

2021-2022

Evaluation Plan for
Valencia Shelter
Services

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NM EVALUATION LAB
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1. Introduction

Valencia Shelter Services (VSS) is a trauma-informed organization in Valencia County, New Mexico, that provides confidential services to individuals and families affected by domestic violence, sexual assault, and/or child abuse. VSS aims to provide hope and safety to individuals and families who access their services and are welcoming to individuals of all backgrounds and identities. One of their core values- in serving an incredibly diverse community- is to “meet every client where they’re at”. VSS prioritizes this value by offering bilingual services and by extending their services well beyond Valencia County, including the entire state of New Mexico and occasionally welcoming clients from out of the state and country.

VSS offers many services, including a 24-hour crisis line for individuals seeking immediate support, various housing programs (Helen’s Housing which provides emergency shelter services and transitional housing programs named La Vida Nueva and Safe at Home), a Batterer’s Intervention Program, a Legal Advocacy Program, Outreach for Systemic Change, and Mental Health Therapy. For this evaluation, we will focus on the emergency shelter service.

This is VSS’ first year participating in the UNM Evaluation Lab and their first time undertaking a formal evaluation of their emergency shelter. Their emergency shelter program is one of their most widely accessed programs and is one of their most labor and time-intensive programs. Over time and especially in the context of the ongoing Covid-19 pandemic, the emergency shelter has seen increased demand. Although the organization has anecdotal evidence of the shelter’s success and demand, they are interested in the evaluation as a way to bolster this narrative of success and/or to highlight areas of improvement.

2. Purpose of Evaluation

The purpose of this evaluation is to measure safety-related empowerment in clients of the emergency shelter program who are currently staying at the VSS emergency shelter and/or who have stayed at some point in the preceding 6 months.

a. Goals:

The first step of this evaluation was for VSS to map out their programming in a logic model. Because this was VSS’ first time undertaking an evaluation, all of their programs were potential subjects of this evaluation. To begin the evaluation it was necessary for VSS to first make a choice about which specific program they wanted to evaluate. Logic models can help organizations prioritize their evaluation goals by giving them a big-picture look at the organization, its programs, and how the programs are interrelated. The UNM team worked collaboratively with VSS on creating a logic model; two drafts of the logic model were created by the end of October 2021. This process led to VSS’ decision to focus on the evaluation on their emergency shelter program.

The second and primary goal for this evaluation is to create and pilot a survey (see Appendix B) that measures safety-related empowerment in clients who are currently staying at the VSS emergency shelter and/or who have stayed at some point in the 6 months prior to the pilot. Safety-related empowerment connects two commonly measured outcomes in domestic violence programs: safety and empowerment. Though safety is a commonly measured outcome of domestic violence programs, Goodman et al. (2015)

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noted that, “a key problem with the idea of safety as an outcome is that neither the program nor the survivor has ultimate control over whether the abuse will reoccur.” Merging this safety construct with the construct of empowerment creates a stronger measurement to assess program effectiveness. Empowerment is the idea that an individual has “a personal sense of control and power”(Goodman et al., 2015, p. 5). By merging these two constructs, programs can look more specifically at how a client can gain back control over their sense of safety and feel safer, despite the decisions made by the abuser. The UNM team will focus on evaluating attitudes regarding personal empowerment as it relates to safety.

b. Evaluation Objectives:

The evaluation will pilot a survey ~~that will~~ assess the sense of safety-related empowerment in clients of the emergency shelter. More specifically, the survey will be piloted to clients who are currently staying at the emergency shelter and/or who stayed at the shelter in the 6 months prior to the pilot. Because there is a limited bed capacity in the emergency shelter, this sample size alone would be far too small ~~should the pilot only include current shelter clients. The inclusion criteria, therefore, is to survey clients who-~~ ~~We will need to supplement the sample size by surveying clients who meet these two~~ ~~criteria:~~ stayed at the emergency shelter in the 6 months prior to the pilot, ~~as well as those~~ ~~who and~~ are now participating in longer term programming at VSS. -This sample will give us the unique opportunity to compare outcomes of those who only accessed the emergency shelter versus those who also accessed longer term services at VSS. -This comparison would not establish causality but could inform which data VSS² should collect in the long run in order to more thoroughly evaluate their emergency shelter. Lastly, the UNM team will create a Spanish version of the pilot survey, in recognition of the high number of Spanish-speaking clients.

c. Evaluation Question:

What are emergency shelter clients' attitudes regarding safety-related empowerment?

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Valencia Shelter Services Logic Model

VSS provides confidential services and, most importantly, hope to individuals and families affected by domestic violence, sexual assault, and child abuse

