



## **Research and Evaluation of Interventions with Women Affected by Domestic Violence \***

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### **Introduction**

Although much has been achieved in the last 30 years in the movement against domestic violence, research and evaluation of the outcomes of interventions with women and children is limited (Abel 2000; Lundy & Grossman 2001). This stands in contrast to the growing body of research evaluating the outcomes of interventions with the perpetrators of domestic violence (Lundy & Grossman 2001) and the increasing methodological sophistication of this body of research (Laing 2002). Increasingly, there are calls to address this gap. In addition, services are increasingly required to provide outcome evaluations, often as a requirement of continued funding (Sullivan 2001). This paper provides a brief overview of the literature on outcomes of domestic violence interventions with women and identifies some of the challenges involved in the research and evaluation of these services. It then describes some current approaches to undertaking this type of research and evaluation.

Abel (2000) reviewed the literature on outcomes of psychosocial interventions with abused women and was able to identify only nine published articles that

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specifically addressed the topic. These included studies of refuge-based services, support groups outside the refuge setting, group treatment within refuges, advocacy services and follow-up treatment. Her review found that the studies:

- Were mostly of short-term, group work programs
- Involved small samples
- Most commonly employed feminist, social support and cognitive theoretical/practice frameworks
- Suffered from design weaknesses, with only one study utilising a control or comparison group and only one involving follow-up after the intervention
- Mostly involved interventions provided by inexperienced workers, such as undergraduate or post-graduate students

Similarly, Lundy and Grossman's (2001) review identified few studies of the effectiveness of clinical intervention with abused women. They note that this stands in contrast to the large body of research evaluating systems-level interventions (e.g. of criminal justice interventions such as arrest), and suggest that the lack of studies of clinical intervention outcomes is probably related to the ongoing debate about the role of clinical intervention with abused women. Advocates have expressed concern that clinical interventions with women can shift the focus from domestic violence as a social issue to notions of individual psychopathology (Gondolf & Fisher 1988). Lundy and Grossman (2001) also found that, despite the recognition that PTSD may be a useful way of understanding the effects of domestic violence on women, domestic violence survivors were not included in studies of the effectiveness of interventions with people with PTSD. This is possibly due to the failure of mental health services to identify domestic violence as a common factor in women's mental health problems (Lundy & Grossman 2001).

## Challenges to evaluation

Abel (2000) suggests that the absence of outcome studies of interventions with abused women reflects the unique characteristics of domestic violence service delivery. Much service delivery is provided within a refuge context, where women arrive in crisis and may stay for varying periods of time. In this context, services need to be very flexible and responsive to the woman's situation. This makes the design of outcome research extremely difficult. Further, Abel notes that the urgent safety issues for women and children escaping violence and abuse preclude studies that establish a control group by withholding services from some clients.

In a similar vein, Lundy and Grossman (2001, pp. 128-129) acknowledge that the considerable challenges faced in all outcome research are compounded by the nature of domestic violence:

*It may be difficult to commit to a long clinical study when one's life is at risk and one's situation unstable. Many of the victims of domestic violence live their lives driven by the actions of the batterer; they must take precautions to stay alive.*

Sullivan (2001, p. 1) describes the challenges of evaluating women's domestic violence services in the following way:

*...unlike some service programs with obvious and tangible outcomes — such as those designed to prevent teenage pregnancy or to teach parenting skills — domestic violence service programs provide multiple services with difficult-to-measure outcomes. In some cases, services are extremely short-term (such as providing information over the phone) or are provided to anonymous individuals (as is often the case with crisis calls). It is also difficult to evaluate programs designed to prevent a negative event from occurring (in this case, battering), because the survivor is not*

*responsible for preventing, and is indeed often unable to prevent, this negative event from occurring regardless of her actions.*

As this discussion indicates, research and evaluation of services for women and children raise complex methodological and ethical issues. Nevertheless, Sullivan (2001, p. 1) argues that evaluation is important 'to understand the impact of our work on women's lives.' Further, she argues that evaluation is essential so that service providers do not continue with ineffective interventions, or with interventions which have unintended, negative consequences.

Lack of outcome research can also inhibit policy development. For example, there is currently considerable debate about whether or not health services should implement policies of routine screening for domestic violence (Taft 2002). A recent, systematic review of published quantitative studies of screening for domestic violence in health care settings (Ramsay et al. 2002), found few good quality studies. Given that little evidence was found that health interventions following identification are effective, the authors concluded that it is premature to recommend routine screening programs.

## **How can domestic violence services undertake evaluation?**

Sullivan (2001) has developed a clear and practical guide to domestic violence service evaluation. She notes that the first step involves defining the service's overarching goals, also termed objectives, which are 'what we ultimately hope to accomplish through the work we do' (p. 1). It is then necessary to define the program outcomes that are measurable:

*The critical distinction between goals and outcomes is that outcomes are statements reflecting measurable change due to our programs' efforts. What occurred as a result of the program? (Sullivan 2001, p. 2).*

She notes that evaluation of short-term program outcomes is more readily undertaken by services; evaluation of long-term outcomes generally requires research funding. Increasingly, collaborations between service providers and researchers are advocated, in order to ensure that research is sensitive to key issues in domestic violence service delivery (Campbell et al. 1999). This is discussed later.

