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Disseminating the Community Advocacy Project in Mexico: A Feasibility Study

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Abstract

The Community Advocacy Project is an evidence-based practice that has been shown to lead to numerous positive changes in the lives of intimate partner violence (IPV) survivors. Prior research conducted in the Midwest United States, and with primarily African American and Anglo American survivors, has shown that this short-term, community-based advocacy intervention results in increased safety and quality of life even 2 years after the intervention ends. The current study describes the process of culturally adapting and disseminating this program in Monterrey, Mexico, with a sample of low-income Mexican IPV survivors exposed to a variety of considerable contextual stressors. Interviews were conducted with advocates, advocate supervisors, and survivors to examine the acceptability and utility of the intervention. Twenty-seven IPV survivors, seven advocates, and four advocate supervisors participated in the intervention research. Advocates and their supervisors were highly laudatory, believing the intervention to be culturally relevant and effective. Encouraging changes were found for survivors as well, with positive changes over time being found on safety, quality of life, social support, and depression.

Keywords

intimate partner violence; domestic violence; cultural adaptation; feasibility study; advocacy

Although a great deal of research has been conducted on the topic of intimate male violence against women, we still know very little about effective strategies to assist women as they work to free themselves from the abuse of their partners and ex-partners. We do know that such abuse is pervasive (Black et al., 2011; Fleming et al., 2015), often results in serious health consequences for victims (Decker et al., 2015), and that there are numerous barriers preventing women from living free of their assailants' violence (Fleury, Sullivan, & Bybee, 2000).

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The Community Advocacy Project (CAP) is one of the few evidence-based practices shown to improve the safety and well-being of intimate partner violence (IPV) survivors over time. Originally developed in the Midwest of the United States, in collaboration with IPV survivors (Sullivan, 2003), an experimental, longitudinal examination of the intervention concluded that it increased safety and quality of life for survivors, even 2 years after the intervention ended (Bybee & Sullivan, 2002; Sullivan & Bybee, 1999). The intervention was designed to enhance survivors' quality of life and safety by improving their access to community resources and increasing their sources of social support (Allen, Bybee, & Sullivan, 2004). The current study involved culturally adapting and disseminating this project in Monterrey, Mexico, with a group of low-income women exposed to multiple and considerable contextual challenges.

Devastating Consequences of IPV

Intimate male violence against women is severe and widespread globally (Black et al., 2011; Fleming et al., 2015; Garcia-Moreno & Watts, 2011), often resulting in long-term health problems (Bonomi et al., 2006), psychological distress (Coker, Weston, Creson, Justice, & Blakeney, 2005; Dutton et al., 2006), and sometimes even death (Stockl et al., 2013).

Women attempt a variety of strategies to protect themselves and their children after their partners have been violent against them (Kennedy et al., 2012). Some women turn to the police for protection (Cerulli et al., 2015), while others turn to family, friends, religious leaders, health care practitioners, domestic violence programs, and others (Kennedy et al., 2012; Sylaska & Edwards, 2014). Women's help-seeking behaviors are influenced by a number of complex factors, including their assessment of the strategy's effectiveness, fear of reprisal by the assailant, and prior successes in protecting themselves (Cerulli et al., 2015; Kennedy et al., 2012). Violence often escalates when women attempt to end the relationship or seek outside assistance (Fleury et al., 2000), and most communities are still insufficiently holding perpetrators accountable for their abuse (Abramsky et al., 2011; Frantzen, Miguel, & Kwak, 2011). Given these realities, women are faced with difficult and limited choices after being victimized by intimate partners.

How Advocacy Can Lead to Safety and Well-Being for Survivors

The CAP was developed in the mid-1980s in collaboration with IPV survivors in response to the lack of services available after they exited domestic violence shelters (Sullivan, 2003). CAP was developed as an advocacy approach to respond to women's needs as defined by them in an individualized way. The goal is to enhance survivors' quality of life by improving their access to community resources and increasing their sources of social support (Allen et al., 2004; Bybee & Sullivan, 2002).