Activities	Outputs	Outcomes (short term)
Crisis Hotline -Components: available 24 hours -aim: to triage individuals who need immediate services/resources	<ul style="list-style-type: none"> # of people accessing in month/year? # of referrals made to other organizations (partner orgs.?) # of referrals made to internal services 	Increased knowledge of resources
Emergency Shelter -Components: 18 beds; 9 VSS staff; case management services -aim: provide safe shelter for women & children fleeing domestic violence	<ul style="list-style-type: none"> # of people accessing shelter a month/year # of referrals made to other organizations (partner orgs.?) # of referrals made to internal services Average length of stay 	Increased sense of safety Increased knowledge of resources
Transitional Housing Programs -Components: 2 programs (La Vida Nueva and Safe at Home); 3 VSS staff; rental assistance; case management; therapy; life skills -aim: give clients the resources and skills to be able to thrive independently when they exit the program	<ul style="list-style-type: none"> # of clients in each program # of clients with stable housing 6 months after intake # of clients receiving rental assistance 	-Increased sense of safety -Increased knowledge about living independently -
Batterer's Intervention Group -Components: 52-week educational group for those who have chosen to use violence; 1 VSS staff -aim: to facilitate systemic change by offering a trauma informed space for those who have chosen to use violence	<ul style="list-style-type: none"> # of clients enrolled in a cohort # of clients who complete the 52-week group # of clients referred to 	-Increased self-regulation skill -Increased safety in relationships -Increased sense of accountability
Legal Advocacy Program -Components: case management for legal challenges; -6 VSS staff -aim: to support clients in navigating the complexities of legal proceedings	<ul style="list-style-type: none"> # of cases assigned to a staff person per month # of times staff goes to court with a client/month # of filings made on behalf of a client/month 	-Increased sense of support -Increased sense of agency
Outreach for Systemic Change -Components: Prevention education; VSS' Child Advocacy Center; Multidisciplinary Team (MD); DV/SA Task Force -aim: to create community and societal shifts in how we respond to violence	<ul style="list-style-type: none"> # of trainings given to law enforcement # of trainings given to child welfare # of conversations held with community about violence 	-Increased community knowledge around systems of violence
Therapy -Components: group and individual therapy; play therapy; bilingual therapy -aim: to provide trauma informed therapy to all individuals and families we serve	<ul style="list-style-type: none"> # of clients in therapy # of clients accessing bilingual therapy 	-Increase in # of clients accessing therapy -Increase in sense of self worth

North star



Eliminate incidents of domestic violence, sexual assault, and child abuse.

Assumptions

Incidents of domestic violence, sexual assault, and child abuse are all reflections of multi-faceted, structural cycles of violence. VSS recognizes the multidimensional nature of violence in their community by offering services that range from direct services with individual victims of violence to their systems-change work in the community.

External Factors

- Political climate
- Physical barriers (transportation, access to cellphones or other means of communication)

3. Logic Model

Logic models ~~can act as~~ a blueprint of ~~the~~ organization's programs and the interrelatedness of those programs. For the purposes of program evaluation, logic models encourage organizations to take a broad look at how and why the organization is functioning by asking questions like: what are the resources going into each program, what are the desired outcomes of each program, are there programs that are interrelated, what are the organization's short-term and long-term goals? For evaluators, it can serve as a tool to more clearly understand what an organization's programs are doing, how they do it, and what the desired outcomes are for each.

In collaboration with VSS, the UNM team ~~has~~ developed an organizational logic model. ~~This means in which that every every~~ VSS program is represented ~~in the logic model~~. For each program- listed under "Activities"- the team outlined the resources it requires ~~to run the program~~, including human ~~capital~~, physical ~~capital~~, and financial capital. For each program we also considered the outputs and outcomes. The outputs are direct, measurable and observable results of each program. For example, the number of clients in a program or number of classes offered. The outcomes are changes in attitudes or behaviors as a result of a program. For this logic model, we considered short-term outcomes like an increased sense of safety or increased knowledge about resources. From this process, it became clear to the VSS team that the emergency shelter program was the one of the most resource and ~~labor-intensive~~ ~~labor-intensive~~ programs and in the most need of an evaluation process. ~~The emergency shelter program became the focus of this evaluation.~~

In addition to being a helpful in focusing the evaluation, the logic model is also valuable as a ~~stand alone~~ ~~stand-alone~~ tool.- VSS can treat it as a living document that is revised as their programs evolve and/or as they undertake future evaluations. One of the goals of the ~~E~~valuation ~~L~~ab is to create organizational capacity for evaluation and leaving VSS with a tool like a logic model supports this goal.

4. Literature Review

Trends in New Mexico Domestic violence shelters

~~Reviewing the literature, it is important to not only analyze domestic violence trends nationally, but also specifically in New Mexico.~~ Krishnan et al. (2004) surveyed a rural New Mexico population using shelter services, 72% of whom were Mexican or Mexican-American. The majority of participants cited physical, emotional, verbal, and/or sexual abuse from partners likely to abuse drugs and alcohol (9.9% and 22.8%, respectively). Additionally, only 38% received counseling services prior to their time in the shelter.

Diversity and prioritizing feedback from clients and staff

Organizations that serve survivors of domestic violence have a long history and commitment to "meeting clients where they're at." This value demonstrates an understanding of diversity and a commitment to cultural competence. Cultural competence, according to Sullivan (2007), is meeting "the needs of individuals from diverse cultural backgrounds and experiences" (p.15).

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These organizations deeply understand the diversity in their clients and their experiences and the evaluation of these organizations must also reflect this underlying value. When conducting an evaluation of these programs, evaluators should not only consider the diversity of individual experiences at the shelter but also the diversity of the communities in which the shelters are operating. This approach asks that we take a comprehensive scan of the internal diversity *and* that of the community context. Epstein et al. (2018) offered the example that “program strategies may look quite different in a community where police officers routinely arrest both parties in a DV dispute than in a community where police offer tailored responses to victims and their families” (p. 6). Understanding which dynamics are at play will help create a more effective and ethical evaluation. One way in which evaluations attempt to address participant feedback is by having them give feedback on the evaluation instrument and including that in the overall evaluation (see appendix A for full literature review).

Increased sense of safety

Research shows that an increased sense of safety is a priority for domestic violence shelters. According to Ojha (2019), community organizations that support victims of domestic violence often offer services that “may vary from place to place but mostly include safety planning assistance, legal assistance, transitional housing, referrals to counseling, mental health, and addiction services” (p.9). It is clear from the literature that safety planning with clients is one of the primary services provided by many of these organizations. Clients who have arrived at one of these organizations or their shelters have oftentimes left situations which felt unsafe. Safety for these clients is twofold: they have typically *left* an unsafe situation and are now *seeking* a safe space. On both ends, safety is a driving factor, and a desired outcome.

