



Outcome Evaluation for Domestic Violence Programs

Evaluation Issue Brief #4

Outcome Evaluation - What Effects Are We Having?

It is extremely common for people to confuse process evaluation with outcome evaluation. Although process evaluation is important -- and discussed in Evaluation Issue Brief #2 -- it is **not** the same as outcome evaluation.

OUTCOME EVALUATION

assesses what occurred as a direct result of the program. Outcomes must be measurable, realistic, and philosophically tied to program activities.

One of the first places many people get "stuck" in the evaluation process is with all of the terminology involved.

Objectives

Goals

Outcomes

Outcome Measures

These terms have struck fear in the hearts of many, and are often the cause of abandoning the idea of evaluation altogether. One reason for this is that the terms are not used consistently by everyone. Some people see goals and objectives as interchangeable, for example, while others view objectives and outcomes as the same. What is more important than memorizing terminology is understanding the *meaning* behind the labels. We will describe the concepts behind the terms so even if a specific funder or evaluator uses different terminology than you do, you will still be able to talk with each other!

The Difference Between Objectives and Outcomes

Effective evaluation begins by first defining our overarching goals (sometimes also referred to as objectives). Goals or objectives (and we're using these terms interchangeably; not everyone does) are what we ultimately hope to accomplish through the work we do. Program goals, usually described in our mission statements, are long-term aims that are difficult to measure in a simple way.

We would say that the **OVERALL GOAL OR OBJECTIVE** of domestic violence victim service programs is to –

***enhance safety and justice
for domestic violence survivors and their children***

While it is not important that you agree with this overall objective, it is important that you choose goals and objectives that make sense for your agency. After the program's overall objective has been established, it is important to consider what we expect to see happen as a result of our program, that *is* measurable, that would tell us we are meeting our objective(s). These are program **OUTCOMES**.

The critical distinction between goals and outcomes is that outcomes are statements reflecting *measurable* change due to your programs' efforts.

Depending on the individual program, **PROGRAM OUTCOMES** might include:

- A survivor's immediate safety
- The immediate safety of the survivor's children
- A survivor's increased knowledge about domestic violence
- A survivor's increased awareness of options
- A survivor's decreased isolation
- A community's improved response to battered women and their children
- The public's increased knowledge about domestic violence
- A perpetrator's cessation of violence (NOTE: only for programs that focus specifically on the abuser)

There are two types of outcome we can evaluate: long-term outcomes and short-term outcomes.

Long-term outcomes involve measuring what we would expect to ultimately occur, such as:

- Increased survivor safety over time
- Reduced incidence of abuse in the community
- Reduced homicide in the community
- Improved quality of life of survivors

As we noted in *Evaluation Issue Brief #2*, measuring long-term outcomes is very labor intensive, time consuming, and costly. Research dollars are generally needed to adequately examine these types of outcomes. More realistically, you will be measuring the short-term outcomes that we expect to *lead* to the longer-term outcomes.

Why We Caution Against Following Survivors Over Time as Part of Outcome Evaluation

Some funders are now asking grantees to follow their clients over time (sometimes for as long as six months or a year) to obtain longer-term outcome data. While we understand the desire for such data, this again is where we must differentiate between the roles and capabilities of service programs and researchers. Safely tracking, locating, and interviewing survivors over time is extremely costly, time-consuming, and resource-intensive to do correctly. And we have yet to hear of a case where the funder mandating this new activity is also providing additional money to pay for this additional work.

In one of the studies reviewed in research summaries on the DV Evidence Project online resource center (www.dvevidenceproject.org) that involved interviewing survivors every six months over two years, the investigators were able to successfully locate and interview 94% of the participants at any point in time.

The investigators 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 (Sullivan et al., 1996).

The moral of the story is: If you do follow-up interviews with clients, be careful in your interpretation of findings. The survivors you talk to are probably not representative of all the people using your services. It is therefore our position that programs should not waste the resources to gather information that is not likely to be accurate. Rather, they should spend more time and attention engaging in outcome evaluation that is likely to give them useful and trustworthy data.

