

**Outcome Evaluation Strategies
for Domestic Violence Service Programs
Receiving FVPSA Funding**

A Practical Guide

Written by

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Outcome Evaluation Strategies for Domestic Violence Service Programs Receiving FVPSA Funding A Practical Guide

The Family Violence Prevention and Services Administration (FVPSA) within the U.S. Department of Health and Human Services has been the major source of funding for domestic violence coalitions and programs since 1984. In fiscal year 2007, FVPSA provided almost \$125 million to support the work of community-based domestic violence programs, state coalitions, and a network of national resource centers. The overall purpose of this FVPSA outcome evaluation project is to help states develop and implement outcome evaluation strategies that will accurately capture the impact of FVPSA dollars on survivors' safety and wellbeing.

A Brief History of the FVPSA Outcomes Project

In 2005, the Office of Management of the Budget (OMB) reviewed the FVPSA Program along with other federal grant programs within the Administration for Children and Families at HHS. The review of the FVPSA program concluded that "results were not adequately demonstrated." In response to this finding, a national advisory group of FVPSA administrators, state coalition directors, local domestic abuse program staff, tribal program staff and evaluation specialists was convened to develop strategies for more effectively demonstrating the impact of the FVPSA program.

It was not a simple task to create outcomes that would adequately reflect results that might be desired across the different services being provided by domestic violence programs (shelter, support groups, counseling, advocacy, etc.). However, the advisory group examined evaluation work that had already been occurring in both Michigan and Pennsylvania, and chose two outcomes that had been accepted by executive directors of programs in those states and that captured two goals of any service being offered by

domestic violence programs: *to safety plan with survivors and to ensure that survivors are aware of community resources they might need in the future*. There was also research supporting that these two short-term outcomes led to reduced violence and increased quality of life for survivors over time. (See pages 9-12 of this manual for a summary of this research.)

This led the advisory group to agree on the following two outcomes to be collected from all FVPSA grantees by fall of 2008:

- As a result of contact with the domestic violence program, 65% or more of domestic violence survivors will have strategies for enhancing their safety.
- As a result of contact with the domestic violence program, 65% or more of survivors will have knowledge of available community resources.

The 65% target was based on programs' experience and advisors' recommendations. Although much of the work done by domestic violence programs involves services related to safety planning and community resources, program staff do not always have extensive contact with individual survivors, so not all of them would report changes in these two areas. For this reason, "65% or more" was seen by advisors as a realistic initial goal. Once programs have begun to collect this information from survivors, the percentage goals will be changed to reflect figures based on actual data submitted. Those percentages will then become the outcome goals for the FVPSA funded programs, and included in the annual report to the Office of Management and Budget (OMB).

These two outcomes were also chosen because they relate not just to individual level change (the survivor's safety and well-being), but they also provide evidence, important to more and more funders, of *stronger and safer communities*. Specifically, research has demonstrated that increasing survivors' knowledge of safety planning and of community resources leads to increased safety and well-being over time (see Bybee & Sullivan, 2002; Goodkind, Sullivan, & Bybee, 2004; Sullivan & Bybee, 1999). Since a good deal of intimate partner abuse happens outside of the home in communities, such as the workplace (McFarlane et al., 2000; U.S. Dept of Justice Bureau of Justice Statistics, 2001), safer women means safer communities. Abuse can also have deleterious effects on survivors' ability to work and care for themselves and their children. Therefore, again, improving women's quality of life directly improves community well-being.

After the national advisory group agreed upon the two outcomes, discussion centered on how local programs could measure the extent to which those outcomes occurred, without overburdening them more than necessary. Some of the advisory board members were also participating in the national Documenting Our Work (DOW) Project, and that project provided extremely helpful building blocks for the current effort. The DOW Project had already developed tools that included measuring the two outcomes, and advisory members discussed how these tools might be shared nationally to assist programs with evaluating their work. A history of DOW and some of its pilot results are described in Chapter 6.

The national advisory group was clear in its recommendation that requirements for collecting and reporting on the two outcomes be phased in for programs, with adequate training and technical assistance provided. It was suggested that a two-year pilot project be implemented that would include working with states to determine the best ways to collect and report these data. This handbook was created as one component of this effort, and is intended to provide programs with practical strategies for conducting outcome evaluation.

While the manual focuses on collecting the two outcomes mandated for FVPSA grantees, the strategies can also be used for all outcome evaluations being conducted by domestic violence organizations. The intent is twofold:

- ◆ First, programs are feeling external pressure from funding sources to conduct outcome evaluation, and it is our sincere hope and expectation that the information gained through the methods in this guidebook will be useful in carrying out such evaluations in a way that is not overly burdensome.
- ◆ Second, and more importantly, we hope and expect that the strategies outlined in this manual will be helpful for programs to conduct evaluations that will be meaningful to their work and that will lead to providing the most effective services possible to survivors of domestic violence.

Most immediately, however, we have designed this manual to help programs collect the two new outcomes for FVPSA grantees.

This manual is divided into three sections. The first focuses on conceptual issues to consider before conducting an outcome evaluation, and ends with the description of *Documenting Our Work* (DOW). The second section provides practical information about data collection, analysis, interpretation, and presentation of findings. The third section (the

Appendix) includes the actual DOW tools you might want to use, modify or shorten for your evaluation work, as well as other background and supplemental material we hope you find helpful.

A Word About The Terminology Used In The Manual

While all those being victimized by an intimate partner deserve effective advocacy, protection, and support, the overwhelming majority of domestic violence survivors are women battered by intimate male partners. For that reason, survivors are referred to as "women" and "she/her" throughout this manual.

A conscious decision was also made to use the term "survivor" instead of "victim" throughout this manual. Although there is debate about the use of these terms in the field, the authors are more comfortable describing women, not in terms of their victimization, but rather by their strengths, courage and resilience.

SECTION 1

CONCEPTUAL ISSUES

Chapter One

Why We Want to Evaluate Our Work

Although the thought of "evaluation" can be daunting, if not downright intimidating, there are some good reasons why we want to evaluate the job we are doing. The most important reason, of course, is that we want to understand the impact of what we are doing on women's lives. We want to build upon those efforts that are helpful to women with abusive partners; at the same time, we *don't* want to continue putting time and resources into efforts that are *not* helpful or important. Evaluation is also important because it provides us with "hard evidence" to present to funders, encouraging them to continue and increase our funding. Most of us would agree that these are good reasons to examine the kind of job we're doing...*BUT*...we are still hesitant to evaluate our programs for a number of reasons.

Why Many Domestic Violence Programs Resist Evaluation (and reasons to reconsider!)

“Research has been used against women with abusive partners.” It is true that people can manipulate or misinterpret research data. However, this is actually a reason why we need to understand and conduct our own evaluations. To effectively argue against the misinterpretation of other research, we must at least have a general understanding of how data are collected, analyzed, and interpreted.

(related): “I don't trust researchers.” Too many programs have had bad experiences with researchers who come into their settings, collect their data, and are either never heard from again or who then interpret their findings without a basic understanding of domestic violence issues. In the academic arena we refer to this as "drive-by data collection," and we would strongly recommend programs turn such researchers away at the door. But please remember that working with a researcher to do program evaluation is optional. This handbook is designed to give you the basic information you will need to conduct your own outcome evaluation.

“Funders (or the public) will use our findings against us.” A common concern we have heard from program staff is that our own evaluations could be used against us because they might not "prove" we are effective in protecting women from intimate violence. This fear usually comes from people who think that the funders (or the public) expect us, on our own, to end intimate violence against women. We would argue that it is unrealistic to expect victim service programs to end victimization -- that is the role of perpetrator service programs as well as the larger community. We do, however, need to know if we are effectively meeting goals that *are* realistic.

“I have no training in evaluation!” That's why you're reading this manual. There is a scary mystique around evaluation -- the idea that evaluation is something only highly trained specialists can (or would want to!) understand. The truth is, this manual will provide you with most, if not all, of the information you need to conduct a program evaluation.

“We don't have the staff (or money) to do evaluation.” It is true that evaluating our programs takes staff time and money. One of the ways we need to more effectively advocate for ourselves is in educating our funding sources that evaluation demands must come with dollars attached. However, this manual was created to prevent every program from having to "re-invent the wheel." Hopefully the strategies outlined in the following chapters will assist you in conducting evaluation without having to devote more time and money than is necessary to this endeavor.

“Everyone knows you can make data say anything you want to, anyway.”

This actually isn't true. Although data are open to interpretation, such interpretation has its limits. For example, if you ask survivors, out of context, how often they slapped their assailants in the last year, and 78% reported they did so at least once, you could try to make the argument that women are abusive toward men (which is why it is so important to word questions accurately and ask contextual questions).

On the other hand, if you collected this same information and then claimed women

never slapped their assailants under any circumstances, you would not have the data to back you up. Data can be manipulated, but only so far. And the more you understand research and evaluation the more easily you will be able to point out when and how data are misinterpreted.

“We've already done evaluation [last year, 10 years ago]; we don't need to do it again.” Things change. Programs change, and staff change. We should continually strive to evaluate ourselves and improve our work.

Knowledge is power. And the more service providers and advocates know about designing and conducting evaluation efforts the better those efforts will be. Evaluating our work can provide us with valuable information we need to continually improve our programs.

The next chapter provides a quick description of the distinction between research and evaluation, and an overview of some of the knowledge we have gained to date from recent research. As we will explain more fully in the next chapter, it can be helpful to know what prior research has found about the effectiveness of services for battered women, so that we can feel confident we are measuring the appropriate *short-term outcomes* that will lead to desired *long-term outcomes*.

Chapter Two

The Difference Between Research and Evaluation

Many people find the distinction between “research” and “evaluation” to be confusing, but it’s really not complicated.

- ◆ ***Research is a broad term that refers to collecting information about a topic in an organized, systematic way.*** It can answer many questions that are interesting and useful to us, such as how widespread domestic violence is in a particular country, or within a particular age group. It can answer simple questions such as these (although getting credible answers might be difficult), or much more complicated questions, such as “what are the primary factors that contribute to women’s increased safety after an episode of abuse?”

- ◆ ***Evaluation is a particular kind of research. It answers questions about programs or other kinds of efforts to provide services or create change in some way.*** Again, the questions can be simple, such as “what did the program do?” or more complex, such as “how was the program helpful, and for which people?” Evaluation research, as the term suggests, tries to answer questions about a program’s “value.”

Both research and evaluation can provide very useful information for domestic violence programs. Research usually is conducted so that its results can be applied or “generalized” to broad segments of the population, such as all women who call the police after an abusive incident. Large evaluation studies may also be designed so that they can be applied to many programs of a particular type, such as shelter programs.

Most credible research and large evaluations—especially the ones that follow people over time, to determine long-term outcomes—can be complicated to conduct, require substantial funding, and are likely to need help from people who have received specialized training. Without extra resources they are probably beyond the capacity of most local domestic violence programs to do on their own. Very good and helpful

evaluations can also be done, however, by local programs, and without a huge financial investment. That is what we hope this manual will help you to do.

Before we turn to more of the conceptual issues involved with your local evaluation, however, we want to provide an overview of some of the useful results of recent research and evaluation. Knowing about such results can suggest program ideas, as well as ideas for questions you can ask about what your program is doing (or not doing). Using these kinds of research and evaluation results is what is meant by “evidence-based practice”—something that makes sense and is being urged more and more frequently. It essentially means using the best scientific evidence you can find to decide how to provide services or do other things to help people and communities affected by domestic violence, and to prevent further violence from occurring.

The Impact of Domestic Abuse Victim Services on Survivors’ Safety and Wellbeing: Research Findings to Date

It can be helpful to know what research studies have found about the effectiveness of our efforts, so that we can feel confident we are measuring the appropriate *short-term outcomes* that will lead to desired *long-term outcomes* for survivors. Unfortunately very few studies to date have examined the long-term impact of victim services on survivors over time. However, the studies that *have* been conducted have consistently found such services to be helpful.

