Program Evaluation for VOCA Grantees

-Advanced Training-

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Unit 1

Why Evaluating Our Work Is Important

Although the thought of "evaluation" can be daunting, if not downright intimidating, there are some good reasons why we want to evaluate the work we are doing. The most important reason, of course, is that we want to understand the impact of what we are doing on people's lives. We want to build upon those efforts that are helpful to those needing our services; 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 Programs Resist Evaluation (and why they should reconsider!):

"Funders (or the public) will use our findings against us."

A common concern heard from program staff is that our own evaluations could be used against us because they might not "prove" we are effective in meeting our goals. This is actually a reason why we need to be in charge of our own evaluations, to realistically evaluate our efforts and to interpret our own findings.

"I have no training in evaluation!"

That's why you're participating in this training. 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 training 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 training was created to help programs do their own evaluations with as little extra time and expense as possible.

"We've already done evaluation [last year, 10 years ago]; we don't need to 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 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.

Unit 2

Important Considerations Before Designing an 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 people providing you with information, (2) how to be respectful to clients when gathering and using information, and (3) how you will address issues of diversity in your evaluation plan.

Confidentiality and Safety of Survivors of Crimes

The safety of the individuals 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 people receiving our services. The safety and confidentiality of clients 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 people 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 people 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 people are receiving adequate services? To prevent people from receiving services? Both? If this information is not **directly** relevant to our outcome evaluation efforts, **do we really need to ask**? It is not ethical to gather information just for the sake of gathering information; if we are going to ask clients 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.

Second, how should we ask these questions in a respectful way? First and foremost, people should always be told **why** we are asking the questions we're asking. And whenever possible, an advisory group of people 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? Perpetrators' defense attorneys? Child Protective Services? People should always know what might happen to the information they provide. If you have procedures to protect this information from others, people should know that. If you might share this information with others, people need to know that as well. Respect and honesty are key.

NOTE: 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 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 service delivery programs are aware that they must meet the needs of a diverse population of individuals. 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 individuals, 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 people from diverse experiences and cultures (see Unit 3), outcome evaluation should also

attend to issues of diversity. This training takes the position that outcome evaluation must be designed to answer the question of whether or not people **attained outcomes they identified as important to them**. So for example, before asking a mother of a sexually abused child if she obtained a place of residence away from the perpetrator, you must first ask if she **wanted** the separation. 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 people 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 people, 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 people 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.

Unit 3

Process Evaluation: How Are We Doing?

Even though this training focuses 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.

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, a program providing legal advocacy services might find that people 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 people who only talked with your legal advocate once over the phone.

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

> 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.

Unit 4

Outcome Evaluation:
What Impact 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 Unit — it is **not** the same as outcome evaluation.

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:

- survivor's immediate safety
- the immediate safety of the survivor's children
- survivor's increased knowledge
- survivor's increased awareness of options
- survivor's decreased isolation
- community's improved response to survivors
- public's increased knowledge about the issue

There are 2 types of outcomes 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 crime in the community
- reduced homicide in the community
- improved quality of life of survivors

Measuring long-term outcomes is very labor intensive, time intensive, and costly. Research dollars are generally needed to adequately examine these types of outcomes. More realistically, you will be measuring short-term outcomes, sometimes referred to as **short-term change**.

Short-term changes are those more immediate and/or incremental outcomes one would expect to see that would eventually lead to the desired long-term outcomes. For example, a hospital-based medical advocacy project for battered women might be expected to result in more people being correctly identified by the hospital, more women receiving support and information about their options, and increased sensitivity being displayed by hospital personnel in contact with abused women. These changes might then be expected to result in more women accessing whatever community resources

> **Outcome Evaluation** assesses program impact: What occurred as a result of the program? Outcomes must be measurable, realistic, and philosophically tied to program activities.

they might need to maximize their safety (i.e., shelter, Order For Protection), which **ultimately** – in theory – would be expected to lead to reduced violence and increased well-being. Without research dollars you are unlikely to have the resources to measure the long-term changes that result from your project. Rather, programs should measure the short-term outcomes they expect to see. In this example, that might include (1) the number of women correctly identified in the hospital as survivors of domestic abuse; (2) survivors' perceptions of the effectiveness of the intervention in meeting their needs; and (3) hospital personnel's attitudes toward survivors of domestic violence.

Measures of Short-term Change

Measuring short-term outcomes requires obtaining the answers to questions such as:

- How **effective** did survivors feel this program was in meeting their needs?

- How **satisfied** were survivors with the program and how it met their needs?

- If this program/service was designed to result in any immediate, measurable change in survivors' lives, **did this change occur**?

   Note: "Satisfaction with services" is typically considered to be part of process evaluation as opposed to outcome evaluation. However, many programs strive to provide services unique to each client's situation and view each client's "satisfaction with the degree to which the program met his or her needs" as a desired short-term outcome.

For a crisis intervention program you might measure how often individuals received needed referrals. Regarding the effectiveness of a counseling/support program, you may want to measure changes in survivors' feelings of control over their lives. The effectiveness of a personal advocacy program may be partially determined by a measure of employers' reactions to survivors' needs for time off.

Satisfaction with a crisis intervention program could be measured by asking a caller if they need any additional information. A group support program may measure satisfaction by asking the degree to which participants felt the counselor was sensitive to cultural differences among group members. A legal advocacy program might ask survivors the degree to which the advocate met their needs.

Examples of immediate measurable changes also vary, depending on program type. In a crisis intervention program survivors of sexual assault may receive needed emotional support.

A counseling/support program might measure the number of participants who develop a realistic safety plan with their counselors. A legal advocacy program might measure the number of Personal Protection Orders successfully acquired within 24 hours of application submission.

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 are (2) unrealistic given what the program can reasonably accomplish.

The Logic Model

A logic model generally has 5 components: inputs, activities, outputs, short-term outcomes, and long-term outcomes. INPUTS are simply a detailed account of the amount of time, energy and staff devoted to each program. In other words, what are you putting IN to the program to make it work. ACTIVITIES are the specific services being provided, while OUTPUTS are the end product of those activities (e.g., number of educational materials distributed, number of counseling sessions offered). SHORT- and LONG-TERM OUTCOMES are the benefits you expect your clients to obtain based on your program. While this may sound relatively straightforward, those of you who have created logic models in the past can attest to the amount of thought and time that must go into them. While this process can indeed be tedious, difficult, and frustrating, it really is an excellent way to clarify for yourself why you are doing what you are doing, and what you can reasonably hope to accomplish.

The Hard-to-Measure Outcomes of Programs Providing Crisis Services to Victims of Crimes

Why is it so difficult to evaluate crisis-based services? In addition to the obvious answer of "too little time and money," many agencies' 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. Six are included here, as they are relevant to agencies providing crisis-based services to crime victims. Where applicable, the statement is followed by the type of 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-based services*

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. Programs are trying to prevent a negative event from ever occurring.

5. 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.

6. Participants may not give reliable responses because they are involved in substance abuse or are physically unable to answer for themselves.

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!

Unit 5

Collecting the Information (Data)

There are pros and cons to every method of data collection. Every program must ultimately decide for itself **how** to collect evaluation information, based on a number of factors. These factors should include:

- What are we trying to find out?
- What is the best way to obtain this information?
- What can we afford (in terms of time, money) to do?

What Are We Trying to Find Out?

Often when you are trying to evaluate what kind of impact your program is having, you are interested in answering fairly straightforward questions: did the survivor receive the assistance he or she was looking for, and did the desired short-term outcome occur? You are generally interested in **whether** something occurred, and/or the degree to which it occurred. You can generally use **closed-ended** questions to obtain this information. A closed-ended question is one that offers a set number of responses. For example, did the sexual assault survivor feel safer at home after attending counseling sessions for 12 weeks (yes/no)? Did the father of the homicide victim feel less isolated after attending the support group for ten weeks (less/more/the same)? The answers to these types of questions are in the form of **quantitative data**. Quantitative data are data that can be explained in terms of numbers (i.e., quantified). There are many advantages to gathering quantitative information: it is generally quicker and easier to obtain, and is easier to analyze and interpret than **qualitative data**. Qualitative data generally come from **open-ended** questions that do not have pre-determined response options, such as: "tell me what happened after the police arrived..." or "in what ways was the support group helpful to you?" While you often get richer, more detailed information from open-ended questions, it is more time-consuming and complicated to synthesize this information and to use it for program development. Some people argue that quantitative data are superior to qualitative data, others argue that qualitative data are better than quantitative data, and still others believe we need both to obtain the richest information possible. These arguments are beyond the scope of this training, and we suggest you consider the pros and cons of each method before deciding what will work best for your particular needs.

Obtaining the Information

The remainder of this unit describes some of the pros and cons of some of the more common data gathering approaches: face-to-face interviews, telephone interviews, written questionnaires, focus groups, and staff accounts.

It also suggests ways to protect clients' information and avoid getting biased information. Information is biased when it has been influenced by factors that threaten the validity of the information. For example, a client may say that services received were excellent, when she or he actually believes services were poor. A client might say this because she or he wants to please the interviewer.

Before discussing specific types of evaluation instruments, there are a few important steps that should be applied to all instruments when gathering data. To protect clients' information and reduce biased data, always explain why you are asking the questions and what you plan to do with the information. In addition, always assure clients of confidentiality/anonymity and follow through with steps to ensure this. Store written information in a secure place, and if there is identifying information about the client, this should be stored in a separate, secure place. Since information is to be used only in an aggregate form (in other words, the client's information will be combined with other data and not presented individually), it is not necessary to know who said what. No one should be able to match people's responses to their identities.

Face-to-face interviews

This is certainly one of the more common approaches to gathering information from clients, and for good reason. It has a number of advantages, including the ability to:

- fully explain the purpose of the questions to the respondents,

- clarify anything that might be unclear in the interview,

- gain additional information that might not have been covered in the interview but that arises during spontaneous conversation, and

- maintain some control over when and how the interview is completed.

There are disadvantages to this approach as well, however, including:

- lack of privacy for the respondent,

- the potential for people responding more positively than they might actually feel because it can be difficult to complain to someone's face,

- the time it can take to complete interviews with talkative people, and

- interviewer bias.

Although the first three disadvantages are self-explanatory, "interviewer bias" needs a brief explanation: It is likely that more than one staff member would be conducting these interviews over time, and responses might differ depending on who is actually asking the questions. One staff member might

be well-liked and could encourage people to discuss their answers in detail, for example, while another staff member might resent even having to gather the information, and her or his impatience could come through to the respondent and impact the interview process. Interviewers, intentionally or unintentionally, can affect the quality of the information being obtained.