As a strength-based and survivor-centered approach, advocates are trained to work individually with IPV survivors on the needs survivors deem to be most important to them, to build upon survivors' strengths, and to work proactively within survivors' homes and communities (Allen, Larsen, Trotter, & Sullivan, 2013; Bybee & Sullivan, 2002; Sullivan, 2000). Thus, the survivor guides the intervention and advocates assume that survivors

have skills and strengths that can be enhanced to support the pursuit of their self-defined goals. While each intervention is individualized to meet the specific needs of each survivor participating in CAP, and safety issues are addressed throughout the intervention, advocates are trained to work within five advocacy phases: assessment, implementation, monitoring, secondary implementation, and completion (Bybee & Sullivan, 2002; Sullivan, 2003). Advocates spend an average of 6 to 8 hr per week over a period of 10 weeks helping survivors mobilize community resources such as employment, housing, health care, services for children, financial and legal assistance, and/or social support (Allen et al., 2013).

The intervention was designed as a "family-centered model," focusing on the strengths and unmet needs of clients as opposed to client "deficits" (Sullivan & Bybee, 1999). The family-centered model requires that families guide the services they receive, and clients' natural support networks are involved in the advocacy process. The efficacy of the family-centered model has been established across different service domains (Bailey, Raspa, & Fox, 2012; Brody et al., 2011).

Although some family-centered interventions use professionals to work with families, paraprofessionals have been found to be highly successful change agents for numerous populations (Barlow et al., 2015; Brock & Carter, 2013). The use of paraprofessionals increases the generalizability of intervention as it is often easier and less costly for communities to locate, train, and supervise them.

The original experimental, longitudinal examinations of CAP revealed very promising outcomes. Women who worked with advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources. More than twice as many women receiving advocacy services (experimental condition) experienced *no* violence across the 2 years post-intervention compared with women in the control condition, who did not receive such services (Sullivan & Bybee, 1999).

This type of advocacy intervention is not a common approach in many international contexts, including Mexico, where IPV interventions for survivors tend to focus on individual mental health treatment or support groups. Although there have been important efforts to address IPV in Mexico, there is scant research to assess the effectiveness of any ongoing approaches. CAP was selected as an appropriate evidence-based practice to pilot in the Mexican context due to the extensive empirical research indicating its effectiveness and the intervention's strength-based and survivor-centered approach. It was hypothesized that the project would be well-received by both advocates and survivors, and that positive change would be found related to safety, quality of life, social support, and depression post-intervention.

Method

Minor Cultural Adaptations to the Model

Cultural adaptation is defined as the systematic modification of evidence-based practices to consider language, culture, and context to ensure cultural and contextual compatibility

with diverse target populations (Bernal, Jimenez-Chafey, & Domenech-Rodriguez, 2009). Research has demonstrated the importance and benefits resulting from culturally adapting evidence-based interventions (Barrera, Castro, Strycker, & Toobert, 2013; Domenech Rodríguez & Bernal, 2012). The CAP intervention was adapted according to a well-defined cultural adaptation model known as the *Ecological Validity Model* (Bernal, Bonilla, & Bellido, 1995).

The U.S. investigators and Mexican investigator met numerous times to adapt CAP to the Mexican context. CAP was developed in the individualistic culture of the United States, and attention was paid to adapting it to the more collectivist culture of Mexico. For example, Mexican culture emphasizes familism, extended kinship networks, traditional gender roles, importance of religion, and machismo, and these can all be both protective as well as risk factors for IPV and how survivors respond to it (Morales-Campos, Casillas, & McCurdy, 2009; Sabina, Cuevas, & Zadnik, 2015). Mexico also has different laws and policies regarding IPV than does the United States, and these needed to be considered. However, given that CAP was originally designed to address survivors' wishes within their cultural contexts, minimal adaptations in these areas were required. Adaptations to the intervention related primarily to the specific safety contexts and extreme poverty within Monterrey, Mexico. For example, due to the presence of drug cartels in the area, engagement and intervention delivery protocols were carefully planned to ensure the interventionists' and survivors' safety. Extreme poverty also represented a considerable challenge for intervention delivery activities and advocates closely worked with the project supervisor to address a variety of challenges such as chronic food insecurity, lack of basic services (e.g., water, sewage, electricity), and barriers to accessing health care.

The training manual was translated and culturally adapted by native Spanish speaking Latinas in collaboration with the authors. Furthermore, the team decided to expand the training to a total of 60 hr to include training specific to the community in which the intervention would be delivered. Role-plays and small group discussions were used to troubleshoot potential challenges and to ensure a clear understanding of the CAP model. A summary table of the adaptations made to the model according to the eight dimensions of the Ecological Validity Model is presented in Table 1.

