

BUILDING EVIDENCE



DOMESTIC VIOLENCE

services & interventions

Building the Evidence for Domestic Violence Services &
Interventions: Challenges, Areas of Opportunity, and Research
Priorities

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1. INTRODUCTION

To be most effective, policy, practice, and resource allocation should be informed by research and evaluation. **Yet, currently there is limited rigorous evidence on the effectiveness of domestic violence (DV) program services.** As part of its effort to extend evidence-based practice, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with Center for Policy Research (CPR), a Denver research and evaluation firm, and the National Resource Center on Domestic Violence (NRC DV) to identify key areas of opportunity to build the evidence base for DV services and interventions.

This document summarizes the findings from the study, including the results of a systematic literature review, interviews with subject matter experts, and the discussions over the course of a two day roundtable convening of experts. The purpose of this paper is to:

To inform this document, the project management team:

1. Conducted a **systematic literature review** of research on DV services and interventions (see Appendix A).
2. Conducted **subject matter expert interviews** on some key barriers that have limited the research on DV services, and key areas of opportunities to address these barriers.
3. Wrote a **framing paper** that summarized these key challenges and areas of opportunity.
4. Convened a subject matter expert **roundtable** to generate concrete, actionable, and effective areas of opportunity to build the evidence.

1) briefly describe the **current state of the evidence** for DV services and interventions, and 2) highlight **innovative** and **concrete areas of opportunity**, identified by subject matter experts, for building this evidence base.

The Current Evidence is Limited but Promising

The systematic literature review focused on what are typically referred to as **core services** under Family Violence Prevention and Services Act (FVPSA) funding, which is administered through the Family and Youth Services Bureau (FYSB), Administration on Children, Youth and Families (ACYF), in the Administration for Children and Families (ACF). FVPSA considers core services to include emergency shelter, advocacy, counseling, safety planning, and support groups. Community driven local programs, however, may not provide all of these services, may design and implement them differently, and/or provide other important services such as prevention and culturally specific programming.

While the limited research that has been conducted generally demonstrates that **DV services and interventions contribute to enhanced survivor well-being**, many of these studies have methodological limitations. Across studies, these limitations include: (a) small sample sizes; (b) lack of adequate representation of people from different cultural backgrounds, various geographic areas, and people of color; (c) brief follow-up time frames; (d) designs that failed to account for confounding variables, including the differential impact of multiple, simultaneous interventions; and (e) measurement concerns.

With appropriate resources and planning, it is possible to design rigorous evaluations that overcome these methodological concerns and more clearly identify what works, for whom, and under what conditions and circumstances. Fostering more rigorous research, will, in turn, strengthen the impact of services available to DV survivors and their children.

Challenges to Building the DV Services Evidence Base

The systematic literature review and subject matter expert interviews raised a number of challenges to conducting rigorous and relevant evaluations of DV services (See Table 1). These challenges were confirmed and discussed during the roundtable convening. This section summarizes the key challenges identified.

The dynamics of DV contribute to **unique safety concerns** for participants, their children, project staff, and researchers. DV research involves some risks **that require protections beyond those normally addressed in Institutional Review Board (IRB)-approved studies**. Relatedly, to protect the safety and confidentiality of survivors, **DV programs are prohibited from disclosing identifiable information about their clients** by the Violence Against Women Act and the Family Violence Prevention and Services Act. While important to victim protection, this policy means that large-scale databases for secondary analysis neither exist nor can be generated at the local, state or national level. Nor can researchers use program data to link with other agency data to assess long-term outcomes in health, justice fields, employment, or earnings.

Due to these safety and confidentiality concerns, research and evaluation of DV program services requires **staff training and support over and**

above what is typically provided when conducting research. Furthermore, **lack of trust between practitioners and researchers is particularly salient in the DV field**. Successfully evaluating the ways in which different DV services work for different survivors requires designing studies that are meaningful and useful to diverse stakeholders. Furthermore, a rigorous approach to any research or evaluation project embeds culturally-relevant practice into every step of the process. A relationship built on trust, shared power, and transparency needs to be developed over time between the researcher and the agency's director, frontline staff, and survivors. This level of engagement and collaboration requires an extensive time commitment and dedication to shared learning from both researchers and community partners. This requires time for planning, relationship building, and study development.