Shelter programs have been found to be one of the most supportive, effective resources for women with abusive partners, according to the residents themselves (Bennett et al., 2004; Bowker & Maurer, 1985; Gordon, 1996; Sedlak, 1988; Straus, Gelles, & Steinmetz, 1980; Tutty, Weaver, & Rothery, 1999). For example, Berk, Newton, and Berk (1986) reported that, for women who were actively attempting other strategies at the same time, a stay at a shelter dramatically reduced the likelihood they would be abused again.

One research study used a true experimental design and followed women for two years in order to examine the effectiveness of a community-based advocacy program for domestic abuse survivors. Advocates worked with women 4-6 hours a week over 10

weeks, in the women's homes and communities. Advocates were highly trained volunteers who could help women across a variety of areas: education, employment, housing, legal assistance, issues for children, transportation, and other issues. Women who worked with the advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources over time. One out of four (24%) of the women who worked with advocates experienced no physical abuse, by the original assailant or by any new partners, across the two years of post-intervention follow-up. Only 1 out of 10 (11%) women in the control group remained completely free of violence during the same period. This low-cost, short-term intervention using unpaid advocates appears to have been effective not only in reducing women's risk of re-abuse, but in improving their overall quality of life (Sullivan, 2000; Sullivan & Bybee, 1999).

Close examination of which short-term outcomes led to the desired long-term outcome of safety found that *women who had more social support and who reported fewer difficulties obtaining community resources reported higher quality of life and less abuse over time* (Bybee & Sullivan, 2002). In short, then, there is evidence that if programs improve survivors' social support and access to resources, these serve as protective factors that enhance their safety over time. While local programs are not in the position to follow women over years to assess their safety, they *can* measure whether they have increased women's support networks and their knowledge about available community resources.

The only evaluation of a *legal* advocacy program to date is Bell and Goodman's (2001) quasi-experimental study conducted in Washington, DC. Their research found that women who had worked with advocates reported decreased abuse six weeks later, as well as marginally higher emotional well-being compared to women who did not work with advocates. Their qualitative findings also supported the use of paraprofessional legal advocates. All of the women who had worked with advocates talked about them as being very supportive and knowledgeable, while the women who did not work with advocates mentioned wishing they had had that kind of support while they were going through this difficult process. These findings are promising but given the lack of a control group they should be interpreted with extreme caution.

Another research study examined domestic abuse survivors' safety planning efforts (Goodkind, Sullivan, & Bybee, 2004). Survivors were asked what strategies they had used to stop or prevent the abuser's violence. For every strategy mentioned, women were asked if it made the abuse better, worse, or had no effect. Not surprisingly, for every strategy that made the situation better for one woman, the same strategy made the situation worse for another. However, the two strategies that were *most likely to make the situation better* were contacting a domestic violence program, and staying at a domestic violence shelter. These results provide strong support for the importance of domestic violence programs.

It is also important, though, that women who were experiencing the most violence and whose assailants had engaged in the most behaviors considered to be indicators of potential lethality were the most actively engaged in safety planning activities, but remained in serious danger, despite trying everything they could. These findings highlight the importance of remembering that survivors are not responsible for whether or not they are abused again in the future. For some women, despite any safety strategies they employ, the abuser will still choose to be violent.

Evaluations of support groups have unfortunately been quite limited. One notable exception is Tutty, Bidgood, and Rothery's (1993) evaluation of 12 "closed" support groups (i.e., not open to new members once begun) for survivors. The 10-12 week, closed support group is a common type of group offered to survivors, and typically focuses on safety planning, offering mutual support and understanding, and discussion of dynamics of abuse. Tutty et al.'s (1993) evaluation involved surveying 76 women before, immediately after, and 6 months following the group. Significant improvements were found in women's self-esteem, sense of belonging, locus of control, and overall stress over time; however, fewer than half of the original 76 women completed the 6-month follow-up assessment (n = 32), and there was no control or comparison group for this study. Hence, these findings, too, should be interpreted with extreme caution.

Tutty's findings were corroborated by a more recent study that did include an experimental design (Constantino, Kim, & Crane, 2005). This 8-week group was led by a trained nurse and focused on helping women increase their social support networks and access to community resources. At the end of the eight weeks the women who had participated in the group showed greater improvement in psychological distress

symptoms and reported higher feelings of social support. They also showed less health care utilization than did the women who did not receive the intervention.

These research studies are presented to provide you with some evidence supporting the long-term effectiveness of the types of services you offer. If programs can show that they have had positive short-term impacts on women's lives that have been shown to lead to longer-term impacts on their safety and well-being, this should help satisfy funders that the services being provided are worthwhile. The two outcomes that will be required—help with safety planning and increased knowledge of community resources—are clearly vital short-term outcomes that have been demonstrated to contribute to improvements in longer-term safety and well-being. These are among the short-term impacts that this manual will help you to measure.

Chapter Three

Important Considerations Before Designing any Evaluation

Before even beginning any evaluation efforts, all programs should consider three important issues: (1) how you will protect the confidentiality and safety of the women providing you information, (2) how to be respectful to women when gathering and using information, and (3) how you will address issues of diversity in your evaluation plan.

Confidentiality and Safety of Survivors

The safety of the women with whom we work must *always* be our top priority. The need to collect information to help us evaluate our programs must always be considered in conjunction with the confidentiality and safety of the women and children receiving our services. It is not ethical to gather information just for the sake of gathering information; if we are going to ask women very personal questions about their lives, there should always be an important reason to do so, and their safety should not be compromised by their participation in our evaluation. The safety and confidentiality of women must be kept in mind when (1) deciding what questions to ask; (2) collecting the information; (3) storing the data; and (4) presenting the information to others.

Respecting Survivors Throughout the Process

When creating or choosing questions to ask women who use our services, we must always ask ourselves whether we really need the information, how we will use it, whether it is respectful or disrespectful to ask, and who else might be interested in the answers. As an example, let's assume we are considering asking women a series of questions about their use of alcohol or drugs. The first question to ask ourselves is: How will this information be used? – To ensure women are receiving adequate services? To prevent women from receiving services? Both? If this information is not *directly* relevant to our outcome evaluation efforts, *do we really need to ask?*

Second, how should we ask these questions in a respectful way? First and foremost, women should always be told *why* we are asking the questions we're asking. And whenever possible, an advisory group of women who have used our services should assist in supervising the development of evaluation questions. The next question is: who else might be interested in obtaining this information? Assailants' defense attorneys? Child Protective Services? Women should always know what might happen to the information they provide. If you have procedures to protect this information from others, women should know that. If you might share this information with others, women need to know that as well. Respect and honesty are key.

The words *anonymous* and *confidential* have different meanings. Although many people incorrectly use them interchangeably, the distinction between these two words is important.

Anonymous - you do not know who the responses came from. For example, questionnaires without names or other traceable identifiers left in locked boxes are anonymous.

Confidential - you do know (or can find out) who the responses came from, but you are committed to keeping this information to yourself. A woman who participates in a focus group is not anonymous, but she expects her responses to be kept confidential.

Attending to Issues of Diversity

Most domestic violence service delivery programs are aware that they must meet the needs of a diverse population of women, children, and men. This requires taking steps to ensure our programs are **culturally competent**, as well as flexible enough to meet the needs of a diverse clientele.

Cultural competence is more than just "expressing sensitivity or concern" for individuals from all cultures (cultural sensitivity). A culturally competent program is one that is designed to effectively meet the needs of individuals from diverse cultural backgrounds and experiences. It involves understanding not only the societal oppressions faced by various groups of people, but also respecting the strengths and assets inherent in different communities. This understanding must then be reflected in program services, staffing, and philosophies.

In addition to diversity in culture, there is a great deal of other variability among the individuals needing domestic violence service delivery programs, including diversity across:

- ◆ age
- ◆ citizenship status
- ◆ gender identity
- ◆ health (physical, emotional, and mental)
- ◆ language(s) spoken
- ◆ literacy
- ◆ physical ability and disability
- ◆ religious and spiritual beliefs
- ◆ sexual orientation
- ◆ socioeconomic status

Although process evaluation is commonly thought of as the best way to understand the degree to which our programs meet the needs of women from diverse experiences and cultures (see Chapter 3), outcome evaluation should also attend to issues of diversity.

This handbook takes the position that outcome evaluation must be designed to answer the question of whether or not women attained outcomes they identified as important to them. So for example, before asking women if they obtained a protective order, you must first ask if they *wanted* a protective order. Before asking if your support group decreased a woman's isolation, you would want to know if she felt isolated *before* attending your group. Not all women seek our services for the same reasons, and our services must be flexible to meet those diverse needs. Outcome evaluation can inform you about the different needs and experiences of women and children, and this information can be used to inform your program as well as community efforts.

Attending to issues of diversity in your outcome evaluation strategies involves: (1) including the views and opinions of women and children from diverse backgrounds and experiences in all phases of your evaluation; (2) including "demographic" questions in your measures (e.g., ethnicity, age, primary language, number of children, sexual orientation) that will give you important information about respondents' background and situations; and (3) pilot testing your outcome measures with individuals from diverse cultures, backgrounds, and experiences.

Chapter Four

A Brief Primer on the Difference Between Process and Outcome Evaluation

Even though this handbook focuses primarily on outcome, not process, evaluation, there is enough confusion about the difference between the two to warrant a brief discussion of process evaluation. ***Process evaluation assesses the degree to which your program is operating as intended.*** It answers the questions:

- What (exactly) are we doing?
- How are we doing it?
- Who is receiving our services?
- Who ***isn't*** receiving our services?
- How satisfied are service recipients?
- How satisfied are staff? Volunteers?
- How are we changing?
- How can we improve?

These are all important questions to answer, and process evaluation serves an important and necessary function for program development. Examining how a program is operating requires some creative strategies and methods, including interviews with staff, volunteers, and service recipients, focus groups, behavioral observations, and looking at program records. Some of these techniques are also used in outcome evaluation, and are described later in this handbook.

When designing outcome measures, it is common to include a number of "process-oriented" questions as well. This helps us determine the connection between program services received and outcomes achieved. For example, you might find that women who received three or more hours of face-to-face contact with your legal advocate were more likely to report understanding their legal rights than were women who only talked with your legal advocate once over the phone. Or you might discover that residents of your shelter were more likely to find housing when a volunteer was available to provide them with transportation.

Process evaluation is also important because we want to assess not just whether a woman received what she needed (outcome), but whether she felt "comfortable" with the staff and volunteers, as well as with the services she received. For example, it is not enough that a woman received the help she needed to obtain housing (outcome), if the advocate helping her was condescending or insensitive (process). It is also unacceptable if a woman felt "safe" while in the shelter (outcome) but found the facility so dirty (process) she would never come back.

In summary...

- ◆ ***PROCESS EVALUATION*** helps us assess what we are doing, how we are doing it, why we are doing it, who is receiving the services, how much recipients are receiving, the degree to which staff, volunteers, and recipients are satisfied, and how we might improve our programs.
- ◆ ***OUTCOMES EVALUATION*** assesses program impact – What occurred as a result of the program? Outcomes, as we discuss in the next chapter, must be measurable, realistic, and philosophically tied to program activities.

Chapter Five

Outcome Evaluation: What Effect Are We Having?

It is extremely common for people to confuse process evaluation with outcome evaluation. Although process evaluation is important -- and discussed in the previous chapter -- it is **not** the same as outcome evaluation.

OUTCOME EVALUATION

assesses what occurred as a direct result of the program. Outcomes must be measurable, realistic, and philosophically tied to program activities.

One of the first places many people get "stuck" in the evaluation process is with all of the terminology involved.