The focus on safety is often reflected in the activities of these organizations. Lyon and Lane (2008) studied 215 domestic violence shelters across eight states and found that “shelter programs provide a complex array of services to victims of abuse and their children, most prominent are safety, information, help with children, and help with emotional distress” (p. iii).

5. Context

The total population of Valencia County is 76,205. The racial demographics of Valencia County are as follows: 39,446 white residents (51.76%), 973 Black residents (1.67%), 3,253 American Indian or Alaska Native residents (5.57%), 446 Asian residents (0.59%), 58 Hawaiian or Pacific Islander residents (less than 0.5%) and 14,219 residents of another race (18.66%), and 17,810 residents who identify as two or more races (23.37%). Additionally, of the 76,205 residents, 45,775 (60.07%) identify as Hispanic or Latino, while 30,430 (39.93%) do not identify as Hispanic or Latino, meaning the majority of residents in Valencia County identify as Hispanic or Latino (“Valencia County: Hispanic or Latino, and Not Hispanic or Latino by Race.” and “Valencia County: Race.”)

Report of Injury

A 2007 iteration of the Survey of Violence Victimization in New Mexico found that 1 in 4

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adults in New Mexico and 1 in 3 adult females will be victims of domestic violence during their lifetime. 18% of homicides in New Mexico are related to domestic violence. About 1 in 3 domestic violence cases that were reported to the police resulted in injuries to victims. Valencia County reported 458 incidents of intimate partner violence, a rate of 6.4 per 1000 residents (New Mexico Department of Health). Figure 1 and Figure 2 illustrate the rate of incidents per 1000 residents in the various counties in New Mexico, ranging from 0-2.8 to 14.5-31.4.

Figure 1: Map of Health Indicator Report of Injury - Intimate Partner Violence

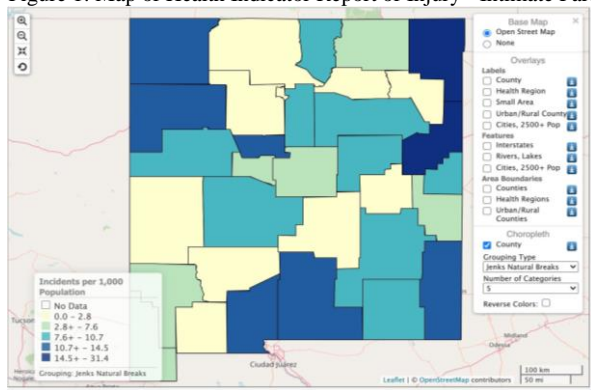
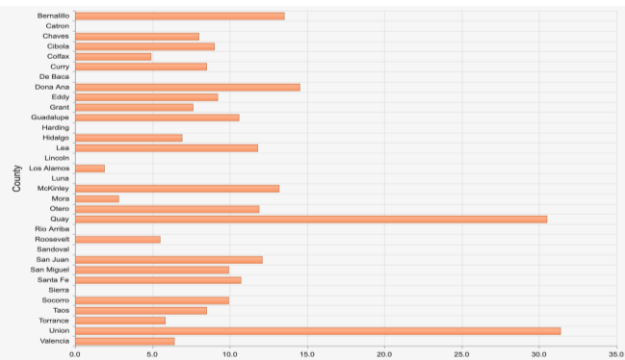


Figure 1. Source: New Mexico Department of Health (October 2015). Map: Health Indicator Report of Injury - Intimate



Partner Violence.

Figure 2: Chart of Health Indicator Report of Injury - Intimate Partner Violence

Figure 2. Source: New Mexico Department of Health (October 2015). Chart: Health Indicator Report of Injury - Intimate Partner Violence.

Incidence and Nature of Domestic Violence in New Mexico, 2019¹

¹ The Incidence and Nature of Domestic Violence in New Mexico is a yearly report that is funded by the Office of Injury Prevention, Epidemiology and Response Division, and the New Mexico Department of Health Through the New Mexico Coalition of Sexual Assault Programs. Figure 3 displays the services most accessed by clients of domestic violence service providers

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Based on this report- and as indicated in Figure 3- the service most accessed was “Crisis Intervention” (38%) followed closely by “Emergency Shelter” (36%) (Caponera, B.). This data provides context about the larger need for emergency shelters across the state. As a state, emergency shelters are the second most accessed service of domestic violence service organizations.

Figure 4 is based on ~~service on service~~ providers’ records of the relationship between the victim and offender in 3,856 incidents. Of those, 60% occurred in an intimate partnership. Furthermore, 47% (22% married and 25% living together) occurred in a partnership where the couple presumably lives together. This trend may impact the length of stay in emergency shelters if there is no safe place to return or may indicate a need for longer-term housing.

Figure 3: Percent of Adult Victims Receiving Each Type of Service Provided by Domestic Violence Service Providers

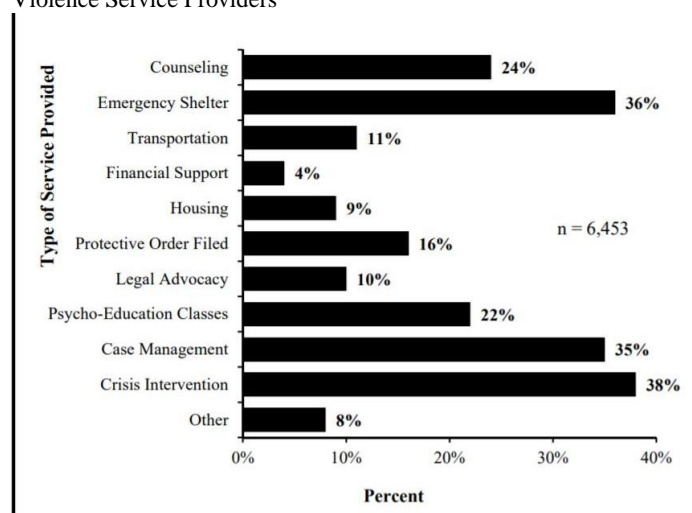


Figure 3. Source: Caponera, B., (July 2019). *Percent of Adult Victims Receiving Each Type of Service Provided by Domestic Violence Service Providers.*

across the state.

