

MEASURING SUCCESS ON OUR OWN TERMS

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2017

OVERVIEW OF THE WORKSHOP

- Using program evaluation to satisfy funders AND improve our work
- Thinking about our Theory of Change
- Choosing outcomes that match your Theory of Change
- Nuts and bolts; where to find more information

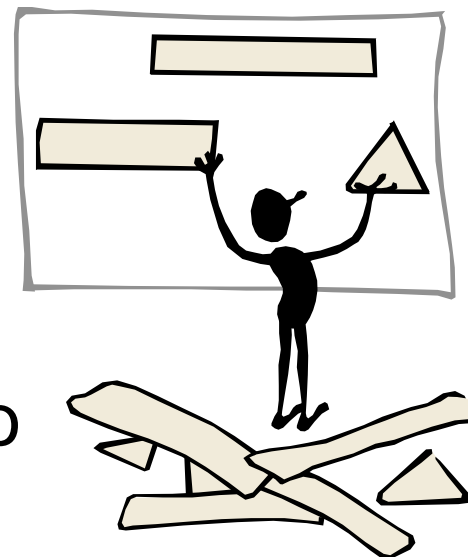


THE NEED FOR A THEORY OF CHANGE

WHAT IS YOUR THEORY OF CHANGE?

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
PROGRAMS FOR SURVIVORS

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

THEORY OF CHANGE - DV PROGRAMS

- 1) If the desired long-term change is social and emotional well-being of survivors and their children:
- 2) What predicts well-being? Empirical evidence for:
 - *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

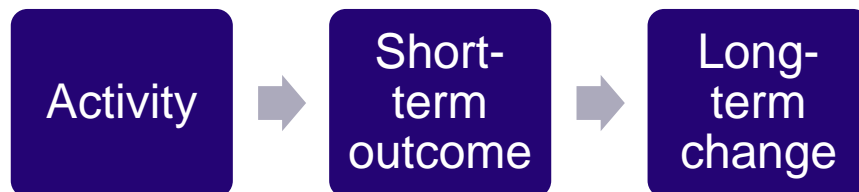
ADDITIONAL PREDICTORS OF CHILDREN'S WELL-BEING

- 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



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, respect
5. Supportive counseling
6. Increase access to community resources and opportunities
7. Increase social support, community connections
8. Community and systems change work

Measurable Outcomes

Intrapersonal Changes:

Increased knowledge
Increased skills
Less distress
Stronger sense of self
More coping skills

Interpersonal and Social Changes:

Increased access to community resources
Strong mother-child bond
Increased support, community connections
Responsive system responses

Objective: Well-Being

Intrapersonal Components of Well-Being

Self-efficacy
Hopefulness

Interpersonal and Social Components of Well-Being

Social connectedness
Safety
Adequate economic & social opportunities
Economic stability
Enhanced justice
Good physical, emotional and spiritual health

Social and Emotional Well-Being

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Social and Emotional Well-Being

All of this work is done in collaboration with community partners and is impacted by community context (resources available, systems response, etc.)!!

If It's Helpful:

- Published this Open Access in Journal of Family Violence:
- <https://link.springer.com/article/10.1007/s10896-017-9931-6>
- Sullivan, C.M. (2017). Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of Family Violence*. DOI 10.1007/s10896-017-9931-6

WHAT EVIDENCE EXISTS THAT DV PROGRAMS MAKE A DIFFERENCE?

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

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

SHELTER FINDINGS

As a result of a shelter stay, women across numerous studies reported:

- ❖ Feeling safer and having more safety strategies
- ❖ Feeling more hopeful
- ❖ Knowing more about domestic violence and its effect on themselves and their children
- ❖ Higher self-efficacy
- ❖ Feeling less isolated
- ❖ Fewer trauma-related symptoms

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Social and Emotional Well-Being

EVIDENCE BEHIND ADVOCACY

- ❖ 9 articles, describing 5 distinct studies, were reviewed:
- ❖ Broad-based advocacy *decreased* abuse, *increased* access to resources, social support, quality of life over two years
- ❖ Civil legal advocacy may *decrease* reabuse, *increase* wellbeing
- ❖ For criminal cases, having an advocate may *increase* prosecution against perpetrator

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Social and Emotional Well-Being

SUPPORT GROUP FINDINGS

- ❖ Extensive, compelling evidence that support groups reduce depression and stress, and improve psychological well-being across numerous populations
- ❖ Positive but more tentative support for the efficacy of support groups for survivors of IPV, given lack of studies
- ❖ Three of the four quantitative studies reported significant changes for support group members, including a greater sense of belonging and decreased distress
- ❖ Qualitatively, group members felt that they had become more empowered, felt more connected, and had coping tools to make the changes in their lives they wanted to make

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HOW DOES THIS FIT WITH PROGRAM EVALUATION??

- Good question!!
- There are important differences between research and evaluation
 - We can learn a great deal from research
 - Which, by the way, receives FUNDING...
 - We can dovetail with what we know from research, but...
- Now let's focus on what PROGRAMS can do to evaluate their work
 - With little to no funding, little time, and often little expertise in program evaluation

TYPES OF PROGRAM EVALUATION

- **Process**

- What specifically did clients receive?
- How much did they receive?
- How satisfied were they?

- **Outcome**

- What change occurred as a result of the service?



WHAT IS AN OUTCOME?