Recruitment and Training of Advocates and Supervisors

All advocates implementing the culturally adapted CAP model were beginning local therapists trained in social work, psychology, or family therapy. Advocates and supervisors were selected by the second author in collaboration with local and state mental health organizations. Eleven advocates who were entry-level mental health professionals completed the 60-hr training. Two did not continue in the project due to concerns about implementation skills and two additional advocates withdrew from the project due to unexpected personal concerns. This left seven advocates to deliver the intervention.

Four supervisors were selected based on their experience with IPV protocols and their previous experience supervising beginning clinicians. They were experienced mental health professionals who completed the training protocol under the direction of the second author, and provided 300 hr of staggered supervision to the seven advocates during the

implementation phase of the pilot project. Supervisors and advocates were paid for their participation in the project and all were supervised by the second author.

Survivor Recruitment Into CAP

Survivors were recruited from the low-income metropolitan area of Monterrey. The target community was characterized by extreme poverty, high crime rates, and activities by the drug cartels. Participants were recruited by posting flyers in local churches, schools, and health care centers. Women were also recruited through a variety of community events (e.g., cooking classes), at which they were informed about various programs for women in the community. To be eligible for the study, participants needed to be at least 18 years old and to have experienced IPV in the prior 3 months. Although participants were not excluded on the basis of gender, all survivors expressing interest in the study were female.

A house in the community was adapted as a temporary research operations center. This center served as the main location for training interventionists, conducting screening procedures with potential participants, providing weekly supervision to advocates, and coordinating all project administration activities.

Participation in the study included agreeing to work with an advocate 4 to 6 hr per week over 10 weeks, and completing brief surveys before and after the intervention (either verbally or in writing, at the preference of the participant). Participants received perishable goods on a weekly basis as compensation for their participation in the study. Transportation to meetings with advocates and advocacy-related activities was provided to all participants, along with child care services. This study was approved by the Michigan State University Institutional Review Board and the Ethics Committee of the targeted municipality. Issues around safety were discussed in detail with all potential participants during the recruitment process, and informed consent was obtained before either the advocacy intervention or any data collection commenced.

Survivor Measures

Before and after the 10-week intervention, participants completed brief surveys containing measures of IPV, depression, social support, and quality of life. These measures were chosen to coincide with positive changes seen as a result of CAP being provided to survivors in the United States.

IPV.—The Abusive Behavior Inventory (ABI) is a widely used measure of both physical and psychological IPV (Shepard & Campbell, 1992). It has been successfully used with Latina populations and has been translated into Spanish (Postmus, 2015). Women rated how often each of 30 abusive behaviors had been perpetrated against them (1 = *never* to 5 = *very frequently*). The current study found the ABI to be reliable at both Time 1 (Cronbach's α = .94) and Time 2 (Cronbach's α = .94).

Depression.—Depression was assessed by the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977), a widely used self-report checklist of psychological distress within the general population. Women rated how much they had

experienced each of 20 symptoms on a 0 (*rarely or never*) to 3 (*most or all the time*) scale. The scale was found to be reliable at both Time 1 (Cronbach's α = .82) and Time 2 (Cronbach's α = .93).

Social support.—Nine items measured women's quantity and quality of perceived social support (Bogat, Chin, Sabbath, & Schwartz, 1983; Sullivan & Bybee, 1999). Women indicated on a 7-point scale how they felt about various types of social support, including emotional support, advice, and companionship. The Social Support scale was found to be reliable at Time 1 (Cronbach's α = .90) and Time 2 (Cronbach's α = .95).

Quality of life.—Women indicated on a 7-point scale (1 = *terrible* to 7 = *extremely pleased*) how satisfied they were with nine particular areas of their lives, such as the way they spent their spare time and how they felt about their level of responsibility. This scale, adapted from Andrews and Withey (1976) and used in prior examinations of CAP (Bybee & Sullivan, 2002; Sullivan & Bybee, 1999), was found to be reliable at Time 1 (Cronbach's α = .81) and Time 2 (Cronbach's α = .86).

