

Literature review: Approaches to evaluating interventions to reduce family violence.

29 May 2017

Prepared by Inside Policy for the Department of the Prime Minister and Cabinet's project to co-design Indigenous-specific services under the Third Action Plan to Reduce Family Violence.

Introduction

This document captures the findings of a literature review of methods for evaluating interventions designed to reduce or cease family violence.

A starting point for this literature review is an assumed dearth of reliable evidence on what family violence interventions work in Indigenous communities including effective evaluative approaches of these interventions in Indigenous communities.

As such the review scanned evaluation reports and peer-reviewed studies (including meta-evaluations and systemic reviews) on family violence programs / services / interventions operating in Australia, the United States of America, New Zealand, United Kingdom and Canada.

This literature review sought to identify common methods for evaluating such interventions including:

- approach and design,
- measures of output, outcome and impact, and
- data used and data collection methods.

This review also examined the common challenges and limitations in evaluating family violence interventions.

Out of scope of this review was assessing the efficacy and effectiveness of the interventions.

The findings of this review will assist in framing the program logics and evaluation frameworks for Indigenous specific services to be delivered under the *Third Action Plan of the National Plan to Reduce Violence against Women and their Children*.

Interventions examined

This review focused on approaches to evaluating the family violence interventions of:

No.	Intervention-type	Definition
1.	Perpetrator behaviour change programs.	Perpetrator or men's behaviour change programs (MBCPs) aim to reduce or cease the violent behaviours of men who are violent and controlling towards their partners, children and family members. ¹ MBCPs are not anger management programs, rather they aim to support men to

¹ State of Victoria (2014–16); No to Violence (2005); Kelly et al (2015).

		change their thinking, feelings, attitudes and behaviours. Participants of MBCPs also need to learn new skills, and to practise and integrate these in their lives while being supported to consolidate and maintain change. ²
2.	Victim support services.	Victim support services aim to stop the recurrence of violence by providing a mix of legal and non-legal advice, accommodation, financial support, emotional and psychological support, skills development and social and emotional wellbeing support. ³
3.	Intensive family-focused case management.	Intensive family focussed case management (IFFCM), also known as intensive family support, is a combined case management and case work approach to intensively engage with families, assess their needs and provide immediate and continual support in the home, while planning for ongoing support and referral to necessary specialist services.
4.	Trauma-informed therapeutic interventions for children.	Trauma-informed (also known as ‘trauma-specific’ or ‘trauma-focused’) interventions directly address the impact of trauma on a child or young person through the goals of decreasing symptoms of complex trauma and facilitating recovery. ⁴

The above are the types of interventions that are to be co-designed and evaluated under Priority 2 of the Third Action Plan.

Findings

This section details the findings of the literature review with respect to the commonly used evaluation approaches, evaluation measures and indicators, and data and collection methods. This section also discusses the common evaluation challenges.

A table summarising the evaluations examined by intervention type – upon which the information in this section relies – can be found at Appendix A.

Common evaluation approaches and design

The review found that each intervention type has been subject of a range of evaluation designs including, experimental studies (i.e. randomised clinical trials), quasi-experimental studies, qualitative evaluations, and quantitative (including economic) studies.

Randomised clinical studies or randomised controlled trials (RCTs) are the ‘gold standard’ for assessing intervention effectiveness. RCTs randomly select who receives the intervention and who does not, then compares the outcomes for each

² No to Violence (2005), page 13.

³ Bennett, L et al. (2004), p815 and Karahasan (2014), Loxton et al (2008), Breckenridge, J. et al (2016); and Howarth, E. et al (2015).

⁴ Falloot & Harris, 2001.

group.⁵ The group that receives the intervention is known as the “treatment group”. The group that does not receive the intervention is known as the “control group”. The greatest advantage of RCTs is their ability to limit bias therefore more clearly establishing cause and effect relationships between intervention and outcome.

RCT study design is most commonly used in clinical contexts and is not common practice in evaluating social programs. In particular, the literature review did not reveal any RCT studies of mainstream or Indigenous family violence programs in Australia. The dearth of such research suggests there is a need for more programs to be evaluated by way of RCT.

The specific challenges of using the RCT design to evaluate family violence interventions are outlined in the challenges section below. To overcome these challenges, most studies aim to have a mixed method design which includes a quasi-experimental component. This is achieved by comparing the treatment group (i.e. the individuals and / or families receiving the intervention that is to be assessed) to a control group (i.e. individuals and / or families with a similar profile who are not receiving the intervention) without randomisation.⁶

Common across all evaluations that have assessed intervention effectiveness is an assessment of change overtime. For this approach to work, evaluations must have access to (or the ability to collect):

- reliable baseline data (i.e. data on relevant measures prior to participant commencement of the intervention), and
- data against the same measures collected at program commencement which is then collected during and after program / intervention completion.

