



# The utility of modeling in evaluation planning: the case of the coordination of domestic violence services in Maryland

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## Abstract

This pilot study illustrates the modification of evaluation planning tools, such as documents models [Rutman, Evaluation research methods: A basic guide, 1984], logic models [Burt et al. Evaluation guidebook. Projects funded by S.T.O.P. Formula Grants under the Violence Against Women Act, 1997] and program theory models [Weiss, Evaluation. Methods for studying programs and policies, 1998] in planning the evaluation of the coordination of domestic violence (DV) services in the metropolitan area of Baltimore, Maryland. Coordinated community responses (CCR) are systematic approaches to intervention—in this case for DV intervention—that emphasize comprehensive, collaborative and integrated service delivery. Evaluation studies typically focus on assessing the performance of programs within various *components* of the system (judicial, crisis intervention, social services, health care). The present paper argues for a holistic, theory-based evaluation approach to examine the entire system, which involves modeling the structure of, and linkages among, the system components. This process reveals that the activities of the agencies in the CCR are guided by varying intervention models, leading to different priorities: batterer sanctioning, victim advocacy, service delivery, or family reunification. Any subsequent evaluation of the intervention system as a whole has to take these differences into account. Data collection methods and indicators for a system-wide process evaluation are suggested. © 2002 Elsevier Science Ltd. All rights reserved.

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## 1. Background

Since the 1980s increased public awareness of intimate partner violence, or domestic violence (DV), as a social and public health problem rather than as a private family issue, has led to improvements in the legal system and the availability of DV services, such as shelters, counseling and hotlines. In 1994 the *Violence Against Women Act* was passed, which led to various legal and policy changes relating to DV cases. Nevertheless, the health care costs of intimate partner violence in the US have been estimated at around \$1.7 billion annually (DeLahunta, 1996), and lost productivity increases the estimate to a staggering \$5 to \$10 billion (Cromwell & Burgess, 1996). Recently DV has also been identified internationally as a human rights violation (Walker, 1999) and as the number one public health risk to adult American women (Dwyer, Smokowski, Bricout, & Wodarski, 1995).

The current scholarly discourse on DV treats it as a multi-faceted problem, which requires efforts by multiple agencies to be resolved. Coordinated community responses (CCR) are systematic approaches to DV intervention that emphasize comprehensive, collaborative and integrated

service delivery. These systems consist of various components, such as crisis intervention programs, the judicial system, the health care system, and social services. The constituent agencies specialize in delivering different services related to DV: victim advocacy, offender sanctioning, medical treatment, or DV screening. They are linked through various formal and informal channels of referral. The objectives of networking and cooperation among the various agencies are: (1) increased system efficiency; (2) differentiation of services; (3) assurance that victims receive necessary services and suffer less; (4) increased victim safety; and (5) increased accountability of batterers (judicial response). Since 1980, some descriptive research about the first such effort, the Duluth model of the Domestic Abuse Intervention Project (DAIP), has shown that this type of coordinated intervention can be successful (Burt, Harrell, Newmark, Aron, & Jacobs, 1997; Clark, Burt, Schulte, & Maguire, 1996). Consequently, several communities in other states, such as California, Missouri and Maryland, have also begun putting various types of coordination systems in place to combat DV and provide services to DV victims.

A national accounting of how many jurisdictions are pursuing these efforts is difficult because of a lack of comprehensive data. More in-depth analysis of local

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arrangements is needed in order to collect the necessary information for a comparative study of systematic DV interventions. Recent comparative research on CCR in various states has found that DV service provision is often not well coordinated among the different providers (Clark et al., 1996). Although in theory a coordination system exists, the actual empirical linkages among the agencies have not been examined extensively.