To protect clients' information and reduce biased data, select interviewers carefully, consider providing some standardized training to interviewers, and try to retain a limited number of interviewers over time. Hold interviews in private spaces where only the interviewer can hear the client.

Telephone interviews

Telephone interviews are sometimes the method of choice when staff wants to interview clients after services have already been received. Advantages to this approach include:

- such interviews can be squeezed in during "down" times for staff;

- people might feel cared about because staff took time out to call, and this might enhance the likelihood of their willingness to answer some questions;

- important information that would have otherwise been lost can be obtained; and

- you might end up being helpful to the individuals you call. Should a respondent need some advice or a referral, you can provide that during your telephone call.

The most serious disadvantage of this approach involves the possibility of putting people in danger by calling them when you don't know their current situation. It is never worth jeopardizing an individual's safety to gather evaluation information.

Another drawback of the telephone interview approach is that you are likely to only talk with a select group of people, who may not be representative of your clientele. One research study that involved interviewing women with abusive partners provides an excellent example of how we can't assume our follow-up samples are necessarily representative:

> The study involved interviewing women every six months over two years, and the project was able to locate and interview over 95% of the sample at any given time point. Women who were easy to find were compared with the women who were more difficult to track, and it turned out 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. The moral of the story is: If you do follow-up interviews with clients, be careful in your interpretation of findings. The clients you talk to are probably not representative of all the people using your services.[1]

It is not recommended to ever call a client unless you have discussed this possibility ahead of time and received permission to do so.

To protect clients' privacy, do not attach names to the responses you write down. To protect clients' safety you may want to pre-arrange a code name for your organization, as well as a safe time to call.

Written Questionnaires

The greatest advantages of this method of data collection include:

- they are easily administered (generally clients can fill them out and return them at their convenience),

- they tend to be more confidential (clients can fill them out privately and return them to a locked box), and

- they may be less threatening or embarrassing for the client if very personal questions are involved.

Disadvantages include:

- written questionnaires require respondents to be functionally literate;

- if an individual misunderstands a question or interprets it differently than staff intended, you can't catch this problem as it occurs, and

- the method may seem less personal, so people may not feel it is important to answer the questions accurately and thoughtfully, if at all.

To reduce the chances of getting biased responses there are steps, specific to survey instruments, to consider. First, provide a way for clients to complete surveys where others are unlikely to be able to read their surveys as they write. If clients have someone with them, do not assume that they feel safe with and trust that person. Second, have clients deposit completed surveys into a locked box. Third, ensure that all writing utensils and survey forms are identical. (This is especially important for very small offices where few clients congregate at any one time.) Fourth, make it clear that clients are not to write their names on the surveys.

Focus Groups

The focus group has gained popularity in recent years as an effective data collection method. Focus groups allow for informal and (hopefully) frank discussion among individuals who share something in common. For example, you may want to facilitate a focus group of people who recently used your services as a way of learning what is working well about your service and what needs to be improved. You might also want to facilitate a focus group of "underserved" people in your area — perhaps individuals over 60, or people who live in a rural area, or Latinas...this would depend on your specific geographic area, your specific services, and who in your area appears to be underserved or poorly served by traditional services.

Focus groups generally are comprised of no more than 8-10 people, last no more than 2-3 hours, and are guided by some open-ended but "focused" questions. An open-ended question is one that requires more than a yes or no answer, and this is important to consider when constructing your questions. For example, instead of asking people who have used your services "did you think our services were helpful?" — which is a closed-ended, yes/no question — you might ask "what were the most helpful parts of our program for you? what were the least helpful?" and "what are some things you can think of that we need to change?"

It is important to consider a number of issues before conducting a focus group: will you provide transportation to and from the group? childcare? refreshments? a comfortable, nonthreatening atmosphere? How will you ensure confidentiality? Who do you want as group members, and why? Do you have a facilitator who can guide without "leading" the group? Will you tape-record the group? If not, who will take notes and how will these notes be used?

When facilitating a focus group you want to create enough structure to "focus" the discussion, but at the same time you don't want to establish a rigid structure that precludes free-flowing ideas. This can be a real balancing act, so give careful consideration to your choice of who will facilitate this group.

After you've decided what kind of information you want to get from a focus group, and who you want to have in the group, design 3-5 questions ahead of time to help guide the discussion. Try to phrase the questions in a positive light, as this will facilitate your generating solutions to problems. For example, instead of asking, "why don't more Latinas in our community use our services?" you might ask "what would our services need to look like to be more helpful to Latinas?"

To avoid eliciting biased responses and to help facilitate discussion, participants of any given focus group should be of similar demographic backgrounds. If program participants are diverse in ways that could affect their responses, group similar individuals in the same focus group. A minimum of three focus groups is recommended to gather a wide range of ideas and allow for trends in responses.

For more specific information regarding facilitating focus groups, please see the List of Additional Readings at the end of this manual.

Staff Interviews

While obtaining information from staff is one of the easiest ways to gather data for evaluation purposes, it has a number of drawbacks. The greatest drawback, of course, is that the public (and probably even the program) may question the accuracy of the information obtained if it pertains to client satisfaction or program effectiveness. The staff of a program could certainly be viewed as being motivated to "prove" their program's effectiveness. It is also only human nature to want to view one's work as important; we would not be doing this if we did not think we were making a difference. It is best to use staff records in addition to, but not instead of, data from less biased sources.

A Comment on Mail Surveys

Although mail surveys require little employee time and are relatively inexpensive, they are notorious for their low return rate. If you do send a survey through the mail, be sure to include a self addressed stamped envelope and a personalized letter explaining why it is important that the individual complete the form.

> The use of mail surveys **is not recommended** when trying to obtain information from women with abusive partners and ex-partners; there are just too many risks involved for the potential respondents. If you absolutely have to send something to a domestic violence survivor through the mail, assume her abuser, sister, children, and neighbor will open it and read it. Keep all correspondence, therefore, both general and vague.

Deciding When to Evaluate Effectiveness

Timing is an important consideration when planning an evaluation. Especially if your evaluation involves interviewing people who are using or who have used your services, the time at which you gather the information could distort your findings. If you want to evaluate whether people find your support group helpful, for example, would you ask them after their first meeting? Their third? After two months? There is no set answer to this question, but bear in mind that you are gathering different information depending on the timing, and be specific about this when discussing your findings. For example, if you decided to interview only people who had attended weekly support group meetings for two months or more, you would want to specify that this is your "sample" of respondents.

Consideration for the feelings of your clientele must also be part of the decision-making process. Programs that serve people who are in crisis, for example, would want to minimize the number and types of questions they ask. This is one reason programs find it difficult to imagine how they might evaluate their 24-hour crisis line. However, some questions can be asked that can be used to evaluate 24-hour crisis line programs; these questions must be asked only when appropriate, and should be asked in a conversational way. Sample items are provided in the Evaluation Materials section of this handbook.

You also need to consider programmatic realities when deciding when and for how long you will gather outcome data. Do you want to interview everyone who uses your service? Everyone across a 3 month period? Every fifth person? Again, only you can answer this question after taking into account staffing issues as well as your ability to handle the data you collect. The following section provides some general guidelines to help you get started.

General Guidelines for Using Samples

The key to collecting information from a sample of program participants 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 people from all ages, races and cultural groups, sexual orientations, religious preferences, and abilities must be included. It also means that clients who complain must be included along with those who continually comment that your program is wonderful. Clients who have limited contact with your program should be included, along with those who are involved for a long period of time. You **cannot select** particular clients 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 might or might not make sense for you, depending on the size of your program as well as the size of your staff. Someone would have to be in charge of monitoring this process.

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) during each year when you will obtain feedback from clients. 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 gather the information. You know your program and the clients 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 clients you collect information from is not fixed. It will depend on how big your program is—the number of clients 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 program and typically serve a small number of people 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 clients 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 clients, sampling 10% or 15% may be enough. If you have 50 clients, sampling half of them would be better.

[1]Source: Sullivan, C.M., Rumptz, M.H., Campbell, R., Eby, K.K., & Davidson, W.S. (1996). Retaining participants in longitudinal community research: A comprehensive protocol. Journal of Applied Behavioral Science, 32(3), 262-276

Designing a Protocol for Getting Completed Forms Back from Clients

It is important to think about how to get forms back from clients 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 I offer a number of guidelines here to help you make the best choice.

First, regardless of the service offered, clients should be confident that you cannot trace their comments directly back to them. Some people 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 clients should be familiar with the following protocol:

1. The staff member who asks the client 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 client when asking them to complete a survey:
    a. Explain that you understand s/he is busy and that you really appreciate their 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 feedback, completing the survey is absolutely voluntary.
    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. Clients 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 clients 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.

I have summarized this information into a one-page handout you can copy and share with all staff. It is in the back of this manual under Evaluation Materials.

Unit 6
Analyzing and Interpreting your Findings

A critical component of evaluation is to correctly interpret 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 unit 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? It is strongly recommended that programs invest 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.

> 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.

Analyzing the Data

Analyzing Quantitative Data

Most of the evaluation information you will gather for funders will be in the form of "quantitative" as opposed to "qualitative" data. These types of data generally tell you **how many**, **how much**, **whether**, **why**, **how**, and **how often**. This is accomplished by looking at **frequencies**, which is simply a statistical way of saying you look at the percentages within a given category (how **frequently** a response was chosen).

In addition to examining frequencies, it sometimes makes sense to look at the mean, median or mode of responses. The following pages explain in more detail how to calculate frequencies, means, medians, and modes, and provide suggestions for when to choose one over another when interpreting data.

A Number of Ways to Interpret the Same Data

> **Example A**
>
> Eighty people respond to the following item:
>
> Overall, I would rate the help I received from the advocacy program as:
>
> 1 = very helpful
>
> 2 = somewhat helpful
>
> 3 = a little helpful
>
> 4 = not helpful at all

Let's assume your data looked like this: out of the 80 people who responded to this question, sixty five circled "1," nine circled "2," four circled "3," and two circled "4." So what you have is:

Number of people:	Chose Response:
65	1
9	2
4	3
2	4

The first step you would take would be to turn these numbers into **percents**, or **frequencies**, which would give you:

Percent of people:	Chose Response:
(65/80) 81%	1
(9/80) 11%	2
(4/80) 5%	3
(2/80) 3%	4

Now that you have both the number of people in each category as well as the percentage of people in each category, it is time to decide how to present the data for public consumption.

A common mistake many people make in reporting **how many** is to present numbers instead of percentages. Look at the following description of the results to this question to see what I mean:

Program Evaluation for VOCA Grantees

"Eighty people were asked, on a scale of 1 -4 [with 1 = very helpful to 4 = not helpful at all], to tell us how helpful they found our program to be. Sixty five circled "1," 9 circled "2," 4 circled "3," and 2 circled "4.""