The point in time at which the study / evaluation is conducted is also a critical factor for some interventions. For example, studies examining the effectiveness of perpetrator interventions show that behaviour change is best measured between 18-months to 30-months after program completion.⁷

The timeframe for measuring the effectiveness of victim support services, intensive family-focused case management and trauma-informed therapies for children ranges between 12 to 24-months following program completion.⁸

Common evaluation measures & indicators

While all four interventions have the higher order objective of reducing or stopping family violence, evaluations of each intervention assess distinctly different measures and indicators to achieve that goal. Specifically, common measures and indicators for assessing the effectiveness of each intervention is summarised below:

<u>Intervention</u>	<u>Common measures</u>	<u>Common indicators</u>
Perpetrator behaviour change programs:	<ul style="list-style-type: none"> • Reduction in violent and controlling behaviours following program completion. 	<ul style="list-style-type: none"> • Types and frequency of violent behaviours used • Types and frequency of controlling behaviours used

⁵<http://www.betterevaluation.org/en/plan/approach/rct>, date accessed 9 June 2017.

Kelly, L et al (2015), Miller, M et al (2013), Williamson, E et al (2014), Robertson, N et al (2013), Day, L et al (2016).

⁷ Gondolf, E (2000), Gondolf, E (2004), Kelly, L et al (2015), Miller, M et al (2013).

⁸ Arney, F (2012), Bennett, L et al (2004), Breckenridge, J et al (2016), Crusto, C.A. et al (2008), Howarth, E et al (2015), Schaeffer, C et al (2013), Taft, A et al (2011).

<u>Intervention</u>	<u>Common measures</u>	<u>Common indicators</u>
	<ul style="list-style-type: none"> • Understanding of and reduced impact of violence on partners / ex-partners • Understanding of and reduced impact of violence on children of perpetrators 	<ul style="list-style-type: none"> • Change in behaviour • Recidivism rates • Impact on partner • Impact on children • Communication styles • Parental functioning • Level of self-awareness • Nature and context in which violence occurs • Program dropout rates
Victim support services:	<p>Howley and Voth (2014), and Sullivan (2011) identify four core measures of victim support:</p> <ol style="list-style-type: none"> 1. Increased safety both perceived and real in psychological and physical terms. 2. Ability to heal and restoration of emotional wellbeing. 3. Increased sense of justice in legal, economic and social senses. 4. Restitution and autonomy. <p>Many domestic violence victim services are designed to 'improve victims' emotional status'⁹ in addition to 'reducing or ceasing the violence they experience'¹⁰. However the literature disputes whether goals such as women ending relationships that are violent or leaving the violent partner are appropriate.¹¹</p>	<ul style="list-style-type: none"> • Types and frequency of abuse experienced. • Triggers for help-seeking. • Levels of self-confidence. • Types and frequency of symptoms of abuse experienced (e.g. levels of depression, parenting stress, social support) • Types of choices made. • Perceptions regarding security. • Level of understanding of abusive behaviours. • Methods for resolving conflict with partner. • Type and frequency of conflict with partner. • Level of risk present.
Intensive family-focused case management:	<p>Depending on the policy context in which IFFCM operates, it aims to:</p> <ul style="list-style-type: none"> • negate or minimise further involvement by statutory services such as Child Protection and 	<ul style="list-style-type: none"> • Number of days a child(ren) is in out of home care. • Number of child protection reports. • Families' experiences of the support provided. • Nature of referral pathways.

⁹ Ibid.

¹⁰ Bennett, L. et al (2004), p 815.

¹¹ Ibid.

Intervention	Common measures	Common indicators
	<p>Juvenile Justice in a family's life,¹²</p> <ul style="list-style-type: none"> • reduce family breakdown,¹³ • strengthen relationships,¹⁴ • build communication skills between family members,¹⁵ • build capacity to help manage complex issues,¹⁶ and • link families into appropriate specialist supports.¹⁷ 	<ul style="list-style-type: none"> • Types of services provided. • Level and nature of family functioning. • Levels of confidence. • Type and frequency of help-seeking behaviour. • Level of social support. • Recidivism rates.
<p>Trauma-informed therapeutic interventions for children:</p>	<p>Various studies have assessed outcome measures including:</p> <ul style="list-style-type: none"> • Improvement in post-traumatic stress disorder symptoms.¹⁸ • Increased capacity to regulate.¹⁹ • Reduction of behavioural and / or emotional symptoms.²⁰ • Improvements in children's adaptive 	<ul style="list-style-type: none"> • Parenting skills. • Children's personal safety skills. • Children's abuse related fear. • Parent's abuse specific distress. • Levels of general anxiety. • Levels of stability, security and connectedness. • Child safety. • Level of specific goal attainment.

¹² Berry Street, independent child welfare and family services provider in Victoria, from website at <https://www.berrystreet.org.au/case-management> accessed 27 March 2017; Queensland Government Department of Communities, Child Safety and Disability Services <https://www.communities.qld.gov.au/childsafety/child-safety-practice-manual/chapters/10-general/10-14-referrals-to-family-and-child-connect-or-intensive-family-support-services/key-steps/2-roles-and-functions-of-intensive-family-support-services>, date accessed 13 April 2017; New South Wales Government Family and Community Services, <http://www.theirfuturesmatter.nsw.gov.au/family-preservation-and-restoration-programs>, date accessed 13 April 2017; and Victorian Government Department of Human Services <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/family-services-program>, date accessed 13 April 2017; and Day et al (2016).

