

Developing and pilot-testing assessment and outcome evaluation instruments for community-based domestic violence and sexual assault programs: Findings from North Carolina

Sandra L. Martin^a, Kathleen S. Kenny^a, Ijeoma Ogbonnaya^b, McLean D. Pollock^a, Sara Storms^a & Rebecca J. Macy^c

^aGillings School of Global Public Health, UNC at Chapel Hill; ^bSchool of Social Work, University of Southern California; ^cSchool of Social Work, UNC at Chapel Hill



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

BACKGROUND

- Community-based Domestic Violence/Sexual Assault (DV/SA) programs exist nationwide, with almost 100 programs in North Carolina (NC), serving 75,000 persons annually.
- Standardized assessment instruments are currently not used by NC DV/SA programs to identify survivor needs and to evaluate service outcomes.
- The goal of this study was to develop interviews that DV/SA providers could use with survivors in longer-term services (shelter and counseling) to assess survivors' needs and develop service plans to address these needs.

METHODS

- Focus groups were conducted with former clients of DV/SA programs and a survey was distributed to all NC DV/SA program directors to obtain perceptions concerning types of information that providers should ask survivors about to identify needs.
- Findings from the focus groups and survey were used to draft instruments to assess survivors' service goals, violence/legal experiences, safety, physical/emotional health, substance use, coping, social support, and to collect demographic information.
- Instruments consisted of three semi-structured interviews to be administered to survivors within both stand-alone SA agencies and combined DV/SA agencies.
- Interviews were piloted by program staff with a convenience sample of 55 survivors in four programs (one stand-alone SA program and three combined SA/DV programs).

PROFILE OF SEMI-STRUCTURED INTERVIEW INSTRUMENTS

- Open-ended interview questions asked about the service goals of the survivor and responses were categorized as goals related to emotional health, social support, self-esteem, coping, safety, physical health or other.
- Other interview questions asked about survivors' experiences of violence, physical health, emotional health, use of medication, alcohol and substance use, coping and social support.

PILOTING INTERVIEW INSTRUMENTS

- Four DV/SA programs were pilot sites to examine feasibility of interviews in practice settings.
- At the end of the study period, providers gave feedback on their experiences conducting the interviews, including survivors' reactions to the interview questions.
- Descriptive statistics, including percentages, means, and standard deviations were used to summarize survivors' responses to interview questions. (Tables 1-3)

DEMOGRAPHIC CHARACTERISTICS OF PARTICIPATING SURVIVORS

- 94% of survivors were women and the mean age of all survivors was 35.8 years.
- 84% of survivors were white while other classified their race as African American.
- 41% of all survivors were married but living apart from their spouse, 28% were single, 19% were divorced, and 13% were married and living with their spouse.
- 19% of survivors had graduated from an institution of higher education, 22% had completed some coursework in higher education, 20% had graduated from high school or had a GED, and 39% had less than high school level of education.

TABLE 1. SURVIVORS' PHYSICAL HEALTH, SUBSTANCE USE AND EMOTIONAL HEALTH

Survivors' Physical Health (n=53)	n (%)
Physical Health – Excellent, very good, good	37 (70)
Physical Health – Fair or Poor	16 (30)
Survivors' Substance use	
Substance use (past month) (n=55)	21 (38)
Alcohol (with or without drugs) (n=54)	19 (35)
Illegal/prescription drugs to get high (with or without alcohol) (n=54)	11(20)
Survivors' Emotional Health	Mean (SD)
Emotional Health Score*	15.9 (4.4)

* The Emotional Health Symptom Score could range from 0 (the lowest frequency of symptoms) to 30 (the highest frequency of symptoms), with scores of 15 or greater indicating cause for clinical concern. The response scale for each of the Emotional Health Symptom items included: 0=none of the time, 1=a little of the time, 2=some of the time, 3=a good bit of the time, 4=most of the time, and 5=all of the time

TABLE 2. SURVIVORS' VIOLENT VICTIMIZATION, SAFETY, AND LEGAL CONCERNS

Survivors' Concerns	n (%)	
Child Maltreatment	Physical abuse (n=53)	27 (51)
	Sexual abuse (n=52)	19 (37)
Partner Violence	Insults (n=46)	43 (94)
	Scream/yell (n=45)	42 (93)
	Threatened to harm survivor (n=45)	41 (91)
	Physically hurt survivor (n=45)	39 (87)
	Spy/stalk (n=45)	37 (82)
	Threaten loved one with harm (n=45)	33 (73)
	Coerced or forced sex (n=45)	25 (56)
Sexual Violence	Physically hurt loved one (n=45)	12 (27)
	Forced to have sex (n=29)	20 (69)
	Threatened unwanted sex (n=30)	20 (67)
	Unwanted touching of survivor's sex organs (n=30)	20 (67)
	Made to touch perpetrator's sex organs (n=27)	17 (63)
Safety of Self	Unwanted exposed sex organs (n=30)	17 (57)
	Other (n=29)	6 (21)
	Has safety plan (n=54)	14 (26)
Child/Children's safety	Does NOT feel safe now (n=50)	12 (24)
	Has child/children (n=54)	36 (67)
	Would like help for children (n=35)	18 (51)
Legal issues	Children are not safe (n=34)	7 (21)
	Perpetrator legally charged (n=53)	13 (25)
	Restraining order (n=54)	4 (7)

