

DV Evidence Project

A project of NRCDV

**Why do we do what we do?
How do we know we are making a difference?**

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National Resource Center on Domestic Violence

Promising Practices in Domestic Violence Services Conference

VA Department of Social Services, Office of Family Violence

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WHAT WE WILL BE COVERING

- Overview of NRCDV's DV Evidence Project
 - *What did we do? Why and why now? What did we learn? Where are we going from here?*
- How does this fit with our movement's interest in providing services that are *survivor-driven, empowering, trauma-informed, and culturally relevant?*
- How does this inform and support the “voluntary services” work you are doing in Virginia?

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www.dvevidenceproject.org

BUILDS ON OTHER NRCDV RESEARCH

- Meeting Survivors Needs: A Multi-State Study of Domestic Violence Shelter Experiences (2009)
 - Gathered information from 3,410 survivors who sought and received shelter services from one of 215 domestic violence shelters in 8 states.
- Meeting Survivors' Needs Through Non-Residential Domestic Violence Services & Supports (2011)
 - Captured the experiences of nearly 1,500 domestic violence survivors receiving non-residential services from one of 90 urban, rural and suburban community-based domestic violence programs.

CDC Framework for Thinking About Evidence



CDC website: evidence.vetoviolence.org

COLLABORATIVE PROCESS

In the design and implementation of the 1st year of the project, the NRCDV engaged the following partners:

- *The 10 HHS-funded members of the Domestic Violence Resource Network (2011 and 2012 DVRN meetings).*
- *A project advisory group of researchers, culturally-specific resource centers, and other collaborative partners.*
- *A national workgroup of key informants from state coalitions, FVPSA/STOP state administrators, local domestic violence programs, national partners and others.*

PROJECT OBJECTIVES

- To increase the access of domestic violence service providers and allied organizations to information on effective interventions that are evidence-based and trauma-informed.
- To increase their capacity to better serve victims of domestic violence and their children.



Why, and why now?

- DV programs are being asked if what we do makes a difference. And what that positive difference looks like.
- *Advocates themselves* want to understand what is and is not working for survivors and their children.
- Programs are also looking for innovative programs from across the United States and U.S. Territories that might help better serve increasingly diverse communities.

KEY PROJECT ACTIVITIES

- **A theory of change and “conceptual framework”** - Designed to reflect the values and goals of the network of domestic violence services and advocacy.
- **Online domestic violence (DV) evidence resource center** - Houses a comprehensive evidence review of domestic violence core services, as well as promising practices and programs.
- **Technical assistance and training tools** - Enhances the DV field’s capacity to thoughtfully and responsibly review and/or translate evidence-based practices and practice-based evidence into their work.

BUILDING THE DV EVIDENCE PROJECT'S ONLINE RESOURCE CENTER

Content Structure

- Why do we do what we do?
- How do we know we are making a difference?
- What are we learning?



Welcome to the site...

Domestic Violence Evidence Project

A project of the National Resource Center on Domestic Violence

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Domestic Violence Evidence Project

Why do we do what we do? How do we know we are making a difference? What are we learning about from innovative approaches at the community level? These are all important questions being asked by domestic violence advocates, allied professionals, policymakers and funders.

The Domestic Violence Evidence Project, an initiative of the National Resource Center on Domestic Violence (NRCOV), is designed to respond to the growing emphasis on identifying and integrating "evidence-based practice". We are combining what we know from research, evaluation, practice and theory to inform critical decision-making by domestic violence programs and allies. The project has collected and synthesized evidence from published, empirical research studies. Since we know that controlled research studies are not the only source of information on program effectiveness, we are also identifying where emerging evidence shows that programs and practices are making a difference in community settings. Together, these research reviews and profiles of innovative, culturally-responsive and evidence-based programs and practices can expand the field's capacity to more effectively serve survivors and their families and help build a more robust body of evidence for our work.



During 2012, we focused on services to adult victims as a key foundation of the domestic violence movement and local programs. We are highlighting Futures Without Violence's work on the evidence base supporting children's services. Comprehensive evidence reviews and program and practice profiles will be added for prevention and batterers intervention in 2013, in addition to other focus areas in the future.