Objectives

Goals

Outcomes

Outcome Measures

These terms have struck fear in the hearts of many, and are often the cause of abandoning the idea of evaluation altogether. One reason for this is that the terms are not used consistently by everyone. Some people see goals and objectives as interchangeable, for example, while others view objectives and outcomes as the same. What is more important than memorizing terminology is understanding the *meaning* behind the labels. This manual will describe the concepts behind the terms so even if a specific funder or evaluator uses different terminology than you do, you will still be able to talk with each other!

The Difference Between Objectives and Outcomes

Effective evaluation begins by first defining our overarching goals (sometimes also referred to as objectives). Goals or objectives (and we're using these terms interchangeably; not everyone does) are what we ultimately hope to accomplish through the work we do. Program goals, usually described in our mission statements, are long-term aims that are difficult to measure in a simple way.

We would say that the **OVERALL GOAL OR OBJECTIVE** of domestic violence victim service programs is to –

***enhance safety and justice
for battered women and their children***

While it is not important that you agree with this overall objective, it is important that you choose goals and objectives that make sense for your agency. After the program's overall objective has been established, it is important to consider what we expect to see happen as a result of our program, that *is* measurable, that would tell us we are meeting our objective(s). These are program **OUTCOMES**.

The critical distinction between goals and outcomes is that outcomes are statements reflecting *measurable* change due to your programs' efforts. Depending on the individual program, **PROGRAM OUTCOMES** might include:

- ▶ a survivor's immediate safety
- ▶ the immediate safety of the survivor's children
- ▶ a survivor's increased knowledge about domestic violence
- ▶ a survivor's increased awareness of options
- ▶ a survivor's decreased isolation
- ▶ a community's improved response to battered women and their children
- ▶ the public's increased knowledge about domestic violence
- ▶ a perpetrator's cessation of violence (NOTE: only for programs that focus specifically on the abuser)

There are two types of outcome we can evaluate: long-term outcomes and short-term outcomes. Long-term outcomes involve measuring what we would expect to ultimately occur, such as:

- ▶ increased survivor safety over time
- ▶ reduced incidence of abuse in the community
- ▶ reduced homicide in the community
- ▶ improved quality of life of survivors

As we noted in Chapter 2, measuring long-term outcomes is very labor intensive, time consuming, and costly. Research dollars are generally needed to adequately examine these types of outcomes. More realistically, you will be measuring the short-term outcomes that we expect to *lead* to the longer-term outcomes.

Why We Caution Against Following Survivors Over Time as Part of Outcome Evaluation

Some funders are now asking grantees to follow their clients over time (sometimes for as long as six months or a year) to obtain longer-term outcome data. While we understand the desire for such data, this again is where we must differentiate between the roles and capabilities of service programs and researchers. Safely tracking, locating, and interviewing survivors over time is extremely costly, time-consuming, and resource-intensive to do correctly. And we have yet to hear of a case where the funder mandating this new activity is also providing additional money to pay for this additional work.

In the study mentioned in Chapter 3 that involved interviewing survivors every six months over two years, the investigators were able to successfully locate and interview 94% of the participants at any time point. The investigators compared the women who were easy to find with the women who were more difficult to track, and discovered that the "easy to find" women were more likely to be white, were more highly educated, were more likely to have access to cars, were less depressed, and had experienced less psychological and physical abuse compared to the women who were more difficult to find (Sullivan et al., 1996).

The moral of the story is: If you do follow-up interviews with clients, be careful in your interpretation of findings. The survivors you talk to are probably not representative of all the people using your services. It is therefore our position that programs should not waste the resources to gather information that is not likely to be accurate. Rather, they should spend more time and attention engaging in outcome evaluation that is likely to give them useful and trustworthy data.

Choosing Outcomes That Make Sense to Our Programs

One of the reasons that many domestic violence victim service program staff have difficulty applying outcome evaluation to their work is that traditional outcome evaluation trainings and manuals do not apply to our work. Instead they focus on programs that are designed to *change the behaviors of their clients*: for instance, literacy programs are designed to increase people's reading and writing skills, AA programs are designed to help people stay sober, and parenting programs are designed to improve the manner in which people deal with their children. We, however, are working with victims of someone else's behavior. They did not do anything to cause the abuse against them, and we therefore are not about changing their behaviors. For our work, then, we need to take a more expanded view of what constitutes an outcome:

An OUTCOME
is a change in knowledge, attitude, skill, behavior,
expectation, emotional status, or life circumstance
due to the service being provided.

Some of our activities are designed to increase survivors' *knowledge* (for example, about the dynamics of abuse, typical behaviors of batterers, or how various systems in the community work). We also often work to change survivors' *attitudes* if they come to us blaming themselves for the abuse, or believing the lies they have been told repeatedly by the abuser (e.g., that they are crazy, unlovable, or bad mothers). We also teach many

clients *skills*, such as budgeting and planning, how to behave during court proceedings or how to complete a resume, and some clients do modify their *behavior* if they come to us wanting to stop using drugs or alcohol, or wanting to improve their parenting.

Domestic violence victim service programs also change people's *expectations* about the kinds of help available in the community. For some clients we may lower their expectations of the criminal legal system (for example if they think their abuser will be put in prison for a long time for a misdemeanor) while for others we might raise their expectations (for example if they are from another country and have been told by the abuser that there are no laws prohibiting domestic violence).

Many of our services are designed to result in improved *emotional status* for survivors, as they receive needed support, protection and information, and finally, we change some clients' *life circumstances* by assisting them in obtaining safe and affordable housing, becoming employed, or going back to school.

REMEMBER: An OUTCOME
is a change in knowledge, attitude, skill, behavior, expectation,
emotional status, or life circumstance
due to the service being provided.

Because survivors come to us with different needs, from different life circumstances, and with different degrees of knowledge and skills, it is important that our outcomes first start with where each client is coming from. We do not, for example, want to say that 90% of our clients will obtain protection orders, because we know that many survivors do not want such orders or believe they would endanger them further. Instead, then, we might say that: Of the women who want and are eligible for protection orders, 90% will accurately complete and file them.

"Problematic" Outcome Statements to Avoid

A common mistake made by many people designing project outcomes is developing statements that are either (1) not linked to the overall program's objectives, or (2) unrealistic given what the program can reasonably accomplish. Five common

problematic outcome statements are listed on the following pages, with explanations for why they should be avoided:

Problematic Outcome Statement #1

"50% of the women who use this service will leave their abusive partners."

*The expectation that all battered women should leave their abusive partners is problematic for a number of reasons, including: it wrongly assumes that leaving the relationship always ends the violence, and it ignores and disrespects the woman's agency in making her own decision. This type of "outcome" should either be avoided altogether or modified to read, 'xx% of the women using this service **who want to leave their abusive partners** will be effective in doing so.'*

Problematic Outcome Statement #2

"The women who use this program will remain free of abuse."

*Victim-based direct service programs can provide support, information, assistance, and/or immediate safety for women, but they are generally not designed to decrease the perpetrator's abuse. Suggesting that victim focused programs can decrease abuse *implies* the survivor is at least somewhat responsible for the violence perpetrated against her.*

Problematic Outcome Statement #3

"The women who work with legal advocates will be more likely to press charges."

Survivors do not press charges; prosecutors press charges. It should also not be assumed that participating in pressing charges is always in the woman's best interest. Legal advocates should provide women with comprehensive information to help women make the best-informed decisions for themselves.

Problematic Outcome Statement #4

"The women who work with legal advocates will be more likely to cooperate with the criminal justice system."

Again, women should be viewed as competent adults making the best decision(s) they can for themselves. Women who choose not to participate in pressing charges should not be viewed as "noncompliant" or "uncooperative." Until the criminal justice system provides women with more protection, and eliminates gender and racial bias and other barriers to justice, it should not be surprising when women choose not to participate in the criminal justice process.

Problematic Outcome Statement #5

"An outcome of this program will be that the number of calls to the police will decrease."

First, if this is not a well-funded research study you probably will not have the resources to find out if calls to the police decrease. But more importantly, a decrease in the number of calls to the police does not necessarily mean violence has decreased. It could mean women are more hesitant to contact the police or that perpetrators are more effective in preventing women from calling the police.

That some programs feel compelled by funders to create outcome statements such as these is understandable. However, the cost is too high to succumb to this urge. It is one of our goals to educate the public about domestic violence, and that includes our funders. If funders have money to spend to eradicate domestic violence, we must educate them about the appropriate ways to spend that money. We can not do that effectively unless they understand why abuse occurs in relationships, and that survivors are not responsible for ending the abuse.

The Hard-to-Measure Outcomes of Domestic Violence Programs

Why is it so difficult to evaluate domestic violence programs? In addition to the obvious answer of "too little time and money," many domestic violence programs' goals involve outcomes that are difficult to measure. An excellent resource for designing outcomes within non-profit agencies is "*Measuring program outcomes: A practical approach*," distributed by the United Way of America (see List of Additional Readings in the back of this manual for more information). In an especially applicable section entitled "Special problems with hard-to-measure outcomes" (p. 74), the United Way manual lists nine situations that present special challenges to outcome measurement. They are included here, since one or more are evident in most domestic violence programs. Where applicable, the statement is followed by the type of domestic violence service that is especially susceptible to this problem:

1. Participants are anonymous, so the program cannot later follow up on the outcomes for those participants. *24-hour crisis line*
2. The assistance is very short-term. *24-hour crisis line; sometimes support groups, counseling, shelter services, some legal advocacy*
3. The outcomes sought may appear to be too intangible to measure in any systematic way. *24-hour crisis line, counseling, support groups, some shelter services*
4. Activities are aimed at influencing community leaders to take action on the part of a particular issue or group, such as advocacy or community action programs. *systems advocacy programs*
5. Activities are aimed at the whole community, rather than at a particular, limited set of participants. *public education campaigns*
6. Programs are trying to prevent a negative event from ever occurring.
7. One or more major outcomes of the program cannot be expected for many years, so that tracking and follow-up of those participants is not feasible.
8. Participants may not give reliable responses because they are involved in substance abuse or are physically unable to answer for themselves.
9. Activities provide support to other agencies rather than direct assistance to individuals.

On the one hand, it is heartening to know that (1) the United Way of America recognizes the challenges inherent to some organizations' efforts, and (2) it is not [simply] our lack of understanding contributing to our difficulty in creating logic models for some of our programs. On the other hand, just because some of our efforts are difficult to measure does not preclude us from the task of evaluating them. It just means we have to try harder! We have included logic models for some of the common domestic violence services being offered, in case those would be helpful to you with other funders. They can be found in Appendix A.

So, What is an Outcome Measure?

Outcome measures are sources of information that tell us whether or to what extent an outcome has been achieved. So, for example, if the desired outcome is that women who use our services will know more about community resources, how would we know whether that had occurred? We might develop a brief survey for them to complete, or we might interview them face-to-face with a questionnaire....these different ways to determine whether the outcome has been achieved are called outcome **measures** because they *measure*, or document, whether the change has occurred.

Common types of outcomes measures are:

- ▶ Paper and pencil surveys
- ▶ Questionnaires completed in interview format
- ▶ Mail surveys
- ▶ Telephone surveys
- ▶ Staff documentation (for example, documentation regarding how many protection orders were filed)

In the late 1990s the Documenting Our Work (DOW) project was initiated nationally to examine the efforts, successes and challenges of the Battered Women's Movement. One component of that project was to design outcome evaluation strategies that local programs could use to evaluate their work. Because the DOW project is directly relevant to the FVPSA outcomes project, the next chapter describes DOW and its findings in more detail.

