

TODAY

EBPs

A REVIEW OF EVIDENCE-BASED PRACTICES IN DOMESTIC VIOLENCE
Institute on Domestic Violence in the African American Community

Issue I, Fall 2016

THE EVIDENCE OF THINGS SEEN

Greater awareness of EBPs can lead to better insight,
greater support for domestic abuse projects, agencies

For some, it's a complex academic precept representing "the integration of the best available research with clinical expertise in the context of victim characteristics, culture and preferences." Others see it as "the conscientious and judicious use of current best evidence from clinical care research in the management of individual victims."

At the end of the day, though, some say it's much more basic: It's

"At its core, the principle of EBPs is simply this: How can we better understand the challenges of the populations we serve and, from that understanding, develop more effective prevention and treatment programs?"

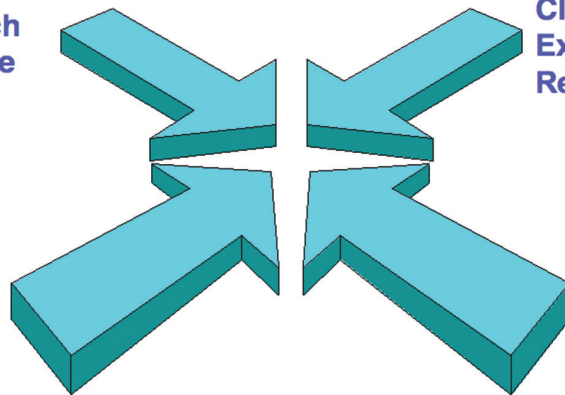
– Dr. Oliver Williams



EBP is a tool

Research
Evidence

Clinical
Expertise &
Resources



Client values &
Preferences

Clinical state &
circumstances

simply a principle designed to determine whether certain approaches are useful or whether they need further examination.

Evidence-based practice and its conceptual framework were introduced decades ago, experts say, and within many fields, practices and disciplines, has become the new gold standard.

"Though there is historical evidence of practices that resembled this approach to treatment dating back centuries, evidence-based practice has its roots in what was known as evidence-based medi-

cine," Dr. Tameka L. Gillum said in her report "Addressing IPV in African Immigrant and African American Communities Through Evidence-Based Practice."

Since then, it has become more prominent in discourse and practice for addressing the multifaceted needs of individuals, she said,

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SCHOLARS SURVEYED ON VALUE, EFFICACY OF EBPs

As part of its mission to understand and perfect evidence-based practices, IDVAAC asked several scholars to provide academic and practical insights about the value, efficacy and applicability of evidence-based practices in addressing intimate partner violence in the African-American community.

Those survey questions – and their responses – appear below.



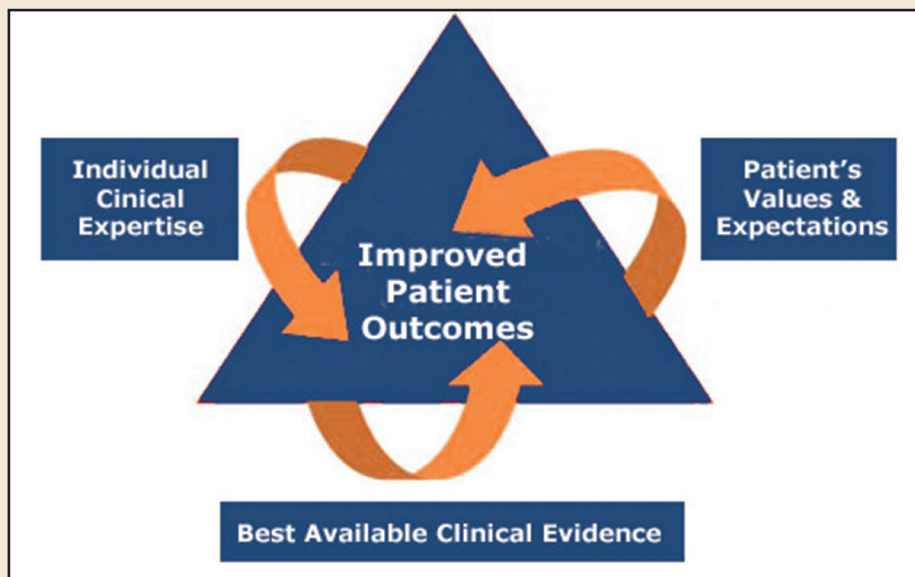
Dr. Lakeesha N. Woods is a senior associate at Community Science, a research and development organization that works with governments, foundations and non-profit organizations on solutions to social problems.