FOCUS AREAS: [Services to Adult Victims](#) [Children's Services](#) [Prevention \(9/13\)](#) [Batterers Intervention Programs \(9/13\)](#)

Why do we do what we do?

A clearly articulated theory of change and conceptual framework can help us answer

How do we know we are making a difference?

Increasingly, domestic violence programs are being asked to identify what evidence

What are we learning?

Recognizing that "practice-based evidence" also contributes to our

FOCUS AREA: Key Services to Adult Victims

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Key Services to Adult Victims of Domestic Violence



The goal of this project is to combine what we know from research, evaluation, practice and theory to inform decision-making by domestic violence (DV) programs and allied organizations. DV programs engage in a wide range of activities designed to positively impact the social and emotional well-being for both survivors and their children. Specifically, they work to increase women's and children's sense of self-efficacy as well as their hope for the future, and directly increase their access to community resources, opportunities, and supports (including social support). While the actual services may differ across agencies — emergency shelter, counseling, advocacy, transitional housing, supervised visitation, children's programs, support groups — services for both survivors and their children tend to share key features, including ideally the involvement of survivors in their design and development.

Included under the three framing questions below is a reflection of what we know about services to adult victims of domestic violence from the empirical evidence that is available and from emerging and promising evidence from the field. Also included is a conceptual framework, research bibliography, and evaluation tools.

Why do we do what we do?

A **theory of change** reflects how and why we expect a desired change to occur as well as what we hope to accomplish and how we will get there.

Conceptual frameworks are "road maps" designed to connect how we *think about* a problem with how we address that problem and what we *hope to accomplish* through our actions.

The Social and Emotional Well-Being Promotion Framework presented below

How do we know we are making a difference?

The Research Summaries below capture the empirical evidence on the effectiveness of key services commonly provided by DV programs. These evidence-based practices are complemented by the "practice-based evidence" reflected in the Program and Practice Profiles found under "What are we learning?".

What Does The Research Tell Us About:

- [Shelter Services](#)

What are we learning?

The Profiles highlighted here provide an opportunity to expand our collective understanding of the myriad of ways that communities can identify, conceptualize, and adapt practices that emerging evidence suggests work for diverse families affected by violence.

What Works In Communities?

- [Caminar Latino Project](#)
- [Casa Vida Project](#)
- [Community Advocacy Project](#)

EXPANDING THE DEFINITION OF “EVIDENCE”

Expanding our definition of “evidence” to include community practices that have demonstrated successes to answer “What are we learning?”.

Program and Practice Profiles

- *Caminar Latino*
- *Casa Vida*
- *Community Advocacy Project*
- *Economic Justice Program*
- *Lideres*
- *Ujima*

Tools and Technical Assistance

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Home - Evaluation Tools

Evaluation Tools

While the thought of "evaluation" can be daunting, if not downright intimidating for many domestic violence (DV) programs, there are many good reasons to evaluate the job we are doing. The most important reason, of course, is to understand the impact of programs and practices on the lives of survivors and their children in order to build upon those efforts that survivors say are helpful to them and stop putting time and resources into efforts that are not helpful or relevant to them. Evaluation is also important because it provides "hard evidence" to present to funders, policymakers, and allied organizations, encouraging them to continue and increase the resources available to support effective programs and approaches.

The materials and tools highlighted below (and more will be added over the coming year) were selected to assist DV advocates and allied organizations understand the different types of evidence that can inform our work and provide practical considerations and strategies for approaching evaluation in domestic and sexual violence organizations. These resources also explore the unique challenges of evaluating and making the case for intervention and prevention initiatives.

Additional resources can also be found on VAWnet.org, the NRCDDV's online resource library at www.VAWnet.org/research. If you cannot find what you are searching for please call (800) 537-2238 or TTY (800) 553-2508 or email Research@nrcdv.org.

Understanding Evidence



Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness

The Best Available Research Evidence enables researchers, practitioners, and policy-makers to determine whether or not a program, practice, or policy is actually achieving the outcomes it aims to and in the way it intends. The more rigorous a study's research design, (e.g., randomized control trials, quasi-experimental designs), the more compelling the research evidence. However, literature also suggests that two other forms of evidence — experiential evidence (or practice-based evidence) and contextual evidence — which are both distinct and overlap.

