

Developing, Delivering, & Teaching Evidence-Based Domestic Violence & Sexual Assault Services

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Found at http://ssw.unc.edu/files/web/pdf/Sexual_Assault_Consensus_Practices_final-1.pdf

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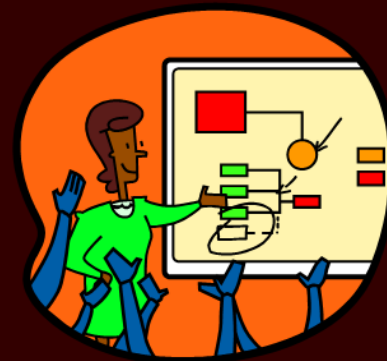
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Presentation Overview

- Research Aims
- Research Methods
- Research Results: **Consensus Service Delivery Practices**
- Limits of Research
- Next Steps
 - Service Areas: Confusion/Controversy



Domestic Violence (DV) & Sexual Assault (SA) Services: What Helps? What Works?

- Service providers, funders, policymakers, and communities increasingly asking:
 - What services are most helpful to violence survivors?
 - How should services be delivered to best help survivors?
 - Are there “fundamental” (i.e., “core”) services that all survivors need?
 - Are there best practices?
 - What are evidence-based practices?

Research on Services: 2 Lines of Findings

- **Studies with promising findings**
- Advocacy services help survivors
 - Campbell, 2006
 - Resnick, et al., 1999
 - Sullivan & Bybee, 1999
 - Wasco et al., 2004
- **Rigorous research reviews**
- We do not know what services are most effective in helping survivors with safety & recovery from trauma
 - Abel, 2000
 - Mears, 2003
 - Wathen & McMillian, 2003

Deciding on Best Practices: What's the Evidence? How Rigorous is the Evidence?

- Research methods for investigating service effectiveness, with increasing rigor:
 - Expert agreement
 - Descriptive statistics, case studies
 - Single group, pre- and post-tests research study
 - Comparison group research study
 - Randomized control trial studies



Characteristics of DV & SA Movements

- Grassroots
- Feminist & empowerment philosophies
- Nonhierarchical administrative & decision-making structures
- Reliance on volunteers



North Carolina: 1979-1986

- Establishment of first DV shelter & SA programs
- *NC Coalition Against Domestic Violence* began
- First state funding for domestic violence services
- First state funding for sexual assault services
- *NC Coalition Against Sexual Assault* began