Several factors make it **challenging to identify common practices and common outcomes expected as a result of those practices**. For example, DV services are by necessity individualized and tailored to each survivor, so interventions are unique and unstandardized. For example, a provider may help one client obtain safe and stable housing. That same provider could also help another client develop a plan to access financial resources that a partner may have withheld. The expected outcomes differ by service provided and it is challenging to identify outcomes that would be suitable across the range of services provided. Further, variable service end dates make it difficult to time the collection of post-services data, and small program sizes make it difficult to detect significant differences. Like other programs serving vulnerable populations, program attrition is often high, which makes it difficult to engage and retain survivors in interventions and evaluation.

Furthermore, **randomizing into a no-treatment**

group is often ethically and practically unfeasible.

Given these challenges, rigorous research on the impact of DV services and interventions can be difficult to execute. Additionally, there is **limited DV research and evaluation funding spread across multiple agencies and programs that each have specific outcomes of interest.** This can reinforce

“silos” that often preclude the generation of more holistic, practice-oriented research and collaboration

between researchers and practitioners. The FVPSA Program is authorized to use 2.5 percent of its annual budget (\$150 million in 2016) for administration, evaluation, and monitoring, which includes overseeing the state/territory formula grants to over 1,600 local DV programs to deliver core program services. Local programs receive an average award of \$50,000 per year, limiting the resources to support program evaluation.

Table 1: Key Challenges and Areas of Opportunity for Building the Evidence Base for DV Services

Challenge	Area of Opportunity
Lack of trust between practitioners and researchers	Support researcher-practitioner partnerships
Unique safety concerns	Build stronger research and evaluation infrastructures
Need for specialized staff training and support	Build stronger research and evaluation infrastructures
Randomizing into treatment and control groups can be ethically and practically unfeasible	Use multiple forms of evidence
Ensuring diverse samples	Incorporate culturally relevant components into every step of the research planning and execution process
Building evidence for culturally-specific services and approaches	Incorporate culturally relevant components into every step of the research planning and execution process
Difficult to identify common outcomes	Refer to and build on theory of change that outlines common goals and expected outcomes
There are few measures developed and validated specifically to evaluate DV services	Develop and validate new measures of program components and outcomes
Funding is siloed	Generate reliable and adequate funding stream for evaluation research on DV services

2. AREAS OF OPPORTUNITY

At the roundtable experts identified a number of ways these challenges can be addressed (See Table 1). There are a number of **opportunities for building the evidence base for DV services and interventions**. They fall into seven overarching categories: 1) Support researcher-practitioner partnerships; 2) Build a stronger research and evaluation infrastructure; 3) Use multiple forms of evidence; 4) Support culturally-relevant research and practice; 5) Refer to and build on the current theory of change; 6) Develop and validate new measures of program components and outcomes; and 7) Generate reliable and adequate support for evaluation research on DV services.

Support Researcher-Practitioner Partnerships

Offices that fund research should consider strategies to strengthen relationships between researchers and practitioners, including supporting research designs that demonstrate:

- Sufficient planning time in the project timeline to support relationship building;
- Capacity-building components, such as learning community opportunities for practitioners, mentoring for researchers, and a local/regional evaluation network that includes researchers and practitioners;
- Expectations that the project team will be flexible and adjust to emerging needs; and
- Meaningful collaboration between researchers and practitioners, allocating more review points to this criterion than is typically the case.

One example of a federally-funded researcher-practitioner partnership initiative is the [Fatherhood Research and Practice Network \(FRPN\)](#).

Build a Stronger Research & Evaluation Infrastructure

In order to build the evidence base, programs and researchers must build a stronger research and evaluation infrastructure. Currently, most DV research is conducted by individual researchers working independently from each other. By providing operational, statistical, and educational resources to teams of researchers (such as those supporting research institutes, consortia or centers), a more cohesive and influential evidence base can be created. Building strong research infrastructures would: 1) enhance the field's capacity to engage, train, mentor, and support researchers and evaluators in the DV field; 2) build expertise in responding to the many safety, logistical, ethical, cultural, and linguistic issues that must be addressed; and 3) help advance the development, validation, and use by researcher/evaluators and practitioners of new measures related to building the evidence base around key research

Key Areas of Opportunity to Build the Evidence-Base for DV Services

- Support researcher-practitioner partnerships.
- Build a stronger research and evaluation infrastructure.
- Use multiple forms of evidence.
- Support culturally-relevant research and practice.
- Refer to and build on the current theory of change.
- Develop and validate new measures of program components & outcomes.
- Generate a reliable and adequate funding stream for evaluation research on DV services.

priorities. A robust infrastructure also promotes the ongoing use and dissemination of research findings. One example of this type of research and evaluation infrastructure is the [Michigan State University Research Consortium on Gender-Based Violence \(RCGV\)](#).