Figure 4: Relationship Type Between Survivor and Offender

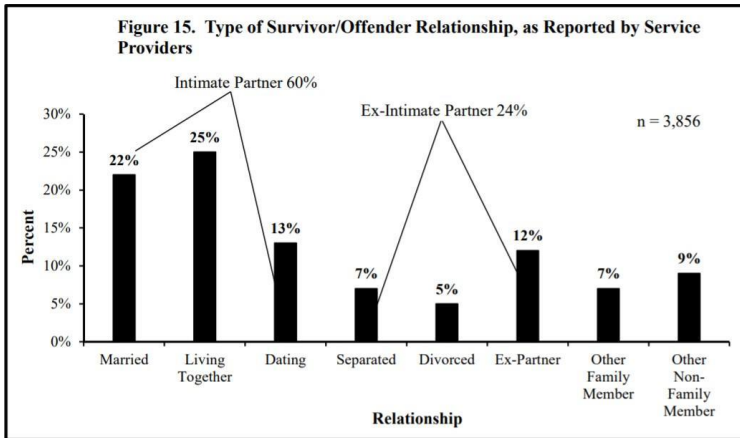


Figure 4. Source: Caponera, B., (July 2019). *Type of Survivor/Offender Relationship, as Reported by Service Providers.*

6. Evaluation Team and Other Stakeholders

The UNM Evaluation team that is working with Valencia Shelter Services includes: Ranjana Damle, Ph.D. (Team Lead), Camille Velarde, Ph.D. candidate (senior fellow), Abbe Goldstein, (Master of Public Policy candidate and Evaluation Lab fellow), and Caitlyn Moppert (Master of Public Policy candidate and Evaluation Lab Fellow).

The Valencia Shelter Services team includes Stephanie Villalobos, Executive Director, and Catalina Núñez, Clinical Director. This team has also invited other stakeholders into meetings as they see fit.

Commented [CDF1]: If they recurrently came to your meeting, just add it as an acknowledgement here. If not, just skip.

7. Evaluation Activities and Timeline

Month	Plan
September <i>Get to know Valencia Shelter Services (their staff and programs)</i>	<ol style="list-style-type: none"> Goal: Set up the first meeting with Valencia Shelter Services (VSS) Activity: The first meeting with VSS will occur on 09/23 Who: UNM Evaluation Team and VSS Team Goal: UNM Team meeting- debrief Activity: The team will debrief about the first meeting with VSS and come up with follow up

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	<p>questions/asks of the organization Who: UNM Evaluation Team</p> <p>3. Goal: Conduct observations Activity: Observations will occur on 09/28; Abbe will meet with Dora, the bilingual advocate. Caitlyn will meet with Stephanie, a family advocate. Both will meet with Brisa, the Director of Victim Services Who: UNM MPP students, Caitlyn and Abbe.</p>
<p>October</p> <p><i>Confirm outcome objectives</i></p>	<p>1. Goal: UNM Team meeting-observation debrief Activity: Team will meet on 10/04; Abbe and Caitlyn will share their observations. The team will reach out to VSS about setting up a meeting to discuss potential evaluation outcomes. Who: UNM Evaluation Team</p> <p>2. Goal: Create a logic model for VSS Activity: Caitlyn and Abbe will present the logic model to the UNM team for feedback on 10/11, before presenting it to VSS. Who: UNM MPP students, Caitlyn and Abbe</p> <p>3. Goal: Identify potential evaluation outcomes using a logic model Activity: On 10/18, Caitlyn and Abbe will: present an overview of logic models, will present the logic model that was created in advance for VSS, and will facilitate a collaborative editing session with the full team Who: UNM Evaluation Team and VSS Team</p> <p>4. Goal: Identify relevant literature and create a Scope of Work (SOW) Activity: Submit an annotated bibliography by 10/23 and SOW by 10/20 Who: UNM MPP students, Caitlyn and Abbe</p> <p>5. Goal: To narrow down potential evaluation outcomes Activity: UNM team will meet with the VSS team to wrap up the logic model and to begin the conversation about the outcomes of this evaluation. Who: The UNM Team and VSS Team</p>
<p>November</p> <p><i>Confirm and Outline Scope of Work</i></p>	<p>1. Goal: Confirm outcomes and logic model for this evaluation Activity: The UNM team will come prepared with potential outcome questions. The VSS team will come prepared with an edited logic model and sample funder reports to get a sense of outcomes from this perspective. Who: The UNM team and VSS team</p> <p>2. Goal: Confirm Scope of Work Activity: The UNM team will meet with the VSS team and confirm the evaluation timeline and design Who: The UNM team and VSS team</p> <p>3. Goal: Evaluation plan draft Activity: Caitlyn and Abbe will follow class instructions and consult the UNM Evaluation team leads Who: UNM MPP students, Caitlyn and Abbe</p> <p>4. Goal: Begin work on survey instrument Activity: The UNM team will meet with the VSS team and begin the design for the revamped intake and exit surveys for clients at the shelter. Who: The UNM team and VSS team</p>