¹³ Taldumande Youth Services website at <https://www.taldumande.org.au/how-we-help/intensive-family-support-program/> accessed 30 March 2017.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ MacKillop Family Services website at <https://www.mackillop.org.au/case-management> accessed 30 March 2017.

¹⁷ Day et al (2016).

¹⁸ [https://www.childwelfare.gov/pubPDFs/trauma.pdf#page=2&view=Features of TF-CBT](https://www.childwelfare.gov/pubPDFs/trauma.pdf#page=2&view=Features%20of%20TF-CBT).

¹⁹ Stokes, H. & Turnbull, M. (2016).

²⁰ Ibid.

<u>Intervention</u>	<u>Common measures</u>	<u>Common indicators</u>
	states as represented by improvements in behaviour, relationships and learning. ²¹	

Commonly used data and collection methods

The review identified a range of similar data and collection methods (or sources) when evaluating the effectiveness of each intervention type. Common data and collection methods include:

- Service user / client self-assessments: this often involved service users completing a clinical assessment tool or inventory in order to collect quantifiable data on the level of change in symptoms, behaviours, abuse or perceptions.
- In-depth qualitative interviews with service users and practitioners: these are often used to better understand the service user and / or practitioner experience of the support or the change overtime.
- Review of existing data sets: these data sets include police crimes and arrest data, child protection data, and school attendance data.
- Review of client files and activity records: this is used to better understand the supports provided to the client, profile client as well as to build study samples.

The robust assessment of particular interventions requires specific data. For example:

- Reliable data on a perpetrator’s behaviour change is best sought from partners and children of the perpetrator.
- Reliable data on a child’s psychological improvement is best obtained through the completion of various clinical assessment tools and inventories.
- Reliable data on a reduction of child protection intervention is best obtained from client files and child protection data sets.
- Reliable data on recidivism is best obtained from police and court records.

Common challenges in studying / evaluating family violence interventions

The literature highlights the following common challenges in evaluating the effectiveness across all family violence interventions:

- Small sample sizes due to high program attrition rates and losing track of study participants in longitudinal studies.²²
- Sample bias in favour of intervention participants who are most likely to change / improve. This is particularly relevant for studies that are not longitudinal and those that rely on practitioners / service providers to select the study participants.²³
- Difficulty finding an appropriate comparison group (for experimental and quasi-experimental studies).
- Lack of baseline data against which to compare during and post program / intervention participation data.

²¹ Arney, F. and Brooke, S. (2012).

²² Brown et al (2017), Stirling (2016), Gondolf (2000) and Gondolf (2004).

²³ Williamson (2014) and Stirling (2016).

- Proximity of assessment to intervention completion.²⁴
- Inability to match police or child protection data to study participants.²⁵

There are specific challenges for evaluating perpetrator interventions. These include:

- Recruiting partners through men participating in perpetrator interventions. Researchers in Project Mirabal overcame this by directly recruiting partners.
- Low survey response rate from men. Researchers addressed this in Project Mirabal and the study conducted by Brown et al (2017) by making follow-up calls to men to remind them to complete the survey.
- Incomplete surveys. Researchers addressed this in Project Mirabal and the study conducted by Brown et al (2017) by conducting follow up interviews with men to complete the survey.
- Unreliability of ex-partners assessment of behaviour change. Various studies aim to survey current partners to collect data on men's behaviour change as their experience is most current. Ex-partners experience can often be out-of-date.

Implications for evaluating co-designed services under the Third Action Plan

The findings of the literature review suggest that specific measures, indicators, data and collection methods are required for each intervention type. These are summarised as follows:

²⁴ Gondolf (2004).

²⁵ Day et al (2016).

Perpetrator interventions:			
Measures	Indicators	Data	Collection methods
<ul style="list-style-type: none"> • Reduction in violent and controlling behaviours following program completion. • Understanding of and reduced impact on partners / ex-partners • Understanding of and reduced impact on children of perpetrators 	<ul style="list-style-type: none"> • Types and frequency of violent behaviours used • Types and frequency of controlling behaviours used • Change in behaviour • Recidivism rates • Impact on partner • Impact on children • Communication styles • Parental functioning • Level of self-awareness • Nature and context in which violence occurs • Program dropout rates 	<ul style="list-style-type: none"> • Baseline for comparison against during and post program data. • Program participant data including demographic information. • Assessment of violent and controlling behaviours – perpetrator, practitioner and partner. • Police data on perpetrator arrest records. 	<ul style="list-style-type: none"> • Survey of perpetrator. • Survey of partner. • Survey of practitioner. • Desktop arrest record review. • Review of client files.
Victim support services:			
Measures	Indicators	Data	Collection methods
<ul style="list-style-type: none"> • Increased safety both perceived and real in psychological and physical terms. • Ability to heal and restoration 	<ul style="list-style-type: none"> • Types and frequency of abuse experienced. • Triggers for help-seeking. • Levels of self-confidence. • Types and frequency of 	<ul style="list-style-type: none"> • Baseline for comparison against during and post program data. • Program participant data including demographic 	<ul style="list-style-type: none"> • Survey of victim. • Survey of practitioner / service provider. • Desktop clinical medical records.