Use Multiple Forms of Evidence

ACF's 2012 evaluation policy stresses the use of best scientific methods that are appropriate and feasible in all evaluation activities. This policy acknowledges the value of multiple types of evidence. Thus, in addition to random assignment designs, ACF recognizes the benefits of multiple types of evidence including quasi-experimental designs, high-quality descriptive studies, performance measures, qualitative studies, financial and cost data, survey statistics, program administrative data, and performance management data¹⁻⁵. Future research in DV could mirror research initiatives in other human services areas that reflect a commitment both to **rigor and methodological heterogeneity**. An array of research and evaluation efforts that have been used in other arenas are described below.

In general, randomized controlled trials (RCTs) are useful for understanding the differential impact of concrete, simple interventions or components. However, DV is a complex social problem experienced in different ways by different people and one that requires an equally complex, systematic research approach. There are numerous forms of research designs that are worth inclusion in the definition of rigorous.

- **Adaptive randomized designs** that include providing research participants with choices throughout the research process. For example, sequential multiple assignment randomized trials (SMART) rigorously assess the sequencing and delivery of intervention components and dosage variations but do not deny treatment.
- **Rigorous quasi-experimental designs** that control for important, potentially confounding factors.
- **Factorial designs** that investigate intervention components, such as varying number of sessions or curriculum modules.

Support Culturally-Relevant Research & Practice

The current evidence base for DV services lacks adequate representation of many racial, ethnic, and cultural groups in samples, and fails to capture the strengths of culturally-specific approaches in both programming and research design. This has resulted in an evidence base that does not fully reflect the experiences of historically underrepresented populations, including those geographically isolated, many of whom are the most vulnerable of DV survivors. Future research can and should remedy these limitations, particularly because the degree to which a study is culturally accurate and relevant is a key criterion for whether it is generalizable and ecologically valid.

- Prioritize **evaluations of culturally specific services**, particularly evaluations designed by those who are from the same communities being served.
- Consider **mixed method designs that use indigenous research methodology** (e.g., sharing circles), which prioritizes generating and disseminating knowledge that will be culturally accurate and meaningful to indigenous communities.
- Provide support to build **community-based research collaborations** that engage survivors and practitioners in identification of critical practice-generated questions, development of relevant outcome measures, and the design of safe research and data collection approaches.
- Use electronic devices (e.g., tablets) that are faster, easier, and of higher quality than paper surveys; allow for easier **language translation**; and can

include an audio component (e.g., audio computer-assisted self-interviews).

The National Latin@ Network Building Evidence Toolkit

One example of culturally relevant research and practice is the work of Casa de Esperanza. To help elevate community-based and culturally-specific work, the research team at Casa's National Latina Network for Healthy Families and Communities collaborated with four other Latina community based organizations to develop an evaluation toolkit that is culturally centered and builds the capacity of community-based organizations to evaluate their work. The online toolkit provides step by step guidance and worksheets on how to conduct an evaluation (e.g., how to start an evaluation, develop a theory of change, and/or develop an evaluation plan). The toolkit also provides a description of cultural-specific principles to guide evaluation practice. They also have an "Ask an Expert" feature where someone can submit general evaluation questions.

Refer to and Build on the Current Theory of Change

A theory of change is an empirically justified explanation of how and why one expects a desired change to occur. In 2012 a group of DV experts, including practitioners, advocates, survivors, funders, researchers, and policy makers developed a [theory of change](#) for DV programs, including programs providing core DV services (shelter, counseling, advocacy, and support groups).⁶ This theory of change helps identify the pathways through which DV services are linked to short- and long-term positive outcomes for survivors and their children. Future research should continue to build on, modify, and strengthen a theory of change for DV services. This framework can be used to help

shape what outcomes are measured to demonstrate effectiveness.

Develop and Validate New Measures of Program Components & Outcomes

New scales to measure the core components, services, and desired outcomes of DV services and interventions are needed. In addition, it would also be beneficial to promote the widespread use and continued validation of existing measures developed specifically for DV services. For example, the Trauma Informed Practice Scale⁷ (TIPS) and Measurement of Victim Empowerment Related to Safety⁸ (MOVERS) are two new measures that can be promoted for widespread use and ongoing study. Other measures that might be useful to develop for the field include whether services were culturally appropriate or survivor-driven.

Finally, it would be helpful to promote the use of innovative data collection tools designed to overcome challenges posed by longitudinal data collection. One example is the **Life History Calendar** which provides memory cues that promote more accurate retrieval of prior life events. Calendars can be used retrospectively to help participants document a sequence of events rather than conducting longitudinal studies when they are not feasible.

