



## EXAMPLES OF CBPR PARTNERSHIPS

Two case studies that demonstrate successful  
collaboration within the CBPR field.

a part of



COMMUNITY BASED  
PARTICIPATORY RESEARCH

## The Domestic Violence Program Evaluation and Research Collaborative: A Regional Collaboration

The Domestic Violence Program Evaluation and Research Collaborative (DVPERC) was established in 2011 in an effort to remedy the gap between research and practice in the field of domestic violence. Our goals were to develop an ongoing and regional collaboration between researchers and local domestic violence organizations that would produce rigorous and relevant research and then apply it to practice in a cycle of research, application, and then new research.

Although the DVPERC began with two researchers (Lisa Goodman and Kristie Thomas) and three community organizations REACH Beyond Domestic Violence, The Second Step, and Transition House) interested in program evaluation, many domestic violence organizations in the area heard about the work and asked to join. Eventually, DVPERC expanded to include researchers from numerous local universities and practitioners (frontline advocates, organizational leaders, and policy-makers) from 22 domestic violence organizations including residential, community, and hospital-based programs. Since 2011 the group has continued to meet regularly, typically every two months.

Since 2011, DVPERC members have developed a number of rigorously evaluated and contextually relevant measures for domestic violence programs, all of which are available in English and Spanish and have been accepted for publication in peer-reviewed journals (e.g., Goodman, Bennett-Cattaneo, Thomas, Woulfe, Chong, & Smyth, 2015; Goodman, Thomas, Bennett Cattaneo, Heimel, Woulfe, & Chong, 2016; Goodman, Sullivan, Serrata, Perilla, Wilson & Fauci, 2016). Group members also have published several additional studies that have emerged from the DVPERC, including one on how survivors think about the trade-offs of seeking safety (Thomas, Goodman, & Putkins, 2015) and one on how the advocate-survivor alliance contributes to survivor wellbeing (Goodman, Fauci, Sullivan, DiGiovanni, & Wilson, 2016).

The group also produced several guides to support programs in using the measures, including guides for using the MOVERS (Measure of Victim Empowerment Related to Safety) and for using the TIPS (Trauma Informed Practice Scales), both of which are available on the website for The Domestic violence Evidence Project, National Resource Center on Domestic violence. (<http://www.dvevidenceproject.org/evaluation-tools/#evaluation-manuals>). The group is also in the process of developing a phone app for survivor-mothers in need of practical tips and tools for supporting children struggling with trauma.

Overall, the DVPERC model demonstrates how an ongoing, regional academic–community partnership can produce powerful and useful knowledge that neither academics nor practitioners could have developed alone.



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## District Alliance for Safe Housing: A Collaboration with a Single Program

In 2013, domestic violence practitioners from the District Alliance for Safe Housing (DASH) in Washington, D.C. partnered with researchers (Nkiru Nnawulezi and Cris M. Sullivan) from Michigan State University to collaboratively evaluate DASH's community-based crisis housing program. DASH practitioners (Peg Hacskaylo and Suzanne Marcus) were interested in understanding whether the organization's policies, processes, and practices were operating as originally intended, and whether their services promoted safety and empowerment for survivors. DASH has not been evaluated since their inception in 2006.

Evaluators chose a participatory approach for the evaluation design to accommodate the unique organizational context. DASH had program theory called the DASH model, an approach to organizational practice that required service providers to be "responsive, consistent, empathetic, mutually cooperative and respectful, while also providing tools to promote personal power and support survivors' right to be self-governing" (Nnawulezi, Sullivan, & Hacskaylo, 2015). It contained seven principles. This model led DASH to adopt inclusive entry policies (low-barrier) and program service models that centered survivors' choice and autonomy (voluntary services). DASH also created an upside-down management structure and internal technical assistance team to ensure a continual focus on building advocate capacity. Given how deeply embedded these cultural and structural factors were to the primary function of DASH, they had to be considered for evaluation approach, design and implementation.

As researchers, we completed a series of collaborative meetings with all DASH staff. In the initial meetings, staff discussed how participatory they wanted the evaluation process to be, and helped to establish evaluation questions. These meetings greatly benefited the evaluation design, and increased staff investment in the study. We planned to interview both staff and survivors to explore program effectiveness. Staff interviews helped us to understand the cultural and structural components that impacted their practices with survivors. From these interviews, we learned that the DASH model served as the basis for all service provision performed by advocates. However, there were not any validated practice measures that fully reflected the complexities of DASH model.

Rather than select a measure that did not fit, we engaged staff in a participatory survey development process. In the first step of this process, we coded responses from the staff interview data and created a preliminary list of practices associated with each component of the DASH model. In a joint meeting, we used a series of consensus



## Appendix E: Examples of CBPR Partnerships

building activities to refine the list and develop a final set of items that would represent each of the DASH model principles. The final product was a multidimensional scale called 'DASH Model Practices.' This participatory process enhanced validity of the findings because the measure accurately reflected employees' practices; it also deepened investment in the results. Thereby increasing the desire that staff would engage in an organizational change process informed by the evaluation findings.

The research team interviewed 80% of the survivors in the housing program, but only had a sample of 33 (small samples are typical of single study research studies with domestic violence programs). In order to gain reliable psychometrics, we selected a statistical approach that would account for the small sample size and non-normally distributed data: Bayesian confirmatory factor analysis (Song & Lee, 2012). We presented the study results to the practitioners in a three-hour meeting. We led them in a participatory data analysis and interpretation process called Expectations to Change (E2C), a set of facilitated exercises where participants set expectations for the evaluation data, review and interpret the results, and create an action plan based on these findings. Adams, Nnawulezi, & Vandenberg, 2015 provide a detailed description of this process.

There were many shifts at DASH as a result of the evaluation findings. The most notable was changing the organizational structure from a technical assistance team to a transformative coaching model. This ensured that DASH was continuously prioritizing advocate capacity building. The entire team also collaboratively presented the evaluation results at the World Conference for Women's Shelters in The Hague, Netherlands. Two manuscripts are currently in preparation for submission to academic journals. The evaluation concluded in 2014, but DASH continues to collaborate with us to gather evidence about program effectiveness, build evaluation capacity, and engage in data-driven organizational change. (For examples of publications emerging from DASH, see Adams, Nnawulezi, Vandenberg, 2015 and Nnawulezi, Sullivan, & HacsKaylo, 2015).

