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Evaluating domestic violence support service programs: Waste of time, necessary evil, or opportunity for growth?

Cris M. Sullivan *

Department of Psychology, Psychology Building, Michigan State University, E. Lansing, MI 48824-1116, USA

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ABSTRACT

More and more funders of non-profit organizations are mandating that grantees engage in outcome evaluation. Given that this mandate is rarely accompanied by additional funding to devote to such efforts, as well as the limited skills many staff have in conducting outcome evaluation, this has been a significant hardship for human service programs. Domestic violence victim service programs have additional barriers to evaluating service effectiveness, including: (1) each survivor[1] comes to the program with different needs and life circumstances; (2) there is debate about which 'outcomes' are appropriate for these programs to accomplish; (3) many service clients are anonymous or engage in very short-term services; and (4) surveying survivors can compromise their safety or comfort. Some programs, therefore, resist evaluating their services (which can compromise their funding) while others engage in evaluations that can compromise their integrity or values. Others, however, see outcome evaluation as an opportunity for growth and improvement. Evidence is provided that, if done appropriately and sensitively, outcome evaluation can be incorporated into ongoing staff activities, can provide evidence for program effectiveness, and can improve services for survivors of intimate partner abuse.

Contents

1. Introduction

Domestic violence victim service programs have been under increasing scrutiny across many countries to demonstrate that they are making a significant difference in the lives of those using their services (Bare 2005; Macy, Giattina, Sangster, Crosby, & Montijo 2009). As funding dollars become more scarce, grantors from federal agencies all the way to private foundations are faced with making difficult choices about where to target their financial support (Frone & Yardley 1996). Increasingly, funders are expecting non-profit organizations to demonstrate that these dollars are being well-spent—not just that agencies are spending the money as intended, but that their

* Tel.: +1 517 353 8867; fax: +1 517 432 2476.
E-mail address: sulliv22@msu.edu.

[1] While all those being victimized by an intimate partner deserve effective advocacy, protection, and support, the overwhelming majority of survivors using domestic violence services are women battered by intimate male partners and ex-partners. For that reason, survivors are referred to as "women" and "she/her" throughout this article. A conscious decision was also made to use the term "survivor" instead of "victim" throughout. Although there is debate about the use of these terms in the field, the author is more comfortable referring to women, not in terms of their victimization, but rather by their strengths, courage and resilience.

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efforts are resulting in positive outcomes for service users (Campbell & Martin 2001; Rallis & Bolland 2004). While on the face of it, such an expectation appears reasonable—money should be spent on services that are known to make a positive impact on clients—this mandate is in fact quite controversial for a number of reasons. This article lays out the common concerns voiced by many staff of domestic violence victim service programs as they struggle with accurately evaluating their work. A field-tested evaluation protocol is then described that will hopefully assist these programs with their efforts.

One of the most common, and understandable, concerns voiced by domestic violence program staff with regard to outcome evaluation is that they are concerned that the evaluations demanded by funders will either endanger the very survivors they are trying to help (such as when funders expect programs to follow clients over time to gather outcome data), or will not accurately reflect their work. Some funders, for instance, tell domestic violence programs what their outcomes should be, and these outcomes are either unrealistic or reflect stereotypes that programs are trying to counteract (Behrens & Kelly 2008; Hendricks, Plantz, & Pritchard 2008). For example, some funders have grantees document how many women "leave the abusive relationship" after exiting shelter/refuge[2] programs as a sign of program success. Others expect an outcome of service to be that women will no longer be abused. Some funders think that if women return for service it is a sign of program success (she trusted the program enough to return, and found it helpful to her) while others believe that a return for service is a sign of failure (she was re-abused).

