

SELECTING AND VALIDATING OUTCOME MEASURES FOR THE DOMESTIC VIOLENCE AND ABUSE CORE OUTCOME SET (DVA-COS)

Combine executive summary for
Work Packages 1 and 2



EXECUTIVE SUMMARY

Background

There are numerous support programmes and interventions for families experiencing domestic abuse. However, it is unclear which programs are most effective because evaluations vary widely in both what and how they measure. In other words, the outcomes measured to demonstrate a programme's effectiveness, such as 'feelings of self-esteem' or 'knowledge of safety strategies,' differ across programs. To compare programs effectively, they need to measure some of the same outcomes in the same way.

Previous work was completed to develop a 'core outcome set' (DVA-COS) — a small number of outcomes that researchers, service providers, and survivors of domestic abuse agree are the most important to measure in evaluations of interventions or services for children and families with experience of domestic violence and abuse (DVA, hereafter referred to as domestic abuse). The outcomes included in the COS were: **1) child emotional health and wellbeing; 2) feelings of safety; 3) caregiver emotional health and wellbeing; 4) family relationships; 5) freedom to go about daily life.**

While these are not the only outcomes that could be measured, having a core set allows for comparison across programmes. It sets a minimum standard for measurement in intervention studies. This helps service commissioners identify the best programs to fund and helps survivors understand the possible benefits of one programme over another. This also maximises the value of a body of evidence by facilitating comparison between, and synthesis across, studies, which can yield insights that are not possible from looking at individual studies.

Aim of the project

Following the development of the DVA-COS, attention is now needed to understand 'how' to measure the included outcomes. Without this, the COS is unlikely to make much impact. A previous study including involving professionals, researchers, and people with lived experience explored how COS outcomes were measured in practice and explored which tools were both scientifically robust and usable in practice. The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) was identified as acceptable by stakeholders to capture two outcomes: child and caregiver emotional health and wellbeing. However, there were no tools already in use that were both valid and acceptable to measure the remaining three outcomes: feelings of safety, family relationships and freedom to go about daily life.

The work reported here sought to build on this work by:

- **Identifying, appraising and selecting outcome measurement instruments (OMIs) for family relationships, feelings of safety, and freedom to go about daily life.**



- **Validating the Short WEMWBS (SWEMWBS)** for use with children and young people (aged 11 to 18 years) who have experienced domestic abuse, as a means of measuring wellbeing, **and validating the full version (WEMWBS)** for use with adults who have experienced DVA.

Methods

The aims above were addressed through two packages of work.

Work package 1: The study employed a mixed methods design and involved multiple stakeholder groups.

The first aim, **identifying, appraising and selecting OMI**s for three outcomes, drew on a four-stage process (A-D).

- In stage A, OMI^s were identified through rapid reviews of the domestic abuse literature (peer-reviewed and grey) and through targeted searches of the non-domestic abuse literature; these searches were informed by concept workshops with 15 key stakeholders to highlight priority concepts within the outcomes.
- In stage B, candidate OMI^s and their associated studies were quality appraised, using the COSMIN protocol, and the highest-scoring tools were shortlisted for assessment of their acceptability and feasibility.
- In stage C, feedback workshops and stakeholder votes were used to determine which tools should proceed to the consensus workshop for final discussion and selection.
- In stage D, a consensus workshop was held with 29 domestic abuse practitioners, commissioners, researchers, and survivors to allow stakeholders to discuss and reach agreement on recommending OMI^s for the three outcomes.

Work package 2: The second aim, **validating the (S)WEMWBS** for use with DVA populations, was addressed through four studies - two planned and two supplementary.

- Study A involved a qualitative ‘think aloud’ study which involved interviews and a focus group to gather feedback from children and young people with domestic abuse experience on use of the SWEMWBS.
- Study B examined cross-sectional data collected by the OxWell student survey to validate the SWEMWBS with children and young people affected by domestic abuse.
- Study C examined anonymised longitudinal service data to validate the SWEMWBS with children and young people affected by domestic abuse.
- Study D validated the WEMWBS with adults who have experienced domestic abuse using cross-sectional data from the Adult Psychiatric Morbidity Survey (APMS).