What would you, as a reader, understand from this statement? Odds are your eyes blurred over pretty quickly and you skimmed the sentence. Now look at the same data presented in a little different way:

"Eighty people were asked, on a scale of very helpful to not helpful at all, to tell us how helpful they found our program to be. Ninety two percent of the people reported finding our program to be at least somewhat helpful to them (81% reported it was very helpful). Five percent of the people found the program to be a little helpful, and 3% indicated it was not helpful at all."

One other way to present information like this is to report the "average response," or the "typical response," by reporting the mean, median, or mode. The **mean response** is the mathematical average of the responses. Finding the mean involves the following four steps:

(1) looking again at your raw data, which if you remember from our example looked like:

Number of people:	Chose Response:
65	1
9	2
4	3
2	4

(2) multiplying the number of people in each response category by that response:

Number of people:	Response:	Multiply:
65	1	65x1 = 65
9	2	9x2 = 18
4	3	4x3 = 12
2	4	2x4 = 8

(3) adding together all of the individual sums (65 + 18 + 12 + 8 = 103), and

(4) dividing this number by the number of respondents (103 divided by 80 = 1.2875). Your **mean** then, or mathematical **average**, is 1.29.

Sometimes the mathematical average can be misleading, in which case you might want to present the **median** or the **mode**. Example B shows how the mean of a sample can be misleading:

Example B

10 people are asked the following question: How happy are you today?

1	=	miserable
2	=	unhappy
3	=	so-so
4	=	happy
5	=	ecstatic

Five of the people report they are miserable (5 x 1 = 5) and five people are ecstatic (5 x 5 = 25). Add 5 plus 25, and then divide by 10, and your mean is 3. If you reported only that the mean of this item was "3," the reader would assume that these ten people felt pretty "so-so," which was completely untrue for all of the ten. This is why sometimes people want to look at the median or mode as well.

The **median** is the middle number out of all the responses you received. When you look at this number you know that half the respondents chose a number higher than this and half the respondents chose a number lower. Looking again at the raw data from Example A, what is the **median**?

Reminder

Number of people:	Chose Response:
65	1
9	2
4	3
2	4

This is a bit tough because the distribution of responses is pretty skewed due to so many people choosing "1," but it's a good example because we see this type of distribution a lot in evaluating our services. The **median** in this example is "1" because if you were to write down all 80 responses the first 40 (the top half of the sample) would be "1." This, then, is the middle number of the distribution.

The **mode** is the **most commonly chosen** response, which in the case of Example A is also 1 (since 65 out of 80 chose it). So now you know the median and mode are both 1, the mean is 1.29, and 81% of the people chose 1 as their response. No matter how you look at it, people reported finding your program helpful.

So how do you decide whether to report the mean, median, or mode when describing your data? You have to look at the range of answers you received to the question and decide which statistic (the mean, median, mode) most accurately summarizes the responses. In the case of Example B, where half the respondents were on one end of the continuum and half were on the other end, the mean and median would be misleading. The best way to describe the responses to this item would be to simply state:

> *"Half the people reported being miserable, while half reported being ecstatic."*

Analyzing Qualitative Data

Analyzing qualitative, or more narrative, data involves looking for themes, similarities, and discrepancies across verbatim responses. For example, you might have an open-ended question that reads: "what was the most helpful part of our program for you?"   You would want to read all of the different people's responses to this question while asking yourself: what are the commonalities across these responses? what are the differences? did a majority of the people mention receiving practical assistance as the most helpful, or emotional assistance, or something else entirely? Sometimes you might want to use qualitative responses to supplement quantitative responses. For example, if you reported (based on your data, of course!) that 89% of the people who participated in your support group reported feeling less isolated as a result, you might supplement this information by adding a quote or two from individual people to that effect. Just be sure to remember the importance of confidentiality, and never use a quote that could reveal a person's identity.

Accurately understanding and reporting the data we collect for outcome evaluation is critical to properly using this information to improve our programs. We do not want to under-estimate or over-estimate our successes and we want to accurately portray people's experiences to ourselves and others.

Unit 7

Your (Optional) Relationship with a Researcher/Evaluator

There may be times when you want to work with a professional researcher to evaluate one or more of your programs. Establishing a positive relationship with an evaluator can be beneficial in a number of ways. First, the evaluator may bring some resources (money, time, expertise) to contribute to the evaluation, which could free up staff time and energy. Second, the evaluator could be helpful in disseminating positive information about your program to others. Bringing different types of expertise to a task generally lightens the load for all involved.

A word of caution is important here, however. There are researchers who would be more than happy to work with your organization, but **for all the wrong reasons**. Some researchers are looking for opportunities to publish articles or obtain research grants simply to enhance their own careers, some are not willing to collaborate with you in an equal partnership, and some are unaware of the dynamics of the social problem you're addressing, and can inadvertently endanger or misrepresent your clients.

Please also remember that VOCA grantees have provisions in their contracts prohibiting them from participating in research that has not received Human Subjects Approval from the Michigan Department of Community Health. Approval is NOT needed if an evaluator helps you with your *program evaluation*, as long as they will not use the data for any other purpose. If they want to present the data to others, however, make sure you receive approval for this *before any data are even collected*.

What to Look For in an Evaluator

A relationship between you and an evaluator should be mutually beneficial. An evaluator should not be seen as doing you such a big favor that you are in her or his debt. You each bring a different expertise to the table, and you should each gain something valuable from the endeavor. Find out right from the start what the evaluator expects to get out of this relationship. If the evaluator works with a university, she or he is probably expected to write grants and/or publish articles and/or contribute back to the community. Such activities result in promotions and pay increases, so you are as important to the researcher as the researcher is to you.

When you are Approached by an Evaluator

If you are contacted by a researcher (or graduate student researcher-in-training!), have a list of questions prepared to ask that person about their motivation, expertise, and experience. Do they understand the social issue you address? Are they willing to go through your training to learn more? Are they coming to you with a research question already in mind, or do they want your

input? One of the most important things you are looking to determine from your conversations with the person is:

> *is the researcher simply "intellectually curious" about the social problem, or does she or he understand the issue and care about the people you serve?*

Before agreeing to work with an evaluator you don't know, check out their track record with other community-based organizations. You want to know that the evaluator is not going to "take your data and run," which often happens. Has she or he worked with other community-based organizations? If so, ask someone from that organization for a reference. Did the evaluator collaborate with the organization? What happened with the results of the research? Were they shared in appropriate and helpful ways? Most importantly, would the organization work with this person again? Why or why not?

When you Approach an Evaluator

At one time or another you might find yourself in a position of **wanting** to work with an evaluator. When this is the case, how do you find an evaluator with whom you would feel comfortable working? Unless money is not a constraint, you will probably have to look "close to home" for such a person. Most researchers work either at research institutes, in academic settings, or are self-employed consultants. If you have a college or university nearby, you might want to contact someone in a department such as Criminal Justice, Human Ecology, Social Work, Urban Affairs, Psychology, or Sociology. You might also contact other community-based organizations and ask if they have had positive experiences with a researcher in the past.   If you have read a research article by someone you think sounds reasonable you can even call or email that person and ask for references for someone in your area.

Unit 8

Making your Findings Work for You

As discussed in Unit 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, set 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.

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 airtime, 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."

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.

When Your Findings are "Less than Positive"

So what do you do when your findings are not as positive as you had hoped? 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.

Using Your Findings to Support the Continuation of Current Programs

Too often, 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 Group 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, and (3) learned the concepts you wanted them to learn. 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 Legal 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.

**Welcome to
Advanced Program Evaluation
for VOCA Grantees**

2012

Overview of the Day

- The "logic" behind outcome evaluations
- Accurately measuring change
- Collecting the information
- Analyzing the data
- Using the findings

General Areas of Service

- Crisis Intervention
- Counseling and Support Groups
- Advocacy

The Logic Model

Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
The amount of time, energy and staff that go into the program to make it happen	The specific service being provided (e.g., what happens, when, where, how often, for how long, and by whom)	The end product of the activities (e.g., the number of people served, number of presentations offered)	Change in knowledge, attitude, skill, behavior, expectation, emotional status, or life circumstance *due to the service being provided*	Longer-term objective you expect the short-term outcome to lead to

What is an Outcome?

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

Accurately Measuring Change

- Once you've determined the change you hope to see as a result of your service, you need to decide how to accurately measure whether and when that change occurs
- This is not as easy as it may sound!

Creating Survey Questions

<u>Do:</u>
- Keep the questions short and concise
- Make response categories mutually exclusive
- Make response categories all-inclusive
- Use specific time frames to anchor the questions

Creating Survey Questions

<u>Don't:</u>
- Use jargon or technical terms
- Ask unnecessary questions
- Ask questions in ways that may lead the respondent
- Ask more than one question in a question

Staff Buy-in

The Problem:
- Staff are generally already overworked and tired of paperwork that feels meaningless
- Staff often don't understand why they have to collect the information they do, or what happens to it
- Staff often don't ever see the tabulated information they DO collect

Getting Staff Buy-in

- Involve them in understanding how the information can be used by the program
- Have them participate in developing a protocol for gathering the information
- Share the findings with them periodically
- Discuss with them how to make program changes based on the findings

How Many Clients Should We Hear From?

Sampling Strategies

- 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.
  - Dissatisfied as well as satisfied clients need to be included.

Sample Size

- **The number of clients you collect information from is not fixed, and depends in part on how big your program is.**
  - If you serve hundreds every year, then collecting information from 20-25% may be enough, as long as the selection process is consistent and unbiased.
  - In general, **the larger the number of clients you serve, the smaller the percentage you will need.** If you have 1,000 clients, sampling 10% or 15% may be enough. If you have 50 clients, sampling half of them would be better.

Sampling Recommendations

- Residential clients
  - Try to get all residents to complete
  - Don't view as an "exit survey"
- Support Services
  - After <u>at least</u> 2 contacts with advocate (but as late in the process as possible)
- Support group / Counseling
  - Every 3-4 weeks

Inviting Clients to Participate

- Only if the client is <u>*not*</u> in crisis
- Stress that participation is voluntary
- Stress that you use client feedback to improve services
- Stress the surveys are brief and they can skip any questions they want
- Stress how their anonymity is protected

Protecting Client Anonymity

- This is CRITICAL
- Clients need to know you are serious and have taken steps to ensure anonymity
- Provide a locked box or sealed envelope for them to return surveys
  - If a small program, stress you only open the box or envelope monthly or quarterly

Accessibility Concerns

- Discuss with staff how to include clients who are not able to complete written surveys (either due to illiteracy, disability, or language)
- Surveys can be completed verbally, but NOT by the staff member who delivered the service

Protecting Client Anonymity

- Provide either a pencil or a black or blue pen for client to use to complete survey
- Provide a private space for survey completion
- NEVER have service provider take the completed survey back from client
- Verbally explain these things to clients

Interpreting Your Findings

- Keep it simple
- Keep it positive
- Keep it honest

Using Your Findings

Internally:
- Improve your services based on feedback
- Advertise to staff, volunteers, and clients how you are using the findings

Externally:
- Use findings to justify current services
- Use findings to justify creating new services
- Use findings to create systems change

Afternoon Session:
Data Analysis & Reporting
Using Microsoft Excel

NOTES

Program Evaluation for VOCA Grantees

Data Analysis & Reporting Using Microsoft Excel

Crime Victim Services Commission

Program Evaluation for VOCA Grantees- Advanced Training

2012

Table of Contents

I Never Knew What I Never Knew!

