Limited evidence and limited effects of advocacy to reduce intimate partner violence

Intensive advocacy may improve everyday life for women in domestic violence shelters and refuges, and reduce physical abuse. There is no clear evidence that intensive advocacy reduces sexual, emotional, or overall abuse, or that it benefits women’s mental health. It is unclear whether brief advocacy is effective.

What is the review about?
Partner abuse or domestic violence includes physical, emotional, and sexual abuse; threats; withholding money; causing injury; and long lasting physical and emotional health problems. Active support by trained people, which is called ‘advocacy’, may help women make safety plans, deal with abuse, and access community resources.

Advocacy may contribute to reducing abuse, empowering women to improve their situation by providing informal counselling and support for safety planning and increasing access to different services.

What were the main findings of the review?

What studies are included?
This review summarizes evidence from 13 clinical trials comparing advocacy for 1,241 abused women with no care or usual care. Most studies followed up on the women for at least a year.

Does advocacy reduce intimate partner violence and improve women’s wellbeing?
Physical abuse: After one year, brief advocacy had no effect in two healthcare studies and one community study, but it reduced minor abuse in one antenatal care study. Another antenatal study

What is the aim of this review?
This Campbell systematic review assesses the effects of advocacy interventions on intimate partner violence and women’s wellbeing. The review summarizes findings from 13 studies.

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showed reduced abuse immediately after brief advocacy, but women were also treated for depression, which may have affected results. Two studies provided weak evidence that intensive advocacy reduces physical abuse up to two years after the intervention.

Sexual abuse was reported in four studies, which found no effects.

Emotional abuse: One antenatal care study reported reduced emotional abuse at 12 months after advocacy.

Depression: Brief advocacy prevented depression in abused women attending healthcare services and pregnant women immediately after advocacy. Intensive advocacy did not reduce depression in shelter women followed up at 12 and 24 months. The moderate-to-low quality evidence came mostly from studies with a low risk of bias.

Quality of life: Three trials of brief advocacy trials no benefit on quality of life. Intensive advocacy showed a weak benefit in two studies in domestic violence shelters and refuges, and a primary care study showed improved motivation to do daily tasks immediately after advocacy.

What do the results mean?
Intensive advocacy may improve everyday life for women in domestic violence shelters and refuges in the short term, and reduce physical abuse one to two years after the intervention. There is no clear evidence that intensive advocacy reduces sexual, emotional, or overall abuse, or that it benefits women’s mental health. It is unclear whether brief advocacy is effective, although it may provide short-term mental health benefits and reduce abuse, particularly in pregnant women and those suffering less severe abuse.

Several studies summarised in this review are potentially biased because of weak study designs. There was little consistency between studies, with variations for advocacy given, the type of benefits measured, and the lengths of follow-up periods, making it hard to combine their results. So it is not possible to be certain how much or which type of advocacy interventions benefit women.