TABLE 3. SURVIVORS' COPING AND SATISFACTION WITH SOCIAL SUPPORT

Coping	Mean (SD)
Coping Score* (n=54)	5.9 (2.3)
Successfully solved problems	2.0 (0.8)
Able to cope with stress	1.8 (0.9)
Able to cope with difficult situation	1.2 (1.0)
Social support	
Satisfaction with Social Support Score** (n=54)	7.4 (2.2)
Emotional support	3.7 (1.2)
Practical help	3.7 (1.2)

*The Coping Score ranges from 0 (the lowest level of coping) to 12 (the highest level of coping). The response scale for Coping items included: 0=never, 1=seldom, 2=occasionally, 3=often, and 4=frequently.
**The Satisfaction with Social Support Score could range from 2(the most satisfied with their social support) to 14 (the least satisfied with their social support). The response scale for each of the Social Support items included: 1=extremely pleased, 2=pleased, 3=mostly satisfied, 4=mixed/both satisfied and dissatisfied, 5=mostly dissatisfied, 6=unhappy, 7=terrible.

TABLE 4. SURVIVORS' SERVICE GOALS AND PROGRESS TOWARDS GOALS

Client Goals (n=55)	n (%)	% of overall survivors who made progress toward service goals at time 2
Emotional health	49 (89)	71
Social support	48 (87)	43
Self-esteem	44 (80)	50
Coping	41 (75)	33
Safety	39 (71)	63
Physical health	7 (13)	0
Other	12 (22)	0

RESULTS

- Interviews typically took 20 to 30 minutes to administer.
- 55 survivors who had recently entered longer-term services participated in interviews (11% had entered longer-term counseling within a stand-alone SA program, 49% had entered longer-term counseling in a combined DV/SA program, and 40% had recently entered longer-term shelter in a combined DV/SA program).
- Varying types of goals were highlighted by survivors entering services, with the most common goals including enhancing emotional health, social support, self-esteem, coping and safety.
- Interviews documented multiple types of violence experiences by survivors and existing safety plans for women and children, as well as legal issues.
- Interviews found that most survivors had experienced severe forms of violence, yet relatively few had some type of legal intervention.
- Among survivors in stand-alone SA programs, none of those receiving counseling had a restraining order in place, compared to 11% of those in counseling at combined DV/SA program and 5% of those in shelter at combined DV/SA programs.
- Important health problems were identified in interviews, including suicide ideation in the last month reported by 4% of survivors, and lifetime suicide attempts reported by 20% of survivors.
- Emotional health symptoms were the most commonly reported health problem, with the mean emotional health score being highest (16.5) among survivors in shelter at combined DV/SA programs, followed by those (15.8) in counseling at combined DV/SA programs, and those (14.5) in counseling at stand-alone SA programs.
- Interviews were helpful in documenting survivors' potential substance use issues.
- Survivors' difficulty in coping and dissatisfaction with social support was also identified by the interviews.
- Survivors interviewed at Time 2 reported progress in meeting service goals in the areas of emotional health (76%), followed by safety (63%), self-esteem (50%) and social support (43%) and coping (33%).

PROVIDER FEEDBACK ON USING INTERVIEWS

- Providers viewed interviews as very helpful in documenting survivors' demographic information, identifying service needs and devising appropriate service plans.
- Providers reported all interview questions to be relevant and helpful, though identified that questions on sexual violence were uncomfortable for providers to ask.
- Providers suggested splitting interviews into two parts, an interview examining safety issues and an interview examining health issues.
- Providers recommended that the paper-and-pencil interviews be transformed into a computer data system already in use by a number of NC DV/SA programs.
- Providers suggested that de-identified information collected through interviews could be useful in program reports to funders, and advised the research team to explore this possibility with funders

CONCLUSIONS

- DV/SA providers found that standardized interviews were helpful in identifying multiple needs of violence survivors entering longer-term services, information helpful in developing appropriate service plans with survivors.
- The interviews were also helpful in identifying the degree to which survivors' made progress towards their service goals.

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