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<p>December</p> <p><i>Create Scope of Work and present to VSS</i></p> <p><i>Finalize evaluation instrument</i></p>	<ol style="list-style-type: none"> 1. Goal: Complete evaluation plan Activity: Will present complete evaluation plan to VSS on 12/06 Who: UNM MPP students, Caitlyn and Abbe 2. Goal: Confirm survey instrument Activity: Test run survey on staff Who: The UNM team and VSS team (plus a couple of staff) 3. Goal: Confirm interview questions and schedule Who: The UNM team and VSS team (plus a couple of staff)
<p>January</p> <p><i>Begin data collection</i></p>	<ol style="list-style-type: none"> 1. Goal: Start data collection Activity: Administer the survey to clients of the shelter Who: The VSS team and clients of the shelter
<p>February</p> <p><i>Wrap up data collection and begin data analysis</i></p>	<ol style="list-style-type: none"> 1. Goal: Wrap up data collection Activity: Administer the last surveys to clients by mid-February Who: The VSS team and clients of the shelter 2. Goal: Begin data analysis and interpretation Activity: Run frequencies for quantitative data and pull out themes from qualitative data Who: The UNM MPP students, Abbe and Caitlyn, with the guidance of team leads
<p>March</p> <p><i>Submit Final Report</i></p>	<ol style="list-style-type: none"> 1. Goal: Deliver final report Activity: Write/submit the report and create a poster Who: The UNM MPP students, Abbe and Caitlyn, with the guidance of team leads

8. Budget**VSS Program Evaluation Budget - SAMPLE/HYPOTHETICAL**

Activity Category	Program Manager Hours (@ \$27/hr) - Stephanie	Program Staff Hours (@ 16/hr) - Catalina	UNM Eval. Team (@ \$125/hr)	Other Costs (materials, supplies, travel, etc.)	Amount	Notes
Evaluation Planning	8	8	25	\$ 100.00	\$ 3,569.00	
Data Collection	3	3	15	\$ 100.00	\$ 2,104.00	
Data Analysis	3	3	10	\$ 100.00	\$ 1,479.00	
Report Preparation	0	0	25	\$ 100.00	\$ 3,225.00	
Follow-Up Meeting	2	2	6	\$ 100.00	\$ 936.00	
Total	16	16	81	\$ 500.00	\$ 11,313.00	

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14. Appendix A: Full Literature Review

Introduction

Domestic violence is a social issue that demands that all stakeholders prioritize safety and center the lived experiences of survivors. The aim of this literature review is to provide an overview of the trends and the profound impacts of domestic violence - both broadly and at a local level- in order to communicate the unique responsibilities of conducting evaluations in these communities.

Trends in domestic violence

Domestic violence is a widespread issue, taking place all over the country and the world. A common trend across the board with regards to domestic violence is that on average it takes multiple times before a victim is able to completely leave their abuser. As such, it is important to meet clients where they are at, rather than forcing them into certain programming. The cycle of abuse oftentimes is isolating, so it is the job of the shelter to be welcoming to all survivors. Looking at a study done by Krishnan et al. (2004), we see that another common demographic theme for those seeking shelter is a reliance on public assistance, with 96% of participants citing all or some of their income is from public assistance. Mental health issues is another common demographic trend, with 56% of participants stating they had suicidal thoughts or considered suicidality. It is evident that shelters should provide not only immediate housing and financial assistance to their clients, but also counseling and therapy services (Krishnan et al., 2004).

Shelters provide a safe space away from cycles of abuse. In their earliest form, shelters essentially served solely as a place to stay. Over time, they have expanded to include other services including crisis-lines, advocacy, counseling services, and programming for children. Many who use shelters cite them as a respite from consistent abuse, homelessness, loss of their children, and death. They offer unique services, such as immediate housing and safety, information and resources, child care assistance, and counseling. Despite the immediate help received at emergency shelters, many clients report more needs upon their exit than upon their entrance, indicating that most clients do not have all of their long term needs fulfilled during their stays at emergency shelters (Lyon et al., 2008).

Trends in New Mexico Domestic violence shelters

Reviewing the literature, it is important to not only analyze domestic violence trends nationally, but also specifically in New Mexico. In their eight-state-wide study, Lyon et al. (2008) categorized states into regions, placing New Mexico and Washington in the “West” region. This region’s needs differed greatly from the others’ with regards to “Issues related to my disability” (p. 93). Lyon et al. (2008) also differentiated responses between participants who responded to surveys in English versus Spanish. Although the study did not indicate which state the respondents are from, given New Mexico’s high Spanish-speaking population (as of 2019, 26.5% are Native Speakers), this data is important to our evaluation (“Data USA: New

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Mexico”). Compared with English-speaking respondents, Spanish-speaking respondents cited the following issues as a need at a higher rate: Immigration issues, Divorce-related issues, other government benefits, TANF benefits, Abuse-related injuries, Health issues for children, Child care, Responding to my children, Connections to other people who can help me, Education/school for my children, Education/school for myself, and Understanding about domestic violence (Lyon et al., 2008).

Krishnan et al. (2004) surveyed the demographics of their participants in the rural New Mexico study, with an overwhelming percentage (72%) being Mexican/Mexican-American. The majority of participants cited physical, emotional, verbal, and sexual abuse from their partners. The majority of participants also cited partner alcohol and drug abuse, with very few participants personally citing drug and alcohol abuse (9.9% and 22.8%, respectively). More than half of participants went to the police for help prior to their time at the shelter, compared with less than a quarter actually receiving a restraining order. Additionally, only 38% received counseling services prior to their time in the shelter. These specific demographics and traumas are important to keep in mind throughout our work with Valencia Shelter Services.

Evaluating programs related to domestic violence

With a substantial amount of literature and prior evaluations, it is evident that there are best practices for evaluating domestic violence organizations. This section will cover 2 unique features of these organizations that should be embraced by the evaluator and the seemingly preferred instrument used in doing evaluations in these communities.