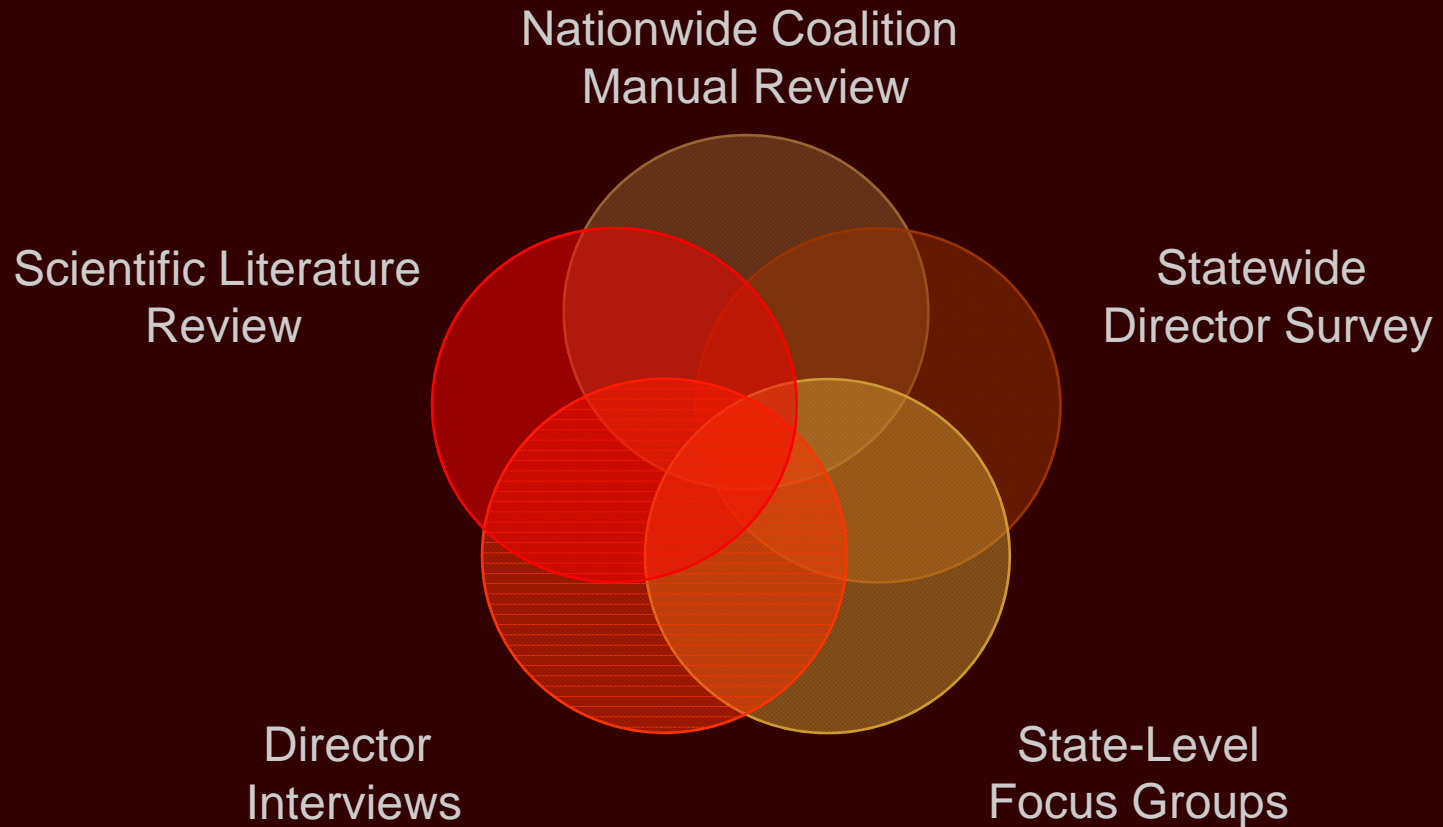
NC DV & SA Movements Have Evolved over 20-30 years...

- 1994 *Violence Against Women Act (VAWA)*
- Increases in NC state funding for services
- Greater attention (though not universal!) to violence & trauma by health & human service providers
- Greater public & community awareness
- Increase in the number of professionalized staff working in these agencies

Research Aims

- To inform service guidelines for NC domestic violence and sexual assault agencies
- To identify what services work most effectively for violence survivors based on-
 - Opinions of executive directors of NC domestic violence and sexual assault agencies
 - Domestic violence & sexual assault services literature

Developing Consensus Practices



Literature Review: Two Strategies

- Review of the scientific research on DV & SA services, focus on:
 - Services delivery in community-based DV & SA agencies
 - Articles published between 1990 and 2007
- We also contacted all U.S. DV & SA Coalitions that could be identified through web searches & invited these organizations to mail us manuals, service guidelines

What Literature was Reviewed?

- Research Review
- 14 articles, books, and book chapters describing DV services & 14 describing SA services
- Coalition Review
- 7 addressing DV services, 6 addressing SA services, & one addressing both
- **An total of 42 articles, books, manuals, or other documents**

12 In-depth Interviews with Directors

- Contacted 16 directors
 - 4 of the potential participants did not respond to the invitation to participate; response rate= 75%
- Agency Type:
 - 5 Combined; 4 Sexual Assault Only; 3 Domestic Violence Only
- Agency Location:
 - 6 rural & 6 suburban/urban
- Agency Region:
 - 2 from each NC DV Commission region
- Number of Staff:
 - 2-27 with an average of 8.5 staff members

In-depth Interviews: Who Participated?