Chapter Six

The Documenting Our Work Project

We describe the *Documenting Our Work* project here in some detail for several reasons:

- ▶ It provides useful examples of short-term outcomes measures.
- ▶ It includes the two outcomes that will be required by FVPSA.
- ▶ It involves collecting information from survivors, which includes documentation of the services they wanted.
- ▶ It was created by people who work in the domestic violence movement.
- ▶ It involved testing the forms and making changes based on the results.

A Brief History of Documenting Our Work

The National Resource Center on Domestic Violence (NRC) initiated the Documenting Our Work (DOW) Project in 1998 following discussions among state coalition directors, women of color activists, and FVPSA state administrators. They agreed on the need to carefully develop tools for the domestic violence field that would document its work with and on behalf of battered women at both the state and local levels. There was a commitment to use this documentation to strengthen and inform program, policy and research, to increase our understanding of its impact on individuals and communities, and to help guide future directions. The NRC formed a multi-disciplinary advisory group of evaluators, coalition directors, local program directors, and state administrators to begin exploring definitions, goals and objectives, and measures.

During the initial stages of the project, a tremendous amount of information was collected from the field through targeted focus groups with representative from underserved communities, from advisory group meetings and conference calls, and through discussions with others engaged in documentation and outcome measurement.

One result of the Documenting Our Work Project was the development of a number of tools that programs and coalitions can use to evaluate themselves. They are:

State Coalitions Tools

1. A tool for community partners to complete that documents the coalition's community collaboration efforts;
2. A tool for staff to complete that documents the coalition's community change efforts; and
3. A tool for staff to complete that is an internal assessment of the coalition's goals and activities.

Local Program Tools

1. A tool for community partners to complete that documents the program's community collaboration efforts;
2. A tool for community members to complete that documents how the program is perceived and supported in the community;
3. A tool for staff to complete that documents the program's systems change efforts; and
4. A tool for staff and volunteers to complete about their experience working in the program: their activities, training, support, involvement in decisions, and other issues.

Local program assessment tools that have been designed for survivors to complete include surveys evaluating the following services: Shelter, Support Services and Advocacy, Support groups, and Counseling. A 24-hour hotline form was also developed that staff members complete at the end of crisis calls.

In examining the DOW client-centered surveys it became clear that questions were already embedded in them that could be modified slightly to measure the two FVPSA outcomes. Specifically, wording could be in the form of statements that clients can either agree or disagree with:

- ▶ *Because of the services I have received from this program so far, I feel I know more about community resources.*
- ▶ *Because of the services I have received from this program so far, I feel I know more ways to plan for my safety.*

The DOW tools had also been pilot-tested across programs from four different states in order to determine if they were brief, clear, easy to use, and viewed favorably by both survivors and program staff members. Some of the findings from that pilot are presented below.

Results of the DOW Pilot of Shelter Forms

Two forms were created for shelter residents. The first survey, designed to be completed by residents shortly after arriving at the shelter, included questions about how women heard about the shelter, what their preconceived ideas about it were, and the kinds of help they were looking for. The second survey, which is completed shortly before women leave shelter, asks about the extent to which women’s needs were met by the program. Questions also pertain to how long the woman was at shelter, her experience with rules and other residents, and whether she would recommend the program to a friend in similar need. The forms were completed by 75 women across programs in four states.

- 44% completed form 1 only
- 19% completed form 2 only
- 37% completed both forms

A few brief findings from the pilot are presented here, to give you a flavor of the types of helpful information programs can get from their clients.

Residents were asked what the experience was like for them upon entering shelter.

Women responded:

Table 1. When I First Arrived...

Staff made me feel welcome	95%
Staff treated me with respect	93%
The space felt comfortable	85%
Other women made me feel welcome	78%
It seemed like a place for women like me	73%

Shelter staff seeing these results would feel pleased that survivors felt welcomed and treated with respect when they first entered the program.

Another interesting finding was that 23% of the women had “concerns” about contacting shelter. The most common concerns were:

- Shame or embarrassment about abuse
- Safety at the shelter
- Fear of the unknown—didn’t know what to expect

Women were also asked to check off all of the kinds of help they were looking for while in shelter. Their responses are in the next table.

Table 2. Kinds of Help Women Wanted at Shelter Entry

Safety for myself	88%
Paying attention to my children’s wants and needs*	88%
Learning about my options and choices	85%
Paying attention to my own wants and needs	85%
Understanding about domestic violence	83%
Counseling for myself	83%
Learning how to handle the stress in my life	81%
Finding housing I can afford	81%
Emotional support	80%
Connections to other people who can help me	78%
Safety for my children*	73%
Support from other women	70%
Dealing with my children when they are upset or causing trouble*	65%
A job or job training	59%
Health issues for myself	58%
Strategies for enhancing my own and my children’s safety	56%
Counseling for my children*	56%
Planning ways to make my relationship safer	51%
Custody or visitation questions*	50%
Budgeting and handling my money	49%
Education/school for myself	48%
Education for my children*	46%
Health issues for my children*	46%
Transportation	46%
Other government benefits	44%
Legal system/legal issues	44%
Reconnecting with my community	42%
Leaving my relationship	42%

Table 2. Kinds of Help Women Wanted at Shelter Entry (continued)

TANF (welfare) benefits	34%
Child protection system issues*	29%
Protective/restraining order	27%
My abuse-related injuries	20%
My abuser’s arrest	17%
My own arrest	9%
My children’s abuse-related injuries*	8%
Immigration issues	7%

**Items were responded to by mothers only*

This simple listing can be enormously helpful for program planning—to make sure that the program emphasizes the services most needed by women, to the extent it can—and for fund-raising. Most program staff would expect that women’s safety would be at the top of the list. Some might be surprised, however, that help with “paying attention to my own wants and needs” was ranked so high among all of the choices available. Others might find it worth noting that help with “leaving my relationship” was checked by less than half of the women in this test. Although help with “immigration issues” was checked by a small percentage, this result is likely to vary by location. This type of response could alert a program to unknown gaps in service, and lead to increased resources.

Useful information was obtained from the survey completed by women upon shelter exit as well. For example, women were asked to indicate, for every need they had while in shelter, whether they received all the help they needed, some of the help they needed, or none of the help they needed with that issue. Some of the findings are in the following table.

Table 3. Extent of Help Women Received While in Shelter *

<i>Type of help needed:</i>	All	Some
Safety for myself	98%	2%
Learning about my choices and options	67%	30%
Learning to handle stress in my life	65%	27%
Finding affordable housing	51%	34%
Budgeting and handling my money	38%	26%
Job or job training	36%	24%

** Results are only for women who indicated they wanted this type of help*

It is important that these results distinguish those who wanted the service from those who did not. It shows that 98% of the women who wanted safety for themselves got all of that kind of help that they wanted. This was also true for 71% of the women who wanted help with “understanding about domestic violence” (not shown in the table); the remainder reported that they got “some of” that kind of help. Interestingly, all of the women who stayed in shelter for two months or more got *all* the help they wanted with understanding domestic violence.

The survey women complete upon shelter exit is also extremely useful for outcome evaluation. A number of the items on the survey ask specifically about how the shelter experienced affected women’s lives. Some of these outcome findings are in the next table.

Table 4. Because of My Experience in the Shelter, I Feel:

(%s do not total 100 because women could check more than one)

Better prepared to keep myself and my children safe ¹	92%
More comfortable asking for help	90%
I have more resources to call upon when I need them	87%
More hopeful about the future	87%
I know more about my options	87%
More comfortable talking about things that bother me	82%
That I will achieve the goals I set for myself	79%
I can do more things on my own	79%
More confident in my decision-making	76%

These are certainly positive results—especially when a quarter of the women had been in shelter a week or less. Over three-quarters of the women who stayed in the shelter felt more confident of their decisions and abilities, and nearly nine out of ten felt better informed and more comfortable asking for help. These are among the outcomes most shelter staff would hope that residents would attain. In addition, the overwhelming majority of women who participated in the pilot indicated that they had obtained safety and emotional support during their time in the shelter.

¹ This option was on the original shelter #2 form, and clearly was the one most frequently selected by women in the pilot test. However, discussion with advisors concluded that it sounded too much like the women had control over their safety (and their abusive partners’ use of violence against them, in particular), so it has been changed to “I know more ways to plan for my safety” on the latest version of the form.

These findings can be used to identify training needs, or to provide examples to illustrate training issues programs already cover. For example, at shelter entry 73% of the respondents checked “[the shelter] seemed like a place for women like me.” However, when this item was examined across different racial and ethnic groups it was found that Latinas were less likely than other women to check this response –just 57% did. This finding might be shared with staff, so that culturally appropriate welcoming strategies could be emphasized. Alternatively, this finding might highlight a resource issue – a need for more bicultural staff, or modifications in shelter décor.

The questions on Shelter form #2 that asked about the help women and children received can also identify training-related needs. For example, about 4 out of 5 women indicated they wanted help “learning how to handle the stress in my life.” Of those, however, 8% indicated they did not get help with this issue, and another 27% did not get as much help as they wanted. This might be a useful topic to elaborate on in training with staff and volunteers. Similarly, half of the women wanted help with “budgeting and handling my money,” but over a quarter of this group did not get any help with this issue. Information about budgeting can be invaluable for women trying to move toward independence and self-sufficiency for the first time; making sure that staff and volunteers are prepared to assist effectively may be a very useful part of comprehensive services.

These are just a few examples out of many ways that collecting this information from survivors in shelter can help programs become more responsive to women’s needs.

Results of the DOW Pilot of Support Services & Advocacy Forms

This survey was created to obtain brief, specific feedback from women receiving support services. The forms capture the types of help clients wanted, as well as what they received. Survivors also indicate how many times they met with an advocate, their feelings about how respected and supported they felt, and overall how satisfied they were with the services.

Three states participated in piloting these forms, and 42 women responded. Most (77%) were under the age of 35, and 40% were women of color.

The following table presents the types of assistance women reported wanting from the domestic violence program’s support services:

Table 5. Types of Advocacy Women Mentioned Wanting

(Percents do not total 100 because women could check more than one)

Help getting safe and adequate housing	52%
Information about the legal system process	38%
Information about my legal rights and options	29%
Help with a protective order	26%
Help with police issues	21%
Help arranging transportation to meet my needs	21%
Someone to go with me to court	19%
Help with government benefits (e.g. welfare/TANF)	19%
Help getting access to mental health services	19%
Help supporting the court case against the person who abused me	17%
Access to an attorney	17%
Help with budgeting	14%
Help keeping custody of my children	14%
Help getting child support	14%
Help getting access to child care	14%
Help getting a job	12%
Help getting access to health care	12%
Help with health insurance for my children	10%
Help understanding my rights and options related to residency	10%
Help with probation issues	7%
Help preparing to testify in court	7%
Help meeting my needs related to my disability	7%
Help with safe visitation for my children	7%
Help with child protection hearings or requirements	7%
Help with my children's school (e.g. records, changing schools)	7%
Help getting medical benefits (e.g. Medicaid)	7%
Help dealing with my arrest	5%
Help getting job-related training	5%
Help meeting my child's disability-related needs	5%
Help getting residency status	5%
Help getting benefits as an immigrant	2%
Help getting access to substance abuse services	2%

This information can be quite helpful for program planning and for fund-raising. The fact that the most common help women reported needing was affordable housing might surprise some community members and funders, and could positively influence a program's application for more money to devote to this. Also, 7% of the women wanted help with their own disability and 5% needed help for their child's disability. While not

large percentages, this could still represent a significant number of families in need of these specialized services.

Outcome information for support services was quite interesting as well, as shown in the following table. Notice that the numbers are generally lower than what was reported by shelter residents. This could be a function of fewer contacts with advocates, but deserves additional attention.

Table 6. Because of the Services I received, I feel...