- An outcome is a change in knowledge, attitude, skill, behavior, expectation, emotional status, or life circumstance *due to the service being provided*



THE TWO FVPSA OUTCOMES

- As a result of contact with the domestic violence program, domestic violence survivors will have more strategies for enhancing their safety.
- As a result of contact with the domestic violence program, survivors will have more knowledge of available community resources.

THESE SHORT-TERM OUTCOMES:

- Are meaningful as a reflection of the impact and value that contact with a domestic violence program can have for a survivor
- Are appropriate given the varied nature of that contact
- Have been empirically shown to lead to long-term outcomes of increased safety and well-being



NUTS AND BOLTS OF PROGRAM EVALUATION

STAFF BUY-IN

The Problem:

- Staff are generally already overworked and tired of paperwork that feels meaningless
- Staff often don't understand why they have to collect the information they do, or what happens to it
- Staff often don't ever see the tabulated information they DO collect

GETTING STAFF BUY-IN

- Involve them in developing how the information will be gathered
- Share the findings with them
- Discuss with them how to make program changes based on the findings

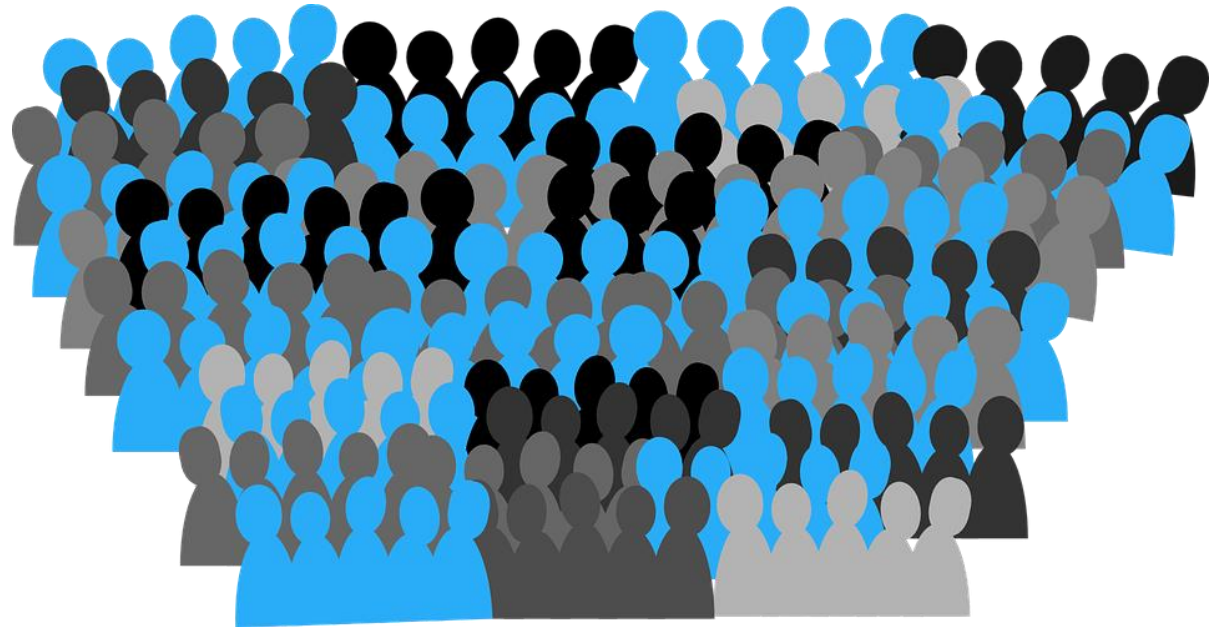


COLLECTING THE DATA

- Who (will collect it)?
- What (will be used)?
- When?
- Where?
- How often?



FROM WHOM
WILL DATA BE COLLECTED?



SAMPLING STRATEGIES

- The key to sampling is that you must make sure that the people you include are as much like (“representative of”) the whole group of people who receive your services as possible.
 - Dissatisfied as well as satisfied clients need to be included.

SAMPLING RECOMMENDATIONS

- Residential clients
 - Try to get all residents to complete
 - Don't view as an "exit survey"
- Support Services / Advocacy
 - After at least 2 contacts with advocate (but as late in the process as possible)
- Support group / Counseling
 - Every 3-4 weeks

INVITING CLIENTS TO PARTICIPATE

- Only if the client is not in crisis
- Stress that participation is voluntary
- Stress that you use client feedback to improve services
- Stress the surveys are brief and they can skip any questions they want
- Stress how their anonymity is protected

PROTECTING CLIENT ANONYMITY

- This is CRITICAL
- Clients need to know you are serious and have taken steps to ensure anonymity
- Provide a locked box or sealed envelope for them to return surveys
 - If a small program, stress you only open the box or envelope monthly or quarterly



ACCESSIBILITY CONCERNS

- Discuss with staff how to include clients who are not able to complete written surveys (either due to illiteracy, disability, or language)
- Surveys can be completed verbally, but **NOT** by the staff member who delivered the service



USING YOUR FINDINGS

Internally:

- Improve your services based on feedback
- Advertise to staff, volunteers, and clients how you are using the findings

Externally:

- Use findings to justify current services
- Use findings to justify creating new services
- Use findings to create systems change

Some Resources:

- <http://www.dvevidenceproject.org>
- <https://www.nationallatinonetwork.org/new-to-building-evidence/>
- <http://nrcdv.org/FVPSAOutcomes>

DV Evidence Project

A project of NRCDV

An online resource center housing a comprehensive evidence review of DV core services, and promising practices & programs
www.dvevidenceproject.org