While domestic violence support service programs do focus on protecting women from future abuse, they (and the women themselves) are not ultimately responsible for whether abuse continues (Stark 2007; Sullivan & Bybee 1999). All of those engaged in this work have known women who have done everything in their power to protect themselves and their children, only to be re-abused or killed. Perpetrators are responsible for their behavior, and until our communities adequately hold them accountable and protect victims from them, abuse will unfortunately continue for many women and their children. The staff of domestic violence victim service programs is also all-too-aware that leaving the relationship does not necessarily end the abuse (Browne & Bassuk 1997; Fleury, Sullivan, & Bybee 2000; Sev'er 1997). In fact, abuse often escalates when a woman leaves or threatens to leave the relationship (Hardesty & Chung 2006; Stark 2007). For this reason, as well as the fact that some women want to maintain their relationships if the violence would end (Peled, Eisikovits, Enosh, & Winstok 2000), scholars as well as practitioners doing this work understand that "leaving the relationship" is not an outcome that accurately reflects domestic violence programs' work to keep women safe, nor does it reflect all women's intentions.

2. Choosing outcomes that make sense to domestic violence programs

So if domestic violence victim support programs are not responsible for ending violence against women in their communities, what DO they provide for victims and our communities? I have coined the acronym JARS (Justice–Autonomy–Restoration–Safety) as a handy means of describing the typical aims of domestic violence victim support programs. While programs differ in size, capacity, and services provided, most if not all share the following goals of enhancing:

- *J*USTICE—promoting legal, economic, and social justice
- *A*UTONOMY—re-establishing survivors' right to self-determination
- *R*ESTORATION—restoring emotional well-being
- *S*AFETY—enhancing physical *and* psychological safety

[2] Some countries use the term "shelter" while others use the term "refuge" to describe the 24-hour programs available to survivors of domestic abuse that include residential accommodations in addition to their advocacy and counseling support.

Program outcomes, then, can be derived from these objectives, while also bearing in mind that outcomes must be connected to program activities and how much programs can control. So, for example, while programs promote legal justice for survivors by educating them about the legal system, accompanying them through the legal process, helping them obtain legal remedies (such as restraining orders), and advocating on their behalf within legal systems, they are not in control of whether the system will do what is needed to adequately protect the survivor. Program staff, then, might be responsible for helping a survivor *obtain* a restraining order if she both wants and is eligible for one, but they are not responsible for whether the order is enforced by the police.

Another problem plaguing domestic violence programs who want to evaluate their work is that each survivor coming to them for help has her own particular life experiences, needs, and concerns. Unlike some nonprofits who have a singular goal (e.g., improving literacy, reducing teen pregnancy, preventing drug abuse), domestic violence programs offer an array of programs and attempt to tailor their services to survivors' specific needs. Some survivors might want or need legal assistance, for example, while others do not. Some are looking for counseling, while others are not. While this flexibility in service provision is a strength of domestic violence programs, it makes creating standardized outcomes very challenging.

Choosing outcomes on which to judge the work of domestic violence programs is also problematic because traditional outcome evaluation trainings and manuals focus on programs that are designed to *change the behaviors of their clients*. For instance, literacy programs are designed to increase people's reading and writing skills, AA programs are designed to help people stay sober, and parenting programs are designed to improve the manner in which people raise their children. Domestic violence programs, however, are working with victims of someone else's behavior. The survivors they work with did not do anything to cause the abuse against them, and therefore programs are not focused on changing their clients' behaviors. Domestic violence programs, then, need to take a more expanded view of what constitutes an outcome:

> An OUTCOME is a change in knowledge, attitude, skill, behavior, expectation, emotional status, or life circumstance due to the service being provided.

Some domestic violence program activities are designed to increase survivors' *knowledge* (for example, about the dynamics of abuse, typical behaviors of batterers, or how various systems in the community work). They also often work to change survivors' *attitudes* if the women blame themselves for the abuse, or believe the lies they have been told repeatedly by the abuser (e.g., that they are crazy, unlovable, or bad mothers). The program staff also teaches many clients *skills*, such as budgeting, how to behave during court proceedings, or how to create an impressive resume, and some clients do modify their *behavior* if they come to programs wanting to stop using drugs or alcohol, or wanting to improve their parenting.