Choosing Outcomes That Make Sense to Our Programs

One of the reasons that many domestic violence victim service program staff have difficulty applying outcome evaluation to their work is that traditional outcome evaluation trainings and manuals do not apply to our work. Instead they 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, Alcoholics Anonymous programs are designed to help people stay sober, and parenting programs are designed to improve the manner in which people deal with their children. We, however, are working with victims of someone else's behavior. They did not do anything to cause the abuse against them, and we therefore are not about changing their behaviors. For our work, then, we 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 of our 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). We also often work to change survivors' *attitudes* if they come to us blaming themselves for the abuse, or believing the lies they have been told repeatedly by the abuser (e.g., that they are crazy, unlovable, or bad mothers). We also teach many clients *skills*, such as budgeting and planning, how to behave during court proceedings or how to complete a resume, and some clients do modify their *behavior* if they come to us 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 we may lower 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 we might raise their expectations (for example if they are from another country and have been told by the abuser that there are no laws prohibiting domestic violence).

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

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

Because survivors come to us with different needs, from different life circumstances, and with different degrees of knowledge and skills, it is important that our outcomes first consider where each client is coming from. We do not, for example, want to say that 90% of our clients will obtain protection orders, because we know that many survivors do not want such orders or believe they would endanger them further. Instead, then, we might say that: Of the women who want and are eligible for protection orders, 90% will accurately complete and file them.

"Problematic" Outcome Statements to Avoid

A common mistake made by many people designing project outcomes is developing statements that are either (1) not linked to the overall program's objectives, or (2) unrealistic given what the program can reasonably accomplish. Five common problematic outcome statements are listed on the following pages, with explanations for why they should be avoided:

Problematic Outcome Statement #1

"50% of the survivors who use this service will leave their abusive partners."

*The expectation that all survivors should leave their abusive partners is problematic for a number of reasons, including: it wrongly assumes that leaving the relationship always ends the violence, and it ignores and disrespects the survivor's agency in making her/his own decision. This type of "outcome" should either be avoided altogether or modified to read, 'xx% of the survivors using this service **who want to leave their abusive partners** will be effective in doing so.'*

Problematic Outcome Statement #2

"The survivors who use this program will remain free of abuse."

Victim-based direct service programs can provide support, information, assistance, and/or immediate safety for survivors, but they are generally not designed to decrease the perpetrator's abuse. Suggesting that victim focused programs can decrease abuse implies survivors are at least somewhat responsible for the violence perpetrated against them.

Problematic Outcome Statement #3

"The survivors who work with legal advocates will be more likely to press charges."

Survivors do not press charges; prosecutors press charges. It should also not be assumed that participating in pressing charges is always in the survivor's best interest. Legal advocates should provide survivors with comprehensive information to help women make the best-informed decisions for themselves.

Problematic Outcome Statement #4

"The survivors who work with legal advocates will be more likely to cooperate with the criminal justice system."

Again, survivors should be viewed as competent adults making the best decision(s) they can for themselves. Those who choose not to participate in pressing charges should not be viewed as "noncompliant" or "uncooperative." Until the criminal justice system provides victims with more protection, and eliminates gender and racial bias and other barriers to justice, it should not be surprising when victims choose not to participate in the criminal justice process.

Problematic Outcome Statement #5

"An outcome of this program will be that the number of calls to the police will decrease."

*First, if this is not a well-funded research study you probably will not have the resources to find out if calls to the police decrease. But more importantly, a decrease in the number of calls to the police does not necessarily mean **violence** has decreased. It could mean survivors are more hesitant to contact the police or that perpetrators are more effective in preventing victims from calling the police.*

That some programs feel compelled by funders to create outcome statements such as these is understandable. However, the cost is too high to succumb to this urge. It is one of our goals to educate the public about domestic violence, and that includes our funders. If funders have money to spend to eradicate domestic violence, we must educate them about the appropriate ways to spend that money. We cannot do that effectively unless they understand why abuse occurs in relationships, and that survivors are not responsible for ending the abuse.