<p>senses.</p> <ul style="list-style-type: none"> • Restitution and autonomy. 	<p>social support)</p> <ul style="list-style-type: none"> • Types of choices made. • Perceptions regarding security. • Level of understanding of abusive behaviours. • Methods for resolving conflict with partner. • Type and frequency of conflict with partner. • Level of risk present. 	<p>symptoms of abuse.</p> <ul style="list-style-type: none"> • Clinical medical records. 	
Intensive family-focused case management:			
Measures	Indicators	Data	Collection methods
<ul style="list-style-type: none"> • Negate or minimise further involvement by statutory services such as Child Protection and Juvenile Justice in a family's life. • Build communication skills between family members. • Build capacity to help manage complex issues. 	<ul style="list-style-type: none"> • Number of days a child(ren) is in out of home care. • Number of child protection reports. • Families' experiences of the support provided. • Nature of referral pathways. • Types of services provided. • Level and nature of family functioning. • Levels of confidence. • Type and frequency of help-seeking behaviour. • Level of social support. 	<ul style="list-style-type: none"> • Baseline for comparison against during and post program data. • Program participant data including demographic information. • Assessment of abuse and symptoms of abuse. • Assessment of family functioning. • Clinical medical records. • Child protection records on notifications, days in out of 	<ul style="list-style-type: none"> • Survey of individual family members. • Survey of practitioner / service provider. • Desktop clinical medical records. • Review of client files. • Review of child protection data. • In-depth interviews with family members and practitioners / clinicians.

		home care and type of court orders.	
Trauma-informed therapies for children:			
Measures	Indicators	Data	Collection methods
<ul style="list-style-type: none"> • Improvement in post-traumatic stress disorder symptoms. • Increased capacity to regulate. • Reduction of behavioural and / or emotional symptoms. • Improvements in children's adaptive states as represented by improvements in behaviour, relationships and learning. 	<ul style="list-style-type: none"> • Children's personal safety skills. • Children's abuse related fear. • Parent's abuse specific distress. • Levels of general anxiety. • Levels of stability, security and connectedness. • Child safety. • Level of specific goal attainment. 	<ul style="list-style-type: none"> • Baseline for comparison against during and post program data. • Program participant data including demographic information. • Assessment of abuse and symptoms of abuse. • Clinical medical records. • Child protection records on notifications, days in out of home care and type of court orders. 	<ul style="list-style-type: none"> • Survey of child (if developmentally able). • Survey of practitioner / service provider. • Desktop clinical medical records. • Review of client files. • Review of child protection data. • In-depth interviews with practitioners / clinicians.

Appendix A: Comparison of evaluation approaches by intervention type

1. Perpetrator interventions

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
A Study of the Impact on Men & their Partners of Attending MBCPs (Australia, 2017)	<ul style="list-style-type: none"> • 14 sites across seven providers • Three year longitudinal panel study • Men & their partners • Mix of MBCP models (i.e. Duluth, CBT, Jenkins) • Compared mandated and voluntary participants • Providers assisted with recruitment 	Outcome.	<p>Principal evaluation question: <i>What is the effect on men and their partners of MBCP interventions over a three year period from the conclusion of their participation in the program?</i></p> <p>Indicators:</p> <ul style="list-style-type: none"> • Items of violent behaviour. • Change in behaviours. • Impact on partner. • Impact on children. 	<ul style="list-style-type: none"> • Hard copy surveys of men • Phone interviews with men • Hard copy surveys with partners <p>The above were administered at:</p> <ul style="list-style-type: none"> • program commencement • completion • 12 months after completion, and • 24 months after completion.
Project Mirabal (UK, 2015)	<ul style="list-style-type: none"> • 11 sites • 15-month timeframe • Men and their partners • MBCPs use Duluth model • Comparison with women receiving support in communities with no MBCP in operation. • Providers assisted with recruitment and provision of participant demographic data 	Outcome.	<p>Six measures of success were assessed:</p> <ul style="list-style-type: none"> • Respectful communication: an improved relationship underpinned by respect and effective communication. • Expanded space for action: women have their sense of freedom restored. • Safety and freedom from violence abuse for women and children. • Shared parenting that is safe 	<ul style="list-style-type: none"> • Surveys of partners administered five times over a 15-month period including three months before program commencement, during the program and after program completion. • Qualitative interviews with men and women conducted within six weeks of program commencement and within six weeks of program completion.

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
			<p>and positive.</p> <ul style="list-style-type: none"> Awareness of self and others, including an understanding of the impact that domestic violence has had on their partner and children. Safer, healthier childhoods: children feel heard and cared about (as assessed by their mother). 	
<p>An evaluation of interventions with domestic violence perpetrators (Australia, 2009)</p>	<ul style="list-style-type: none"> Comparison of MBCP and Couple Counselling Assess change in behaviour following program completion Multi-site (n=4) 25 men, 10 partners Duluth model 	<p>Impact</p>	<p>What changes had occurred in the perpetrators' behaviour and their lives more generally</p> <p>Indicators examined:</p> <ul style="list-style-type: none"> Type and frequency of violence Injuries and impact Type and frequency of controlling behaviours Perceived impact of the program Nature of violence i.e. against partner, children, in the workplace, against other family members 	<ul style="list-style-type: none"> Program impact assessed using information collected during interviews before and after program participation: <ul style="list-style-type: none"> Perpetrators – using survey based on the Duluth survey format Partners staff Program impact also assessed using group members' evaluation forms Program descriptions obtained from: <ul style="list-style-type: none"> interviews with staff, participants and partners document review
<p>Step-Up Programme (Pilot)</p>	<ul style="list-style-type: none"> Focus on adolescent perpetrators of family 	<p>Early outcomes.</p>	<p>Helps families reduce adolescent</p>	<ul style="list-style-type: none"> Behaviour checklists completed by families