CREATING A CONCEPTUAL MODEL

- Response to ACYF wanting conceptual models to guide work across programs they fund (child welfare, dv, runaway/homeless youth, adolescent pregnancy prevention)
- There is pressure on programs from funders to demonstrate their effectiveness, and a conceptual model can help with this
- Programs want to understand what is and is not working for survivors and their children

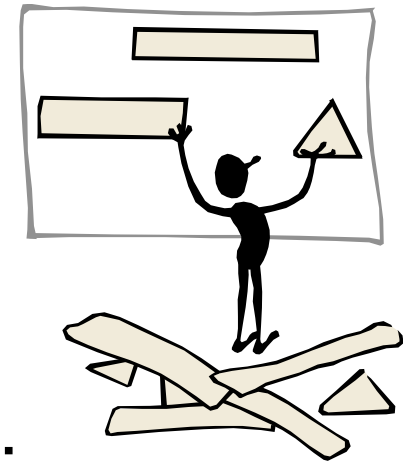
Conceptual models can be useful in guiding our thinking and our work – *Why do we do what we do? What do we hope to accomplish by doing it?*

DEVELOPING THE MODEL

- To develop a model that would be true to the work, relevant to survivors, and meaningful to funders and the larger community, process needed to be:
 - Grounded in the work and in survivors' (and primarily women's) realities
 - Informed by empirical evidence
 - Informed by a Theory of Change
- Developed the model with incredibly helpful input from survivors, DV program staff, state coalitions, national resource centers, advisory board.

WHAT IS OUR THEORY OF CHANGE?

- 1) Define the desired long-term outcomes/changes one wants to achieve;
- 2) Identify the factors known to lead to those outcomes/changes; and then
- 3) Design programs and activities that will lead to the factors that impact the long-term change



DESIRED LONG-TERM CHANGE

*While the ultimate goal of our collective work
is to end domestic violence,*

the ultimate goal of
INTERVENTIONS FOR SURVIVORS

*is to promote their safety and well-being
over time.*

THEORY OF CHANGE - DV PROGRAMS

- 1) The desired long-term change is social and emotional well-being of survivors and their children.
- 2) Well-being is predicted by factors that have often been negatively impacted by the abuse:
 - ***Intrapersonal factors:*** self-efficacy, hope
 - ***Interpersonal and social factors:*** social connectedness and positive relationships; safety; emotional, physical and spiritual health; possessing adequate resources; social, political and economic equity

ADDITIONAL PREDICTORS OF CHILDREN'S WELL-BEING

- Additional predictors of well-being, specific to children, that are often negatively impacted by IPV:
 - Secure attachment to the non-abusive parent
 - Positive self concept
 - Strong social/relational competencies
 - Strong and positive support networks



RETURNING TO OUR THEORY OF CHANGE

- 1) Define the desired long-term outcomes to achieve (*SOCIAL AND EMOTIONAL WELL-BEING*)
- 2) Identify the factors known to lead to those outcomes (*LIST FROM LAST SLIDES*)
- 3) Design programs and activities that will lead to the factors that impact the long-term change.



HOW LOCAL DV PROGRAMS PROMOTE SURVIVORS' SOCIAL AND EMOTIONAL WELL-BEING

Program Activities

1. Provide information (about options, IPV, trauma, sociopolitical setting)
2. Safety plan
3. Build skills (e.g., coping, emotion regulation, parenting, resource attainment)
4. Offer empathy, encouragement,
5. Supportive counseling
6. Increase access to community resources and opportunities
7. Increase social support, community connections
8. Community and systems change work

Outcomes

Intrapersonal Changes:

Cognitive /behavioral changes: increased knowledge and skills, critical consciousness

Emotional changes: sense of self, less distress

Interpersonal and Social Changes:

Increased access to community resources

Strong mother-child bond

Effective interpersonal coping strategies

Increased support, community connections

Enhanced justice

Factors Predicting Well-Being

Intrapersonal Predictors of Well-Being

Self-efficacy

Hopefulness

Interpersonal and Social Predictors of Well-Being

Social connectedness

Positive relationships

Adequate economic & social opportunities

Economic stability

Safety

Good physical, emotional and spiritual health

Social and Emotional Well-Being

IMPORTANCE OF *CONTEXT*

- Domestic violence programs work collaboratively with other community members and policy makers to achieve their mission
- Success is dependent upon the extent to which the community supports victim safety, holds offenders accountable, and provides resources and opportunities



ARE DV PROGRAMS ACHIEVING THEIR GOALS?