The Hard-to-Measure Outcomes of Domestic Violence Programs

Why is it so difficult to evaluate domestic violence programs? In addition to the obvious answer of "too little time and money," many domestic violence programs' goals involve outcomes that are difficult to measure. An excellent resource for designing outcomes within non-profit agencies is "*Measuring program outcomes: A practical approach*," distributed by the United Way of America (United Way of American. 1996). In an especially applicable section entitled "Special problems with hard-to-measure outcomes" (p. 74), the United Way manual lists nine situations that present special challenges to outcome measurement.

They are included here, since one or more are evident in most domestic violence programs. Where applicable, the statement is followed by the type of domestic violence service that is especially susceptible to this problem:

1. Participants are anonymous, so the program cannot later follow up on the outcomes for those participants.
24-hour crisis line
2. The assistance is very short-term.
24-hour crisis line; sometimes support groups, counseling, shelter services, some legal advocacy
3. The outcomes sought may appear to be too intangible to measure in any systematic way.
24-hour crisis line, counseling, support groups, some shelter services
4. Activities are aimed at influencing community leaders to take action on the part of a particular issue or group, such as advocacy or community action programs.
Systems advocacy programs
5. Activities are aimed at the whole community, rather than at a particular, limited set of participants.
Public education campaigns
6. Programs are trying to prevent a negative event from ever occurring.
7. One or more major outcomes of the program cannot be expected for many years, so that tracking and follow-up of those participants is not feasible.
8. Participants may not give reliable responses because they are involved in substance abuse or are physically unable to answer for themselves.
9. Activities provide support to other agencies rather than direct assistance to individuals.

On the one hand, it is heartening to know that: (1) the United Way of America recognizes the challenges inherent to some organizations' efforts: and (2) it is not [simply] our lack of understanding contributing to our difficulty in creating logic models for some of our programs. On the other hand, just because some of our efforts are difficult to measure does not preclude us from the task of evaluating them. It just means we have to try harder!

So, What is an Outcome Measure?

Outcome measures are sources of information that tell us whether or to what extent an outcome has been achieved. So, for example, if the desired outcome is that survivors who use our services will know more about community resources, how would we know whether that had occurred? We might develop a brief survey for them to complete, or we might interview them face-to-face with a questionnaire....these different ways to determine whether the outcome has been achieved are called outcome **measures** because they *measure*, or document, whether the change has occurred.

Common types of outcomes measures are:

- Paper and pencil surveys
- Questionnaires completed in interview format
- Mail surveys
- Telephone surveys
- Staff documentation (for example, documentation regarding how many protection orders were filed)

Knowledge is power. The more service providers and advocates know about designing and conducting evaluation efforts the better those efforts will be. Evaluating our work can provide us with valuable information we need to continually improve our programs.

The other Evaluation Briefs in this series address why domestic violence programs should want to evaluate our work (#1), review the distinctions between research and evaluation and between process and outcome evaluation (#2), explore ways to attend to safety, confidentiality and diversity (#3), provide practical guidance on gathering, maintaining and analyzing data (#5), and recommend how we can make evaluation work for us (#6).

The content of this series of Outcome Evaluation Issues Briefs is drawn from a 2007 NRC DV publication entitled *“Outcome Evaluation Strategies for Domestic Violence Services Programs Receiving FVPSA Funding: A Practical Guide”*, authored by Eleanor Lyon, PhD and Cris Sullivan, PhD.

Eleanor Lyon recently retired from her position at Director of the Institute for Violence Prevention & Reduction at the University of Connecticut, where she directed many research and evaluation projects focused on violence against women. She remains active as a consultant for the NRC DV, the National Center on Domestic Violence, Trauma and Mental Health, and others. **Cris Sullivan** is Professor of Ecological/Community Psychology and Coordinator of the Violence Against Women Research and Outreach Initiative at Michigan State University (MSU). She is also Associate Chair of the Psychology Department and is a Senior Fellow of MSU’s Office on Outreach and Engagement. She has been an advocate and researcher in the movement to end violence against women since 1982. Her areas of expertise include developing and evaluating community interventions for abused women and their children, and evaluating victim services.