- Interview participants had:
 - 1-30 years of experience at agencies, average of nearly 10 year
 - 1-30 years of experience at their respective fields (DV, SA, or DV/SA), with average of over 16 years
- Average length of the interviews was nearly 2 hours



Qualitative Analysis

- Two investigators independently coded transcripts for themes related to research questions using open-coding approach & constant comparison procedures
 - Coded two transcripts independently
 - Conferred to develop an initial coding scheme
 - All transcripts were coded to develop an overall coding scheme
- Process of coding-review-conferring continued iteratively until all the data were coded, analysis efforts showed convergence and saturation, and key themes were identified
- (Glaser & Strauss, 1967; Padgett, 1998; Patton, 2002)

Feedback on Preliminary Findings

- After preliminary findings were identified, we sent a summary for feedback to the interview participants at 9 agencies and 7 organizations
- 6 of the 9 agencies (67%) responded



State-wide Survey of all NC Directors

- Survey instrument was developed based on literature review & qualitative findings
 - Pilot tested by former directors & Coalition staff
 - Instrument available upon request
- Survey administration over a 10-week period, Jan-March 2007
- Survey offered both via email and mail
- Directors were contacted several times during the survey period by e-mail, U.S. mail, and telephone
- At the end of the survey administration, we had a 94% response rate (n= 97)

Survey Participants

- 72% described themselves as “executive director,” “co-executive director,” or “interim executive director”
- 68% reported 6 years or more of experience providing domestic violence services
- 60% of the sample reported 6 years or more of experience providing sexual assault services

Survey Participants: Their Agencies

■ Average & range of agency staff

- 8 full-time employees (1-100)
- 5 part-time employees (0-20)
- 38 volunteers (0-300+)

■ Agency service type

- 70% both DV & SA services
- 20% DV services only
- 11.5% SA services only

■ Agency service geography

- 86%: serve rural areas
- 17.5%: serve suburban areas
- 19.5%: serve urban areas

Survey Analysis

- To identify directors' opinions regarding how DV & SA services should be delivered- including their opinions about critical service goals and service delivery practices- we conducted descriptive analyses...
 - Means
 - Standard deviations
 - Ranges

Services Findings: Consensus Practices

- Service delivery findings were included if one of the following criteria were met, the finding:
 - (a) was a service delivery practice recommendation identified in the literature review
 - (b) emerged from our analysis of the director interviews
 - (c) was a service delivery goal ranked in the top five by at least 75% of survey participants
 - (d) was a service delivery practice with which a minimum of 75% of participants agreed or strongly agreed

Services Findings: Overall

- Our findings show there are six core domestic violence and/or sexual assault services that are important for assisting survivors:
 - 24-hour crisis services
 - Court & legal advocacy
 - Medical & emergency room advocacy
 - Individual counseling
 - Support groups
 - Shelter



Services Findings: Overall

- Services need to be individually tailored to each survivor
- Survivors should receive information that enables them to understand the impact of violent trauma, as well as information to help them achieve safety and recovery from trauma
- Providers should prioritize offering survivors emotional support & empathy
- Providers should emphasize community & interagency collaboration in the delivery of services
- Survivors should receive services regardless of their personal decisions about pursuing legal charges against the perpetrator

Individually Tailor Services

- *Because each case is an individual situation that we have to look at and see what we can do for that person. You can't just make this big blanket statement that DV victims need this, this, and this. Because each one is an individual.*
 - Agency participant

Importance of Information

- *[The] biggest service that I feel I provide clients is the information... they think they only have one option, this or this. No matter what the situation is, there's always more than one option available to you.... "You have these choices, all this stuff is available to you." Once she gets that information just allowing her to make her own decisions, empowerment, that's a big deal and education.... Get her thinking more critically about her situation. Even things like getting her thinking about her safety, even if she's not going to leave now, even if she just wants this information from me and this is going to be the end of the conversation. I have that brief period of time of okay... "You need time to think about this and decide what you want to do, but I'm really worried about your safety. Can you take a few minutes and talk about if something happens between now and when you've made your decision, what you're going to do?" Get her thinking about that, get her planning it out, preparing for it.*
 - Agency participant

Interagency & Community Collaboration

- *I used to say if I didn't make somebody mad at least once a day I wasn't doing my job. But you can do your job and still not tick anybody off, and as small as this town is, you can't afford it. You really can't afford it, because you're going to have to turn around and need them later.*
 - Agency participant

Survivors Should Receive Services Regardless of Legal Decisions

- *Whatever course of action they take it is not contingent on what services they get from us, so whether they report or don't report, or prosecute or not prosecute, doesn't matter to us. We will continue to follow-up with them weekly until they say, "You know, I think I'm doing okay. You don't need to call anymore."*
 - Agency participant