More comfortable asking for help	67%
I have more resources to call upon	66%
I know more about my options	66%
More hopeful about my future	64%
Better prepared to keep myself and my children safe	59%
Like I can do more things on my own	57%

Results of the DOW Pilot of Support Group Forms

The support group and counseling form was piloted by programs in four states for about two months. The responses here are based on 160 women:

- 56% participated in support groups only
- 19% participated in counseling only
- 21% participated in both counseling and support groups

As can be seen in the following table, women sought out these supportive services for different reasons. Some of the most common reasons were:

Table 7. What Women Wanted at the Beginning of Support Groups

Talk to people who understand my experience	78%
Feel better about myself	77%
Learn more about domestic violence	74%
Support to make some changes in my life	70%
Understand myself better	69%
Hear what other women have done	66%
Feel more hopeful about my life	64%
Help with issues related to my children	54%

Once again women also completed a section of the survey that asked about the effects of the services on the women’s lives. Findings were fairly similar to what was seen from women receiving advocacy services:

Table 8. Because of the services I received, I feel...

Better about myself	77%
More comfortable asking for help	67%
I have more resources to call upon	66%
I know more about my options	66%
More hopeful about the future	64%
Like I can do more things on my own	57%

In the pilot study, women’s overall rating of support groups was quite high. Specifically, their ratings were:

- ▶ Very helpful – 80%
- ▶ Helpful – 16%
- ▶ A little helpful – 3%
- ▶ Not at all helpful – 1%

The Documenting Our Work pilot study found that these surveys were easy for most women to complete, easy for staff to administer, and resulted in a wealth of information of interest to program staff. However, in the pilot study, programs sent all of their forms to Eleanor Lyon to analyze and report on. Some programs have noted that, while they would like to use these forms on a regular basis, they fear they lack the resources to handle all of the data themselves. As a result of this, the FVPSA national advisory board discussed blending the DOW project with the FVPSA outcome pilot project. That pilot project is discussed in the next chapter.

Chapter Seven

The FVPSA Outcomes Pilot Project

In the fall of 2006, four states agreed to participate in the FVPSA Outcomes Pilot Project. The state domestic violence coalitions and FVPSA state administrators of Missouri, Nebraska, Pennsylvania and Wisconsin agreed to work with Eleanor Lyon and Cris Sullivan to provide training and technical assistance to their local programs as they phased in the new outcome requirements. All local programs were encouraged (but not mandated) to use the full DOW forms in order for us to examine, over time, how they worked when program staff not only collected the data, but analyzed it as well.

In May of 2007 we asked the four pilot state coalitions to mail a brief survey to their local programs, which were then sent anonymously to the evaluators for analysis. The brief surveys asked program staff to indicate, for each type of service they offered:

- Whether the program was using the full DOW forms, shortened versions, or different forms;
- How easy the forms were for staff to use;
- How clients felt about completing the forms;
- What percentage of clients they were receiving forms from;
- How long data entry was taking;
- How the database was working for them; and
- Whether they had used any of the findings yet.

Missouri conducted the survey through Survey Monkey, and Pennsylvania had just informally evaluated the process so did not use the forms (but their open-ended responses are included in this chapter). We received 16 responses from Missouri, 13 from Nebraska, and 20 from Wisconsin (TOTAL = 49, plus open-ended comments from 28 Pennsylvania programs).

As can be seen in the table below, most of the programs in Missouri, Nebraska and Wisconsin were using all but the counseling forms, with few or no modifications. (This information was not available from Pennsylvania)

FORM	Yes, as is	Yes, slightly modified	Yes, but significantly modified	No, we use our own form	No, we don't measure
Shelter # 1	69%	10%		2%	6%
Shelter # 2	67%	10%		2%	4%
Support & Advocacy	73%	10%	2%	2%	4%
Support Groups	67%	12%		4%	2%
Counseling	31%	2%		2%	35%

Staff perceptions of clients' feelings about completing the forms varied quite a bit. Slightly over a third (38%) said clients' reactions were "mostly positive," while the same number (38%) said clients' reactions were "neither positive nor negative." Ten percent thought clients felt "mostly negative" and 15% did not know how clients felt about completing the forms. Positive comments included such statements as:

"For the most part, the women have been very understanding when it is explained to them that these surveys will only take a few minutes of their time and will help assist us in assisting them with areas that they need the most help. They also like the fact that these forms are confidential and no identifying information is on them."

"We have been surprised by how many persons are completing the surveys. Especially surprising is how many are willing to mail them in. The clients have told the ED that they are appreciative that their opinions matter so much to us."

On the other hand, some programs noted a more negative response. These comments generally focused on clients either finding the forms too cumbersome, or on not receiving the surveys back.

"It seems to be just one more form in the check-in and check-out paperwork for them."

"Comments from women completing the forms - overwhelmed, that we are not truly interested in their needs, only interested in filling out paper work; the forms are confusing and lengthy, to date - most of the forms that were given to women to fill out, have not been returned to us."

"Some of the comments that we have gotten from women completing the forms are that they are too long/cumbersome. And women have also stated that for the questions where you circle a response from 0 to 4, it seems like the scoring is backwards. In the forms, 1 is strongly agree and 4 is strongly disagree and generally when you are filling out surveys the higher numbers tend to be positive and the lower numbers are more negative."

A number of programs mentioned the issue of response categories being confusing, so forms were modified in May of 2007 to rectify this. Some of the other comments indicate that more training may be needed in helping staff determine when and how often to ask clients to complete surveys, as well as how to improve their return rate.

Staff were also asked how clients responded to the surveys, including being asked to participate in them. The majority (62%) of respondents said that clients were “overall positive,” while 38% said clients were “very mixed, with quite a few clients having concerns or hesitations.” No one endorsed that clients were overall negative.

When asked how smoothly data collection was going for staff, slightly over half (54%) of the respondents endorsed that “there’s a little confusion but we’re working it out pretty well.” Slightly fewer (44%) said that “staff understand the system and it’s going smoothly.” Only 2% indicated that “there’s a great deal of confusion.” Positive comments generally focused on staff appreciating hearing directly from clients:

“Staff likes the forms, they are not intrusive and will be an asset to the program for our strengths and weaknesses and program expansion.”

“The Outcomes surveys are to be utilized on a continuous basis and while this has taken some time for staff to adjust to, they appreciate the ongoing feedback from clients.”

Negative comments generally focused on time concerns, as well as lack of understanding regarding when and how often to collect the information.

“They are not as confused as they are feeling like it is more paperwork that they are having a hard time finding time for.”

“It's hard to find time to fill out the surveys and staff gets frustrated on finding the time.”

Respondents were then asked what percentage of clients they were receiving forms from. Responses varied considerably across programs, as can be seen in the table below.

Clients	0-10%	11-25%	26-50%	51-75%	76-90%	91-100%
Shelter	10%	5%	12%	29%	32%	12%
Support services	17%	22%	22%	17%	10%	12%
Support groups	14%	8%	18%	21%	21%	18%
Counseling	48%	12%	24%	8%	8%	0%

Staff then indicated how data entry had been going for them. When asked how simple the spreadsheets were to enter data into, respondents said:

- 41% very simple
- 35% a little complicated at first, but now it's simple
- 16% still a little complicated
- 8% too complicated

The open-ended responses varied from extremely positive to extremely negative. Some program staff found the entire process quite simple, as seen below:

“Easy format and self-explanatory.”

“I have had no problems opening the databases and entering data. I love the database. If I could change one thing, though, it would be the way the cursor moves. For example, for the large sections that require a numerical response, data entry would be faster and easier if the cursor moved down rather than across.”

“Have had no difficulty in opening database. Entered data for 1 form as a test. Will be entering the remainder forms in this coming week. I thought it would be difficult or cumbersome; it is actually quite easy.... THANK YOU!”

Others either could not get the database to open, could not figure out how to use it, or worried about the time involved in using it.

“We haven't even begun this process. Our advocacy coordinator basically said ‘You have got to be kidding me!’”

“Unfortunately, this task has proven difficult for our program. We have attempted to download the database program numerous times and have had some problems opening, entering, and retaining data.”

“We have not tried to open or enter data yet. We are having trouble finding a staff person who has the time to work on this.”

These concerns suggest that more training may be needed around the database. Another complaint from a number of programs was that the database was not in Excel. The Excel database was completed and provided to programs in June of 2007.

The next questions in the survey focused on how long it took to enter forms into the database. Only those who had entered data answered this question, and the number of respondents is indicated next to each form:

	5 minutes or less	6-10 minutes	11-15 minutes	15+ minutes
Shelter #2 (n=25)	76%	20%	4%	0
Support Services (n=27)	67%	26%	4%	4%
Support Group (n=24)	88%	8%	4%	0
Counseling (n=8)	88%	0	12%	0

In response to being asked if they had been able to use the data they had collected so far, 42% responded yes. Open-ended responses included:

“I have used it in my monthly report to the agency's board of directors. Also, I plan to incorporate the information in my report to our local county agency when applying for continued funding in August.”

“We have changed the way we handle certain issues and have tried to make ourselves more open to changes.”

“Yes, we made a change in how our office assistant handles phone calls that will be more helpful to clients. We are anxious to get more data to be able to see what other changes are needed.”

“Yes, use it to let staff know any areas of weakness or strengths in our services.”

All of the verbatim responses to all open-ended questions in the survey can be found in Appendix B.

Conclusions

Overall the pilot went quite well, and we received extremely helpful feedback that was used to modify the forms, database, and manual. The majority of clients appear willing to complete the surveys, some enthusiastically. Quite a few staff are also finding the surveys to be helpful to their programs in a variety of ways, and the process of collecting the data seems to be getting more routinized. At the same time, and not surprisingly, some problems and concerns were raised. A number of the problems could be addressed with additional training and technical assistance. For example, some staff were asking women in crisis to complete the surveys, and/or were surveying clients too frequently. Other programs were having a hard time getting surveys returned, and a number of programs were having problems with the database. Other problems, however, are more related to program capacity and accessibility of the surveys. Some programs felt that they don't have the staff time to fully participate in this level of data collection, or have computer issues

that make using the database difficult. A number of staff thought the surveys should be shorter, and available in multiple languages (which is in process). Based on this feedback, we recommend that programs view the forms in the Appendix as a “menu” of items from which to choose. Programs wanting to use the entire forms are welcome to do so, while others might want to considerably shorten them or incorporate some questions into surveys they are already successfully using. As long as the two outcomes are being measured, all other survey items are completely voluntary.

SECTION II

PRACTICAL ISSUES

Chapter Eight

Deciding How Much Information To Gather, and When

Ideally, you would want to hear from all of your agency's clients how your work has affected them. You want to be accountable to all of the survivors you serve, and you want to provide all of them with an opportunity to provide safe feedback about their experiences with your program. You also want to have the most complete and comprehensive information about the work you do and its impact on survivors so you can share it with funders and the public, and also use it within your program to feel good about your accomplishments and make improvements.

However, time and resource constraints may mean that the ideal cannot be reasonably managed by all programs. If this is the case, you can consider collecting information from a **sample** of survivors who receive each type of service. Sampling is an accepted way of collecting information from a part of a group to represent the views or experiences of the group as a whole. It is used all the time to gather information about the American public (and in other countries, as well, of course). Public opinion polls may question only 1,000 people, but represent all adults fairly, if they are done carefully. Even the Census is a sample, although strenuous efforts are made to include everyone. Samples of survivors in your program, then, can be used to collect information for the two FVPSA outcomes (and any other outcomes you choose to measure, as well).

General Guidelines for Using Samples

The key to collecting information from a sample of survivors is that you must take steps to make sure that the people you include are as much like ("representative of") the whole group of people who receive your services as possible. This means that survivors from all ages, races and cultural groups, sexual orientations, religious preferences, and abilities must be included. It also means that survivors who complain must be included along with those who continually

comment that your program is wonderful. Women who have limited contact or stay only briefly in shelter should be included, along with those who are involved for the maximum time (if you have one). **You cannot select particular survivors based on one of these characteristics, and exclude others!** That would “bias” your sample.