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
Evaluation (UK, 2014)	violence <ul style="list-style-type: none"> • No comparison to other programs • Inclusion of parents, practitioners and adolescents in study • Assess change following program participation 	Process.	violence / abuse towards parents. Indicators: <ul style="list-style-type: none"> • Type of violence used • Frequency of violence 	(parents and adolescent) at program commencement, during program and program completion <ul style="list-style-type: none"> • Practitioner case studies • Parent discussions • Practitioner discussions
A 30-month Follow-Up of Court-Referred Batterers in Four Cities (USA, 2000)	<ul style="list-style-type: none"> • Multi-site in operation for minimum of five years • Longitudinal • Court mandated programs • Duluth model + CBT • N = 618 men and their partners 	Outcome	<ul style="list-style-type: none"> • Trend of re-assault • Types of violence used • Other behaviours • Dropout rates 	<ul style="list-style-type: none"> • Partners • Participants • Interviews upon intake then every three months for up to 15 months then 30-month follow up • Background questionnaire • Personality Test • Alcohol screening test • Review of arrest records
Meta-analysis of studies of what works in perpetrator programs (USA, 2013)	<ul style="list-style-type: none"> • Meta-analysis of 30 existing experimental and quasi-experimental studies of MBCPs • Theoretical underpinning of models examined: Duluth, CBT, relationship enhancement • Focus on criminal domestic violence offenders i.e. criminal court mandated 	Meta-evaluation of outcome	Reduced recidivism	<ul style="list-style-type: none"> • Police data • Court records • Victim / partner interviews and surveys

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
	participants			

2. Victim Support Services

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
Family Justice Centres: A model for empowerment? (UK, 2014)	<ul style="list-style-type: none"> 1 site: Croydon Family Justice Centre Empirical study Measured change in women following support Not randomised and no comparison service used Pilot study 	Outcome.	<p>Potential to empower clients to bring about changes in their lives that may leave them less vulnerable to abuse.</p> <p>Indicators:</p> <ul style="list-style-type: none"> Types and frequency of abuse experienced. Types and frequency of symptoms of abuse suffered. Types and frequency of responses to abuse. Trigger for help-seeking. Levels of self-confidence. Choice making. Nature and types of supports accessed. <p>Note: the above did not just focus on the most recent experience of abuse.</p>	<ul style="list-style-type: none"> Ethnography Face-to-face semi structured interviews with service providers Face-to-face semi structured interviews with clients Client self-administered tool to measure experiences of and responses to violence.
A Review of the Provision of Intervention Programs for	<ul style="list-style-type: none"> Multi-site Meta-analysis of existing 	Outcome	<p>Recognise abusive behaviour</p> <p>Understand how abusive</p>	<ul style="list-style-type: none"> Pre and post support client / victim surveys and interviews

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
Female Victims and Survivors of Domestic Abuse in the UK (UK, 2014)	evaluations <ul style="list-style-type: none"> Evaluations were limited by the small sample sizes and non-experimental nature 		behaviour can impact on them / their children <ul style="list-style-type: none"> Level of confidence and self-esteem Level of social independence Type and frequency of disagreements with partner Methods of resolving conflict with partner Levels of social and emotional wellbeing 	
Identifying Key Components of a British Advocacy Intervention (UK, 2016)	<ul style="list-style-type: none"> Multi-site: 7 services Longitudinal: 27 month period Pre, during and post support data collection 2,427 study participants 	Outcome and process.	Reducing re-abuse and increasing safety <ul style="list-style-type: none"> Level of actual and perceived safety Level of risk present Type of intervention received 	Pre, during and post support: <ul style="list-style-type: none"> Interviews and surveys with service users Surveys of practitioners
Evaluation of the Family Violence Prevention Program (Canada, 2012)	<ul style="list-style-type: none"> Program evaluation Multi-site 	Outcome and process.	First Nations communities act to prevent family violence and to protect women and children from family violence in ways that effectively respond to needs of women, children and the family as a whole. Protection services that ensure women, children and families are safe from violence.	<ul style="list-style-type: none"> Surveys of community leaders and service providers. Community case studies (did not include service users) Key informant interviews. Document and file review.