Have you ever sat with a stack full of client surveys on your desk and decided not to analyze them because you knew it would take too much time?

Have you ever tallied data by hand, punched numbers into your calculator, hoping you didn't miss a mark or you did the math the right way because you (thought you) didn't have any other way of tabulating the data?

The answer for most of you is probably "yes" to either one or both of these questions – and that's what has brought you to this training today. These are both very common scenarios and that's why this training was developed. Every one of you has the power right on your own computer to store and analyze data and to make exciting visuals to report your findings, yet you probably never knew how because no one showed you. That's about to change!

While there are different programs that could be used to store and analyze data, Microsoft Excel was chosen for this training for a few reasons. First, while different software programs are available, it would be hard to find a computer that didn't have Microsoft Excel loaded onto it already. Second, almost everyone is at least somewhat familiar with Microsoft Excel. You may have used Excel spreadsheets for simple database ("tracking") purposes and its graphics tools to make charts and graphs.

Today, we'll show you how to expand your skills, and get more out of Microsoft Excel, by using the program to enter, store and manipulate your data so that you have – and can share - meaningful results from your agency's survey data.

This guide will walk you through everything discussed today and will be a valuable reference as you implement what you have learned back at your own agency. This guide will use a sample survey from the *Program Evaluation for VOCA Grantees* training manual as a model; but the process of taking your own survey and turning it into meaningful data is the same no matter what survey you start with. It all begins with developing a codebook…

Let's get started!

The Codebook

For ease in entering and analyzing data from surveys, a **codebook** (key) should be developed. <u>A codebook is used as the basis for entering data into a database</u>, which has been designed for purposes of this training as a Microsoft Excel spreadsheet. In this training, pages from both a sample legal advocacy feedback survey and its corresponding codebook are included and will be used to demonstrate the process of taking raw data from a survey to organizing, analyzing, and presenting the data.

To begin developing a codebook, each question on the survey should be been given a pre-assigned **textual label**. <u>A textual label is a short abbreviation that is assigned to a survey question to help you more readily identify the question in the database.</u> In the sample codebook, each textual label is identified in **bold, red** letters printed next to the question. For example, question 1 on the legal advocacy feedback survey is identified in the codebook and the database as "**Q1PPO**." (See Figure 1: Example of Codebook.)

Figure 1: Example of Codebook

Survey Number _____ (**SurveyNum**)　　　　　　　Date _____ (**SurveyDate**)

Legal Advocacy Feedback Form

Thank you in advance for taking the time to answer these questions. I know you are very busy right now, but we really appreciate your telling us what was helpful as well as unhelpful about our legal advocacy program. **We take your comments seriously**, and are always trying to improve our services. So remember, please don't put your name on this sheet and please answer as honestly as you can. We need your feedback! Thanks again, and good luck to you!

1. I used *(name of agency)'s* services to: (**1= checked, 2= unchecked**)
   (please check all that apply)

_____　get a Personal Protection Order **Q1PPO**

_____　help me prepare to testify in court against the person who assaulted me **Q1Testify**

_____　help the prosecutor press charges against the person who assaulted me **Q1Charges**

_____　learn more about my legal rights and options **Q1Rights**

_____　have someone go with me to court **Q1Court**

_____　help me deal with the police and/or prosecutor **Q1Police**

_____　get an attorney **Q1Attorney**

_____　other (please explain):_____ **Q1Other**

Please circle the number that best matches your feelings or thoughts:

2. *(Name of agency)'s* staff clearly explained my legal rights and options. **Q2Options**

1	2	3	4
strongly disagree	disagree	agree	strongly agree

Before you begin to prepare data for entry into a database, you should develop and review a codebook and become familiar with the textual labels and the corresponding <u>database (response) codes</u>.

Coding

Coding <u>is the process of assigning numeric labels to non-numeric information so that a computer program, such as Microsoft Excel, can interpret these codes.</u> For example, if the survey includes response options such as "True" and "False" or if it allows the respondent the option of checking a box, these responses would need to be assigned a numeric code before data entry. Instead of typing the words "True" or "False" into the database, you would enter a "1" or "2" as indicated by the response on the survey.

Response Options	Database Codes
True	1
False	2

<u>Data that already exists in numeric form do not need to be coded.</u> Some or most of the information that you gather from the surveys will already be in numeric form, making it easier for you to transfer this data directly into the database for later analysis.

Preparing Surveys for Data Entry

For data entry accuracy, review the completed surveys. Remember, w*here necessary*, you can record the appropriate database codes for responses directly in the margins of the survey before you begin data entry. Use the codebook as a guide if you need assistance.

Missing, Unclear or Discrepant Responses

For **missing**, **unclear or discrepant responses** <u>to any question use the code "99"</u> to clearly distinguish from other responses in your database. MUDD responses are any responses where you cannot clearly tell what the response is. This could occur when a respondent selected more than one response, or put "Xs" through responses, or circled in between responses. This would also include any question left blank.

The Database Structure

This section provides information on the structure of the database. Figure 2 (on the next page) shows the first screen of the "dummy"

database, complete with "dummy" information. This gives you an idea of what a database might look like once you begin to enter data.

Figure 2: First Screen of Database

The **textual labels** for all questions are listed in the **top row** of the spreadsheet. The textual labels are entered in the same order that they appear in the codebook.

Once again, "dummy" information is presented in Figure 2 to give you an idea of what they database will look like once data entry takes place. This example shows entries for ten (10) clients. Each client's data has been entered into **a single row**, **also called a record**.

Data Entry

You are now ready to begin entering data from surveys into a database.

Beginning with row 2 on the spreadsheet (the row directly beneath the textual labels); enter client responses from the surveys. Enter data for a single client across a single row.

After you have entered all data, it is important to **check for data entry errors**. Scan your data for values that are not within range. For example, if you see a "6" entered as a response to a question with 4 response choices, you can safely assume this is an error as "6" is not within the possible range of responses.

If you find errors, simply correct the responses by going back to the original survey and re-entering the correct response.

Program Evaluation for VOCA Grantees

Analyzing the Data

Once you have entered all the data, it is time to analyze and interpret the findings. The most common methods of descriptive analyses are frequencies, percentages and means (or averages).

Some commons terms used in data analysis are:

Frequency   The number of times a response occurs. To calculate the frequency, add the number of times a response occurs.

Percentage   The proportion of times a response occurs. The percentage is the number of times a response occurs (frequency) divided by the total number of all responses, then multiplied by 100.
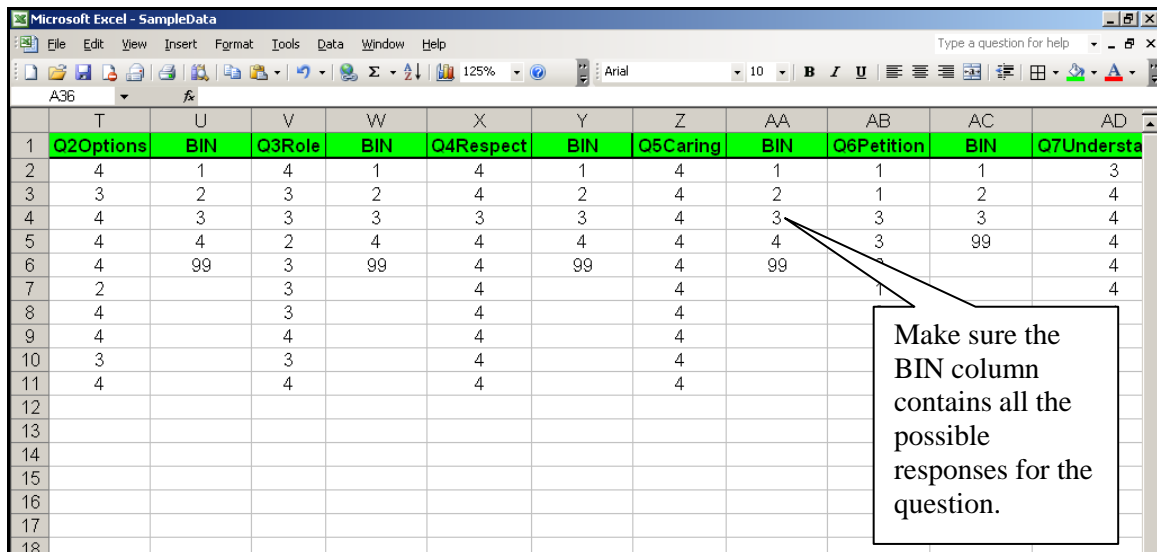
Mean   The average. The middle point around which a set of responses tends to fall. A mean is the sum of a set of responses divided by the number of responses.

Calculating Frequencies

To calculate frequencies, open the master spreadsheet that contains all original data. Create a copy of the master spreadsheet by copying and pasting the data into a new worksheet. Give the new worksheet a different name like "frequency database."

For the columns containing survey data, enter a new blank column after each data column (Figure 3). Type the textual label "bin" in the first row of each new column. Starting in the second row of each "bin" column, type all response codes that correspond to the data in the previous column.

Figure 3: Adding the BIN Column

For example, the question labeled "Q2Options," has the possible responses of 1, 2, 3, or 4 and 99. Repeat this process for each question.

To conduct the frequency analysis, go to the **TOOLS** menu, select **DATA ANALYSIS**.

*Note: If your **TOOLS** menu does not include **DATA ANALYSIS**, you will have to select **ADD-IN** from the **TOOLS** menu, then select **ANALYSIS TOOL PACK**.*

In the **DATA ANALYSIS** menu, select **HISTOGRAM**.

Click the **INPUT RANGE** box so your cursor is blinking in that section. In the spreadsheet, use your cursor to highlight all of the data for that question (excluding the title column). The input range box will then show a series of numbers and letters that are codes for the response cells.