Domestic violence victim service programs also change people's *expectations* about the kinds of help available in the community. For some clients that may mean lowering their expectations of the criminal legal system (for example, if they think their abuser will be put in prison for a long time for a misdemeanor) while for others it might entail raising their expectations (for example, if they are immigrants and have been told by the abuser that there are no laws in the host country prohibiting domestic violence).

Many domestic violence program services are designed to result in improved *emotional status* for survivors, as they receive needed support, protection and information, and finally, programs change some clients' *life circumstances* by assisting them in obtaining safe and affordable housing, becoming employed, or going back to school.

Because women come to domestic violence programs with different needs, from different life circumstances, and with different degrees of knowledge and skills, it is important that outcomes first start with where each woman is coming from and what she herself wants from the program. Programs do not, for example, want to say that 90% of clients will obtain protection orders, because many survivors do not want such orders or believe the orders would endanger them further.

In response to the reality that survivors have different needs when turning to domestic violence programs, I have suggested two different but complementary approaches to outcome evaluation. First, program staff can use the following template to create outcomes: "Of those survivors (in or wanting a particular service), xx% will (fill in the outcome to be achieved)." Some examples might look like:

Of those survivors working with legal advocates, 85% will understand their rights as crime victims.

Of our clients attending 3 or more support groups, 90% will report feeling less isolated.

85% of our clients going through court will understand their role in that process.

While this approach has been successfully adopted by many domestic violence programs, others would rather identify outcomes that span most or all of their clients, in order to minimize the additional effort involved in tracking multiple outcomes for diverse groups of clients. In response to this, the second approach I have recommended has involved identifying common needs that survivors come to programs with, and creating outcomes addressing those needs.

I have engaged in a fairly lengthy process since 1997 to identify outcomes that would be relevant to many domestic violence programs regardless of their size and capacity, and bearing in mind that some survivors receive very short-term services while others remain clients for years. Numerous conversations with advocates across the United States, Ireland, Scotland and Portugal (Sullivan 1998; Lyon & Sullivan 2007; Sullivan, Baptista, O'Halloran, Okroj, Morton and Stewart, 2008) resulted in consensus that, regardless of the service provided or how short-term the services might be, two outcomes are generally desired across all survivors and all services: (1) survivors will increase their knowledge about community resources available to them, and (2) survivors will have strategies for enhancing their safety. These outcomes are useful because they have been identified by those working in the field as being relevant, *and* because there is empirical support for their importance. Research has demonstrated that increasing survivors' knowledge of safety planning and of community resources leads to their increased safety and well-being over time (see Bybee & Sullivan 2002; Goodkind, Sullivan, & Bybee 2004; Sullivan & Bybee 1999). With the increasing pressure from funders to demonstrate service impact, it is ideal to measure outcomes with established long-term relevance.

Additional outcomes that domestic violence program staff have identified as accurately measuring outcomes they believe to be important include but are not limited to:

Survivors will know more about their rights.

Survivors will know more about their options.

Survivors will feel less isolated.

This is certainly not an exhaustive list. Rather, it represents the types of outcomes that are not only deemed important by domestic violence advocates and survivors, but that are also very straightforward to measure. Because not only is the choice of outcome controversial in the field, but the entire *process* of engaging in outcome evaluation has been fraught with contention.

3. Safely and respectfully collecting data from survivors

The best information about the extent to which any program is effective for clients comes from those *using*, rather than those *providing*, the service. While staff might *believe* that they have provided useful information, taught someone a new skill, or enhanced their well-being in some way, only the service users themselves can substantiate whether this is true. For that reason, whenever possible it is important that service users be given the opportunity to provide the information on which an evaluation of services is based.