Evaluating organizations that serve survivors of domestic violence have a unique set of conditions that should be taken into consideration ahead of time. First, is the obligation for these organizations to prioritize confidentiality. To illustrate this concern for confidentiality, in one evaluation conducted by Ojha (2019), she found that “The clients and the staff focus group participants mentioned how the confidentiality of the shelters is their top priority concerning shelter residents’ safety” (p. 26). Survivors of domestic violence have often found their way to shelters only after fleeing a dangerous or precarious situation; making safety an utmost priority. Sullivan (1998) offered some suggestions for how an evaluation team can also reflect this priority for safety: assure clients that they do not have to sign their name after filling out a survey and/or have a box for clients to drop off their surveys anonymously (p.39). Sullivan also suggests that a system should be in place to deidentify the data once it has been gathered and to have a protocol for if someone requests to see the information provided by one of the clients. Generally, an evaluator in these organizations should be as transparent with the clients as possible about how they will maintain confidentiality and prioritize safety.

The second condition unique to these organizations is a value adopted by many to “meet their clients where they’re at”. This approach is rooted in the clients’ considerable diversity in their demographics, situations, and goals. This diversity requires that evaluators in this field be attentive and innovative. As noted by Epstein et al. (2018), the staff in these organizations are “not working toward one or two discrete interventions that will work for all DV survivors; rather, they are committed to providing an array of supports to meet different survivors’ varying needs” (p. 4). Approaches to this will be addressed in the section about diversity. These should not be

framed as limitations but as attributes specific to this work that should be taken into account and reflected in the evaluation.

Evaluation of domestic violence organizations has favored surveys as its evaluation instrument. The survey- as a tool for this particular kind of evaluation- seems to have been substantially studied and tested. According to Sullivan (2007) in 1998, the US Department of Health and Human Services (staff from the Family Violence Prevention and Services act) partnered with the National Resource Center on Domestic Violence to begin research on the evaluation of domestic violence organizations and called this project “Documenting Our Work” (DOW). After considerable research on these communities, the coalition created several evaluation tools that could be used by local organizations doing this work- building evaluation capacity for a field that desperately needed it. This work focused on two outcomes: an increase in knowledge about community resources and an increase in knowledge about safety planning. These tools initially sought to collect data from staff and community partners but were later modified to collect data from the clients directly. Two surveys for clients were created: one to be administered at the beginning of a client’s stay at a domestic violence shelter and one to be administered on their way out. These surveys were also pilot tested and a summary of the findings can be found in Sullivan (2007). This project has carefully examined its survey instrument and implementation protocols and because of this, it seems that some version of this instrument and its outcomes have since been used by numerous evaluations.

Diversity and prioritizing feedback from clients and staff

Organizations that serve survivors of domestic violence have a long history and commitment to “meeting clients where they’re at”. This value demonstrates an understanding of diversity and a commitment to cultural competence. Cultural competence, according to Sullivan (2007), is meeting “the needs of individuals from diverse cultural backgrounds and experiences” (p.15). These organizations deeply understand the diversity in their clients and their experiences and the evaluation of these organizations must also reflect this underlying value. When conducting an evaluation of these programs, evaluators should not only consider the diversity of individual experiences at the shelter but also the diversity of the communities in which the shelters are operating. This approach asks that we take a comprehensive scan of the internal diversity *and* that of the community context. Epstein et al. (2018) offered the example that “program strategies may look quite different in a community where police officers routinely arrest both parties in a DV dispute than in a community where police offer tailored responses to victims and their families” (p. 6). Understanding which dynamics are at play will help create a more effective and ethical evaluation.

How should evaluation attempt to “meet clients where they’re at”? Previous evaluations have answered this by prioritizing an often overlooked step: evaluating the evaluation tool. Previous evaluation projects, like the DOW which was mentioned in an earlier section, solicited feedback on the evaluation instruments from clients and staff of the organizations. It is imperative that outcomes of success are not assumed but rather identified by the clients themselves. Partnering with clients, in this sense, is particularly important in a community with vastly diverse situations and goals to ensure that evaluators are measuring the most appropriate outcomes. An example of an assumption made by an evaluator could be: by the time a client is at

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the shelter, their primary goal must be to never return to their abuser and therefore we should ask a survey question that indicates this. However, Sullivan (2007) notes that “not all women seek our services for the same reasons, and our services must be flexible to meet those diverse needs (p.16). In this case, the evaluator should first *ask* if the desired outcome is in fact to never return to an abuser. Centering the voices and lived experiences of clients is crucial in the evaluation process. This can be done by conducting a focus group or some form of a qualitative approach to gather feedback from clients about the effectiveness of the tool. In discussing the DOW pilot project, Lyon et al. (2008) described that “survivors were asked for feedback on the instruments to assess clarity, completeness, and ease of use” (p. 32). Asking survivors for their feedback about the evaluation tool is a way of prioritizing cultural competence and of ensuring the effectiveness of the tool.

Evaluation- like organizations serving survivors of domestic violence- should “meet clients where they’re at”.

Increased sense of safety

In previous evaluations and studies of domestic violence shelters, an increased sense of safety has been identified as a common desired outcome. According to Ojha (2019), community organizations that support victims of domestic violence often offer services that “may vary from place to place but mostly include safety planning assistance, legal assistance, transitional housing, referrals to counseling, mental health, and addiction services” (p.9). It is clear from the literature that safety planning with clients is one of the primary services provided by many of these organizations. Clients who have arrived at one of these organizations, or their shelters in specific, have oftentimes left situations which felt unsafe. Safety for these clients is twofold: they have typically *left* an unsafe situation and are now *seeking* a safe space. On both ends, safety is a driving factor. Safety as the underpinning of the domestic violence experience may help us explain why it is commonly identified as a desired outcome.

