & Sullivan, 1999) Several community-based advocates did not necessarily perceive that they are improving the quality of life of female IPV victims they provide advocacy to. These advocates perceived that they attempt to empower victims to

improve their own quality of life by making advancements in victims' knowledge on safety, support, and resources. An advocate reported a contradictory idea that advocates do in fact improve the quality of life in victims they work with. This advocate reported that by providing options and resources, IPV victims' will feel less isolated, which will lead to a higher quality of life. Improved quality of life is dependent on accessibility to resources and obtaining social support from friends, family and the community. Within Bybee and Sullivan's (1999) study it was stated, "As women's social support increases, then, so do their options not only for escape once violence has occurred but for proactive assistance if violence is threatened or implied...Social support serves in a more general sense to increase people's access to community resources and opportunities," (p. 126). Although community-based advocates perceived they were not increasing IPV victims' quality of life, they concluded that they provide resources and social support that ultimately play a huge role in the positive feeling of quality of life.

RQ 3 *Based on client correspondence and trial outcomes do advocates perceive they are able to reduce re-abuse by an intimate partner?*

Community-based advocates perceived they were unable to intervene on re-abuse by an intimate partner, while Bybee and Sullivan's experimental group of women who worked with advocates were more successful in ending the abusive relationship than the control group who did not receive advocacy. Results found during post intervention interviews declared, "More than twice as many women receiving advocacy services experienced no violence across the 2 years post intervention compared with women who did not receive such services," (Bybee & Sullivan, 1999, p. 43). The interviewed advocates' reported a lack of control of the victim or the perpetrators future actions, but still strived to ensure that IPV victims were provided with proper

resources and safety planning techniques to make future informed decisions regarding violence. It can be inferred that advocates must maintain a level of professional distance when working with IPV victims' to ensure they do not base their perceived job performance on whether a victim returns to their violent relationship or not. After all, it is about the victim not the advocate. When comparing the two studies, it becomes evident that reducing re-abuse is much more convoluted than a simple yes or no. Interviews were not able to determine if community-based advocates have achieved success from the services they provided. Realistically, when faced with a situation regarding victimization, the advocates reported achieving levels of success. While female victims who participated in Bybee and Sullivan's study were directly impacted by the services and had the ability to see their relationship through to whatever ends, community-based advocates can only report their own perceptions of effectiveness.

***RQ 4** What aspects of unemployment, homelessness, poverty, and lack of legitimate opportunities interfere with advocates abilities to reduce re-abuse by an intimate partner?*

Various advocates reported that unemployment, homelessness, poverty, and lack of legitimate opportunities do, in fact, interfere with their ability to reduce re-abuse because each of those barriers presents overwhelming difficulties for female victims of IPV. These critical barriers women experience coincide with Robert Merton's Strain theory.

Strain Theory is based on the concept of the "American Dream" and the opportunities, or lack thereof, to reach that dream. Merton defined five models of adaptation to depict society's response to strain. (Lista, 2009) For the purpose of this research, Merton's conformist depicts female victims of IPV. The conformist is not seen as a criminal, but rather a person who uses legitimate means to reach legitimate ends. (Lista, 2009) Victims frequently adhere to society's values and attitudes, which can be seen as a barrier for leaving an abusive relationship. Merton's

conformist holds to using legitimate means of achieving legitimate ends like access to money and a happy home life. According to Bybee and Sullivan (1999), possessing resources such as employment, housing, and financial stability can reduce the strain experienced by victims and, therefore, allow for the discovery of ways to live healthy, abuse-free lives, rather than returning due to inability to rise above the strain they experience. From this research it can be inferred that victims experiencing not only violence, but also strain, undergo extreme circumstances to which they conform to society's values. These values include: the man of the family is the bread winner, families must be kept together, one must possess access to money, and women are responsible to maintain a good home life for family members. According to the advocates' perceptions, each value can be seen as a barrier when attempting to reduce re-abuse by an intimate partner.