In the case of domestic violence victim service programs, some staff are understandably concerned about overburdening clients who are already under a great deal of stress and who may still be reeling emotionally from recent abuse (Campbell, Adams, & Patterson 2008; Sullivan & Cain 2004). This is a valid concern, and women who are still in crisis should never be asked to complete a program evaluation form, or even verbally be asked questions for the sole purpose of program evaluation. This would take away from the respectful relationship being developed between staff and client, and would demonstrate a lack of empathy for what a woman is currently experiencing. Specifically, women should not be asked to participate in program evaluation if they have just received brief, emergency crisis services, or if they are visibly upset. However, it has been my experience and the experience of numerous domestic violence program staff that, in general, women appreciate the opportunity to provide feedback on the services they have received and the impact of those services on their lives (Sullivan et al. 2008). It is simply important that their input be requested in a respectful manner, the questions they are asked are relevant and meaningful, and that the process not be time-consuming. Women also must be assured that their answers cannot be tied back to them personally, in order to assure that their responses are candid and honest.

A core value of domestic violence programs is to protect the privacy and confidentiality of the survivors who seek their services (Murphy & Yauch 2009). This value needs to extend to evaluating program services as well—participation in outcome evaluation must be completely voluntary, and clients must feel confident that their responses will not be held against them. For this reason, steps must be taken not only to assure women's anonymity but to ensure that women are *aware* that their anonymity is being protected. More than once I have heard of funders mandating that domestic violence programs obtain evaluation data from *all* of their clients—this is not only insensitive but it places an unnecessary additional burden on survivors and can undermine the trusting relationship being developed with staff. Instead, women must be *invited* to participate in outcome evaluation. In my experience, if survivors are told, not that they must complete a survey or the program might lose funding, but rather that their opinions are important to the agency and used to continually improve services, most clients are more than happy to take a few moments and offer their feedback. But their unwillingness to do so should not be cause for sanctions against either them or the domestic violence agency.

4. The difference between satisfaction surveys and outcome surveys

It is important to note here that outcome evaluation surveys are not synonymous with client satisfaction surveys. A client can be very satisfied with how they were treated by a program and with how much effort a service provider put in on their behalf, and yet also report that these efforts were not effective for them. Research has demonstrated that people can and do differentiate between these two phenomena, and many funders now (and program administrators) are interested more in whether the services significantly *impact* clients rather than simply whether clients were happy with them (Bare 2005; Hendricks et al. 2008; Rallis & Bolland 2004). The reason

this is important to note here is that many program staff refer to their outcome surveys as "satisfaction surveys," without recognizing that this term diminishes the extent to which external stakeholders (e.g., funders and policy makers) treat their evaluation efforts seriously.

For those programs that are currently using client satisfaction surveys that contain no outcome evaluation questions, adding such questions is relatively straightforward, and very quickly the program has an outcome evaluation design in place that blends well into work they are already doing. Programs do not want to omit satisfaction items entirely—it is important that clients not only receive services that impact them positively, but that they find the services respectful and useful, or they will be less likely to return to the program in the future—no matter how "effective" the services are (Hogard 2007). A brief survey can easily contain both types of questions without overburdening respondents.

5. Deciding when to collect evaluation information from survivors

Since domestic violence programs differ within and across countries in what they offer and how they offer it, every agency must decide for itself how best to collect outcome information from clients receiving support services. Ideally, women would provide outcome data right before they stop services. However, women commonly stop coming for services without saying anything in advance—they simply stop. Other women have only a brief, one-time interaction with program staff (Campbell et al. 2008; Sullivan & Cain 2004). This makes the issue of timing very difficult for program staff. My own recommendation has been for programs to ask a survivor to complete a brief survey after a minimum of two contacts with the agency unless the advocate believes they will see the client again (Lyon & Sullivan 2007). Programs want to allow enough time for change to occur, but they also do not want to miss those clients receiving shorter-term support and advocacy.

Nonprofit organizations commonly use brief, written client feedback surveys to collect outcome information because they are relatively simple for both staff and clients. However, relying solely on such surveys, especially if they are only offered in one language, means that programs will not be hearing from all of their clients equally. Also, if someone either does not read or write well, or has a physical or cognitive disability preventing them from comfortably completing the form, their opinions and experiences will not get counted. Creative solutions are needed to deal with these issues, but they are dependent on agency resources and capacity.