Key findings

Summary of findings

- The Children and Families Against Domestic Abuse (CAFADA) Wellbeing and Safety Scale was selected as the preferred OMI to assess two outcomes: family relationships and feelings of safety.
- No consensus was reached for an OMI capturing freedom to go about daily life.
- The SWEMWBS and WEMWBS are valid and acceptable measures of wellbeing in domestic abuse experienced child and adult populations, respectively.

Work Package 1

Work Package 1: The work to **identify, appraise and select OMIs** identified 239 candidate tools across all evidence sources and from previous work. Very few of these tools had been developed specifically for or validated for use with a DVA population.

The list of candidate tools was reduced to 18 OMIs through a systematic process of conceptual mapping, quality appraisal, and examination of acceptability and feasibility issues. Of these, eight OMIs (three OMIs for *family relationships*, three for *feelings of safety*, and two for *freedom to go about daily life*) progressed to the final consensus workshop.

Votes held during the consensus workshop identified subscales of the Children and Families Against Domestic Abuse (CAFADA) Wellbeing and Safety as the preferred OMI to assess two outcomes: *family relationships* (81.5%) and *feelings of safety* (74.1%).

- The consensus workshop highlighted key areas of development such as removing gendered language, being inclusive of non-traditional family structures, and being accessible to children of different ages or cognitive maturity. Particular thought is needed about the tool's suitability for a wider range of interventions, including those supporting perinatal families or services including the person that harms.
- It was notable that all stakeholders (including researchers and members of the expert panel) prioritised acceptability over a tool's psychometric properties in their decision-making process.

No agreement was reached for an OMI capturing *freedom to go about daily life*.

Work Package 2

Work Package 2: The work to **validate the SWEMWBS and WEMWBS** demonstrated the validity and acceptability of the tools for use with domestic abuse experienced child and adult populations, respectively.

- Study A indicated that the SWEMWBS is broadly acceptable for use with children and young people, while raising important considerations regarding respondents' interpretation of the measure's items as well as the emotional impact of the measure on this population.



- Studies B and C demonstrated robust psychometric validity of the SWEMWBS with children and young people affected by domestic abuse.
- Study D showed robust psychometric validity of the WEMWBS with adult victims of domestic abuse.

Recommendations

1. A provisional recommendation is made for use of CAFADA Wellbeing and Safety Scale to measure child and adult reports of family relationships and feelings of safety. A full recommendation cannot be made due to the lack of evidence demonstrating the reliability and validity of this tool.
 - It is strongly recommended that before widespread use, this OMI is subject to further adaptation and evaluation by (or in collaboration with) the tool developers.
2. We recommend that the SWEMWBS (for children aged 11+) and WEMWBS (for adults) should be used to measure wellbeing in the context of evaluation studies (of any quantitative design) seeking to assess the impact of child or family focussed domestic abuse interventions.
 - We suggest minor adaptations to the (S)WEMWBS for use in the domestic abuse context to enhance the acceptability of the measure to children and adults.
3. Further work on measure identification, development and evaluation is required to support use of the DVA-COS. Specifically to:
 - Develop and evaluate a measure of freedom to go about daily life for children and young people and adults.
 - Identify an alternative OMI or adapt the SWEMWBS for use to measure the wellbeing of children under the age of 11.
4. We recommend the development of guidelines for practitioners and researchers about how to use the tools in a 'care first' way and how to guard against the tools being used for screening or triaging, or rationing care, as well as guidance for commissioners on how to interpret and use evidence, generated by the completion of OMIs, for the basis of decision making:
 - This guidance needs to reflect the balance between the benefits of data driven decision making and the risk of unduly narrowing the breadth of services or thwarting innovation in the sector.
 - The OMIs' implementation (including the use of guidance) should be closely monitored and evaluated, to inform any associated refinements and to develop an in-depth understanding of the process and outcomes associated with embedding routine measurement in practice.



Conclusion

This work makes important strides towards the realisation of a DVA-COS, which we hope will help to unify outcome measurement across research and practice contexts. Continued work is required to further develop and evaluate the OMIs discussed here, as well as to develop a new tool to measure freedom to go about daily life. Work is needed to describe and evaluate the implementation of the DVA-COS, and to track the benefits and harms associated with outcome harmonisation in this field of research and practice.