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
			Increased capacity of First Nation service providers to deliver culturally relevant Family Violence programming.	
Effectiveness of Hotline, Advocacy, Counseling, and Shelter Services for Victims of Domestic Violence (USA, 2004)	<ul style="list-style-type: none"> • Multi-site: 54 • Focus on hotline, advocacy, counselling and shelter services • Cluster evaluation (i.e. evaluating multiple programs with similar goals but different activities) 	Outcomes	<ul style="list-style-type: none"> • Increased knowledge • Feeling supported • Improved decision making (counseling and advocacy) • Self-efficacy, goal setting and coping (counseling) • Feeling safe (shelter) 	<p>Service users completed a range of inventories and scales:</p> <ul style="list-style-type: none"> • Empowerment Scale • Rosenberg Self-Esteem Scale • Personal Problem Solving Inventory • Pennsylvania Coalition Against Sexual Assault
Effectiveness of CBT in treating women in shelters experiencing PTSD	<ul style="list-style-type: none"> • Randomised clinical trial • Treatment group: shelter plus CBT program called HOPE • Control group: shelter only • 35 participants in both groups • Baseline data collected then at 1 week, 3 months and 6 months post shelter 	Outcomes	<p>Improvement in PTSD and experience of intimate partner violence measured by:</p> <ul style="list-style-type: none"> • Clinical administered PTSD Scale • Conflict Tactic Scales Revised <p>Secondary outcomes measured:</p> <ul style="list-style-type: none"> • Depression using Beck Depression Inventory. • Empowerment using Personal Progress Scale-Revised. • Resource loss using the Conservation of 	<p>Service users completed a range of inventories and scales noted in earlier at one week, three months and six months after support was accessed. This data was then compared to baseline and the treatment group compared to the control group.</p>

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
			Resources-Evaluation measure. <ul style="list-style-type: none"> • Social Support using the Inventory of Socially Supportive Behaviours. 	
Evaluation of the Whanau Ora Wellbeing Service (New Zealand, 2013)	<ul style="list-style-type: none"> • Focus on Maori women living in a refuge • Qualitative study 	Outcomes and Impact.	For the community and individuals: <ul style="list-style-type: none"> • Reduced recidivism • Reduced violence • Reduced intergenerational violence and abuse • Increased whanau (community) safety • Increased whanau stability • Increased whanau sustainability. 	<ul style="list-style-type: none"> • Ethnography: participation in / observation of refuge activities. • Case studies: in-depth interviews with 10 women at multiple points during the study. • Interviews with key informants: refuge staff and referral services were interviewed.
Mothers' Advocates in the Community (Australia, 2011)	<ul style="list-style-type: none"> • Cluster, randomised trial • Aimed at culturally and linguistically diverse women • Aim of the study was to test the benefits of social support, advocacy and antenatal mentoring in reducing domestic violence and improving women's health. • 133 women participated in 	Outcomes.	Reduce domestic violence and improve women's health. Indicators: <ul style="list-style-type: none"> • Type and frequency of violence • Levels of depression • Levels of parenting stress • Levels of social support 	Study team administered the following tools with the women throughout the trial: <ul style="list-style-type: none"> • Composite Abuse Scale • Parenting Stress Index Short Form • Medical Outcomes Scale Short Form • Edinburgh Postnatal Depression Scale

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
	<p>the study</p> <ul style="list-style-type: none"> • Treatment group: 90 women received mentoring. • Control group: 43 women did not receive a mentor. 			<ul style="list-style-type: none"> • Wellbeing SF-36 <p>The above were completed by all women as baseline and after 12 months of participation in the program.</p>

3. Intensive family-focused case management

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
Brighter Futures (Australia, 2012)	<ul style="list-style-type: none"> • Focus on at-risk Aboriginal families in NSW • Program delivers targeted early intervention services to families with children aged under nine years. • Program aim of the program is to identify Aboriginal children at-risk of entering the statutory child protection system, provide these children and their families with intensive support, to divert them away from placement in out-of-home care. • Compared Aboriginal families who participated in Brighter Futures to those who wanted to participate but there were no vacancies. • Multisite: 7 regions participated. 	Output and Outcome.	Reduction in placements of Aboriginal children in out-of-home-care. Indicators: <ul style="list-style-type: none"> • Days in out-of-home-care • Number of child protection reports • Families' experiences of the program • Nature of referral pathways • Type of services provided 	<ul style="list-style-type: none"> • Review of Community Service administrative data including risk of harm reports and OOHC placements • Interviews with Aboriginal families • Interviews with caseworkers and managers' casework Compared OOHC and risk of harm reports for participating families two years prior to program entry and 12 months after exit.
Troubled Families Evaluation (UK, 2016)	<ul style="list-style-type: none"> • Mixed approach: Quasi-experimental and qualitative • Multisite: 143 local authorities participated 	Impact, outcomes and process.	Programme aims to turn around the lives of 120,000 English families with multiple and complex needs, focusing on earlier,	Outcome data from linked national administrative datasets and a large-scale face-to-face survey of families, to compare families