Verbally asking clients the survey questions is one way to deal with literacy, language and/or many disability issues. However, programs would not want the person who provided the services to be the person asking the questions because clients may not feel comfortable giving negative feedback. There are ways that programs have gotten around this. Some use other staff members who have had no contact with the survivor complete the forms with them. Other programs use interns or volunteers to help with this; still others have used local translation services to ask the questions by telephone. These are individual decisions that need to be made by each program based on need and resources available.

6. Can domestic violence programs measure long-term change?

Another debate regarding outcome evaluation concerns whether domestic violence programs can or should measure long-term change (such as stable housing over time, or long-term safety). Some funders have expected non-profits to locate their clients six months (or sometimes even longer) after they have received services in order to gather this information (Sridharan, Campbell, & Zinzow 2006). Not surprisingly, many domestic violence programs have balked at this requirement—not just because following survivors over time might endanger them or be perceived as stalking them, but because measuring long-term outcomes is very labor intensive, time intensive, and costly. Research dollars are generally needed to adequately examine these types of outcomes (Sridharan et al. 2006; Sullivan 2010). For example, I conducted a research study that involved interviewing women every six months over two years, and the project was able to locate and interview over 95% of the sample at any given time point (Sullivan, Rumptz, Campbell, Eby, & Davidson 1996). We compared the women who were "easy to find" with the women who were more difficult to track, and discovered that the "easy to find" women were more likely to be white, were more highly educated, were more likely to have access to cars, were less depressed, and had experienced less psychological and physical abuse compared to the women who were more difficult to find. It also cost tens of thousands of dollars to successfully track and interview the women safely (Lyon & Sullivan 2007). This case examples illustrates that if agencies do not have the funds and time to locate a representative sample of their clients over time, the findings would be suspect and ineffectual.

What community-based programs *can do* is examine the extent to which their evaluation results dovetail with what larger-scale research studies are revealing about domestic violence services. Unfortunately, very few studies to date have examined the long-term impact of victim services on survivors over time. However, the studies that *have* been conducted have consistently found such services to be helpful. Shelter programs, for example, have been found to be one of the most supportive, effective resources for women with abusive partners, according to the residents themselves (Bennett, Riger, Schewe, Howard, & Wasco 2004; Goodkind et al. 2004; Lyon, Lane, & Menard 2008; Tutty, Weaver, & Rothery 1999). Advocacy services were evaluated in one research study that used a true experimental design and followed women for two years. Women who worked with the advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources over time. One out of four (24%) of the women who worked with advocates experienced *no* physical abuse, by the original assailant or by any new partners, across the two years of post-intervention follow-up. Only 1 out of 10 (11%) women in the control group remained completely free of violence during the same period. This low-cost, short-term intervention using unpaid advocates appears to have been effective not only in reducing women's risk of re-abuse, but in improving their overall quality of life (Sullivan, 2006; Sullivan & Bybee 1999).

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). In short, then, 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 only evaluation of a *legal* advocacy program as of this writing is Bell and Goodman's (2001) quasi-experimental study conducted in Washington, DC. Their research found that women who had worked with advocates reported decreased abuse six weeks later, as well as marginally higher emotional well-being compared to women who did not work with advocates. Their qualitative findings also supported the use of paraprofessional legal advocates. All of the women who had worked with advocates talked about them as being very supportive and knowledgeable, while the women who did not work with advocates mentioned wishing they had had that kind of support while they were going through this difficult process. These findings are promising but given the lack of a control group they should be interpreted with extreme caution.