Q: Applying your knowledge and considering your years of experience in the field, what do you think is useful to know about gathering and applying evidence when working with domestic violence programs that serve African American women who are battered?

“In more recent years, health and community-based treatment fields have recognized the importance of cultural relevance and competency when serving African Americans, as reported in the scholarly work, “The Evidence Base For Cultural And Linguistic Competency In Health Care.”

“Researchers, practitioners, funders, etc. also recognize the necessity of evidence-based practice and programs to address domestic violence. There is a continued need to build the evidence base of the effectiveness and efficacy of domestic violence programs that serve African American women, particularly examining culturally specific and culturally focused programs.

“Gathering and applying evidence can increase understanding of the availability of effective programs for



African American women, enhance quality of care, and continually develop and improve domestic violence services for African American women and women more broadly.

Q: What insight can you provide on how to best apply the knowledge and understanding you’ve gleaned from research, literature, interviews, etc.?

“Research, literature, and practice have indicated that multilevel, multi-sector strategies and partnerships are components of best practice for effective domestic violence prevention and intervention generally and for African American communities specifically. This knowledge is applicable to how interventions are developed, implemented, evaluated and sustained.

“First, existing research has moved from an individual focus on cultural competency development to a multilevel focus on ongoing development that includes accountability and best practices at the individual to community levels – a fact reported in such periodicals as the “American Journal of Preventive Medicine” and “Heath Affairs.”

“A number of promising practices can be applied to effective domestic violence services for diverse communities. Such practices include cultural flexibility, responsiveness and ongoing self-reflection as well as:

- A thorough understanding of

cultural values and social contexts at the individual level.

- Integrating cultural competency into values, mission, policies and procedures, governance, hiring and retention practices, planning and infrastructure at the organizational level.

- Integrating cultural competency into all health-related systems.

- Conducting assessments of needs and resources of populations served at the community level.

“Second, domestic violence survivors and their families should be engaged from a strengths-based approach and viewed as partners in healing and empowerment, as noted in several academic journals including “Community insights on domestic violence among African Americans: Conversations about domestic violence and other issues affecting their community,” “Violence Against Women” and “Sexual violence in the lives of African American Women.”

“Based on service recipients’ perceptions of quality, culturally responsive care, principles of quality and comprehensive domestic violence services include: holistic health, safety, equity, effectiveness, patient-centeredness, partnership, respect, empathy, cultural understanding and humility, relevance, support, activism and resiliency.

“The fact that research has found that African American domestic violence service recipients have positive experiences with services that are sensitive to

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and incorporated individuals' values, beliefs, and preferences around their faith, families, relationships, etc.; are respectful; and are welcoming, supportive and accessible can inform how interventions are implemented.

Third, community buy in and public demand are necessary to provide quality services to diverse populations and create solutions to domestic violence, as referenced in "Community insights on domestic violence among African Americans: Conversations about domestic violence and other issues affecting their community" and in "Sexual violence in the lives of African American women."

"The current literature discusses the need for evaluations of cost-benefits and effectiveness of culturally relevant interventions and domestic violence preventive interventions to make the business case for increased funding, support and infrastructure for such services.

"The progression toward multi-level interventions and multisector partnerships that engage the communities served, practitioners, faith-based organizations, community-based organizations, researchers, policymakers, advocates and others builds from an understanding of intersecting factors that are particularly relevant for individuals from diverse backgrounds who have experienced domestic and gender-based violence.

"The approach also underscores the responsibility of the entire community to address domestic violence.

Q: Considering everything you know about EBPs and their application, what are your top recommendations on how to: 1) best serve African American women who are battered, 2) serve African American men who batterer, 3) best educate and inform domestic violence programs that serve African American women who are battered?

