Colorado Coalition Against Domestic Violence

MEASURING OUTCOMES IN SHORT TERM CRISIS INTERVENTION ORGANIZATIONS

Inspiring Colorado to End Domestic Violence

The Colorado Department of Human Services is interested in collecting data to answer a few key questions. First, are the funds granted to domestic violence programs through the Domestic Violence Program (DVP) being used appropriately? The second question is about outcomes resulting from the use of these funds. The last question is how data can show unmet need in a convincing enough manner to garner additional state funds. All are important questions.

DVP has an array of means for looking at whether funds are being used as intended. Unmet need is the topic of another discussion, but there are indicators already collected by DV programs and collection mechanisms already in place that can be used to make a strong case for additional funding for DV victim advocacy services (see the recent "Domestic Violence Counts 2013" census report at www.nnedv.org/census).

If we want to know what occurred as a result of DVP funding, data collection/outcome measures should be connected to the services being funded. DVP is funding short term crisis intervention, not long term systems change (nor ultimately prevention of future violence). Therefore, the data collection pertinent to DVP should be focused on markers that provide some indication of the types of results that research, best practices and expertise in the field show should likely occur as a result of short term crisis intervention. These are outcomes such as immediate safety of the survivor, immediate safety of the survivor's children, increased understanding of domestic violence, and increased knowledge of available resources. While FVPSA mandated questions re: increase in knowledge of resources and sense of safety are not enough if we are looking at long term safety – they are appropriate with regard to the short term issues of appropriate use of funds and whether a survivor is better off post-services. They focus on intervention, not prevention and are grounded in research showing them to be indicators of longer term safety.

Best practices in domestic violence advocacy services are based on foundations of survivor centered trauma-informed care that includes principles of self-determination and empowerment for survivors. Every survivor has different needs based on myriad circumstances requiring individualized services, which in turn result in different outcomes. This complexity makes it impossible to identify one universal means of measuring program results. Ultimately, what we want to know is:

- Did the survivor feel listened to and validated?
- Did the survivor get the services that she felt she* needed?
- Did the survivor feel supported?

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- Did the survivor gain tools to help her survive?
- Did the program meet the needs as identified by the survivor?
- Is the survivor more aware that there are resources available to assist her?
- Was the survivor safe while she was in shelter?
- Does the survivor realize that she is not alone in dealing with these issues?
- Does the survivor know that she can ask for help and where to go for that help?
- Does the survivor have a sense that the decisions about how to move forward are hers to make and that advocates will support her if she wants their assistance?

In these ways, a recipient of the services provided with DVP funds is better off as a result of those services. Again, these questions don't address long term outcomes such as increased safety over time or decreased incidence of domestic violence in the community, but they do inquire into short term outcomes pertinent to the services and advocacy offered by DV programs. That these questions are relevant and meaningful is supported by research.

Per the work of Jill Davies and Eleanor Lyon in Domestic Violence Advocacy: Complex Lives/Difficult Choices, which focuses on what is feasible for DV advocates "Close examination of which short-term outcomes led to the desired long-term outcome of safety found that *women who had more social support and who reported fewer difficulties obtaining community resources reported higher quality of life and less abuse over time* (Bybee & Sullivan, 2002). There is evidence that if programs improve survivors' social support and access to resources, these serve as protective factors that enhance their safety over time. While local programs are not in the position to follow women over years to assess their safety, they *can* measure whether they have increased women's support networks and their knowledge about available community resources."

The book also notes another research study examined domestic abuse survivors' safety planning efforts (Goodkind, Sullivan, & Bybee, 2004). Survivors were asked what strategies they had used to stop or prevent the abuser's violence. For every strategy mentioned, women were asked if it made the abuse better, worse, or had no effect. For every strategy that made the situation better for one woman, the same strategy made the situation worse for another. However, the two strategies that were *most likely to make the situation better* were contacting a domestic violence program, and staying at a domestic violence shelter.

These results provide strong support for the importance of domestic violence programs. It is also important, though, that women who were experiencing the most violence and whose assailants had engaged in the most behaviors considered to be indicators of potential lethality were the most actively engaged in safety planning activities, but remained in serious danger, despite trying everything they could. These findings highlight the importance of remembering that survivors are not responsible for whether or not they are abused again in the future and DV programs can't be expected to produce these outcomes. For some women, despite any

safety strategies they employ, the abuser will still choose to be violent.

To do a longitudinal study measuring long term outcomes is outside the purview of DV victim advocacy programs. It is also unethical and inappropriate to turn survivors into research participants just because they have reached out for help to a program funded by government dollars. If there were to be such a study, it would require IRB approval and participant consent, among other things.

The reality is that we all want better short term and long term outcomes. The incidence of domestic violence is not decreasing. Survivors are often still fated to a life of poverty, homelessness, and future violent relationships. For those who do move on to healthier relationships, whether they leave the abusive relationship or work with the batterer and available services to decrease the violence in their current relationship – it is a process. One that takes more than just a short term stay in shelter or even a range of short term non-residential services. It takes more than just the services offered by the domestic violence victim advocacy program.

Whether the long term changes we all want to see ultimately occur, is beyond the capabilities of a DV program in isolation from all the system and environmental impacts that are brought to bear on longer term survivor safety. Whether the abuse stops is beyond the work of a DV victim advocacy program and really has nothing to do with how they work with the survivor – it has everything to do with broader systemic change, accessible and relevant resources available to the survivor, and the behavior of the batterer. It hinges on risks posed by batterers, lack of affordable housing, job availability, culture and values of the community in which the survivor lives, along with the services provided to the survivor.

Providing direct services to those already involved in abusive relationships has historically been a priority and what is funded. Identifying the vehicles within a community that create positive changes for families involved in DV, looking at broader prevention efforts – that is what will get us to the decrease in DV that we all want to occur. And that takes another source of funding.

How do we know that a survivor won't continue or again be in a violent relationship in the future – we don't. But, because we are dissatisfied with the lack of a permanent solution to DV, we put the full weight of our expectations for this outcome on DV programs. Did the program funded with government dollars "fix" the survivor? She is not the problem, but because it is the survivor that we have access to – we expect programs working with her to be the change agent and we expect her to make the changes, instead of the perpetrator of the crime. We do that with no other crime and no other issue.

In summary, asking programs to measure or be responsible for secondary prevention results when funding short term crisis intervention is not appropriate. DV programs are working with

the survivors of a crime, not the perpetrators. Unlike child protective services, they can't make sure another child doesn't die by mandating that parents take certain steps to improve their parenting skills. However, the appropriate outcomes for short term crisis intervention are equally as important. DV victim advocacy programs can address increased understanding about healthy relationships, signs of abusive relationships, safety planning, and increased awareness of options and resources – all tools that can be of assistance to survivors of domestic violence. What a survivor chooses to do with those tools is beyond the scope of DV programs. Most important, DV programs can help ensure that while a survivor and her child are in shelter, they stay alive.

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* Because the vast majority of domestic violence is committed by men against women in heterosexual relationships, this document may use the female gender pronoun when referring to the victim/survivor. We encourage helping professionals to be gender inclusive by using gender-neutral language when working with individuals, while also understanding gender as a construct that has implications on gender-based violence in both heterosexual and same-gender relationships. All of the information in this document is relevant for male victims and for individuals in same-gender relationships.

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