Support Evaluation Research on DV Services

Many of the opportunities and innovative approaches highlighted in this section will not be possible to implement without expanded infra-structure support, additional funding, and strong federal partnerships. As indicated earlier, the FVPSA Program has limited resources to devote to research and evaluation. Since best practice responses to DV by other government-funded human service programs working with families and children include referrals to and collaboration with

DV services, consideration should be given to leveraging other large scale program evaluations to learn about their effectiveness for DV survivors.

Another complementary approach to generating support for DV services research is to **promote focused collaboration and coordination across multiple, relevant federal funding agencies**. For example, in 2012, the National Institute of Justice and the National Science Foundation signed a Memorandum of Understanding to reduce crime and promote justice by giving both agencies flexibility to sponsor research and evaluations in similar subject areas. In late 2015, three federal agencies (the Department of Justice, the Department of Housing and Urban Development, and the Department of Health and Human Services) agreed to pool resources and expertise to launch a \$2.3 million federal DV and Housing Technical Assistance Consortium to provide national training, technical assistance, and resource

development at the intersection of DV, homelessness and housing. In 2016, ASPE partnered with Department of Justice's Office of Victims of Crime and FVPSA to launch the **Domestic Violence Housing First Demonstration Evaluation**, which will rigorously evaluate the Domestic Violence Housing First (DVHF) demonstration program coordinated by the Washington State Coalition against Domestic Violence (WSCADV). This evaluation will build on research conducted during the pilot phase of DVHF, contributing to the evidence base on the impacts of housing services for domestic violence survivors by examining housing stability, survivor safety, and children's wellbeing over time. As another example, FVPSA and OPRE have collaborated to study DV hotlines and have worked with ACF's Office of Family Assistance to assess the evidence on DV screening in programs offering marriage and relationship education.

3. RESEARCH PRIORITIES

Experts at the roundtable on building the rigorous evidence base for DV services identified three priorities that they believed will have a significant impact and address pressing gaps in current evidence.

1. What are the core components and principles most salient across a variety of services?

The first priority within this agenda is to promote cross-cutting research and evaluation that defines and tests the core elements of DV services. As one roundtable participant stated, identifying the “secret sauce” that makes interventions effective would make a significant contribution. If core elements can be identified, they can be replicated within different services and approaches in a way that is adaptable in a variety of settings. This could include supporting research designed to develop and test new measures related to core elements and desired outcomes. Strategically building on existing work, and replicating or testing the cultural relevance of existing measures with specific populations of survivors (e.g., LGBTQ survivors, Native American/American Indian survivors) will be essential. This would likely involve developing and designing a two-part study. The first phase could seek to identify the core elements of programs and whether common outcomes could be tied to these elements. The second phase could then test these hypotheses.

2. What strategies result in safe and stable housing for survivors over time?

DV plays an important role in the housing instability of survivors. Studies have shown that among mothers with children experiencing homelessness, more than 80 percent had previously experienced DV, between 22-57 percent of all homeless women report that DV was the immediate cause of their homelessness, and 38 percent of all DV victims become homeless at some point in their lives⁹⁻¹¹. Thus, a second priority within this research agenda is to identify how current housing initiatives (e.g., Rapid Rehousing) can be adapted to be more responsive to the safety and housing stability issues facing DV survivors. Innovative, rigorous designs can be used to address a limitation of RCTs when it is unethical and impractical to randomize survivors into housing they do not want (discussed more in the next section).

3. How would access to and control over economic resources impact survivors' safety & well-being?

In addition to domestic violence being linked to housing instability, it can also lead to financial insecurity more generally. Identifying how DV programs can best leverage community, state, and federal policy and practice (e.g., financial literacy, credit repair, asset building, microloans, tax credits, minimum wage initiatives, paid time off, affordable child care, health insurance, and others) to improve the economic resources of survivors and their children would guide ongoing development and innovation in this area.

4. CONCLUSION

While limited, current research suggests that DV programs positively impact survivors' safety and well-being. Still, more research and evaluation are needed to understand **what works, for whom, under what circumstances, and why**. This is an opportune time to prioritize an agenda that builds the evidence base for DV services and interventions. There is a current national emphasis placed on agencies to implement evidence-based programs. There is also significant enthusiasm and momentum among DV practitioners and researchers to build the evidence base for DV services and interventions.