"To best serve female and male survivors of domestic violence as well as educate and inform domestic violence programs for African American communities, effective application of evidence based practices in a sociocultural context is vital.

"One critical examination and understanding for domestic violence programs is the intersection of racial identity, cultural identity, gender identity, racism, oppression, discrimination, substance abuse and domestic violence; what membership in multiple groups (e.g.,

based on race, gender, socioeconomic status, sexual orientation, etc.) means to individuals and their place in society; and African American communities' historical and contemporary interactions with services and systems.

"Gender-specific issues such as women's and men's experiences in the law enforcement and criminal justice systems, gender socialization and roles, stigma, stereotypes, norms and values around sharing experiences of trauma, and available supports in families and communities are critical to craft tailored services for African American men and women.

"To strengthen domestic violence services and prevention and intervention efforts in African American communities, it also is vital to engage individuals experiencing domestic violence as partners from the design to evaluation of services, engage survivors in empowerment and activism efforts, and involve both men and women in advocacy, public awareness, and in demands to end domestic violence."



Dr. Tameka L. Gillum is an assistant professor at the School of Public Health and Health Sciences at the University of Massachusetts in Amherst.

Q: Applying your knowledge and considering your years of experience in the field, what do you think is useful to know about gathering and applying evidence when working with domestic violence programs that serve African American women who are battered?

"I believe it is indeed important to gather evidence regarding practice with African American women who are battered to document successful approaches as well as areas for improvement, both of which have the potential to be useful in advancing such programs.

"It is important, though, to understand that many such programs do not have the resources to do effective evaluation, which takes time, money, and people

power. Many of these programs are barely getting by with the resources they do have. Increased funding for such programs for the purposes of documenting practice would help in this endeavor."

Q: What insight can you provide on how to best apply the knowledge and understanding you've gleaned from research, literature, interviews?

"Evidence-based approaches have great potential for effectively addressing IPV in the African American community. Such approaches need to be identified, however, as research is lacking on IPV interventions demonstrated effective with African American communities."

Q: Considering everything you know about EBPs and their application, what are your top recommendations on how to: 1) best serve African American women who are battered, 2) serve African American men who batterer, 3) best educate and inform domestic violence programs that serve African American women who are battered?

"It is important that those agencies/individuals working with African American communities and IPV familiarize themselves with evidence-based practice and its significance. This is especially important given the increase

in funders requesting use of evidence-based practice.

"In addition, as discussion of evidence-based practice continues, it is important for agencies/individuals that work with culturally specific populations be part of those conversations.

"More research is indeed needed to identify evidence-based practice most useful for African American survivors and batterers. One way to facilitate this is for more funders to create funding mechanisms that allow for "novel" approaches. This could be used to help design culturally specific approaches that have the potential to become evidence-based.

"In addition, existing evidence-based practice/interventions could be modified to make them more culturally specific.

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Likewise, we could modify existing evidence-based (non-IPV) interventions that target culturally specific communities to incorporate IPV.

"If agencies or programs are 'doing their own thing' in providing IPV services to African American communities and believe these approaches to be effective, such agencies could benefit from partnering with researchers (such as those from academic institutions) to document success and/or areas for improvement. This will help to document more effective practices so that they may be identified as evidence-based."



Dr. Esther Jenkins is a professor of psychology at Chicago State University (retired) and a senior research associate at the Community Mental Health Council in Chicago.

Q: What insight can you provide on how to best apply the knowledge and understanding you've gleaned from research, literature, interviews, etc.?

"Staff must be motivated to implement the EBP. Staff buy-in at every level is essential. They need to understand the intervention and why it is important. How will the EBP help clients; how will it help staff? In the long run, will it make clients better? Will it help workers be more effective or efficient?

"It's important for staff to know that the EBP really is the better way. Staff needs to appreciate how this new practice relates to the goals of the program or agency. How does the EBP differ from what has been done and why is this different approach necessary? If they've tried new approaches in the past (particularly ones that were not sustained), what will make this one different and lasting?