Conclusion

Community-based advocates involved with victims of intimate partner violence offer critical education, resources and support that can be beneficial to a female IPV victim's ability to leave a violent relationship. The majority of advocates interviewed did not perceive that they are effective in reducing re-abuse. However, much of what they alleged to provide many of the factors a woman needs to obtain when attempting to leave an abusive relationship. The findings from Bybee and Sullivan's study are concurrent with community-based advocates' responses regarding access to resources, social support, and improved quality of life, as well as the role of each as important pieces of advocacy when attempting to reduce re-abuse. Community-based advocacy cannot prevent abusive partners from being abusive in the future, or completely eliminate intimate partner violence. However, this study revealed that advocates are a major component in a female victim's ability to end their abusive relationship. Advocacy has shown to be a major factor during a victim's intervention and can positively affect their ability to access resources and social support. (Bybee & Sullivan, 1999)

This study presented dissimilar perspectives from community-based advocates and victims' perspectives. Advocates do not perceive that they can reduce re-abuse. However, victims proved to be more effective in ending their violent relationship with the assistance of community-based advocacy. Advocates stated that social support cannot only be provided by advocates, but should also come from family, friends and other institutions if a woman is to experience adequate support. Also, victims' quality of life can be dependent on the advocate's ability to empower. Victims' perspectives differed with respect to advocates' abilities to increase their quality of life. The advocates' interview responses provided findings of how

Robert Merton's Strain Theory can be used to describe the complex dynamic of intimate partner violence against women. Victims were defined as "conformists" who adhere to society's values and beliefs; even if it meant that they were going to endure future violence with their intimate partner. Advocates' reported that they will always have to deal with the barriers that strain puts on female victims of IPV, but future research may allow for the process to become easier.

This study presented many ideas for future research regarding community-based advocates and intimate partner violence. Future research would be beneficial in a larger scale study. A larger scale study could not only interview a larger number of advocates, but also could interview advocates statewide or, possibly, nationwide. An innovative way to complete future research would be to examine the perpetrators of IPV and look at ways to reduce their decisions to be abusive. Another design would be to look at IPV through a different criminological theory such as the social bond theory. There are also opportunities for further research similar to the Bybee and Sullivan study that would investigate the long-term effectiveness of community-based advocacy with regard to IPV. The opportunities lie in the investigation of the different tactics used in advocacy, which are more effective and why. Also, there is opportunity for research into what factors contribute to women's decision to either maintain or end a violent relationship.

The strengths of this study included having first hand research that was completed through interviews of community-based advocates and their perceptions of reducing re-abuse. This provided extensive expertise regarding a wide variety of cases. Similarly, it was beneficial to compare Bybee and Sullivan's previous study to the advocates' responses in order to illustrate differences and similarities between advocates perceptions and victims' perceptions. In contrast, a weakness of the study was the sample size. Interviewing five community-based advocates in

Jefferson County, Colorado, it made it impossible to look at advocates perceptions on a larger scale. Another weakness was that the advocates' perceptions were based solely on the women they have provided advocacy to, not the unreported cases in which advocacy was not being provided.

Community-based advocacy provided to victims' of IPV is only one form of intervention that is provided to victims. In the future, surrounding systems such as courts, law enforcement, department of human services, and other systems will need to establish their role in attempting to reduce intimate partner violence to make a more significant impact on victims and their lives.

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Appendix A

Open-ended Qualitative Interview

This interview questionnaire was designed for gathering information during a personal interview. Your name will not be recorded on this document, as the information is strictly anonymous. Instead, all interviews will be coded in order to protect the identity of the participant. If you do not know the exact answer to a question, please provide an estimate. If you are uncomfortable with answering a question please indicate so and we will move on leaving that question blank. The information collected from this study will be aggregated to also ensure anonymity of participants. Further, the information will be stored for a period of three years with the Department of Criminology at Regis University. Thank you again for your participation in this important research study.

1. What are frequent factors that interfere with IPV victims' ability to leave a violent relationship?
2. Do community-based advocates perceive they are able to intervene on re-abuse by an intimate partner?
3. Do advocates perceive community-based advocacy provided to IPV victims reduces re-abuse when compared to IPV victims who do not receive community based advocacy?
4. Do community based advocates perceive they are improving the quality of life of female IPV victims they work with?
5. What are the effects of access to resources provided to IPV victims?
6. How do community-based advocates provide resources to victims of IPV?
7. Do community-based advocates perceive they are able to reduce re-abuse by an intimate partner? Why or why not?
8. What do advocates perceive the effects of social support provided to female IPV victims are?
9. Do advocates perceive they provide social support to IPV victims?
10. What aspects of unemployment, homelessness, poverty, and lack of legitimate opportunities interfere with advocates abilities to reduce re-abuse by an intimate partner?