Conducted a systematic review of the empirical evidence for the four most common DV services:

1. Shelters
2. Advocacy
3. Support Groups
4. Counseling

WHAT DOES THE EVIDENCE SAY?

- Evidence exists that DV programs positively impact numerous factors predictive of well-being.
- Shelter users report feeling **safer**, more **hopeful**, and possessing more **safety strategies** as a result of their shelter stay.
- Advocacy services lead to women experiencing **less violence over time, less difficulty accessing community resources, increased social support, and higher quality of life.**

WHAT DOES THE EVIDENCE SAY?

- Support groups have led to survivors feeling a greater ***sense of belonging*** and ***higher self esteem***, while experiencing ***less distress***.
- Counseling has led to ***decreases in depression, anxiety and PTSD symptoms***, while helping women ***feel better about their lives***.

Go to www.dvevidenceproject.org for the conceptual model and these reviews



What's Next?

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- More bells and whistles
- Quarterly Research Updates – *Review of recent empirical studies and other emerging evidence*
- Two new focus areas: *Prevention and Reducing Abusive Behaviors* – *Conceptual frameworks, evidence reviews, and program/practice profiles*
- Building our Evidence Base – *Initial focus on housing innovations and economic empowerment programs*
- TA and support – *Increase evidence of impact; development of tools to support other sites*

What is ONE way
that your program enhances the
self-efficacy and/or *hopefulness*
of the survivors
with whom you work?

*Get into pairs – OK if from same program
(3 minutes)*

LET'S DISCUSS

How does this reinforce our movement's interest in providing services that are *survivor-driven, empowering, trauma-informed, and culturally relevant?*



CULTURALLY RELEVANT

TRAUMA-INFORMED

EMPOWERING

SURVIVOR DRIVEN

**What
happens?**

What do we mean by survivor-defined?

- Survivor is in charge
- Advocate brings expertise and support

...BUT FOLLOWS THE SURVIVOR'S LEAD

Related to HIGH ENGAGEMENT and HIGH SATISFACTION

EMPOWERING

is behaving in ways with a survivor that increases their power in:

***personal,
interpersonal, and
social arenas***

Related to CRITICAL CONSCIOUSNESS and SELF-EFFICACY

TRAUMA-INFORMED ORGANIZATIONS

reduce re-traumatization
and
support healing

Leads to LESS TRAUMATIZED SURVIVORS or, if we are not trauma informed, to MORE TRAUMATIZED SURVIVORS

Culturally Relevant –

services relevant to
diverse, culturally
specific communities
(race and ethnicity,
religion, sexual
orientation/expression,
and others

Cultural competence is a process of:

- Self awareness
- Appreciation
- Knowledge
- Cross-cultural skills

WHAT HAPPENS WHEN WE ACT AS IF “ONE SIZE FITS ALL?”

**What
happens?**

CULTURALLY RELEVANT

TRAUMA-INFORMED

EMPOWERING

SURVIVOR DRIVEN

WHAT HAPPENS WHEN WE HAVE SOME BUT NOT ALL OF THESE?

How do the Social/Emotional Well-Being Framework and the guiding values of being survivor-driven, empowering, trauma-informed, and culturally-relevant help to frame the “voluntary services” work you are doing in Virginia?

*LET'S
DISCUSS*

LET'S DISCUSS!

How do a
“Social/Emotional Well-Being” Framework
and the guiding values of being
survivor-driven, empowering,
trauma-informed, and culturally-relevant
help to frame the
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you are doing in Virginia?