"The EBP cannot be seen as busy work, nor as devaluing the work that staff already does. Supervisor enthusiasm is essential, as is preparing staff. Did staff have input into the selection and/or adaptation of the actual EBP (which may have been mandated by a funder) or was the decision solely top-down?

"A 'build up' and 'roll-out' of the practice/project also can be helpful. Staff needs a sense of ownership of the project. Involve staff early in the process – and be open to staff suggestions about how to adapt and implement the program. Identify and address staff resistance to the project.

"As with clients, make sure that staff feel as though they have a voice and their views are respected (if not adopted).

"Staff must understand the practice that they are being asked to implement, be it gathering data or applying evidence, to the point that they are genuinely comfortable with the task. Often times, new

approaches fail simply because staff does not fully understand how to implement them. Even an approach that seems simple and straightforward can be misunderstood.

"This can be a particular problem if the practice introduces new or unfamiliar terms. Staff needs

training – and practice – in implementing the task in a safe setting where they can ask questions, receive feedback and process their concerns. Most staff members are not researchers, so the information needs to be "translated" and presented in a manner that is understandable and digestible, without missing the core elements of the intervention.

"EBPs also must be conducted with fidelity. Programs may fail simply because they have not been implemented correctly and/or consistently. Making changes from the original design in how data is collected or the intervention is conducted can negatively affect the validity of the study. Clearly, understanding how to conduct the EBP, and the importance of operating according to design, are essential to maintain the integrity of the project.

"On the other hand, EBPs often need to be adapted in order to work in a particular setting or with particular populations. Such changes may be essential to the successful implementation of the project but need to be done in a way that preserves the core elements of the intervention.

"Changes to the procedure need to be documented and need to be done systematically (i.e. program-wide, not by individuals). Appropriate changes

can be suggested before beginning the program – a process that highlights the importance of the involvement of staff in adapting the intervention according to certain guidelines.

"The systematic collection of data is also important to establishing practice-based evidence. Fidelity is ensured by regular monitoring of data collection and program implementation, and by getting and giving feedback to staff around implementation issues and concerns. This frequent feedback from staff and to staff can detect implementation problems early on, which further protects the integrity of the project.

"Agencies must appreciate and acknowledge the additional staff workload. New programs often require additional work for staff – for example, mastering and using new and/or additional forms and questionnaires and learning and applying new procedures.

"Program officers should consider: Is the additional workload a burden? Does someone need to be assigned to oversee this project? Is release time from other tasks possible? Is additional compensation an option?

"Further, assigning dedicated staff or providing compensation may be seen as an indication of the agency's commitment to the project.

"It will be easier to implement EBPs if the agency has created a culture that values research. Sharing relevant research findings with staff, conducting needs assessments, noting the importance of measuring outcomes, encouraging staff to define and track client success, etc., makes data collection less intimidating and more accessible.

"Staff with these kinds of experiences are often more open to and interested in the use of EBPs.

Q: Considering everything you know about EBPs and their application, what are your top recommendations on how to: 1) best serve African American women who are battered, 2) serve African American men who batterer, 3) best educate and inform domestic violence programs that serve African American women who are battered?

"Effective interventions are relational. Treat staff as you would clients: hear their voices, show respect for their work. Reinforce the 'why' of the work as much as the 'how.'

Sample of programs involving EBP's and African Americans

While few evidence-based IPV interventions exist that specifically target the African American community, listed here is a sampling of evidence-based interventions targeting the African American community for other health concerns.

These interventions are theory-based, they incorporate culturally affirming elements and they involve the target population in the design and implementation of the intervention. These things are crucial in the creation or modification of interventions targeting any culturally specific community.



Sisters Informing Sisters about Topics on AIDS (SISTA): An evidence-based intervention designed to reduce HIV risk among African American women.

The intervention is based in social cognitive theory and the theory of gender and power and consists of five, two-hour sessions. Session topics include: gender and ethnic pride; HIV risk reduction information; sexual assertiveness and communication training; proper condom use skills and fostering positive norms toward consistent condom use; and, cognitive coping skill development.

Despite being developed more than 20 years ago, SISTA continues to demonstrate effectiveness in multiple geographic locations, research shows, and has been effectively adapted as a faith-based version and a computer-based version.