Next, click in the **BIN RANGE** box so your cursor is blinking in that section. In the spreadsheet, use your cursor to highlight all of the numbers in the bin column for that question. The bin range box will then show a series of numbers and letters that are codes for the possible responses. Make sure to exclude the first cell (or textual label) from the analysis.

Figure 4: Selecting the Input and BIN Ranges

Program Evaluation for VOCA Grantees

In the same menu box, choose **NEW WORKSHEET PLY** and **CUMULATIVE PERCENTAGE**. Then click **OK**.

The results will appear in a new worksheet in a table format. Adjust the column widths to clearly read all output data. Insert a new column at the beginning of the table and label this new column using the name of the question you are analyzing.

The chart only lists cumulative percentages. To get specific percentages for each response you must add a "%" column to the right of the "Cumulative %" column (Figure 5). To calculate percentages, first copy the number in the "D2" cell and copy it into the "E2" cell. Next, type the formula "=D3-D2" in the "E3" cell. This will calculate the percentage of responses for the second response.

Click on cell "E3". Note there is a small black box in the bottom right corner of the cell. As your mouse runs over the square the cursor will turn into a small cross. Click on the square and drag it down through the responses. This will fill in the formula for all responses.

Figure 5: Calculating Percentages

You can verify that the percentages are correct by highlighting all the percentage cells including one extra cell at the bottom (E8). Click on the summation button on the top toolbar (**Σ**) to total the column. The total should be 100.00%. If it is not, an error has been made either in data entry or data analysis.

In the example above, you can see that 10.00% responded "A little helpful" and 40.00% responded "Very helpful". The most frequent response was "Helpful" (50.00%).

For ease in navigating, you may want to assign names to the worksheet tabs in Excel. To do this, double click on the name of the worksheet and change the name to a descriptive label such as "survey %."

Calculating Means

A mean is an average. It describes the central point around which a set of responses tend to fall. It is the sum of a set of responses divided by the number of responses. You can find the average response for each question.

The only type of question that can be summarized for averages is scaled survey data. This means that a question's response categories fall along a range of responses. Typically there are four or five response categories, ranging from a Strongly Disagree answer to a Strongly Agree answer. Movement on the scale signifies a shift in attitude, skills, knowledge, or behavior.

To begin the process of finding averages, create a new spreadsheet and copy only the data from questions that are scaled. In the case of our sample survey, the scaled questions are questions 2 through 5 and 7 through 9.

In the new spreadsheet, insert a blank row at the bottom of each column of data (Figure 6). In that row, enter the formula for the average of that column. In the cell under the final response for the first question (column), type **=average(**, then highlight all the responses for that one question. Finish the equation by using a **right parenthesis**. Select **Enter**. Excel will automatically calculate the mean (average) of the data in the column.

Figure 6: Calculating Question Averages

Place the cursor over the bottom right corner of the cell that you just entered the equation in, your cursor should turn into a small black cross. **Click on the cross and drag it to the right across the bottom row** of all of the questions (see Figure 7). Again, Excel will

automatically calculate the mean (average) of the data in the corresponding columns.

Figure 7: Calculating Question Averages

	L Q2Options	M Q3Role	N Q4Respect	O Q5Caring	P Q6Petition	Q Q7Understanding	R Q8Safety	S Q9System	Q10
2				4	1	3	4	2	
3				4	1	4	1	3	
4				4	3	4	1	4	
5				4	3	4	3	3	
6				4	2	4	4	3	
7	2	3	4	4	1	4	4	4	
8	4	3	4	4	3	4	1	3	Open
9	4	4	4	4	2	4	4	4	
10	3	3	4	4	3	3	1	3	
11	4	4	4	4	1	4	4	4	Move to
12	3.6	3.2	3.9	4		3.8	2.7	3.3	

Click and drag the mean formula across all the survey questions.

Since the survey's possible responses are 1 to 4, the averages should fall into this range. If the average is higher than 4 in any row, you likely have a 99 in that row. You must make sure to not include any 99s when calculating the average.

Presenting Your Findings

Once you have gone through the process of surveying clients, analyzing data, and interpreting it all…now what do you do? Knowing the appropriate ways to display your results is very important. Presenting your data results in a graphic format is crucial to sharing your results.

Once all the work has been done, it's important to consider the many sources that may be interested in your evaluation results:

- Current/potential funders
- Current/potential program partners
- Program staff
- Agency board members
- Community advisory council
- Other community organizations
- General public/community groups
- Government offices
- Media
- Research and evaluation agencies

The intended audience of the presentation may determine in what form your data should be displayed. For example, evaluation results

presented to a community group may be in a graphic format and may only include certain data specific to them. If results are being reported to a grant funder, more specific and detailed results would be presented in addition to graphs.

While often times evaluation is done to meet program requirements, there are many other uses of program evaluation:

- To strengthen service and program implementation
- To maintain the current funding level of the program
- To seek additional funding
- To improve staff morale
- To recruit new clients
- To enhance public relations
- To contribute information to the field about what works – and what doesn't work

The format of the results is very important and is dependent on the target audience. There are many forms in which you can present your evaluation results. See Table 1 on the next page for different options for presenting results based on audience.

Table 1: Forms of Communicating Evaluation Findings to Various Audiences

Communication form ▶ Audience ▼	Full report with executive summary	Executive summary with charts	Executive summary only	Newsletter or article	Press release	Brochures	Office memo or e-mail	PowerPoint pres.	Website
Current funder	*	*						*	
Potential funder	*	*	*					*	
Current/potential program partners	*	*	*					*	
Community Advisory Council	*	*	*	*				*	
Program staff		*	*	*			*	*	
Agency board members	*	*	*	*				*	
Other community organizations		*		*		*	*	*	*
General public / Community groups		*	*	*	*	*			*
Government officers	*	*	*						
Media		*	*	*	*				*
Research and evaluation agencies	*	*	*					*	

What information should you include?

Information included in your presentation depends on its purpose and on the audience for whom it is prepared. A full written report should include the following:

- Summary of the evaluation
- Summary of the program evaluated including participant numbers, number of hours, setting, target population and any other information to explain program implementation
- Details of how the evaluation was conducted
- Results of the evaluation (data analysis results)
- Interpretation of the results (what the data analysis might mean)
- Program improvement (how will the results be used to improve programming)

Make sure that whatever form your report takes, the program improvement piece is included. This is a critical part of every evaluation cycle that often gets overlooked.

Graphing your results

Charts and graphs can display your data results in a visually appealing format. Once you have completed the data analysis process in Excel, you can begin to create graphs and charts to visually display your results.

Open the **Chart Wizard** by clicking on **Insert** from the Tool Bar menu; then select **Chart** from the drop down menu. A **Chart Wizard** pop-up box will appear (see Figure 8).

Figure 8: Using the Chart Wizard
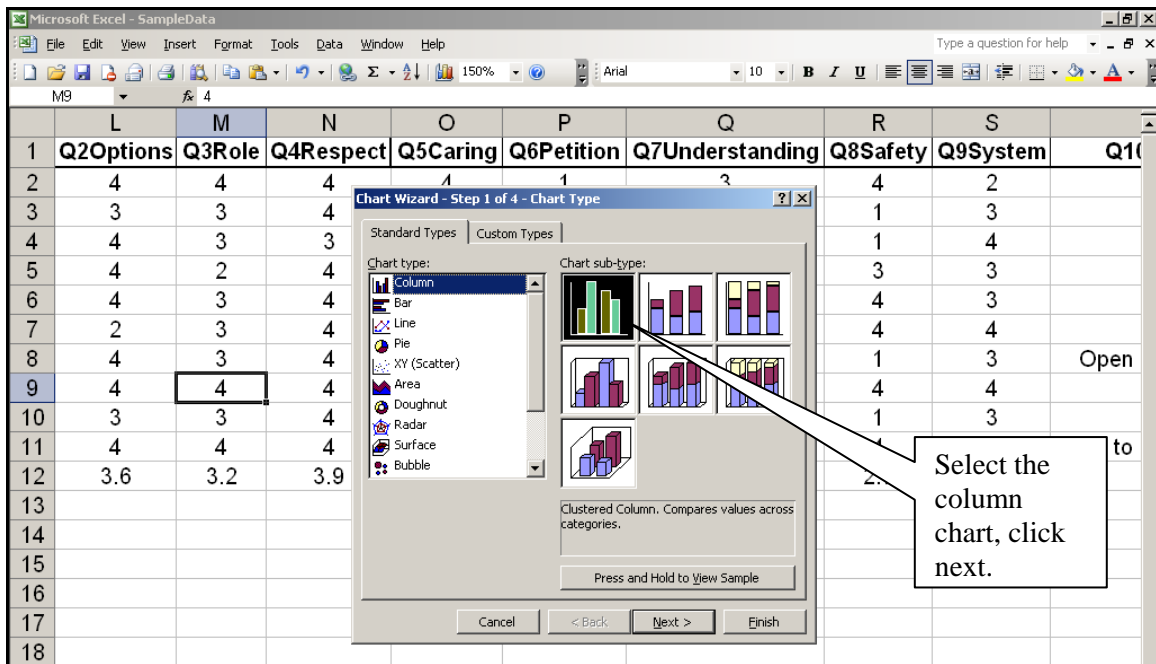
From the **Chart Wizard** pop-up box, select **Column** to create a standard vertical bar graph as seen above. After **Column** is selected, click **Next**.

When the **Data Range** window comes up, **delete all the numbers listed in the Data Range menu.**

Figure 9: Selecting the Data Range
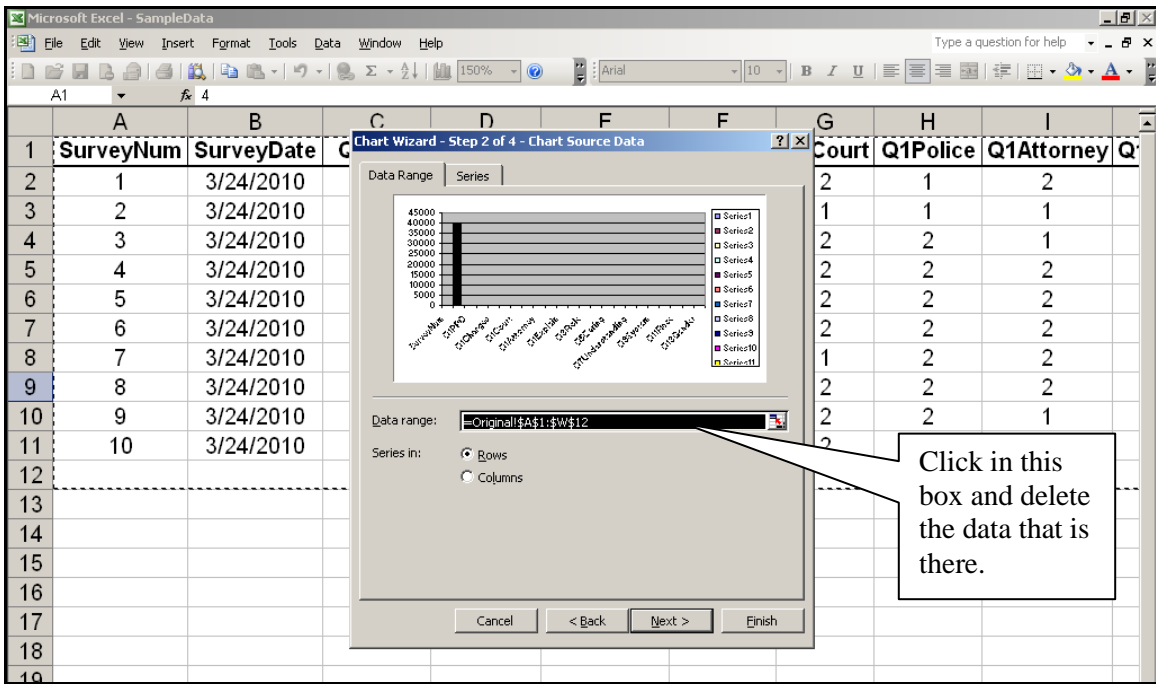
Click the small icon with the red arrow on the right of the box.
On the spreadsheet, **highlight all the means (averages) for the survey**.