The focus on safety is often reflected in the activities of these organizations. In an evaluation of a program in Kentucky, called Bluegrass Domestic Violence Program, Walden (2008) shared the logic model for this organization, in which “safety planning” is one of the activities (p.17). In a more expansive study, Lyon and Lane (2008) looked at 215 domestic violence shelters across 8 states and found that “shelter programs provide a complex array of services to victims of abuse and their children, most prominent are safety, information, help with children, and help with emotional distress” (p. iii). Time and time again, safety is identified as one of the desired outcomes for victims of domestic violence shelters.

How have evaluations measured this outcome? Based on these previous evaluations, it is common that surveys ask clients about their sense of safety in various ways and ideally, at different points of their stay at the shelter. In one evaluation conducted by Lyon et al. (2008), surveys were administered to clients upon their arrival at a shelter. In this initial survey, clients were given a list of 38 potential needs, one of which was “safety for myself”. 98% of respondents identified this as one of their needs upon arrival at the shelter. In the same evaluation, a second survey was administered to clients as they exited the shelter. In this survey, respondents were asked if the needs that they had identified in the first survey had been met during their stay at the shelter. Of the 98% of respondents who identified needing safety for

themselves, 91% responded that they “got all of the help they wanted” for this need (p.11). From this case study, in conjunction with other evaluations, we can see that safety is a top concern for survivors of domestic violence who are staying at shelters and an increase in sense of safety should be a measured outcome.

Increased sense of self-efficacy

Oftentimes, clients enter emergency shelters upon the basic premise of seeking housing, safety, and escaping abuse. However, one aspect of survivors of abuse who spend time in emergency shelters that is harder to track is that of self-efficacy/empowerment. Client empowerment should be central to the mission of any domestic violence shelter. This philosophy can look like goal-setting or helping clients reach out to other agencies for additional support and resources. Interestingly, creating a strict regimen for clients to follow (for example, forcing clients into certain transitional housing programs, or enforcing many strict rules) can lead to feelings of disempowerment (Ojha, 2019). This phenomenon is due to the clients feeling out of control of their own lives, and is something that should be avoided. The balance between advocacy and disempowerment is a fine line that must be toed at domestic violence shelters.

Additionally, in the study conducted by Lyon et al. (2008) clients note “Paying attention to my own wants and needs,” “Ideas for handling the stress in my life,” “Emotional support,” and “Counseling for myself.” These listed needs indicate a need to track client empowerment both more carefully and more closely.

Appendix B: Pilot Survey Questions

Safety Related Empowerment (English)

Goodman, L.A., Thomas, K.A., & Heimel, D. (2015). A guide for using the Measure of Victim Empowerment Related to Safety (MOVERS).

There may be a variety of reasons you feel unsafe. When we use the word safety in the next set of questions, we mean safety from physical or emotional abuse by another person.

Please circle the number that best describes you and your family's current safety.

1= Never True; 2= Sometimes True; 3=Half The Time True 4; Mostly True; 5=Always True

1. I can cope with whatever challenges come at me as I work to keep safe.
2. I have to sacrifice a lot to stay safe.
3. I know what to do in response to threats to my safety.
4. I have a good idea about what kinds of support for safety that I can get in my community (friends, family, neighbors, people in my faith community, etc.).
5. I know what I need to do next to keep safe
6. Staying safe creates (or may create) new problems for me.
7. I know I have different options when trying to keep safe, so if something doesn't work out, I know there are other ways
8. I feel comfortable asking for help to keep safe.
9. When I think about keeping safe, I have a clear sense of my goals for the 6 months to 1 year.
10. Working to keep safe creates (or will create) new problems for people I care about.
11. I feel confident in the decisions I make to keep safe.
12. I have a good idea about what kinds of support for safety I can get from community programs and services
13. Community programs and services provide the support I need to keep safe.

These questions will help us know who uses our shelter so that we can continue improving our services. Don't worry about skipping a question if you feel that it will reveal your identity.

14. I identify as:
 1. RACE:
 2. ETHNICITY:
 3. Are you of Hispanic, Latino, or Spanish origin?
 1. No, not of Hispanic, Latino, or Spanish origin
 2. Yes, Mexican

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3. Yes, Mexican American, Chicano, Nuevo Mexicano
4. Yes, another Hispanic, Latino _____
4. What is your Race
 1. White- For example German, Irish, English, Italian, Lebanese, Egyptian etc. _____
 2. Black or African American- For Example African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali etc. _____
 3. Native American or Alaska Native- Print name of enrolled principal tribe _____
 4. Chinese
 5. Filipino
 6. Asian Indian
 7. Vietnamese
 8. Korean
 9. Japanese
 10. Native Hawaiian
 11. Samoan
 12. Chamorro
 13. Other Pacific Islander
 14. Some other Race _____
- 5.
15. My age is: ___ 17 or younger ___ 18 – 24 ___ 25 - 34 ___ 35 – 49 ___ 50 - 64 ___ 65 and older
16. I have _____ children who are 17 or younger [write in the number of children who are under 18]. Please write the number of your children who are with you in the shelter for each of the following age groups: _____ Under 1 year _____ 1 – 5 years _____ 6 – 12 years _____ older than 12 years
17. I identify as: ___ heterosexual ___ lesbian/gay ___ bisexual ___ other (please describe) _____
18. Education
 1. No schooling completed
 2. Nursery school to 8th grade
 3. Some high school, no diploma
 4. High school graduate, diploma, or the equivalent (for example GED)
 5. Some college credit, no degree
 6. Trade/technical/vocational training
 7. Associate degree
 8. Bachelor's degree
 9. Master's degree
 10. Professional degree
 11. Doctorate degree
19. Gender
 1. A. Male
 2. B. Female
 3. C. _____ (Short Answer Space)
 4. D. Prefer not to answer.
20. Marital status

Are you married?"