Women Involved in Life Learning From Other Women (WiLLOW):

An evidence-based intervention to reduce HIV transmission risk behaviors and sexually transmitted diseases among women living with HIV.

Informed by social cognitive theory and the theory of gender and power, this program was developed in collaboration with an advisory board that included women living with HIV.

The intervention consists of four, 4-hour interactive group sessions. Content includes, among other things: Gender pride; communication skills for negotiating safe sex; healthy relationships and support systems; impact of abusive relationships on safer sex practices; and informing women of local IPV shelters.

This intervention has also been successfully adapted as a computer-based version.



Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES): A single session HIV/STD prevention intervention designed for African American and Hispanic men and women.

The session consists of a culturally specific video highlighting condom use and negotiation skills shown to a single-sex group and followed by group discussions and role-play exercises.

This intervention was based on the health belief model and the theory of reasoned action and developed as a result of extensive foundational research with the target population, health care providers and members of the surrounding community (focus groups, interviews, clinic observations and surveys).

Much like the SISTA intervention, this program continues to demonstrate effectiveness in African American communities 20 years following its inception.



Adapted from Dr. Tameka L. Gillum's work:

"Addressing IPV in the African American Community Through Evidence-Based Practice"

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and has transitioned into other forms of social services, including provision of care and treatment to intimate partner violence (IPV) survivors, perpetrators and vulnerable children.

“Many federal and professional agencies are promoting the application of evidence-based practice due to its demonstrated effectiveness,” said Gillum, an associate professor at the School of Public Health and Health Sciences at the University of Massachusetts in Amherst.

“As such, it is important to become familiar with evidence-based practice to effectively become engaged in and help shape the discourse as well as increase chances of securing funding from those entities that promote its use.”

Dr. Robert L. Hampton, a professor of sociology at Tennessee State University, agreed, adding that greater understanding of how to apply evidence-based practices can mean greater success in addressing intimate partner violence and in securing funder dollars to subsidize prevention programs.

“It is important to acknowledge that the increased emphasis on evidence-based practices is having a direct impact on funders, because both private and public organizations are beginning to insist more and more for evidence that supports their funding requests,” he said in a joint report with Prof. Pamela Jenkins, a research professor of Sociology and faculty in the Women’s Studies Program at the University of New Orleans (emerita).

“Agencies, foundations, and a growing number of private donors want to know more about the extent to which a program or practice is having a positive impact or basically is meeting the outcomes it was designed to achieve,” they said in the report “Meeting the Needs of African-American Survivors Within Battered Women’s Programs.”



Interviews with survivors of domestic violence are seen as crucial elements in developing effective evidence-based practices, experts say.

“For many, this is translated into a simple question: ‘Is there evidence that this program or approach has been successful?’ ”

‘PROGRAMS BASED IN TRUTH’

So the question for advocates is simple, says Dr. Oliver Williams, executive director of the Institute on Domestic Violence in the African American Community: How can a greater understanding of evidence-based approaches help develop more effective intervention programs, thereby helping to better serve victims of IPV?

“At its core, the principle of EBPs is simply this: Using literature, clinical research, victim interviews and cultural analysis, how can we better understand the challenges of the populations we serve and, from that understanding, develop more effective prevention, intervention and treatment programs?” Williams said.

“Programs developed from that heightened understanding improve outcomes for the populations we serve,” he said, “therefore becoming the ‘best practices’ of our field because they are, essentially, based in truth and reality.”

Dr. Lakeesha N. Woods, senior

associate at Community Science, a Maryland-based research and development agency, agreed, adding that there’s a constant need among service providers to build the evidence base of the effectiveness and efficacy of domestic violence programs that serve African American women.

“Gathering and applying evidence can increase understanding of the availability of effective programs for African American women, enhance quality of care, and continually develop and improve domestic violence services for African American women and women more broadly,” she said.

Woods said research, literature and clinical expertise have shown that multilevel, multi-sector strategies and partnerships are components of good “best practices” for effective domestic violence prevention and intervention. This knowledge is applicable to how interventions are developed, implemented, evaluated and sustained, she said.