Sullivan's (2001) guide to evaluation also addresses the choice of appropriate outcomes, the timing of evaluations, the importance of attending to issues of confidentiality and safety of survivors, and methods of data collection. Importantly, she notes that time must be set aside to review the findings of evaluations with staff and survivors, giving all the opportunity to have input into reshaping service delivery in response to the evaluation.

## **Essential Issues to consider in domestic violence research**

### ***Ethical issues***

*Women who have experienced or who are currently experiencing violence are a vulnerable population in terms of their victimization status, their compromised physical and mental health status, the documented gender bias of the criminal justice system, and the stigmatization that society inflicts on them. They may also be in physical danger and at emotional risk from ongoing abuse, a risk that may be increased by research participation. (Campbell & Dienemann 2001)*

Given these and other issues in research with abused women, Campbell and Dienemann (2001) carefully outline several ethical issues that researchers should address. The first is choice of research paradigm. Citing Coyne and colleagues, they delineate three research paradigms:

*(a) prediction (post-positivist) or seeking to predict outcomes, with emphasis on generalizability and statistical analysis of quantitative data; (b) comprehension (naturalistic and constructivist), which uses primarily qualitative data to understand phenomena in depth; and (c) emancipation (critical theory, participatory action, and feminist research traditions), where qualitative and/or quantitative data are collected in a collaborative process for the basic purpose of improving conditions for the participants in the research process and the population they represent. (Campbell & Dienemann 2001, p. 58)*

Although they acknowledge that unethical research can be conducted from any paradigm, Campbell and Dienemann (2001) argue that the emancipation paradigm is the best “fit” for research into violence against women.

They also stress the need for ethical research in this field to be culturally competent, though they note that very little has been so, to date. This applies to all stages of the research: the design, implementation and dissemination of results, since there is a risk of promoting or developing negative stereotypes. Another dimension of ethical practice in the dissemination of findings involves contextualising the findings within an understanding of the dynamics of domestic violence and the realities that women face in dealing with it. If this is not done, they warn: ‘There is a danger that the research will be interpreted from a simplistic framework, such as victim blaming or emphasizing pathology.’ (Campbell & Dienemann 2001, p. 69)

### ***Safety and confidentiality***

As with all interventions in domestic violence, considerations of safety are central to research with abused women (Gondolf 2000; Langford 2000; Campbell & Dienemann 2001; Ellsberg & Heise 2002). In her guide to service evaluation, Sullivan (2001) stresses the following:

- Participation must be voluntary, and never a condition of access to services
- Women should be told why they are being asked the questions
- Ideally, a group of women who have used the service being evaluated should assist in the process of developing the evaluation questions
- Consideration should always be given to the question of 'Who else might be interested in obtaining this information? Assailants' defense attorneys? Child Protection Services?' (p. 4). Sullivan notes that posing this question makes it imperative that women be informed of where the information will go and of any procedures in place to protect it.

There are several ways in which research with women survivors may pose risks to women's safety.

- Knowledge of a woman's participation may result in harassment, abuse or heightened danger from a partner/ex partner. This necessitates attention to the manner in which contact is made with women (Gondolf 2000; Langford 2000).
- Participating in the research may re-traumatise women (Campbell & Dienemann 2001), or may be experienced as distressing if the mode of questioning resembles the type of interrogation to which they have been subjected as part of the abuse (Gondolf 2000).
- Tracing participants, necessary for longitudinal research, carries the risk of appearing to replicate the harassment and stalking behaviours that are part of the abuse experienced by many women (Gondolf 2000).

With respect to contacting women, Campbell and Dienemann (2001) note that researchers cannot know who will open mail; that telephone surveys can be overheard by perpetrators; and that telephone contact from researchers can be revealed via caller-identification systems. Hence, it is essential to develop safety protocols and to train interviewers in their use. These protocols can include

asking women at the beginning of a phone call whether this is a safe time to talk, letting women know that they may hang up at any time if the situation becomes unsafe, and giving a toll-free number which they can call at a suitable time (Campbell & Dienemann 2001). An account of the issues which arose in implementing a safety protocol during a qualitative study (Langford 2000) highlighted the complexities involved. The protocol addressed participant contact, the conduct of interviews and confidentiality. However, the researcher learnt that updating how to safely contact participants, needed to be done at every contact, as women's situations may change.