Edelman (2000) contends that the recent growth in comprehensive community based initiatives (CCI) is a reaction to the fact that “mainstream social service delivery systems are fragmented, unresponsive, over-professionalized, and generally not effective” (p. 14). Nevertheless, since CCIs operate, and are linked at, a number of levels (individual, community, agency, system), the task of evaluating them can be formidable. Conventional evaluation approaches are guided by positivist methodologies, which mainly rely on quantitative standardization, uniformity and control. In order to take into account various contextual influences, differing agency objectives, and organizational issues within the system, Edelman (2000) suggests theory-based alternatives, such as ‘empowerment evaluations’ and ‘theory-of-change’ approaches, combined with the use of multiple methods. The analysis of the process between inputs, short-term objectives, and long-term goals is theoretical and implies, but does not confirm causality. It does, however, provide a tool to assess the gap between stated outcomes and actual resource allocation and activities.

In order to offer a framework for assessing observed channels of communication and coordination among DV agencies this study develops a model of the theoretical linkages among the system components in one community. This represents a shift of the level of analysis with respect to theoretical modeling from a single program to an entire system. This strategy involves the specification of system goals and objectives related to coordination, as well as an examination of the process whereby coordination is intended to lead to increased system efficiency, differentiation of services, increased services delivery, increased victim safety, and increased law enforcement/judicial response.

In light of the recent growth in popularity of comprehensive community initiatives, this study contributes to the scant literature on theory-based evaluation of such intervention systems (Edelman, 2000; Murphy-Berman, Schnoes & Chambers, 2000). Specifically, it models how the linkages among the system components in combination *should theoretically* work to deal with violence survivors and offenders in the Baltimore metropolitan area. This methodology expands upon the works of Burt et al. (1997), Rutman (1984) and Weiss (1998), who outline strategies for defining theoretical program models. Rutman’s documents model approach to evaluability assessment consists of specifying ‘program components, outputs, immediate objectives/effects, intermediate objectives/effects, and ultimate objectives/effects’. For the purpose of this study, this specification occurs at the system level in order to model the system’s

components, the system’s outputs, objectives and linkages. This strategy also moves what Weiss (1998) terms a descriptive ‘implementation theory’ to the analysis of the system. Weiss argues that theory serves to reveal the ‘mechanisms of change’ involved in the process of moving from inputs to desired end results. At the system level this means that the evaluator examines not merely *what* this process is, but *how* the process works through the linkages in the system. In order to include contextual factors, Burt et al. (1997) are using a ‘logic model’, which adds background factors of people involved that may affect the relationship between program and outcomes, program services activities, external services and events affecting program performance, and immediate and longer-term outcomes. Cooksey, Gill, & Kelly (2001) characterize such logic models as “flow charts that display a sequence of logical steps in program implementation and the achievement of desired outcomes” (p. 12). One step further, a ‘prescriptive normative theory’ of how a program should operate can later be compared to its actual operation (Chen, 1990). The goal is to arrive at a model that can be used for system level process evaluations as an ‘ideal type’ or for impact evaluations as a guide for hypothesized relationships.

For the purpose of the present study, aspects of these evaluation modeling strategies are borrowed, modified, and applied to planning an evaluation of CCR in Baltimore. That means, unlike traditional uses of these models, this study maps out the major links among the system components involved in processing DV cases, and arrives at an ‘ideal type’ model. This strategy will facilitate a subsequent process analysis of the degree of actual collaboration among system components. The modeling approach to evaluation planning intends to provide a framework for an evaluation that identifies the organizational structures, communication channels, service provision activities, and legal procedures in the system that help and hinder the way cases are processed. Combined with stakeholder interviews and site visits, document review produced the information required to establish the preliminary framework for subsequent holistic, theory-based evaluation efforts of the entire system (Adler et al., 2000). It also provided information on the types of data and measures needed to complete an evaluation that documents formal and informal inter-agency linkages among service providers and examines the processes of client care by the agencies in terms of consistency, continuity and coordination by tracking DV cases through the system (continuity of care—see Smith and Daughtrey (2000)).

## 2. Coordinated community responses to domestic violence

### 2.1. The need for coordinated DV intervention

Among the diverse service needs of DV victims are

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