Consensus Practice Document

- Document details key findings from the research for use by educators, trainers, directors & supervisors
 - Agency assessment- does my agency deliver these core services in these recommended ways?
- Case studies that can be used with the document for training & education

Limitations

- No guarantee that this is an exhaustive, universal list of all important DV & SA service delivery practices
- Survey findings reflect the overrepresentation of sexual assault service delivery practices conducted by combined agencies
- Opinions from other important groups are needed: e.g., front-line staff & survivors
- Findings are based on expert opinion and consensus
- Keep in mind that these service delivery practices have not yet been validated or evaluated

Next steps...

- Evaluation & research on the consensus practices
- Development of workshop curriculums for each of the core service areas
 - Crisis, advocacy, counseling, group & shelter
- Address the following areas of confusion/controversy that were also key findings of the research...

Areas of Confusion/Controversy

- How to deliver services when survivors have experienced both domestic violence and sexual assault?
- How to deliver services when a survivor is struggling with mental illness and/or substance abuse?
- How to manage community knowledge regarding the location of a domestic violence shelter?
- How to evaluate the capacity of a combined agency to offer both domestic violence and sexual assault services?

Survivors of Both DV & SA



- *With domestic violence and sexual assault, ...many times victims present as domestic violence victims [although] in reality they're both, but the other part doesn't come out for a very long time.*
 - Agency participant

Survivors with Mental Illness and/or Substance Abuse

- *Mental health reform has had a huge impact on, not necessarily the numbers of clients we see, but how much energy they suck. If I can, I mean just making it as blatant as I can, we aren't a clinical environment. We have clinicians on staff but they don't perform their work in a clinical, medical way. Nor do we necessarily want them to, but because they [clients] are falling through the cracks everywhere else, our clients are coming sicker and more addicted and needing our services and taking more of our time—and they need it somewhere—but it's not coming from anywhere else, so all those types of system failures we feel.*

- Agency participant

Knowledge about Shelter Location

- *...We've never been a hidden shelter, I mean I know now some people are questioning hidden shelters. Well, we've always chosen not to be. We don't have a sign out front and we kind of have tried to keep a lower profile over time, but we've never been hidden because, first, I don't believe there is such a thing personally—because how would I hide this building, that would be ridiculous. At least in rural communities, I don't believe you can hide . . . And secondly, from a philosophical standpoint I personally always felt the women shouldn't have to hide out—they are the victims, they're not the bad guy here. They have to live in the community, their children have to go to school in the community, some women work in the community, so what we have to do as programs is really make sure that they can be safe. Now obviously, there are times when somebody can't even stay in the community and be safe, so it becomes a judgment call—an assessment of the situation—but I really do believe it's okay not to be hidden and that the community can support that safety.*

- Agency participant

Providing Both DV & SA Services?

- *I think when I started in this role I definitely wondered if efficiencies wouldn't eventually and inevitably lead to a DV program and SA program merging... Now after having been really directly in this field for 6 or 7 years, I feel that any merger of DV and SA programs will inevitably dilute the effectiveness of the SA program. I know that if we were combined with the DV program we would see a lot fewer victims than what we do see. And I think I see that in other agencies that it's harder for them to even go out and do the community work that they need to do to promote the rape crisis services because they're constantly being sucked into the emergency level services for DV. ...I think keeping it separate really avoids some of that.*
 - sexual assault agency participant

Questions? Discussion?



Additional Reports & Forthcoming Manuscripts

- Macy, R. J. (2007, June). *Researching North Carolina Domestic Violence And Sexual Assault Service Delivery Practices*. Chapel Hill, North Carolina. University of North Carolina at Chapel Hill, School of Social Work. (Available from <http://ssw.unc.edu/dvsaservices.pdf>)
- Macy, R. J., Giattina, M., Parish, S., & Crosby, C. (in press). Domestic violence and sexual assault services: Historical concerns and contemporary challenges. *Journal of Interpersonal Violence*.
- Macy, R. J., Giattina, M., Sangster, T. H., Crosby, C., & Montijo, N. J., (2008). Domestic violence and sexual assault services: Inside the blackbox. *Aggression and Violent Behavior*. (Accepted pending revisions.)

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