Qualitative Interviews With Advocates and Supervisors

Individual, qualitative interviews with all seven advocates and four supervisors participating in this pilot were conducted via Skype by the third author. The semistructured interview protocol for advocates included questions about what went well, what obstacles were encountered and resolved, and how they felt about their experience with CAP. The protocol for interviews with supervisors focused on their perceptions regarding the cultural relevance of CAP, and their overall experience supervising the advocates. Interviews with advocates and supervisors lasted an average of 45 min. All interviews were conducted in Spanish.

Analyses

A constructive deductive approach to thematic analysis was used to analyze the advocate and supervisor interviews (Braun & Clarke, 2006). The third author wrote detailed notes during her Skype interviews, and then coded the interviews for themes related to the primary research questions: what went well, what obstacles were encountered and resolved, and how advocates and supervisors felt about their experience with CAP. Themes within the supervisor interviews also related to their perceptions of the cultural relevance of CAP, as well as their overall experience supervising the advocates. After initial codes were identified, axial coding then involved examining relationships among categories (Hawker & Kerr, 2007; Miles, Huberman, & Saldaña, 2014) to gain a richer understanding of the data. The study involved both case-oriented analysis—looking within individual cases for meaning—as well as variable-oriented analysis—looking across cases at individual variables and their interrelationships across cases (Miles et al., 2014).

Procedures to ensure trustworthiness were implemented to ensure rigorous and analytical procedures. An audit trail and journaling were used to increase the trustworthiness of the data. Reflexivity was practiced in an ongoing manner by identifying biases, values, and inner reactivity. The third author engaged in initial analyses, translation, and interpretation,

and these were checked and confirmed by the second author, who directly supervised the intervention in Monterrey.

Paired-sample *t* tests were used to examine change over time for survivors participating in CAP. Change was examined for safety, depression, social support, and quality of life.

Results

Thirty survivors of IPV initially agreed to participate in the intervention. Three dropped out of the program and could not be reached to clarify reasons for withdrawal. The final intervention sample consisted of 27 survivors, and all of them completed both Time 1 and Time 2 surveys. All of the women lived in low-income communities within the greater metropolitan area of Monterrey, Mexico. Twenty reported being married or in a civil union, while seven reported being separated or divorced. Ages ranged from 21 to 54 years old, and the participants had an average of three children each (range = 1-4). The majority of participants had a middle school level of education and all identified their social economic status as low, reporting extreme poverty and lack of resources.

Advocates met with survivors for an average of 4.5 hr per week over the course of 10 weeks. Advocates and survivors worked on a variety of issues identified by the survivors as being important to them, such as obtaining mattresses, gas tanks, and construction materials for their homes. Advocates also helped survivors locate clothes, shoes, and school uniforms for their children. Furthermore, advocates assisted survivors with applications to public health care services and prospective employers, as well as obtaining legal assistance related to the IPV.

Paired-samples *t* tests were conducted to examine the effectiveness of the intervention program. The analyses yielded significant differences between participant responses from Time 1 and Time 2, in the desired direction, for abuse, $t(26) = 2.89$, $p = .01$, $d = .54$; depression, $t(26) = 4.44$, $p < .001$, $d = .99$; social support, $t(26) = 2.77$, $p < .01$, $d = .50$; and quality of life, $t(26) = 4.19$, $p < .001$, $d = 1.06$. As hypothesized, participants experienced significantly less abuse and depressive symptoms, and more social support and quality life at Time 2 (see Table 2).

Advocates' Perceptions of CAP

Advocates were overwhelmingly positive about the intervention and the principles that guide CAP. They valued helping survivors navigate the systems they were a part of, as well as recognizing their strengths. All advocates mentioned the importance of proactively and actively working side by side with survivors and empowering them to secure the community resources they needed. Although the contextual challenges of the community in which women lived were profound, advocates found CAP to be effective in reducing women's risk of abuse and improving their quality of life. For example, advocates mentioned how valuable this program can be in a low-income community where there is a clear gap of knowledge regarding how to access the limited community resources that exist. One advocate affirmed, "Accompanying women is empowering … I saw the power of helping women by giving

them tools so that they can face their circumstances and find solutions to their problems." Similarly, one advocate affirmed,

> Replicating a program that is effective in the context of the US in this community and finding that it is effective is encouraging. I believe it can be helpful across the nation. There is so much need for more programs like this one that offer support to survivors of gender based violence.