Expensive research and professional opinion polls commonly obtain representative samples by selecting participants at **random**. Essentially, this means that everyone on a list of the population has an equal chance of being selected to be in the sample. Service programs (which don’t have a list of everyone they will see) sometimes accomplish the same thing by selecting every other (or every third, or every tenth, etc.) client. This would be very difficult for most domestic violence programs and services to do and to monitor accurately—it would be hard to keep track of who was given a form, and when, and to know when the next one was “due.”

A reasonable alternative approach to sampling for most programs would be to select one or more times (depending on the type of service and what works best for you—see the next section for special considerations for each type of service) during each year when you will use the forms with survivors. Here are some considerations:

- ▶ **Representative/Typical:** The time you select should be a “typical” time period, and one when it would also be easy for you to focus on using the form (perhaps not, for example, during October or a major holiday period). You know your program and the survivors you serve, and the normal fluctuations you experience. If, for example, you have periods of time that are always especially busy or especially slow, you may want to avoid those times because they are not *representative* of your typical client-flow.
- ▶ **Sample Size:** The number of survivors you collect information from is not fixed. It will depend on how big your program is—the number of survivors you typically provide specific services to in a given year. The idea is that you need to get information from enough of them that you can say that what you have is a fair and reasonable reflection of the experience of the whole group. If you have a small shelter and typically have only ten residents in the course of a year, you should try to get information from all of them, and it shouldn’t be too burdensome. If you serve

hundreds every year, then collecting information from twenty or twenty-five percent may be enough, as long as the selection process is consistent and unbiased.

The length of time you select to collect the information will be determined by the number you decide is your goal for the sample. **In general, the larger the number of women you serve, the smaller the percentage you will need, as long as the time period is fairly typical and the selection process is consistent and unbiased.** Again, for example, if you have 1000 advocacy clients, sampling 10% or 15% may be enough. If you have 50 clients, sampling half of them would be better.

- ▶ **Protecting Anonymity:** This is so important that it bears repeating. The sample should be large enough that individual identities and responses cannot be determined. The time period selected (as well as the process, discussed in Chapter 9) should last long enough so that the survivors who participate can (and **feel** that they can) do so safely and without being identified.

The general considerations just discussed apply to sampling for all types of services. However, each type of service has its own considerations, as well. The “special considerations” are covered briefly in the next sections.

Special Considerations for Shelter Samples

If you use brief client feedback surveys, the approach for most shelter samples that is simplest and easiest to manage will be to collect information from all residents all year. As residents seem close to leaving shelter, they can be approached to complete a survey. We do not recommend waiting until “exit” to ask women to complete surveys. Too often we don’t know when someone will be leaving shelter, and women have a lot of other things on their minds when they are moving out.

Special Considerations for Support Group Samples

Open support groups: Clearly, using forms during each session would be too much! Instead, you can pick a regular interval, such as once a month, and ask all group members who are present to fill out a form at that time. The DOW forms ask for information on the number of groups the person has attended, and whether or not they have completed a form before. In Chapter 11 we discuss how to take this information into account when reporting your findings. For instance, although some participants will complete a form several times, analyses can focus on responses at a particular time point and avoid most duplication. For example, you could report that after attending 4 sessions, more than 85% of women in your groups knew more about community resources.

Closed support groups: Sampling is much easier with closed groups, because they have a clear beginning and end. If you hold several general closed support groups in the course of a year, you may not need to collect information from participants in all of them. If you hold one or two each year, and have some that are specialized, you should include all of them.

Even with closed support groups, not all women will attend all meetings or stay until the last one. To guard against missing survivors who leave before the final meeting, you can ask group members to complete a form about mid-way through: after the 5th session in a 10-week group, for example. Then you could ask them to complete the form after the ninth meeting as well.

Individual counseling: Some individual counseling will last only one or two sessions, and some will last much longer. You will know what is most common for your program. If most women come for two counseling sessions, for example, all women (during the sampling period) should be asked to fill out a form after their second session. They would then be asked to fill it out again after the session the counselor and the survivor agree is the last one.

Special Considerations for Support Services and Advocacy Samples

For support services, the primary consideration is timeframe, since much advocacy involves fewer contacts than groups or counseling. You could sample for a month or a few weeks at a time at different times in the year, as long as you select representative times, and think this through in advance. The timing and rationale (e.g. doing it quarterly, so that you can account for any seasonal variations) should be determined in advance. Again, you should not select a time because of particular characteristics of clients that you observe (e.g. “we really got a lot of women after the Latina Health Fair, let’s do it now!”).

Specific recommendations for sampling across the different types of service areas are provided in the following chapter.

Chapter Nine

Collecting the Information (Data)

There are a number of things to consider before you actually start collecting data from clients. First you'll want to decide who on your staff should be involved in deciding which forms to use and with whom. You'll also want to develop a realistic timeline for phasing the outcome evaluation in to program activities. For example, you might just start using the shelter forms, and then after a period of time start implementing the support group forms, followed by the support services forms. On the other hand, if you have a large staff doing quite separate work, you might start using all of the forms at the same time.

Once you decide to start collecting data, be sure that everyone who could possibly work with clients is aware of this project and how to use the forms. You might introduce this project during a staff meeting, where people can ask questions. Stress to staff the importance of asking every woman to complete them at the times you have agreed.

Using the data collection forms will be easier for staff to remember to do if you incorporate their use into the way you normally organize your work. For instance, in shelter if you have a "packet" of forms that you use at intake, include the data collection form here as well. For all programs, make sure forms are available and visible so that staff remember to use them.

Designing a Protocol for Getting Completed Forms Back from Survivors

It is important to think about ways to get forms back from survivors in a way that protects their anonymity. Different programs will make different decisions about this based on size of your organization, number of staff, types of services offered, etc., but we offered a number of guidelines here to help you make the best choice possible.

First, regardless of the service offered, survivors should be confident that you can not trace their comments directly back to them. Some women will not want to give negative feedback to the person who just provided them with services, either because they do not want to hurt the staff member's feelings or because they might think staff will hold their

comments against them. Therefore, some time and effort needs to go into reassuring clients that steps have been taken to ensure their comments are completely anonymous.

Any staff member who will be involved in collecting surveys from survivors should be familiar with the following protocol:

1. The staff member who asks the survivor to complete the form should ideally **NOT** be the person who has just delivered the service (the advocate, group facilitator, counselor, etc.). For small programs where this is not possible, be sure to follow the next guidelines even more carefully.
2. Stress the following things to the survivor when asking her to complete a survey:
 - a. Explain that you understand she's busy and that you really appreciate her taking the time to complete a survey.
 - b. Explain that your program takes survey results seriously and makes changes to services based on feedback received.
 - c. Stress that the survey will only take a few minutes to complete.
 - d. Stress that while you really would appreciate her feedback, completing the survey is completely voluntary on her part.
 - e. Explain that it's very important staff do not know who completed what survey and that a number of procedures are in place to make sure staff don't know who said what. Explain those procedures.
3. Make sure clients receive either a pencil, or black or blue pen to complete the survey.
4. Survivors need a private space to complete the survey uninterrupted.
5. Identify a visible, convenient, and secure place for the completed forms to be returned. You may want to ask survivors what would help them feel most comfortable and trusting: the type of container (a covered box? something with a lock?) and its location. For small programs, with few clients, it is especially important to explain to clients that the box is only opened every month or every quarter (depending on number of clients) to ensure anonymity of clients.

We have summarized this information into a one-page handout you can copy and share with all staff. It is on the next page and is also available on the FVPSA Outcomes Project website.

CREATING A PLAN WITH STAFF FOR COLLECTING OUTCOME EVALUATION DATA

1. Meet with key staff to explain the need for the evaluation and how it can be useful to the organization.
2. Decide with staff who will collect the data, how often, and from whom
3. The importance of **sampling** clients
 - a. Do not collect data when clients are in crisis
 - b. Collect data often enough that you don't miss those clients who receive short-term services, BUT not so often it's a burden to clients
 - c. Sampling shelter residents:
 - Ideally, try to ask every shelter resident to participate as they get closer to shelter exit (other than those in crisis).
 - d. Sampling support group participants:
 - Ideally, every 3-4 weeks pass out forms to all group members at the end of a meeting, and invite them to stay an extra 5 minutes to complete the form. Pens or pencils should be provided, a locked box or sealed envelope should be provided, and the facilitator should leave the room.
 - e. Sampling advocacy program participants:
 - Ideally, after 2 contacts with the advocate unless the advocate believes they'll see the client again. You want to allow enough time for change to occur, but not miss those clients receiving short-term advocacy.
4. The key to sampling is that you must make sure that the people you include are as much like ("representative of") the whole group of people who receive your services as possible.
 - a. Survivors from all ages, races and cultural groups, sexual orientations, religious preferences, and abilities must be included.
 - b. Dissatisfied as well as satisfied clients need to be included.
5. Copy enough blank forms that they are readily available to staff; they should be in a visible area that will remind staff to use them.
6. Design a way that clients can return completed forms in an anonymous way. You can make or buy a locked box with a hole in the top, or can provide envelopes that clients can seal themselves and place in a safe place. Consider:
 - a. Clients need to feel that no one will look at their form in the near future.
 - b. Clients need to feel that they will not be identified by their survey.
 - c. Before you begin, you could ask some clients what place or approach would feel best to them.
 - d. You might need to figure this out through trial and error.
7. Decide with staff how often to discuss how the data collection is going; this should be quite often in the beginning while staff is getting used to the new procedures and to decide together what strategy works well and what doesn't.
8. All staff who might invite clients to participate in completing a survey should have a copy of the "*Directions for inviting clients to participate in outcome evaluation.*"

Collecting Information from Survivors Participating in Various Programs

The following sections provide specific suggestions for collecting information from clients of the following programs: (1) shelter, (2) support services & advocacy, (3) support groups and group counseling, and (4) individual counseling.

Collecting Information from Women in Shelter

It is important to discuss with staff *when* it is appropriate to have women in shelter give feedback on their stays. This decision is not as simple as it might seem. There are different considerations for each form.

We have included a survey you can ask women to complete shortly after they arrive in shelter (“shelter resident survey #1”). This form does NOT contain outcome information and is not needed for the FVPSA outcome evaluation project. However, many local programs have found that it provides them with useful information about women’s initial feelings, experiences, and needs.

Among the issues for this first form (“shelter resident survey #1”) are:

- Should this form be included with the other information collected during your “intake” process? We recommend that you give it to them at that time, and explain it, so that it is understood as a regular part of what you do. It is part of your commitment to them to listen and respond to them as individuals, as completely as you can.
- This form should be filled out as soon as possible after the women arrive in shelter. However, if they are very upset and in crisis, you should wait. You should agree on how you will handle this situation, so that you are sensitive to each individual’s particular circumstances, and still get completed forms from nearly all of those entering shelter. Remember that this information will help you to improve your services, so you don’t want to neglect including the women who need them most.
- You should decide what you want to do if you forget to give a woman this form within the first few days she is in the shelter. She will already have been affected by her shelter experience, and her understanding of her needs and

goals may have changed. You can decide, at this point, to ask her to complete the first form anyway, so you can obtain the information on the first page, or you can ask her to complete the second form, so you are certain to have information about her experience in the shelter. Whatever choice you make, you need to apply it consistently, and remember it when you look at your results. After more than a week or so has passed, starting with the first form does not make sense, unless most women who come to your shelter stay several months or more.

Shelter Resident Survey #2 was designed to gather outcome data as well as other contextual and process information. Should you use this or a different client feedback survey, you would want to invite residents to participate shortly before they leave the shelter. While we don't always know when someone will leave the shelter, we often have a good idea that the time is approaching. Women find housing, start packing, discuss upcoming plans, etc., and this is a good time to invite them to complete a quick survey about their experience.