“To best serve female and male survivors of domestic violence as well as educate and inform domestic violence programs for African American communities, effective application of evidence-based practices in

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a sociocultural context is vital,” Woods said.

FIVE STEPS TO EBPS

Dr. Esther Jenkins, retired professor of psychology at Chicago State, said according to industry experts, there are five steps towards effective implementation of EBPs: Ask, acquire, appraise, apply and analyze/adjust.

- **ASK** important questions about the care of individuals, communities, or populations. For example: “I wonder if African American victims would do better in a group with an African American facilitator?”

- **ACQUIRE** the best available evidence regarding this question, perhaps by comparing the successes of programs that use African American facilitators to the successes of program that do not.

- **APPRAISE** the evidence to determine if the information is valid, useful and applicable – i.e., “Would an African-American facilitator work for our program, in our setting, in our community for our purposes?” Modify, as needed, accounting for clinical expertise and the circumstances of usage.

- **APPLY** the evidence by engaging in collaborative health decision-making with the affected individual(s) and/or group(s). Appropriate decision-making should integrate the context, values and preferences of the care recipient, as well as available resources, including professional expertise.

- **ANALYZE** the outcome and processes of the intervention and **ADJUST** the program, as needed.

Jenkins said, however, that once these steps have been taken, agency executives must adequately prepare and motivate staff to implement EBP programs

5 A's of Evidence Based Practice Process



- Ask
- Acquire
- Appraise
- Apply
- Analyze

correctly, consistently and efficiently.

“Staff must understand the practice that they are being asked to implement, be it gathering data or applying evidence, to the point that they are genuinely comfortable with the task,” Jenkins said. “Often times, new approaches fail simply because staff does not fully understand how to implement them.”

“This can be a particular problem if the practice introduces new or unfamiliar terms,” she added. “Staff needs training – and practice – in implementing the task in a safe setting where they can ask questions, receive feedback and process their concerns.”

Jenkins said such preparation is key to the success and sustainability of the program because staff buy-in – and understanding – at every level is essential.

“It’s important for staff to know that the EBP really is the better way. Staff needs to appreciate how this new practice relates to the goals of the program or agency. They need to understand the intervention and why it is important. How will the EBP help victims; how will it help

staff? In the long run, will it help survivors recover and heal? Will it help workers be more effective or efficient?”

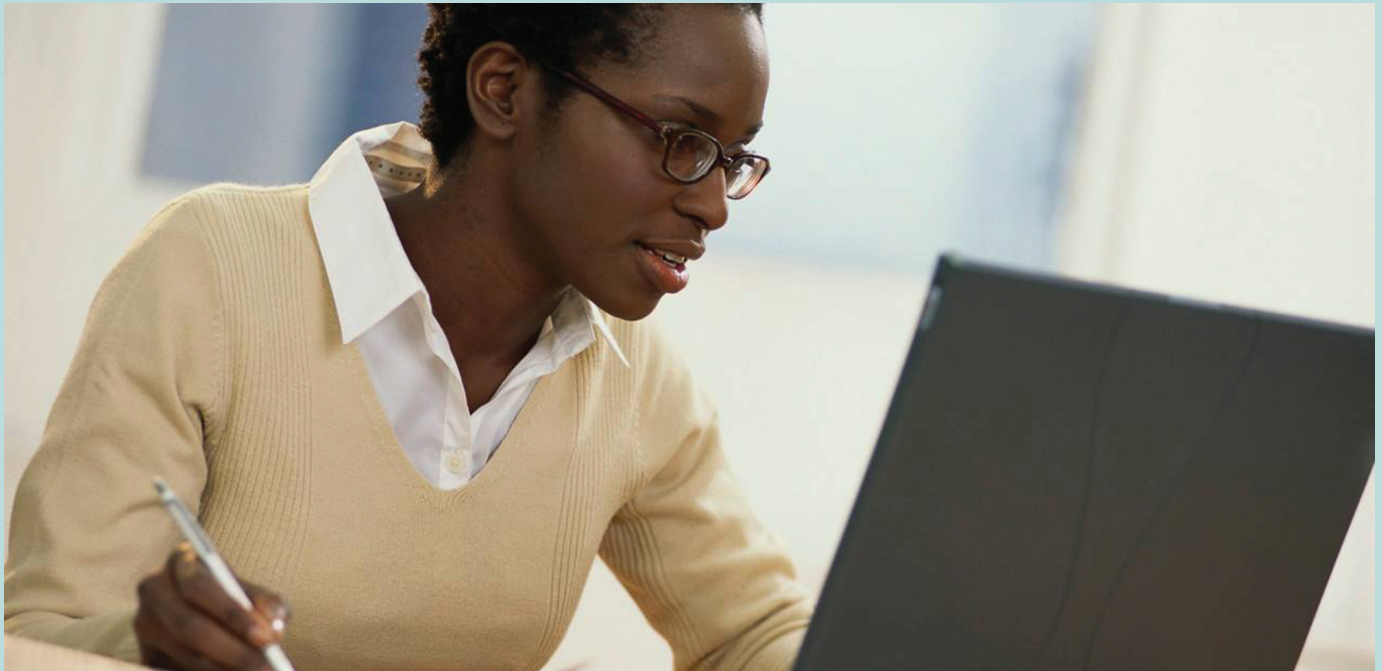
“Understanding how to conduct the EBP, and the importance of operating according to design, are essential to maintain the integrity of the project.”