Advocates were also highly satisfied with the training and supervision they received. Many reported initially struggling with their role as an advocate rather than as a therapist. However, the weekly supervision meetings were invaluable in helping them navigate this new role. One advocate stated, "We were able to talk (in supervision) about the difference between therapy and advocacy. It was helpful to have these discussions and to hear from my colleagues. I learned a lot." An advocate also reflected on the importance of supervision, "I felt very supported by her [supervisor]. She was open to hearing my concerns and always offered a kind and supportive word as well as directions to work through any issues that I was having with my clients."

Interestingly, a number of advocates reported a profound paradigm shift concerning their understanding and treatment of IPV as a result of implementing CAP. One advocate stated, "I used to view these women as victims. I now see them as survivors of violence. [This project] has changed my way of seeing the women I work with." Over time, advocates reported moving toward a more complex understanding of survivors and reported that recognizing survivors' strengths and resiliency affected the way they conceptualized effective support of survivors, as one advocate stated,

> This project has impacted my personal and professional life. I learned how to identify what gender based violence is. My concept of violence has changed … it is much more global. I also have been reflecting on my role with this issue in order to really help my clients, I also had to break some of my own personal barriers.

Voices of Advocate Supervisors

Supervisors found the intervention to be culturally relevant and appropriate for the context of Monterrey. All of them reported that, although the context in this area is extremely challenging, CAP has the potential to be highly beneficial for survivors and the community as a whole. One supervisor said,

> The intervention is quite relevant. It is a new way to understand the problem [of gender based violence] and to face its challenges. Empowering women to find creative solutions to their problems rather than waiting for others to resolve them for them is incredibly powerful. They discover a new way of seeing themselves.

While extremely positive about the intervention, supervisors identified areas for improving the intervention delivery process in a low-income Mexican context. For example, they believed it would be beneficial to integrate in the training more information about the community's cultural context. One supervisor expressed,

> The biggest challenges consists of the bureaucratic system. In this country, there seems to be a lot of people in these institutions that block our work or do not do what they need to be doing to support our work.

Several supervisors reported that advocates had difficulty navigating the social and political institutions that provided the resources their clients needed, due to the scarcity of resources and the entrenched bureaucracy that characterizes these institutions. One supervisor highlighted the importance of targeting and engaging leaders from community-based and government institutions:

> I believe a program in which women can learn to advocate for their needs and create changes in their lives can have a profound impact in this community. However, it is important to engage more institutions so that they actively participate in providing the community resources they offer.

Discussion

The purpose of this exploratory study was to examine whether CAP could be successfully adapted and implemented in Mexico. There is a pressing need for research aimed at improving services for Mexican survivors of IPV, particularly because approximately 25% to 33% of Mexican women report IPV victimization (Mojarro-Iñiguez, Valdez-Santiago, Pérez-Núñez, & Salinas-Rodríguez, 2014; Valdez-Santiago, Híjar, Martínez, Burgos, & Monreal Mde, 2013) and Latinas have low rates of formal help-seeking behaviors and utilization of services (Aldarondo, Kantor, & Jasinski, 2002; Klevens, 2007; Lipsky, Caetano, Field, & Larkin, 2006; Mojarro-Iñiguez et al., 2014; Ruiz-Perez, Mata-Pariente, & Plazaola-Castano, 2006). Study findings confirmed that entry-level mental health practitioners can be successfully trained in the intervention, and they found the program to be effective and empowering to survivors. Positive changes for survivors were also noted post-intervention, with clients reporting decreased abuse and depression as well as increased social support and quality of life.

These findings are highly relevant, particularly when considering the challenging contexts that characterize the majority of Latin American emerging economies. For example, federal budgets in Mexico continue to have limited allocations to effectively address health and mental health problems resulting from IPV (Bonilla-Chacín & Aguilera, 2013). Thus, the cultural adaptation and large-scale dissemination of culturally relevant, cost-effective, and efficacious interventions is critically needed to respond to contexts characterized by limited resources.

Furthermore, although the training process in this study required a considerable amount of time, the resulting benefit of this investment was significant, as women reported marked improvements. In fact, inconsistent findings on similar outcomes continue to be reported following the implementation of more traditional IPV intervention approaches such as support groups (Macy, Giattina, Sangster, Crosby, & Montijo, 2009; Tutty, Babins-Wagner, & Rothery, 2016). Thus, current findings suggest that the CAP intervention constitutes a highly promising alternative to support communities widely affected by IPV in Mexico and, potentially, Latin America.