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1. A. Yes
2. B. No

c. Prefer not to say

For those currently at the shelter:

21. How long have you been staying at the shelter? _____

22. Have you received any other services such as legal advocacy, counseling, or others, while staying at the shelter? _____No_____Yes. Which ones? _____

23. Have you stayed at the VSS shelter before? ___No ___Yes. If yes, how many times?

24. When you decided to come to the VSS shelter, what were you hoping the shelter would do for you?

25. Do you want the shelter to do anything more for you at this time?

26. Have you tried to stay at the VSS shelter in the past but weren't able to? __no __yes (if yes, why weren't you able to stay): _____

For those who stayed at the shelter ANYTIME between June 2021 and January 2022, but not currently staying at the shelter:

21. How long did you stay at the shelter within the past six months? _____
22. What services and programs are you currently receiving from VSS?
23. How many times have you stayed at VSS in the past, not counting your most recent stay?
____Never_____Once_____Twice_____Three times or more
- 24.. When you decided to come to the VSS shelter, what were you hoping the shelter would do for you?

25. Do you want the shelter to do anything more for you at this time?

Empoderamiento Relacionado con la Seguridad (español)

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Usted tal vez está enfrentando una variedad de diferentes amenazas de seguridad. Cuando usamos la palabra seguridad en la próxima lista de preguntas, nosotros nos referimos de la parte física o abuso emocional por otra persona.

Favor de circular el número que mejor describa como usted piensa acerca de su seguridad y la de su familia en este momento. Cuando usted este respondiendo a estas preguntas, está bien si piensa acerca de la seguridad de su familia y la suya.

1= Nunca es verdad; 2= A veces cierto; 3=Verdad mitad del tiempo 4; Verdad la mayoría del tiempo; 5=Siempre Verdad

1. Puedo enfrentarme a cualquier reto para mantener mi seguridad.
2. Tengo que renunciar demasiadas cosas para mantener mi seguridad.
3. Yo sé cómo responder a amenazas a mi seguridad.
4. Yo sé que tipos de apoyo con respeto a seguridad puedo obtener en mi comunidad (amigos, familia, vecinos, gente de mi espiritual)
5. Yo sé cuáles son los siguientes pasos para mantenerme seguro/a.
6. Mis intentos para mantener mi seguridad crean o van a crear nuevos problemas para mí.
7. Cuando algo no está funcionando para mantener mi seguridad, yo puedo intentar algo diferente.
8. Me siento cómodo/a pidiendo ayuda para mantener mi seguridad.
9. Cuando pienso en mi seguridad, tengo claras mis metas para el futuro.
10. Mis intentos para mantener mi seguridad crean o van a crear nuevos problemas para la gente que yo quiero.
11. Me siento seguro de las decisiones que hago para mantener mi seguridad.
12. Tengo una buena idea de qué tipo de apoyo puedo conseguir de los programas comunitarios para mantener mi seguridad.
13. Hay programas en mi comunidad y servicios sociales que pueden proveer el apoyo y los recursos que yo necesito para mantener mi seguridad.

Estas preguntas nos ayudarán a saber quién usa nuestro refugio para así poder continuar mejorando nuestros servicios. No te preocupes si dejas alguna pregunta en blanco por si sientes que te identifica.

15. Considero que soy:

1. Afroamericana/Negra ___ Hispana/Latina ___ Otra (¿cuál?) _____
Asiática/Islands del Pacífico ___ Multirracial ___ Nativa americana/Nativa de
Alaska ___ Blanca

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2. Si hay un antecedente étnico en particular que sea importante para ti, por favor identifícalo: ____
16. Mi edad es: ____ 17 ó menos ____ 18 – 24 ____ 25 - 34 ____ 35 – 49 ____ 50 - 64 ____ 65 ó más
17. Tengo _____ hijos pequeños de 17 años o menos [escribe el número de hijos menores de 18 años]. Por favor, escribe el número de hijos contigo en el refugio en cada grupo de edad: _____ menos de 1 año ____ 1 – 5 años ____ 6 – 12 años ____ más de 12 años
18. Considero que soy: ____ heterosexual ____ lesbiana/gay ____ bisexual ____ otro (por favor, descríballo) _____
19. El nivel más alto de educación que tengo hasta ahora es: ____ 8o grado o menos ____ Preparatoria o GED ____ Graduada universitaria ____ Grado 9o – 11o ____ Algo de universidad ____ Grado avanzado
20. Mi género es: ____ hembra ____ varón ____ transgénero
21. Estado civil

Para los que se están quedando en el refugio en este momento:

21. ¿Cuánto tiempo ha estado en el refugio? ¿Estuviste antes en este refugio? Cantos veces?

22. ¿Has recibido otros servicios como: apoyo con servicios legales, terapia, ¿u otros servicios mientras que se está quedando en el refugio?
23. _____No _____Si.
24. ¿Cuando decidiste venir aquí, ¿qué pensaste que este refugio haría por ti?
25. ¿Le gustaría que el refugio le ayudara con algo más en este momento?
26. ¿Intentaste quedarte en este refugio en el pasado, pero no pudiste? ____no ____ sí Si respondiste sí: ¿Por qué razón no pudiste quedarte aquí? _____

Para los que estuvieron en el refugio entre las fechas de junio del 2021 a enero del 2022, pero que no están quedando ahora:

21. ¿Cuanto tiempo se quedó usted durante los últimos seis meses?
22. ¿Que programas y servicios esta usted recibiendo a hora de VSS?
23. ¿Cuántas veces se a quedado usted en VSS en el pasado?
24. ¿Cuando decidiste venir aquí, ¿qué pensaste que este refugio haría por ti?
25. ¿Le gustaría que el refugio le ayudara con algo más en este momento?