For this work to be completed, the current barriers to building this evidence must be addressed. This document can be used to discuss, develop, and implement action plans for how to support rigorous, ecologically valid research and evaluation about DV services and interventions. By implementing a **coordinated effort** that strategically leverages **areas of opportunities**, the field can build a solid evidence base for DV services and interventions.

This document summarized discussions from a roundtable of experts, key informant interviews, and a systematic review of prior studies. Based on this synthesis, key next steps include:

- Support new and existing, successful researcher-practitioner relationships and consortia; additional infrastructure support will advance these current efforts more rapidly.
- Support research efforts that are culturally relevant and inclusive, and that include sensitive measures of complex constructs.
- Prioritize research efforts that address questions that are most pressing to the field, including:
 - o What are the core components and principles most salient across a variety of services?
 - o What strategies result in safe and stable housing for survivors over time?
 - o How would access to & control over economic resources impact survivors' safety & well-being?

Endnotes

¹ [The Administration for Children and Families Common Framework for Research and Evaluation](#). (2016), OPRE Report March 2016-14.

² [Highlights of the Evidence and Evaluation Agenda: Building and Using Evidence to Improve Results, FY 2017 Budget Fact Sheet](#). (2016), OMB.

³ [Highlights of the Evidence and Evaluation Agenda: A Government of the Future, FY 2017 Budget Highlight](#). (2016, OMB)

⁴ [Building the Capacity to Produce and Use Evidence, FY 2017 Budget Analytical Perspectives](#). (2016, OMB)

⁵ [Delivering a High-Performance Government, FY 2017 Budget Analytical Perspectives](#). (2016, OMB)

⁶ Sullivan, C.M. (2012, updated 2016). [Examining the work of domestic violence programs within a "social and emotional well-being promotion" conceptual framework](#).

⁷ Sullivan, C.M., & Goodman, L. (2015). A guide for using the Trauma Informed Practices (TIP) Scales. Available at: dvidenceproject.org/evaluation-tools.

⁸ Goodman, L.A., Thomas, K.A., & Heimel, D. (2015). A guide for using the Measure of Victim Empowerment Related to Safety (MOVERS). Available at: dvidenceproject.org/evaluation-tools.

⁹ Aratani, Y. (2009). [Homeless Children and Youth, Causes and Consequences](#). New York, NY: National Center for Children in Poverty.

¹⁰ Wilder Research Center (2004). Homeless in Minnesota, 2003, 22; Center for Impact Research (2004). Pathways to and from Homelessness: Women and Children in Chicago Shelters, 3; Nat'l Center for Homelessness & Health Care for the Homeless Clinicians' Network (2003). Social Supports for Homeless Mothers, 14, 26; Inst. for Children & Poverty (2004). The Hidden Migration: Why New York City Shelters are Overflowing with Families; Homes

for the Homeless and Inst. for Children & Poverty (1998). Ten Cities 1997-1998: A Snapshot of Family Homelessness Across America, 3.

11 Baker, C., Cook, S., & Norris, F. (2003). [Domestic Violence and Housing Problems: A Contextual Analysis of Women's Help-Seeking, Received Informal Support, and Formal System Response.](#)

Appendix A: Systematic Review Method

Process of Conducting a Systematic Review of the Evidence behind Core Services

A systematic review of the scientific literature was undertaken to locate all empirical articles examining the impact of advocacy, counseling, safety planning, shelter, and support group services on the lives of adult survivors of domestic violence. Articles were located through computerized journal databases (PsycINFO, PubMed, JSTOR, and Web of Science) using multiple combinations of keywords, such as: domestic violence, intimate partner violence, gender-based violence, effectiveness, evaluation, longitudinal, intervention, randomized, rigorous, trial, and impact. For each review, these keywords were crossed with the appropriate service: either advocacy, counseling, therapy, safety planning, shelter, or support group. Additional articles were then located using a backward search through relevant articles' reference lists.

Results were limited to peer-reviewed, empirical articles published after 1994 and written in English. To be included in this review, each study had to meet the following criteria:

- The program or service specifically targeted adult survivors of IPV;
- The service was provided within or in collaboration with a domestic violence program;
- It empirically examined one or more health or psychosocial outcomes, including psychological, emotional, behavioral, and social; and
- It included a comparison or control group to examine program impact.

Initial searches yielded 382 results for advocacy interventions; 1,243 results for counseling; 725 results for shelter; 97 for safety planning; and 628 for support groups. However, the vast majority of these articles did not meet the inclusion criteria for this review. After removing studies that failed to meet the inclusion criteria, this review was based on 15 articles: four for advocacy, seven for counseling, two for safety planning, none for shelter, and two for support groups.