Jenkins said agencies also must acknowledge the additional staff workload required by new programs – for example, mastering and using new and/or additional forms and questionnaires and learning and applying new procedures.

“The EBP cannot be seen as busy work, nor as devaluing the work that staff already does. Supervisor enthusiasm is essential, as is preparing staff,” she said. “Program officers should consider: Is the additional workload a burden? Does someone need to be assigned to oversee this project? Is release time from other tasks possible? Is additional compensation an option?”

“As with clients, make sure that staff feel as though they have a voice and their views are respected, if not adopted,” she said.

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Qualitative research and documentation of patient values and preferences are considered critical to the creation of a prolific evidence-based practice, experts say.

Continued from Page 7 **'HOLISTIC APPROACH TO TREATMENT'**

In a survey conducted by the African American Domestic Peace Project – a national consortium of domestic violence advocates – agency officials said research and literature are key elements in helping them develop evidence-based approaches to treatment. Academic, professional, industry and culturally based literature help them supplement their curriculums, stay refreshed on industry developments, and strengthen their practices, presentations or treatments, they said.

Survey respondents reported that the literature they read and the research they conducted reflecting evidence-based and trauma-informed practices helped to strengthen their programs, outreach and training in many practical ways.

“The literature and research provides sounding board information that prevents me from having to reinvent the wheel,” one advocate said. “It also helps me to refine a holistic approach to

treatment and advocacy that includes clinical, diagnostic, cultural and spiritual/faith-based methods and evidence-based procedures.”

Other respondents said the literature they read consistently informs their work in several practical ways, as well as in academic and theoretical ways. For example, they said, the literature has helped inform specific areas of organizational development, including staffing, board development, training, program development, outreach and education.

Many respondents said, however, that while literature is instructive in informing their work, their own experiences and interaction with victims also play a vital role. Many conduct their own community needs assessments, distribute and review victim questionnaires, and conduct pre- and post-service tests to supplement scholarly research and augment and enrich their approaches to victim servicing.

Research is most useful and valuable when it validates and corroborates the anecdotal and experiential evidence gathered over years of work in the field, one advocate said.

“It is important to be able to draw upon relevant and current research to ensure that interventions are as effective as possible,” one advocate said. “But I draw the basis of my knowledge from a combination of experience, research, resources and shared information from my colleagues in the field. The culmination of these resources informs my daily work.”

“While information and research are necessary in guiding my work, ultimately, the voice of the victim or survivor determines the direction and outcome,” another advocate added. “Research, literature, experience and shared knowledge guide and inform my work; but client interviews (goals/desires) produce the action plans that result in the client’s/community’s desired outcome.”

“It is vital that I am not only up-to-date with the latest research, but that I have (and provide for my students and trainees) the tools and understanding to successfully apply this to my/their work,” she added. “I don’t believe in a cookie-cutter approach. Every victim/survivor is an expert in his/her own life.”