Collecting Information from Support Services Clients

Support services can be broadly understood as helping survivors access services or resources in a supportive manner. These services are non-residential, and are offered either in-person or over the phone. Since programs differ across the country in what they offer and how they offer it, every agency must decide for itself how best to collect outcome information from clients receiving support services.

Discuss with support service staff *when* it is appropriate to have women give feedback about the services they have received. Ideally, women will complete the form right before they stop services, so their responses will reflect their full experience with your program. However, women commonly stop coming for services without saying anything in advance—they simply stop. Other women have only a brief, one-time interaction with your program staff. For this reason, we suggest that program staff and volunteers thoroughly discuss how and when you want to use this form. You might reasonably decide that women who receive extremely short-term advocacy (for example, a five-minute meeting in court where women's rights and options are explained) do not need to complete this form, since such brief contact is unlikely to cause major changes. Our recommendation is to ask a survivor to complete a brief survey after a minimum of two contacts with the advocate unless the advocate believes they will see the client again. You want to allow enough time for change to occur, but not miss those clients receiving shorter-term support and advocacy.

Collecting Information from Women Using Support Groups or Group Counseling

Nearly all domestic violence programs offer support groups for survivors of domestic violence. Support groups are organized in different ways: some programs offer separate groups for women in shelter and women in the community, while others offer one general group regardless of residence; some programs offer groups that are open-ended, while others offer groups for specific periods of time; some groups follow a pre-determined sequence of topics, while others focus on immediate issues raised by group members; some programs offer general groups, while others have specialized groups that focus on particular topics or populations; some programs offer groups for children as well as adults. Some programs offer group counseling, rather than (or in addition to) support groups, but data collection for either type of activity is quite similar so they are grouped together here for that reason.

Support groups and group counseling are offered to assist women as they consider their options and choices, and try to make sense of the abuse they have experienced. Some women are more comfortable talking in groups with other women who have had similar experiences; they may feel that these are the only people who can genuinely understand their situation, and can offer realistic suggestions and examples. Others prefer an opportunity to talk in private and have attention focused only on their concerns. Both approaches hope to promote healing and enhance women's understanding of the choices they have.

The Support Group Feedback Form, which can be found in the appendix, can be modified to use with group counseling programs as well. It was designed to be anonymous and confidential, and can help your program:

- learn more about why survivors sought out these particular services;
- document the extent to which clients felt they got what they wanted;
- learn which survivors feel most supported and respected; and
- document short-term outcomes.

For obvious reasons it is much easier to collect information from survivors participating in "closed" groups. Many agencies simply ask the women to stay an additional five minutes to fill out the brief survey after every 4-6 sessions. Surveys are then placed in locked boxes or envelopes that can be sealed, and facilitators often assure participants that they only look at surveys every 3-4 months in order to ensure client anonymity.

For “open” groups, when participants change from week to week, you can still ask people to complete surveys every 4-6 sessions but you will be including women who have been in group once with women who have been in group for many weeks. It is important, therefore, to make sure a question on the survey asks women how many groups they have attended (as the form in the appendix does) so you can decide if enough time has passed for a desired outcome to be achieved.

The more frequently you ask women to fill out the forms, the more complete the information you will get. However, you do not want to burden the women with too many forms, and you want them to be honest and thoughtful when they fill out the information, so they should not have to fill them out too many times. You should decide on the intervals that make most sense for your program, based partly on how long most women continue with counseling or support groups.

Collecting Information from Survivors Participating in Individual Counseling

You will notice that the form created to evaluate individual counseling is very similar to the Support Group Feedback Form. However, the procedure for collecting the information would differ somewhat, since extra care must be taken to ensure that responses are anonymous. As is true for all forms, a counselor should **never** ask a survivor to fill out a form and hand it back directly. Instead, a place in the program that is accessible and secure should be identified for returning forms. It could be the same place as other forms are returned, since the survivor would check off the type of service she is describing. The counselor should explain to the survivor that other people will record the information, and that forms are only retrieved from designated spot every few weeks, after many forms have been left, so that individuals cannot be identified.

Alternative Ways to Collect the Information

Nonprofit organizations commonly use brief, written client feedback surveys to collect outcome information because they are relatively simple for both staff and clients. However, relying solely on such surveys, especially if they are only offered in English, means that

programs will not be hearing from all of their clients equally. If someone either does not read English well or has a physical disability preventing them from comfortably completing the form, their opinions and experiences will not get counted. We therefore recommend creatively designing ways to obtain this information in multiple ways. Discussing strategies with staff and an advisory group of survivors will maximize the likelihood of creating the best options.

What Languages Are Needed?

Individual programs will need forms translated into a variety of languages, depending on their geographic and social location. The forms provided in this manual and on the FVPSA Outcomes Project website have been translated into Spanish as of this writing, with more languages being added over time. Please check in with the website periodically for updates:

http://pubs.pcadv.net/FVPSA_Outcome/

user name and password are both: outcomes

For other languages you may need to contact local resources for assistance. You may not have the resources to translate the forms into all languages spoken by your clients but if you can translate the most common languages used, that's a great start!

Verbally Asking the Survey Questions

Verbally asking clients the survey questions can be helpful when dealing with literacy, language and/or many disability issues. However, as mentioned many times previously in this manual, you do not want the person who provided the services to be the person asking the questions because clients may not feel comfortable giving negative feedback. However, there are ways that programs have gotten around this. Some use other staff members who have had no contact with the survivor complete the forms with them. Other programs use interns or volunteers to help with this; still others have used local translation services to ask the questions by telephone. These are individual decisions that need to be made by each program based on need and resources available.

Chapter Ten

Maintaining and Analyzing the Data

A critical component of evaluation is to correctly interpret our findings. Although it is *not* true that "you can make data say anything you want," as some critics of evaluation would suggest, data *are* open to interpretation. This chapter presents some basics for analyzing and interpreting findings, as well as some common mistakes to be avoided.

Storing the Data

The first question, before deciding how to analyze your data, is: how and where will you *store* your data? We strongly recommend investing in some type of computerized **database**, or computer program designed for storing and organizing data. This does not have to be anything extremely elaborate that only a computer whiz can understand -- as a matter of fact, that is exactly the kind of database you *don't* want -- but it should be capable of organizing your data for you in a simple, manageable way. Most programs have copies of common spreadsheet programs, such as Excel and Lotus, that they use for budgeting and other purposes, and most also have Microsoft Access. These programs can also be used to enter and analyze data. Access and Excel databases have been created for FVPSA grantees, along with instructions for using them (see Appendix D).

NOTE: Regardless of whether you will be entering the data into a computerized database, or calculating your findings by hand, determine how and where you will store your data to maximize confidentiality of participants and to minimize the opportunity for someone to mistakenly delete or misplace your files.

Some Data Entry Considerations

Every program must decide for itself who will “enter” the information into a database, and how and when that will be done. It is ideal if a small number of people are identified to do this, and on a regular schedule—e.g. weekly or biweekly. That way, the data are always up-to-date, and the task consumes little time. If one person is identified to perform data entry, at least one *alternate* person should also be selected and knowledgeable, to avoid problems from sickness, vacations, turnover, or other unforeseen circumstances. The process will work most smoothly if the data file is already set up and ready to be used at the time you decide to begin asking women to fill out the forms. Again, you have been provided with an empty Access file for the four DOW forms described in this manual, that you are encouraged (but not required) to use as part of this pilot.

How to Analyze the Information You Collect

You will have two types of information when it is all entered: “quantitative” data that can easily be shown numerically—as counts or *frequencies*, or as percentages—and “qualitative” data that are in the form of words. The hints that follow show different types of analysis and provide examples from the pilot test of the DOW forms.

Quantitative Information

The most common types of quantitative analysis you are likely to use are *frequencies* and *crosstabs*.¹ Frequencies tell you how many of something you had. They are sometimes called “counts,” and are often shown as percentages. Crosstabs allow you to find out the relationship between two items that have frequencies in groups or categories (such as gender or age groups). These two types of analysis are described separately.

¹ As part of the Access data files you are provided with the four DOW forms, all of the frequencies have been pre-programmed for you, so the primary analyses will be simple (and explicit instructions for using the data file and creating your own analyses, including crosstabs, are provided in Appendix D).

Frequencies can be invaluable, even if they are simple. For example, in the pilot test of shelter forms, we had the results shown on Table 9 for the first question. The table shows that domestic violence advocates were a source of information about the shelter at over twice the rate of any other source for the programs involved in this test. Family members and the police were the next two most common sources. One way a program might use this information is to see if the percentages of survivors who heard about the shelter from family members increase after a community education campaign, or if the percentages who heard about it from police increase after a police training.

Table 9. Using a Frequency Table to Illustrate Findings From the Question: *Where Have You Heard About This Shelter?*

Domestic violence advocate	31%
Family member	15%
Police	15%
Friend	12%
Telephone book	10%
Social services agency staff	10%
Health care provider	5%
People in court	3%
People from my religious/spiritual community	2%
CPS staff	2%
TANF staff	2%
Flyer/brochure/poster	2%
Other source	21%

What other stories can frequencies tell? Frequencies can also be shown after particular responses have been selected. For example, when you look at frequencies of services women in your program have received, it is important to know first whether the women *wanted* those services. If they didn't want or need a service, you (and any funders who receive your results) should not be concerned that they didn't get it. For that reason, the shelter #2 form asks residents to select from a list of possible services the ones they wanted and received fully, those they wanted and received partly, and the ones they wanted but did not receive. They also have the option of indicating that they didn't want the particular service.

You can “select” only the forms on which the women indicated they wanted the service, and then get frequencies that show the extent to which they got it. This can make a big difference. In the pilot, for example, only half of the women who completed the shelter form said they received all of the help with TANF (welfare) benefits that they wanted. However, 40% of the women who completed the form indicated they didn’t want help with TANF benefits. When they were left out, 83% of the women who wanted help with TANF got all the help they wanted, and nearly 9% more got some of this help. These results are much more positive indications that the participating shelters provided a service that the residents wanted.

This same principle applies to decisions about whether or not you should include missing data when you report results of frequencies. Sometimes people who fill out forms decide not to answer some of the questions. For example, half of the women might indicate that they wanted a particular service, a quarter might indicate that they didn’t want it, and the other quarter might not answer the question at all. In that case, you would have two basic options:

1. Report the results only for those who answered the question: two-thirds wanted the service and one-third did not. This would usually be preferable. You should also note the number or percentage of people who did not answer. If it is large, you might want to think about why so many people did not answer the question.
2. Report the results with the missing information included as one of the percentages. Again, this is a less common practice. It might be useful, however, if the percentage of people who did not answer the question is large, and excluding it would distort your results. For example, you might want to add a question about whether or not women want help with substance abuse or child protection issues. Many women might choose not to answer these questions for a variety of reasons. If you reported percentages only of women who responded, however, and few wanted help with these issues, you might reach the wrong impression that these services were not needed.

In general, the choice you make depends partly on the percentage of missing responses, partly on the reasons you think they are missing, and partly on how you want to use the results.

Cross tabs can be very helpful for providing more detailed answers to many questions. For example, you can compare outcomes for women based on how many contacts they had had with an advocate. See the following table for an example of how this might look:

Because of the services I received, I know more about community resources that I might need in the future	Number of Advocacy Contacts		Total (N = 28)
	One (n = 10)	Two or More (n = 18)	
no	80%	28%	46%
yes	20%	72%	54%
Total	100%	100%	100%

These results suggest that women who have more contact with an advocate are much more likely to feel they have more resources to call upon than women who have had more limited contact.