Figure 10: Selecting Averages
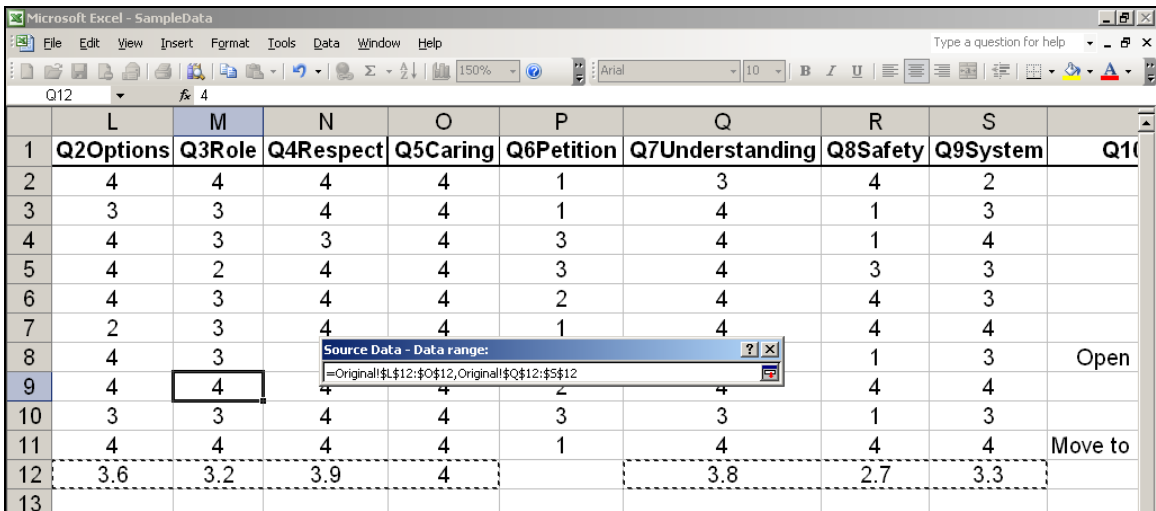
Press **Enter**. You should now have all of the survey data displayed on the screen in graphic format in the **Chart Wizard** screen. Going back to the **Chart Wizard** screen, click on the **Series** tab, type **Average Responses** (or other appropriate chart title) in the **Name** box (see Figure 11).

Figure 11: Label the Chart
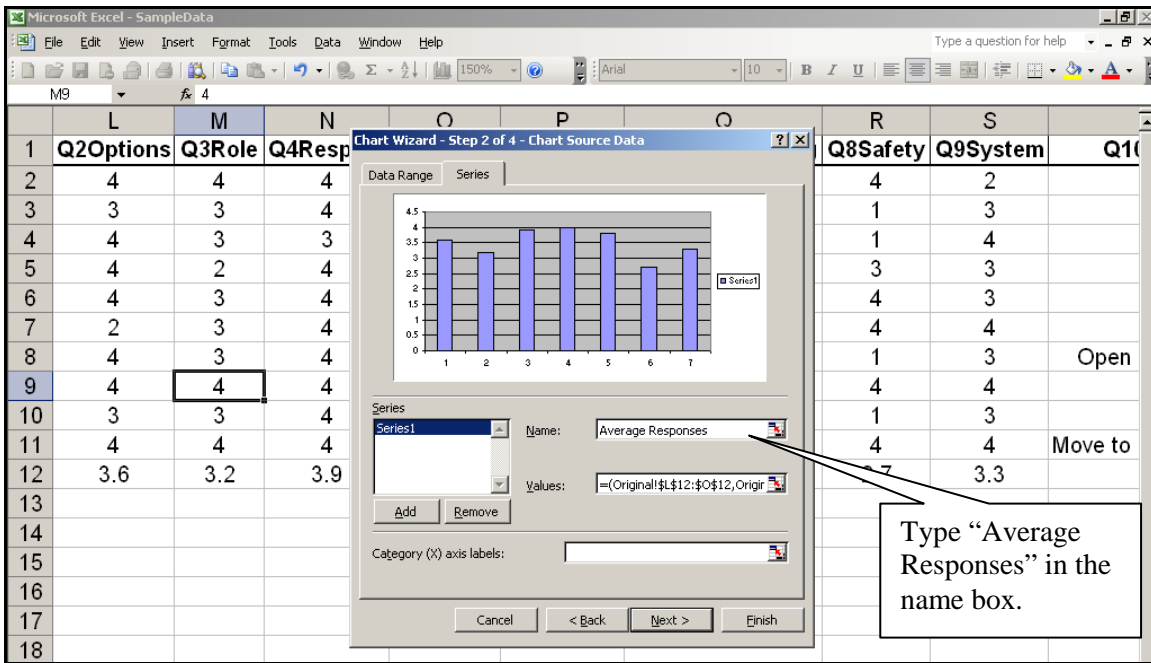
Now click in the **Category (x) Axis box** and once again **click the small red arrow** to the right of the box—this will result in a small popup box. Going back to the spreadsheet, **highlight** all of the **textual labels** for the **survey questions** and press **Enter**.

Figure 12: Highlight the Textual Labels
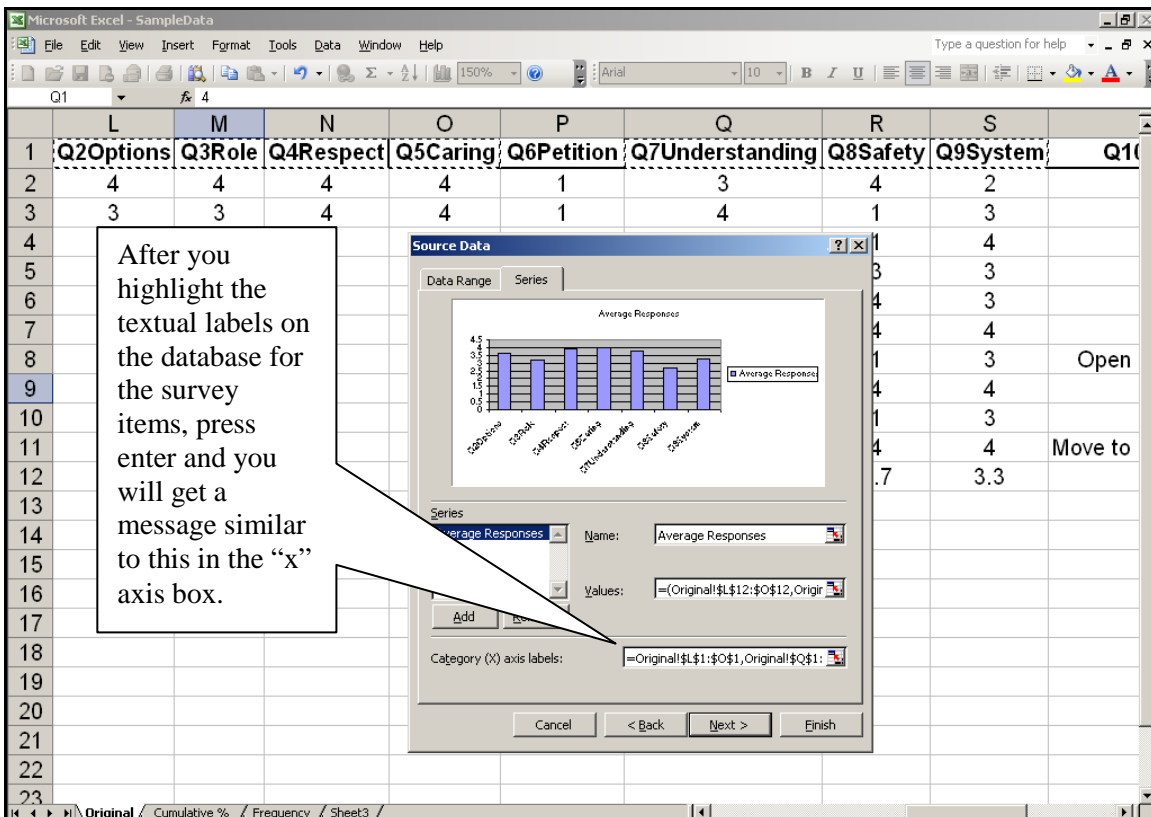
Click **Next** on the **Chart Wizard** window. Add names for each **axis** and the **title** of your graph by typing in the corresponding boxes. In the example below, the Chart Title is *Average Responses.* The Category (X) Axis is labeled *Survey Item* and the Value (Y) Axis is labeled *Response* (see Figure 13).