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
	<ul style="list-style-type: none"> Focus on families involved in crime / anti-social behaviour, children not in school, adults are unemployed. 		<p>targeted interventions.</p> <p>Indicators:</p> <ul style="list-style-type: none"> Level of employment Receipt of benefits School attendance Child welfare Criminal offences Health and wellbeing Family functioning Confidence and help-seeking 	<p>going through the programme with a matched comparison group.</p> <p>Interviews with families in treatment group and comparison group.</p> <p>Review of administrative data sets: police data, work and pensions data, and school data.</p>
MST-Building Stronger Futures (USA, 2013)	<ul style="list-style-type: none"> a 'treatment model for families experiencing co-occurring physical abuse and/or neglect and parental substance abuse'. Five-year randomised clinical trial compared families participating in MST-BSF and those not. 	Outcome	<p>MST-BSF aims to:</p> <ul style="list-style-type: none"> negate the need for a child to be removed from their family and placed in out-of-home care keep children safe, and support the parent in attaining abstinence in substance misuse. <p>Indicators:</p> <ul style="list-style-type: none"> Youth functioning Parent functioning Parenting behaviour Social Support Maltreatment 	<p>Families completed the following tools / inventories:</p> <ul style="list-style-type: none"> Child Behaviour Checklist Trauma Symptom Checklist for Children Social Skills Rating System Global Severity Index of the Brief Symptom Inventory Conflict Tactics Scale Interpersonal Support Evaluation List <p>The above were completed prior to treatment (baseline) then at two, four, 10 and 16 months post-</p>

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
			<ul style="list-style-type: none"> Service utilisation 	baseline. Child protection data was reviewed. Parents and children interviewed.
Family Focused Therapy (USA, 2017)	<ul style="list-style-type: none"> Randomised clinical trial Focus on families where an adolescent family member has a behavioural or emotional problem 	Outcome	<ul style="list-style-type: none"> Rates of recidivism Level of self-harming behaviours Level of school attendance Rate of placement in out-of-home care Family functioning including communication 	Review of state crimes data and young person criminal records. Risk and protective factors assessment using WAJCA-RA tool. Outcomes assessed prior to treatment (baseline) and 12 months following treatment. Interviews with therapists.

4. Trauma-informed therapeutic services for children

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
Trauma-Focused CBT (USA, 2017)	<ul style="list-style-type: none"> • Various randomised clinical studies of the effectiveness of TF-CBT • Focus on intervention with children • Compared TF-CBT only with TF-CBT and trauma narrative component 	Outcome: effectiveness.	Improvement in PTSD symptoms. Indicators: <ul style="list-style-type: none"> • Parenting skills • Children's personal safety skills • Children's abuse-related fear • Parent's abuse-specific distress • Levels of general anxiety 	Completion of various validated clinical assessment tools prior to treatment commencement (baseline) and multiple points during and after treatment.
Holding Children Together (Australia, 2012)	<ul style="list-style-type: none"> • The service targets children between 5 and 12 years old who have experienced trauma, abuse and neglect. • Mixed method, repeat measures design • Review of 36 children cases 	Outcomes	Improvements in children's adaptive states as represented by improvements in behaviour, relationships and learning. Enhanced capacity of local practitioners to offer therapeutic services to children and families. Stronger partnerships between services to facilitate an integrated response to children and their families accessing the service.	Interviews with practitioners. Practitioner Survey. Analysis of case file information. Data was collected at two points in time approximately six months apart.
Take Two Berry St (Australia, 2016)	<ul style="list-style-type: none"> • Outcomes evaluation • No randomised clinical trial • Not quasi-experimental • The Take Two service 	Outcomes	Overarching outcome: increased capacity to regulate and reduction of behavioural and / or emotional	Completion of various assessment tools including: <ul style="list-style-type: none"> • Clinical Survey

Evaluation name	Description	Evaluation type	Outcome measures & indicators	Methods & sources
	<p>provides intensive therapy in tandem with facilitation of safe and healthy relationships for children, ranging from newborns to those verging on adulthood, who are protection clients.</p> <ul style="list-style-type: none"> • 		<p>symptoms.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Child safety • Child wellbeing • Stability / security / connectedness • Family and community support • Specific goal attainment 	<ul style="list-style-type: none"> • ATSI Assessment Tool <p>Review of client activity records and Department of Human Services child and youth records.</p> <p>Data collected upon referral to program (baseline), during program and post-program.</p>