Evaluations of support groups have shown positive findings as well. One notable exception is Tutty, Bidgood, and Rothery (1993) evaluation of 12 "closed" support groups (i.e., not open to new members once begun) for survivors. The 10–12 week, closed support group is a common type of group offered to survivors, and typically focuses on safety planning, offering mutual support and understanding, and discussion of dynamics of abuse. Tutty et al.'s (1993) evaluation noted significant improvements found in women's self-esteem, sense of belonging, locus of control, and overall stress over time. These findings were corroborated by a more recent study that included a rigorous experimental design (Constantino, Kim, & Crane 2005). This 8-week group was led by a trained nurse and focused on helping women increase their social support networks and access to community resources. At the end of the eight weeks the women who had participated in the group showed greater improvement in psychological distress symptoms and reported higher feelings of social support. They also showed less health care utilization than did the women who did not receive the intervention.

These research studies are presented to illustrate that there is at least some evidence supporting the long-term effectiveness of typical domestic violence victim services (Macy et al. 2009; Sullivan 2010). While community-based programs do not have the resources to examine long-term change in women's lives, they can measure the short-term change that has been shown to lead to the longer-term successes.

Proximal changes are those more immediate and/or incremental outcomes one would expect to see that will eventually lead to the desired long-term outcomes (Rossi, Lipsey, & Freeman 2004). For example, a hospital-based medical advocacy project for survivors of domestic violence might be expected to result in more women being correctly identified by the hospital, more women receiving support and information about their options, and increased sensitivity being displayed by hospital personnel in contact with abused women. These changes might then be expected to result in more women accessing whatever community resources they might need to maximize their safety (e.g., shelter, restraining order), which *ultimately*—long-term—would be expected to lead to reduced violence and increased well-being (Renger, Passons, & Cimetta 2003). Without research dollars programs are unlikely to have the resources to measure the long-term changes that result from this project. However, programs *could* measure the short-term outcomes they expect the program to impact: in this example, that might include (1) the number of women correctly identified in the hospital as survivors of domestic abuse; (2) survivors' perceptions of the effectiveness of the intervention in meeting their needs; and (3) hospital personnel's attitudes toward survivors of domestic violence.

7. Concerns about findings being used against programs

Yet another concern that has been raised by domestic violence program staff in response to funders' demands for outcome data has been the fear that results will be used to guide future funding decisions (Behrens & Kelly 2008; Hendricks et al. 2008). While on the face of it, this might make some sense—investing more dollars where services have been found to be most effective—there are numerous reasons why this is problematic and potentially unfair. The main worry raised by staff has been that programs will modify their client base to maximize their "success rate:" in other words, they will work with clients most likely to achieve the desired outcomes and refuse services to those with higher needs. Programs, for example, with funding to provide clients with 'stable housing' might refuse service to individuals with mental illnesses or who abuse substances, under the belief that they will be less likely to maintain stable living arrangements. This might in fact even be true—and results in fewer services being offered to people who are most vulnerable.

Continuing with the example of a program being funded to provide stable housing, another critique is that some outcomes are more influenced by community conditions than they are by program efforts. Some areas simply lack affordable housing, which makes attaining this outcome for clients much more difficult. Yet staff in under-resourced communities may be penalized for having a lower "success rate" than staff in more affluent areas. While there may be some cases, then, when outcomes might be used to guide funding decisions, it is important to consider these issues carefully and to avoid comparing one program's success with another.

8. Multi-country evaluation model useful to both staff and survivors

In 2006, three national-level organizations across Ireland, Portugal and Scotland began a two-year collaboration to create and test an outcome evaluation model for domestic violence shelter/refuge programs. Their goal was to design a model that would be easy and inexpensive for staff to implement, that would accurately reflect the diverse experiences, needs and outcomes of women experiencing domestic abuse, and that would be replicable across numerous European countries. The project was in response to an earlier collaboration among these partners and Denmark, France, and Slovenia examining domestic violence support services, from which they concluded:

> All countries have reported that most services providing refuge accommodation for women and children experiencing domestic violence are aware of the importance of undertaking—in a regular and systematic way—evaluation procedures, but such work is often prevented by the lack of resources, but also by the lack of agreed and effective evaluation mechanisms (Baptista 2004, p. 40).