Figure 13: Labeling the Graph
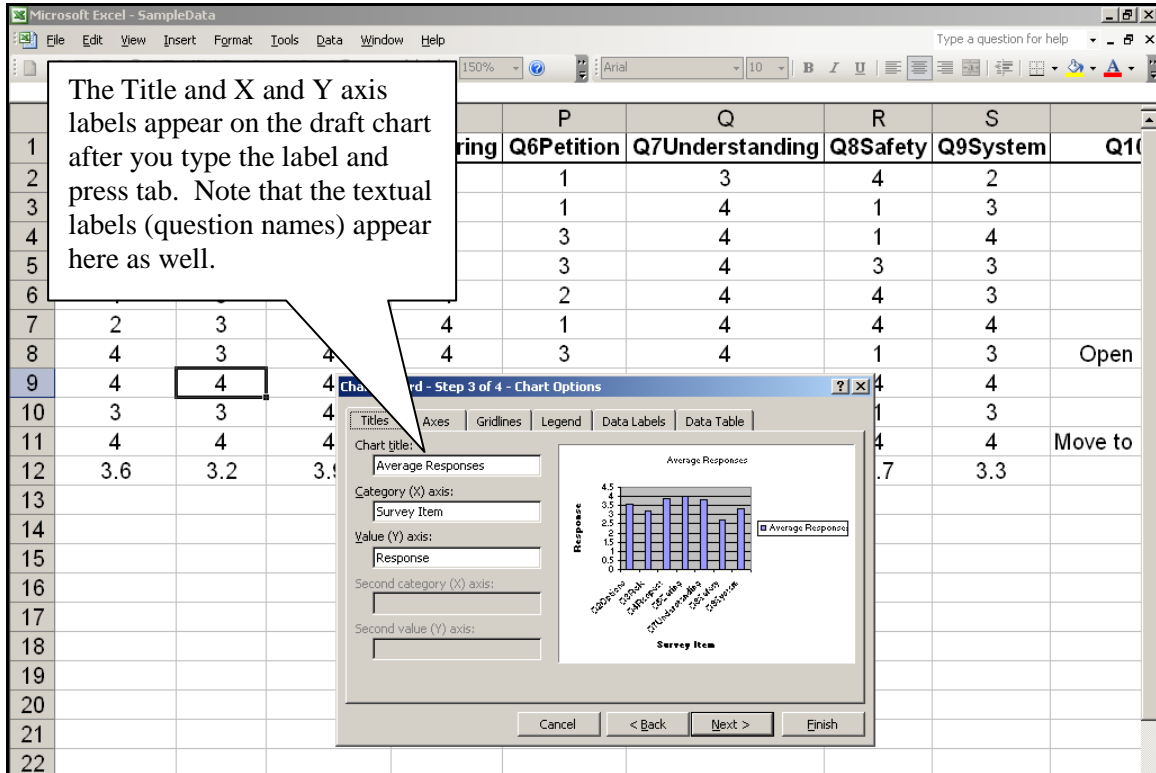
Once you have your desired title and labels, click **Next** again, then select the first option **As New Sheet**, then **Finish**.

Figure 14: The Finished Graph
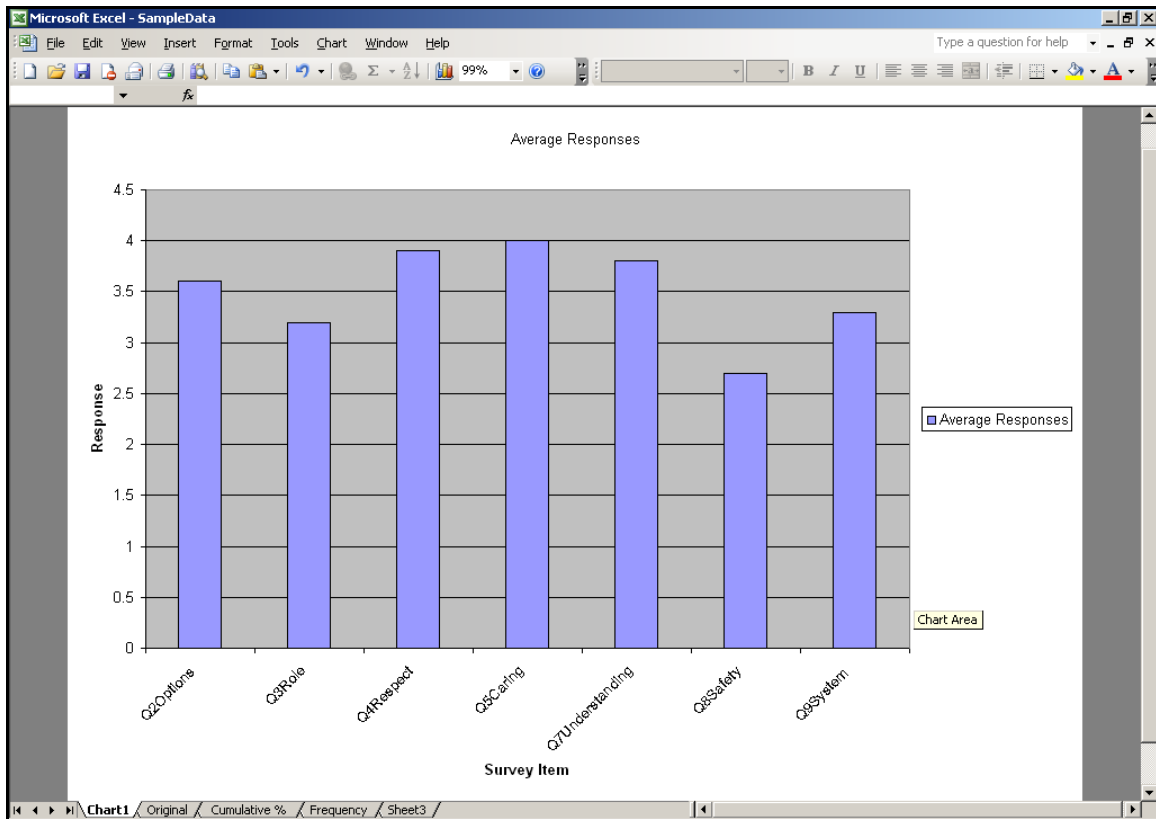
At this point you have a simple, visual way to display your results (see Figure 14 above). The chart colors can be changed by right clicking on one of the bars, then selecting **Format Data Series**, then choosing a color from the color pallet displayed.

You can easily copy and paste this chart to insert it into PowerPoint or Word documents.

Creating Pie Charts

The Chart Wizard can also be used to create pie charts. To do this, open the **Chart Wizard** by clicking on **Insert** from the Tool Bar menu; then select **Chart** from the drop down menu. A **Chart Wizard** pop-up box will appear (see Figure 15).

Figure 15: Using the Chart Wizard
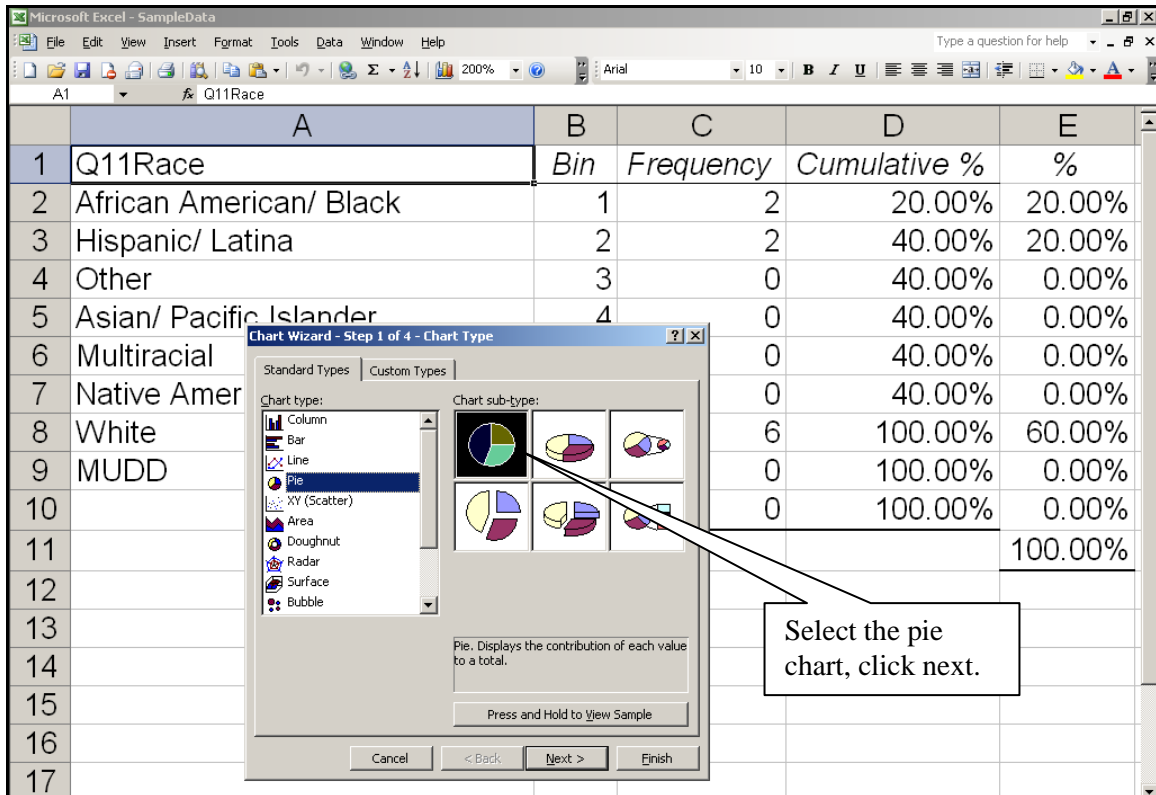
From the **Chart Wizard** pop-up box, select **Pie** to create a standard pie chart as seen above. After **Pie** is selected, click **Next**.