Appendix B: References

- Arney, F. and Brooke, S. (2012). *The Evaluation of the Holding Children Together Service in Alice Springs*. Relationships Australia.
- Bennett, L. Riger, S. Schewe, P. Howard, A. Wasco, S. (2004). Effectiveness of a Telephone Hotline, Advocacy, Counseling and Shelter Services for Victims of Domestic Violence: A Statewide Evaluation. *Journal of Interpersonal Violence*. Vol 19 (2004), 815-829.
- Berry Street. (2016). 'Case Management'. Available at: <https://www.berrystreet.org.au/case-management> [accessed on 19 April 2016]
- Breckenridge, J. Chung, D. Spinney, A. Zufferey, C. (2016). National Mapping and Meta-Evaluation Outlining Key Features of Effective "Safe at Home" Programs to Enhance Safety and Prevent Homelessness for Women and their Children who have Experienced Domestic and Family Violence: Key findings and future directions. *ANROWS Compass Issue 2 April 2016*.
- Brown, T. Flynn, C. Arias, P. Clavijo, C. (2017). A Study of the Impact on Men and their Partners in the Short Term and in the Long Term of Attending Men's Behaviour Change Programs. Department of Social Work. Monash University.
- Brown, T. & Hampson, R. (2009). An evaluation of interventions with domestic violence perpetrators. Melbourne: Department of Social Work, Monash University.
- Crusto, C.A., Lowell, D.I., Paulicin, B., Reynolds, J., Feinn, R., Friedman, S., Kaufman, J.S. (2008). 'Evaluation of a Wraparound Process for Children Exposed to Family Violence', *Best Practices in Mental Health*, 4(1).
- Day, L. Bryson, C. White, C. Purdon, S. Bewley, H. Kirchner Sala, L. and Poole, J. (October 2016). National Evaluation of the Troubled Families Programme: Final Synthesis Report. Department for Communities and Local Government.
- Department for Children, Schools and Families. (December 2011). Monitoring and evaluation of family intervention services and projects between February 2008 and March 2011. Research Brief. United Kingdom Government.
- Gondolf, E. (2000). A 30-Month Follow-Up of Court-Referred Batterers in Family Court. *International Journal of Offender Therapy and Comparative Criminology*, 44(1), pages 111-128.
- Gondolf, E. (2004). Evaluating batterer counselling programs: A difficult task with some effects and implications. *Aggression and Violent Behaviour* 9 (2004) pages 625-631.
- Fallot, R.D., & Harris M. (2001). 'A trauma-informed approach to screening and assessment'. *New Directions for Mental Health Services*, 89, 23-31.
- Karahasan, B. (July 2014). Evaluation Report of the Aboriginal Family Violence Prevention and Legal Service Victoria's Early Intervention and Prevention Program. FVPLS Victoria.
- Kelly, L. and Westmarland, N. (2015). Domestic Violence Perpetrator Program: Steps Towards Change. Project Mirabal Final Report. London and Durham: Metropolitan University and Durham University.
- Howarth, E. and Robinson, A. (2015). Responding Effectively to Women Experiencing Severe Abuse: Identifying key components of a British advocacy intervention. *Violence Against Women*. Vol. 22(1) 41-63.

- Howley, S. and Voth, D. (2014). Measuring the Impact of Victim Services. Social Solutions. 13 November 2014.
- Hoyle, C. and Palmer, N. (2014). Family Justice Centres: A model for empowerment? *International Review of Victimology*. 2014. Vol 20(2) 191-210.
- Johnson, D. Zlotnick, C. and Perez, S. (2011). Cognitive Behavioural Treatment of PTSD in Residents of Battered women's Shelters: Results of Randomised Clinical Trial. *Journal of Consulting and Clinical Psychology*. 2011. Vol. 79. No. 4 542-551.
- Loxton, D. Hosking, S. Stewartwilliams, J. Brookes, J. and Byles, J. (2008). Selected domestic and family violence prevention programs: An *Evidence Check* rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for the Violence Prevention Coordination Unit, NSW Department of Premier and Cabinet.
- Meade, S. & Mendes, P. (2014). *Interim Evaluation Report for the Berry Street Pilot Program – Stand By Me*.
- Miller, M., Drake, E., & Nafziger, M. (2013). What works to reduce recidivism by domestic violence offenders? (Document No. 13-01-1201). Olympia: Washington State Institute for Public Policy.
- No to Violence, Men's Behaviour Change Group Work: Minimum Standards and Quality Practice, 2005.
- Robertson, N., Masters., B., Lane, C., Tapara., Corbett, C., Graham, R., Gosche, J., Jenkins, A., & King, T. (2013). *Evaluation of the Whanau Ora Wellbeing Service of Te Whakaruruhau*. Final Report.
- Schaeffer, C. Cupit Swenson, C. Hontoria Tuerk, E. Henggeler, S. (August 2013). Comprehensive Treatment for Co-Occurring Child Maltreatment and Parental Substance Abuse: Outcomes from a 24-month pilot study of the MST-Building Stronger Families program. *Child Abuse and Neglect*. Volume 37, Issue 8, pp 596-607.
- State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16).
- Stirling, C. Munro, H. Watson, J. Barr, M. Burke, S. (November 2012). The Brighter Futures Aboriginal Families Study: A study to find out what's working, what's not working, for Aboriginal families in the Brighter Futures program. NSW Government Family and Community Services.
- Stokes, H. & Turnbull, M. (2016). *Evaluation of the Berry Street Education Model: Trauma Informed Positive Education Enacted in Mainstream Schools*. Melbourne, VIC: University of Melbourne Graduate School of Education, Youth Research Centre.
- Sullivan, C. (2011). Evaluating domestic violence support service programs: Waste of time, necessary evil, or opportunity for growth? *Aggression and Violent Behaviour*. 16 (2011) 354-360.
- Taft, A.J., Small, R., Hegarty, K.L., Gold, L. & Lumley, J.A. (2011). 'Mothers' Advocates In the Community (MOSAIC)- Non-professional Mentor Support to Reduce Intimate Partner Violence and Depression In Mothers: A Cluster Randomised Trial in Primary Care', *BMC Public Health*, 11(178).
- Williamson, E. and Abrahams, H. (2014). A Review of the Provision of Intervention Programs for Female Victims and Survivors of Domestic Abuse in the United Kingdom. *Journal of Women and Social Work*. Vol. 29(2) 178-191.