Notwithstanding the strengths of this exploratory study, limitations must be noted. First, this study did not include a randomized controlled trial through which an intervention group can be compared with a control condition, leaving the efficacy of the intervention to be determined in a more rigorous trial. In addition, the small sample size did not allow for more sophisticated statistical analyses of impact. Finally, the long-term impact of the intervention could not be assessed due to the absence of follow-up measurements. The focus of this study was to examine whether CAP could be implemented successfully in Mexico, and accepted by both advocates and survivors. In addition, larger studies are now needed to examine effectiveness of CAP over time.

Conclusion

Although limited by the characteristics of a small pilot study, the preliminary findings of this investigation confirm the dire need for more research focused on the cultural adaptations of evidence-based interventions for IPV and their dissemination in Latin America. CAP was found to be culturally relevant in a community characterized by extreme poverty, drug cartel activity, and high unemployment in Mexico. CAP is an especially transportable intervention because of its focus on responding to survivors' desires and needs within their own cultural contexts. Within the Mexican context that involved attending to strong cultural values around family, religion, and machismo (Calderón-Tena, Knight, & Carlo, 2011; Sabina et al., 2015; Smokowski, Rose, & Bacallao, 2008), CAP advocates' primary responsibility is to link their clients to the often limited and difficult-to-access community resources they need. The success of this intervention, then, rests in part on whether resources even exist in a community. Within the metropolitan area of Monterrey, advocates and supervisors noted the difficulties of navigating entrenched bureaucracies and locating scarce resources. Despite these hardships, however, positive changes were noted for participants and advocates recounted numerous successes.

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

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Gabriela López-Zerón is a third-year doctoral student in human development and families studies with a concentration in couple and family therapy at MSU. Her research primarily focuses the cultural adaptation of evidence-based parenting interventions for Latino populations. Specifically, she is interested in how parenting practices are affected by past trauma, as well as the way in which effective parenting can promote healing from trauma.

José Rubén Parra-Cardona is an associate professor in the Department of Human Development and Family Studies at MSU. He is also associate director of the MSU Research Consortium on Gender-Based Violence. His research is focused on the prevention of child abuse and neglect through the cultural adaptation of evidence-based parenting interventions for Latino immigrant populations. He also investigates the cultural relevance of services for Latina survivors as well as programs for Latino men who batter and abuse.

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Table 1.

Cultural Adaptation to CAP Utilizing the Ecological Validity Model.

Ecological Validity Model		Adaptations to CAP
Language	Treatment is delivered in the native language of target population	• Translated to Spanish, ensured that language was understandable, culturally appropriate, and culturally syntonic
Persons	Ensure the client–advocate match is culturally appropriate, considering the role of ethnic and racial similarities and differences	• Advocates and supervisors were formally educated Mexicans from the local community
Metaphors	Examine whether the symbols and concepts used are appropriate for the local community	• Local and cultural metaphors were incorporated organically by advocates due to similar backgrounds
Content	Ensure that training and treatment manuals use examples and activities that reflect common values	• Training manual incorporated role-plays and examples relevant to the local community
Concept	Intervention concepts and constructs are examined for their relevance to clients' culture and context	• CAP concepts of advocacy and empowerment were found to be culturally appropriate by local practitioners, supervisors, and clients
Goals	Ensure that intervention goals reflect cultural values, customs, and traditions	• Advocates and clients created goals together based on clients' needs and priorities
Methods	Examine procedures to make sure they follow achievement of goals, but are also congruent with clients' culture and context	• Research participants were given food gifts instead of cash payments as this was more culturally appropriate; surveys could be completed either in writing or verbally
Context	Consideration of clients' broader social, economic, and political contexts	• Contextual issues were relevant to the intervention process (e.g., limiting home visits if clients felt it would be dangerous, facilitating clients' access to food pantries and job training programs)

Note. CAP = Community Advocacy Project.

Table 2.

Means and Standard Deviations for Time 1 and Time 2 Scales.

	Time 1		Time 2	
	M	***SD***	***M***	***SD***
Abusive behaviors	2.17	0.80	1.76	0.73
Depression	1.47	0.51	0.94	0.56
Social support	2.87	1.21	2.28	1.17
Quality of life	3.45	1.10	2.37	0.94

Note. Higher response scores reflect greater levels of abusive behaviors and depressive symptoms and lower levels of social support and quality of life.