The next table reports the same outcome but compares women participating in either counseling, support groups, or both:

Because of the services I received, I know more about community resources that I might need in the future	Type of Service Received			Total (N=80)
	Counseling (n = 23)	Support (n = 34)	Both (n = 23)	
no	44%	32%	13%	30%
yes	56%	68%	87%	70%
Total	100%	100%	100%	100%

These results suggest that women who participated only in support groups were more likely to report that they felt they had more resources after services than those who took part only in counseling. Perhaps more important, women who took part in both counseling and support groups were substantially more likely to feel they had more resources than those who experienced just one of these services.

You are likely to have many different questions you will want to answer in this way, and not just about the services women wanted or received. For example, you might also want to learn:

- Does the number of advocacy contacts affect the likelihood that women will feel they have been helped in a particular way?
- Is there a relationship between a woman’s race and ethnicity, or age, or sexual orientation, and the extent to which she feels respected, or her feelings about the help she has received? In the pilot, although 79% of the women said they would “strongly recommend” the program to a friend who needed it (and all of the rest said they would “recommend” it) just 67% of the African American women responded in this way. This result might lead a program to obtain more feedback from women about their experiences.
- Does length of time in the shelter affect the likelihood that women will receive particular services? For example, some services may require appointments or involve other issues that take more time. Women who are in shelter for less than a week may be less likely than others to obtain help with TANF benefits, but just as likely to feel emotionally supported while they are there.
- Does the number of counseling or support group sessions affect the likelihood that women will feel they have been helped in a particular way?

Qualitative Information

The qualitative information on these forms comes in response to “open-ended” questions—the ones with space provided to write in the answer, and no choices already provided—and questions with “other” categories or space for comments. Qualitative information is commonly used to provide examples or explanations, and can be very useful in that way.

Qualitative information can also be grouped into meaningful categories, and help you to understand something new. For example, nearly a quarter of the women in the pilot test of the shelter forms reported that they had had concerns about contacting the shelter. All of them described their concerns. Most of their answers fell into one of three categories: 1) shame or embarrassment about their abuse, 2) safety at the shelter, and 3) fear of the unknown—they

didn't know what to expect at the shelter. One noted that she had been at a different shelter that "wasn't very nice;" she was concerned that this one would not be different. These results could be incorporated into training for staff and volunteers who spend time with women when they first arrive at shelter. Such training could remind shelter workers that many women are nervous when they first arrive, and women's concerns may center on shelter realities as much or more than on their own physical safety. The woman's comment about the other shelter might also reflect confusion between domestic violence and other shelters, and could alert program staff that they need to provide clearer descriptions in public presentations of what to expect in a battered women's shelter.

Chapter 11

Sending the Findings to Your FVPSA Administrator

Once a year FVPSA-funded programs will submit their outcome information to their FVPSA state administrators. This will be handled somewhat differently across states so you will want to check with your state administrator and state coalition about how your state will handle this. We have developed a very simple form (*Annual Report to Send to FVPSA Administrator*, found in Appendix E and on the FVPSA Outcome Project website) that programs can use to submit their outcome information annually. As you can see on that form, you simply have to fill in your agency's name at the top, along with the date and the reporting period (since this will differ by state). For each service you are collecting outcome data for (e.g., shelter, support services & advocacy, support groups, counseling) you simply fill in the number of surveys completed and the number of "yes" responses to the two outcome questions. If you don't offer a particular service just write N/A for "not applicable." So if, for example, you don't have a shelter program you would write N/A across that row of information. If you received 73 feedback forms about your support services, and on those forms 68 clients checked that they knew more about community resources and 63 checked that they knew more strategies for enhancing their safety, you would write in:

Support Services and Advocacy

of surveys completed: 73

of yes responses to resource outcome: 68

of yes responses to safety outcome: 63

At the bottom of the form you simply add up all of the columns of information so your FVPSA administrator has total numbers for each agency. It is important to send in actual *numbers*, not *percentages*, to your FVPSA administrator. They will then tally all of the numbers across all of the state programs, and send this information on to the Administration for Children and Families at the U.S. Department of Health and Human Services.

We have been asked by some programs if they can just use the same client feedback form to evaluate all of their services. The rationale behind this question is that programs would only need to keep track of one form, and they could use the same database across all services. While we understand the desire for this simplicity, the problem with doing this is that you

wouldn't know how to accurately interpret your information. If, for example, 20% of your clients reported feeling disrespected, you wouldn't know if this was a problem across all of your services, or only in shelter, only in support groups, etc. So, while some of your questions across all forms can certainly be identical, we strongly recommend you differentiate the forms by service area. It's also a good idea to include a question on each form indicating *how much* of the service the client received (e.g., number of days in shelter, number of support groups attended), and this question would need to be asked differently by service area.

We hope the form we created for you to send to your state administrator greatly simplifies the reporting process. More specifics about when the information is due will come directly from your state.

Chapter Twelve

Making Your Findings Work for You

As discussed in Chapter 1, outcome findings can be used **internally** to improve your program and **externally** to encourage others to support your efforts.

Using Your Findings Internally

If you are not already doing so, we would recommend setting aside specific times to review the outcome information you've gathered as a staff. This sends a message that these outcomes are important, and gives you an opportunity to discuss, as a group, what is working and what needs improvement. It would also be helpful to invite volunteers and service recipients to share in these discussions and brainstorming sessions. As improvements are made in response to the data you've gathered, broadcast these changes through posters on walls, announcements, and word-of-mouth. As staff, volunteers, and service recipients see that your agency is responsive to feedback, they will be more likely to feel invested in and respected by your organization.

Many examples have been provided throughout this manual on ways the results from the surveys provided in the appendix and on the website could be used by a program. Depending on the particular form, results can be used internally to identify unmet needs, areas of needed staff training, public or survivor perceptions of the program, and particular issues that can arise for survivors from different cultures, or different groups defined by age, sexual orientation, parenting status, or others.

Using Your Findings Externally

It is important to give careful thought to how you want to present outcome findings to the public and to funders. Some words of advice:

Keep it positive

Keep it simple

Keep it Positive

Just like a glass is half empty when it is also half full, outcome findings can be presented in both negative and positive lights. So keep it honest, but keep it positive!

First, don't hesitate to let others know about the great work you are doing. Contact media sources (television, radio, newspapers) when you develop new programs, help pass legislation, and in the case of outcome evaluation, *when you have numbers to back up your successes.*

Keep It Simple

When presenting your findings for public consumption it's very important to **keep it simple**. If you are talking to the television or radio media you will be lucky to get 30 seconds of air time, so learn to talk in sound bites. Remember, people are not likely to remember specific numbers but they are likely to remember phrases like "most of," "the majority," "all" and "none." So instead of reporting:

"87% of the women using our legal services were able to get their needs addressed"

you could say:

"the vast majority of the women using our legal services were able to get their needs addressed"

Another way to **keep it simple** when presenting your findings is to pick and choose what to share with others. You will be gathering quite a bit of information about your programs and you certainly can't present it all. Decide on the top two or three findings that would be of most interest -- and that would present you in a positive light -- and focus on those.

How to Share the Information with Others

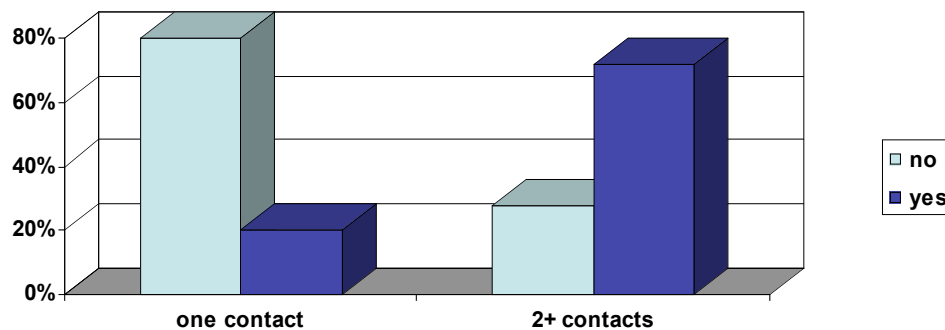
There are a number of different ways to visually present your data to others. You can create **fact sheets** and **informational brochures** that include some of your evaluation findings, and you can also use **line graphs**, **tables**, **bar charts**, and **pie charts** to display your data more graphically.

Consider the data you are presenting as well as the audience when deciding how to present your findings.

Bar Graphs can be especially useful to illustrate differences between groups.

For example, the following graph was created from the same data shown in Chapter 10. It shows quite clearly that having more than one advocacy contact is associated with women feeling they have more resources (represented by “yes” in the graph).

Relationship Between Number of Contacts and Women Feeling They Have More Resources



Your choice of presentation will also be based on the type of computer programs you have available to you, and the amount of time you have to devote to this project. One other technical point: if you are preparing information for an "overhead" or a powerpoint presentation make sure your font size is 18 or larger (the larger the better) to maximize people's ability to read your findings easily.

When Your Findings are "Less than Positive"

So what do you do when your findings are not as positive as you had hoped or if your findings show your program was not as successful in certain respects as you had expected? Again the same principles apply: **keep it positive** and **keep it simple**. Avoid using negative words like:

problem mistake error failure

and instead use words like:

obstacle difficulty challenge unexpected complication

Remember, one person's "failure" is another person's "obstacle to be overcome!" If you have to present negative findings to the public, don't just leave them hanging out there. Discuss how you addressed the obstacle or how you plan to address it in the future. What valuable lesson did you learn and how will you incorporate this knowledge into your program in the future? Presented correctly, even "negative" findings can be used to enhance your image with the public. They will also add credibility to your more "positive" findings.

Using Your Findings to Support the Continuation of Current Programs

One of the problems we hear agencies complain of repeatedly regarding funders is that many funding sources want to give money to "new, innovative" programs instead of to current day-to-day activities. When this is the case for your organization, you might try using your outcome data to justify the need for your current operations. Let the funder know how worthwhile and important your *current* services are instead of always adding new services that stretch staff to the breaking point.

Using Your Findings to Justify Creating New Programs

There are of course also situations when you will *want* to use outcome findings to request funds for a new program. Say for example that your current "Support and Education Program for 7-10 Year Olds" has demonstrated some positive results. The majority of the

children who have attended the group have reported that they (1) enjoyed the program, (2) appreciated having a safe place to discuss their feelings, (3) learned about keeping themselves safe, and (4) learned that they were not to blame for the violence happening. You could use these findings to justify the need for creating another similarly structured group for either adolescents or for pre-schoolers.

You could also use your positive findings to justify expanding a popular program. Perhaps your current Housing Advocate is doing a terrific job but can not handle the heavy caseload. Having data that illustrate for the funder (1) how many people currently use your program, (2) how many are turned away due to lack of personnel, and (3) how effective service recipients find the program to be can be an effective strategy for securing additional funds for expansion.

Important Points to Remember:

- ▶ The safety and well-being of the survivors you serve must always take precedence over gathering data. Design your questions and procedures accordingly, and include feedback and input from survivors who use your services.
- ▶ Always take the time to explain *why* you are asking for information. If you explain that their input will be used to improve your services, survivors will usually be happy to answer some questions. It is disrespectful to introduce questions with only "I need you to answer some questions" or "I need you to fill this out."
- ▶ Don't request any more information than is necessary, and be committed to using this information to understand and improve upon your services.
- ▶ Consider issues of diversity in designing your outcome evaluation. Such issues include but are not limited to literacy, language, and culture. Again, including input from the survivors who use your program is vital.
- ▶ The tools and strategies developed for this manual may or may not make sense for your specific program. They were created only to provide a foundation from which to begin your evaluation efforts. You will need to tailor your strategies to fit your specific program.
- ▶ Design outcome questions that will answer whether or not survivors ***attained outcomes they identified as important to them.***