A recent longitudinal, multi-site study of perpetrator program effectiveness (Gondolf 2002), followed up the partners of the men via telephone interviews every three months over a 48 month period. Although an evaluation of perpetrator programs, the chief outcome measure was re-assault, based on the reports of the men's original and new women partners. Because of the risk which this posed to the women, the researchers paid considerable attention to safety issues and have documented the processes developed to address them (Gondolf 2000). The learning from this project provides valuable guidance for research with women affected by domestic violence. Gondolf (2000) identified two types of risk that need to be addressed. The first relates to the interview, such as abuse and retaliation from the perpetrator and potential distress from the sensitive nature of the material covered in the interview. Three interview strategies are suggested to address risks such as these. A protocol was developed regarding contact with the women to establish privacy around the interview and to reduce the chance of the perpetrator either punishing the woman for her participation, or trying to influence her responses. The phoning protocol covered both elements to establish and maintain privacy during the phone interview, and for leaving messages.

In order to avoid the "interrogation" style of questioning to which many women have been subjected, the research methodology allowed the woman to tell her story in her own way, at her own pace, using a "funnel questioning" approach: i.e.

beginning with broad, open-ended questions followed by more specific questions and structured tools. Women in this study reported that the interviewers' non-judgemental attitude and the respect with which they listened to them, were very highly valued. Participants also reported that the study's use of the same female interviewers throughout the follow-up period contributed to their comfort with the research process. Another approach to limit the impact of the interview (e.g. arousing uncomfortable emotions or traumatic recollections) involved the inclusion of a series of questions asked to 'debrief' the participant at the end of the interview. This assisted in identifying participants who may benefit from referral to support services. This study also developed protocols for tracking participants, which did not subject women to the type of privacy intrusions that are part of many women's experience of abuse. This included the women being asked to indicate acceptable persons, times and procedures; limiting the number of pursuing calls and identifying and dropping cases at risk.

The second type of risk that needs to be addressed 'is the abuse, threats, or danger that battered women may experience independent of any research interviews' (Gondolf 2000, p. 281). These risks were addressed by implementing intensive training for the interviewers in identifying cues associated with imminent violence, suicide and child abuse, the development of protocols for responding to such cues, and supervision by clinical consultants. Gondolf stresses that collaboration with women's domestic violence services was an essential part of this study:

*The human subject procedures recommended here require a close collaboration with battered women's advocates and services...The collaboration is needed to develop and refine protocol that deals with subject recruitment and risks associated with the evaluation. (Gondolf 2000, p. 295)*

## Researcher-practitioner collaborations

Increasingly, it is argued that research on domestic violence and other forms of violence against women should involve collaboration between researchers and service providers. This arises from the value position that women who have experienced domestic violence and their advocates have essential expertise and that dialogue with them throughout the research process, is essential (Campbell & Dienemann 2001). Such collaborative models:

*...promote research that serves social transformation and avoids harming those studied. Those being studied are believed to have extensive knowledge that requires their participation in the design, data collection and analysis, and use of research. Finally, the role of the researcher is also transformed in these models from one of detached expert to a partner, educator, and facilitator who works closely with those being studied.* (Edleson & Bible 2001, p. 74)

Mouradian et al. (2001, p. 2) conducted focus groups with victim advocates, practitioners and researchers to explore 'the ways in which these groups could work together more effectively to produce sound and practical research about violence against women.' Although they acknowledge that collaboration can improve quality both in research and practice, they also acknowledge that it is time-consuming and often challenging. The focus groups generated a practical guide to *Establishing and Maintaining Successful Researcher-Practitioner Collaborations* (Mouradian et al, 2001). Included in their 'tips for making collaborations work', are the following:

1. 'Discuss all aspects of the collaboration until mutually satisfying solutions are reached.
2. Talk about and establish a shared vision and goals for a joint project, and come up with specific scientific and research-to-practice and/or research-to-policy goals.

3. Be certain that goals are clearly stated and understood by all key participants.
4. Involve both the researchers and the practitioners/advocates in the planning of each phase of a project, and/or allow for the modification of a planned project based on feedback from partners.
5. Ensure that all parties' questions about the work are answered adequately (including the questions of project and organization staff).
6. Ensure that responsibilities for various project tasks are divided in ways that are reasonable, fair, and sensitive to the time constraints of those involved.
7. Provide for the material and other support needs of all the individuals and/or organizations involved.
8. Make it a goal to secure funds to support the time of all involved in the collaboration or offer student/work-study assistance, computer assistance, training, or workshops.' (Mouradian et al. 2001, p. 5).

Gilfus et al. (1999) provide an example of such collaboration through their description of a multidisciplinary discussion group comprising researchers, victim advocates, policy makers and students, which aims to advance the study of violence against women. They describe this collaboration as “survivor informed” – ‘informed by the perspectives and experiences of survivors and the wisdom of people who work closely with them’ (p. 1195). They draw a parallel between recognition that domestic violence intervention is best located within a coordinated community response, and recognition that collaboration is essential in domestic violence research.

## **Conclusion**

Evaluating the outcomes of intervention with women is an essential element of accountability to survivors of domestic violence. Although the dynamics of domestic violence and the complexities of intervention pose challenges for

evaluation and research, a growing literature provides guidance about approaches to meeting these challenges. These involve attention to ethical issues and safety, and collaboration between service providers and researchers to ensure that research is informed by the experiences and priorities of survivors.

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