With funding awarded by the European Commission's Daphne II Programme to Combat Violence Against Children, Young People and Women, the partners embarked on a multi-year, five-phase project. They first gathered information from domestic violence program staff in all three countries about their concerns and needs regarding outcome evaluation. They then constructed outcomes and outcome measures (indicators) relevant to both workers and survivors. The third phase involved creating tools to measure the outcomes, and in the fourth phase they pilot-tested the tool (survey). The fifth and final phase involved modifying the model based on the pilot study, and summarizing the process to share with other countries (see Sullivan et al. 2008 for more details). Results of the project were extremely positive. Survivors willingly agreed to participate in the evaluation, they found the surveys easy to understand and complete, and they thought the questions were meaningful and relevant. Staff found the process to be straightforward and useful to their work. They felt they gained a more in-depth understanding of women's needs, and that the process provided them with opportunities to reflect upon their work. All of the agencies that participated in the pilot expressed a willingness to continue evaluating their work in the future.

A sampling of the information gleaned from this project is provided here to demonstrate the utility of engaging in program evaluation. For example, 95% of the women completing surveys reported having more information that would help them in the future, and that they felt more confident in their decision-making. A full 99% felt safer, and 95% reported having more ways to keep their children safer. The item on which women reported the least change was "I am better able to manage contact with my partner/ex-partner," with 16% reporting no change at all. Given how many women share children in common with their abusers or are financially entangled with them, this finding is not surprising and is often not under the direct control of domestic violence support service programs. It is, however,

important information for programs to have as they target their systems change efforts.

9. Self-evaluations vs external program evaluations

Some programs seek out external evaluators to conduct program evaluations (if they can find someone willing to do this for free or at a very low cost), while most conduct their own evaluations, either out of financial necessity or to maintain control of the process. The debate about which is preferable generally centers around two issues: (1) Will the findings of an "objective" outsider be more convincing than results obtained by staff invested in "looking good?" vs. (2) Will an external evaluator know enough about domestic violence and the work of victim service programs to design and implement a useful evaluation, and will they then have the expertise to interpret their findings accurately?

Establishing a positive relationship with an evaluator can be beneficial to programs in a number of ways. First, the evaluator may bring some resources (money, time, and expertise) to contribute to the evaluation, which could free up staff time and energy. Second, the evaluator could be helpful in disseminating positive information about the program to others. Bringing different types of expertise to a task generally lightens the load for all involved.

A word of caution is important here, however. There are evaluators who would be more than happy to evaluate the organization, but *for all the wrong reasons*. Some researchers are looking for opportunities to publish articles or obtain research grants simply to enhance their own careers, some are not willing to collaborate with community partners in an equal partnership, and some are unaware either of the dynamics of domestic violence or of the focus of domestic violence programs, and can inadvertently endanger or misrepresent the women using the services. There are many researchers and evaluators who would be willing to donate their time to assist domestic violence programs with their evaluations, but it is important that the program stay involved in all phases of the process (design, implementation, interpretation, and dissemination). This will ensure that the evaluation is germane to the needs of the organization, respectful to clients, and useful both internally and externally.

10. Conclusion

The debates about whether domestic violence victim service programs should evaluate their efforts, how they should evaluate their efforts, and how those findings should be used both internally to the program and externally to guide funding decisions, are not likely to be resolved any time soon. It is understandable, for example, that funders want to know if their dollars are significantly and positively impacting community members, while at the same time it is reasonable and logical that domestic violence programs worry that conducting a flawed or disrespectful evaluation is worse than conducting no evaluation at all. What all parties share in common—funders, program administrators, direct line staff, and service users—is the desire that services be relevant and helpful to survivors of intimate partner violence. It is my hope that some of the strategies outlined here, along with the outcome evaluation tools that have been tested across multiple countries, will assist domestic violence victim service programs in obtaining feedback from survivors that is useful both internally and externally.

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