When the **Data Range** window comes up, **delete all the numbers listed in the Data Range menu.**

Figure 16: Selecting the Data Range
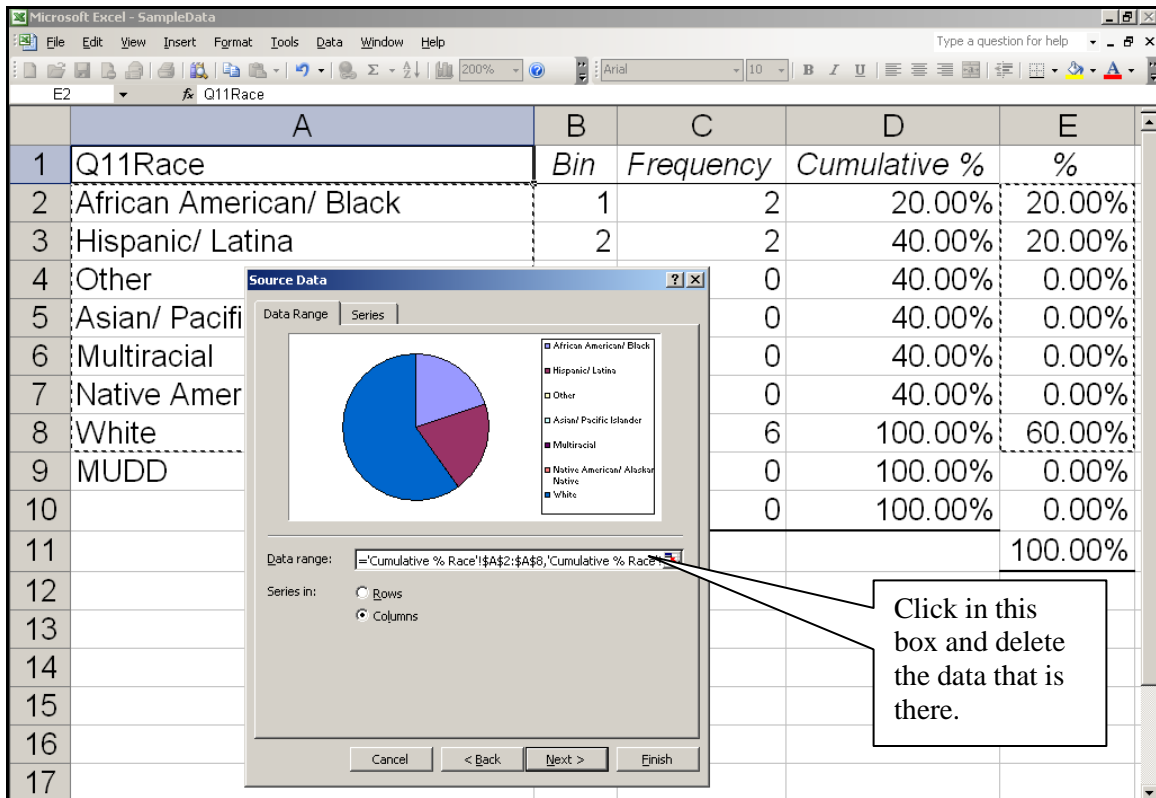
Click the small icon with the red arrow on the right of the box. On the spreadsheet, **highlight all the percentages for each response choice for a particular question AND all of the data labels that correspond with each response choice.**

Press **Enter**. You should now have all of the response data displayed on the screen in graphic format in the **Chart Wizard** screen. Going back to the **Chart Wizard** screen, click on the **Series** tab, type **the survey question or label (i.e. Q4Respect)** in the **Name** box (see Figure 17).

Figure 17: Creating a Chart Title

Now click **Next**. On the **Legend** tab you can select the placement of the legend. On the **Data Labels** tab select "Percentage" to indicate the percentage of respondents who chose each answer on the pie chart (see Figure 18 on the next page).

Figure 18: Formatting the Pie Chart
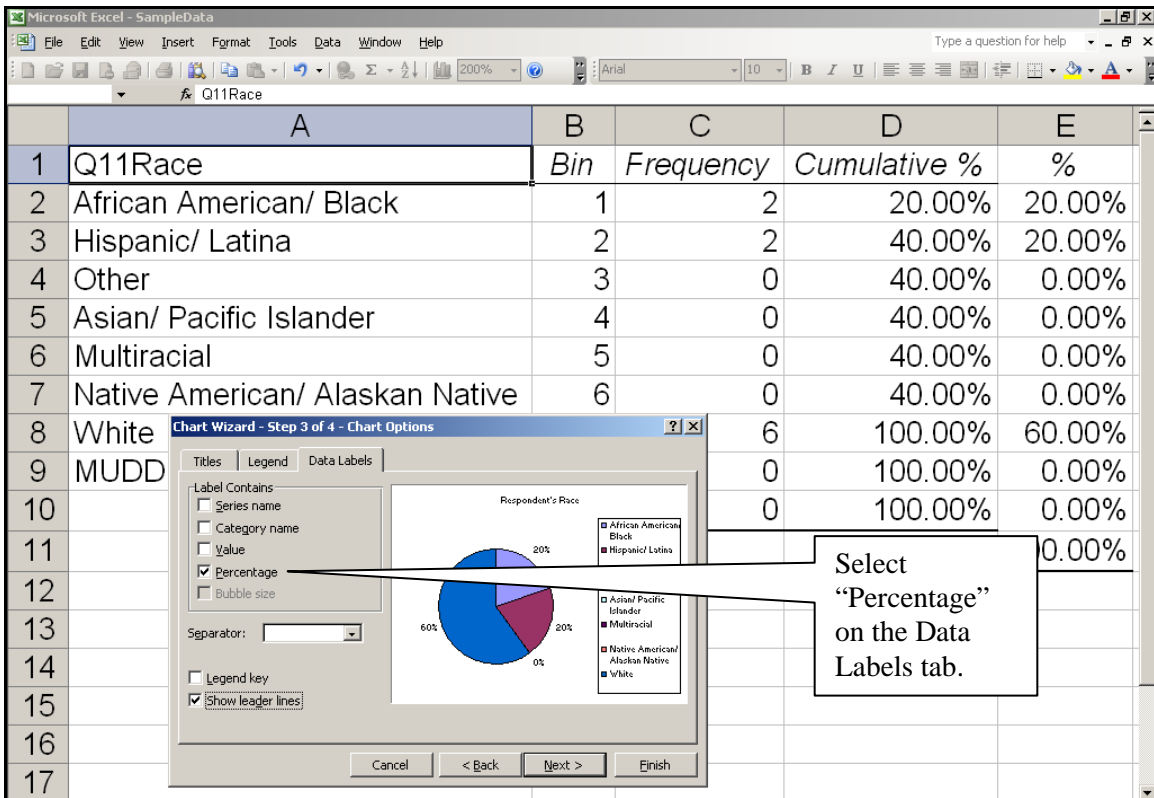
Click **Next** on the **Chart Wizard** window. You will be given the choice of placing the chart in a new sheet in the existing Excel file or placing the chart as an object in the existing chart (see Figure 19).

Figure 19: Placing the Chart in Excel
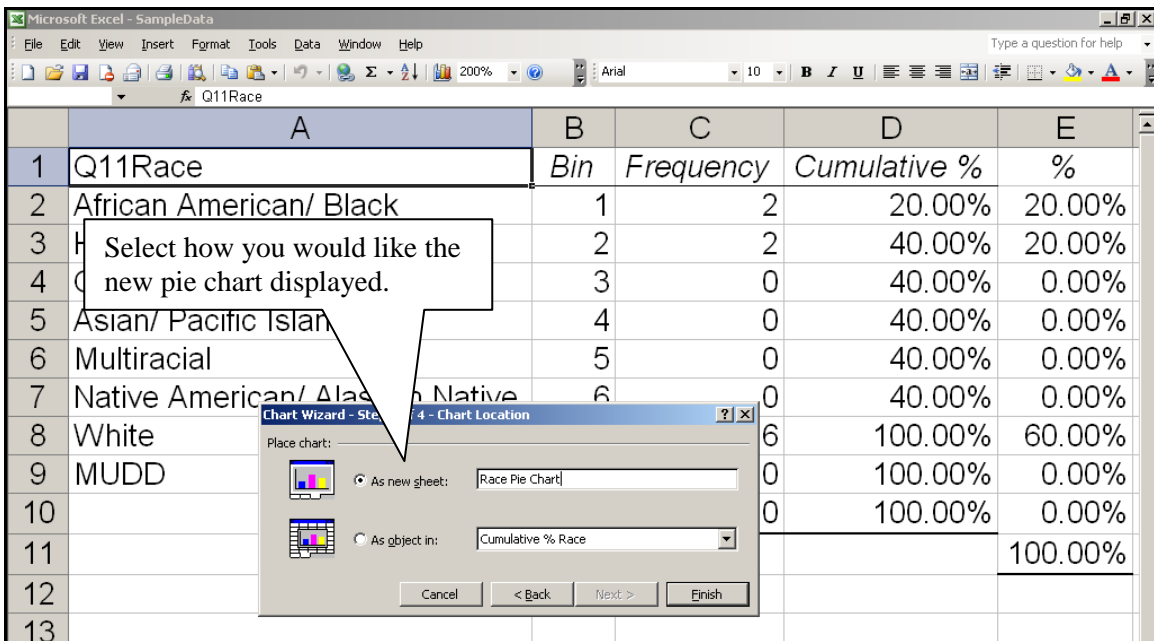
Once you have made your selection, click **Finish**.

Figure 20: The Finished Pie Chart
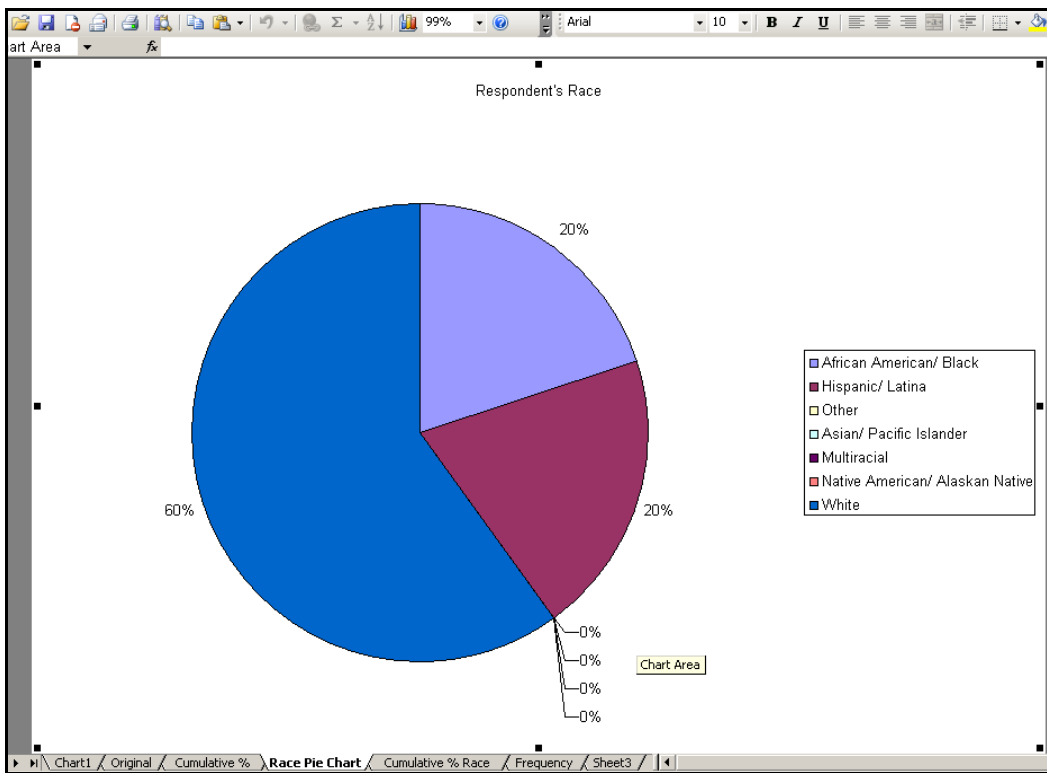
At this point you have another quick, visual way to display your results (see Figure 20 above). The chart colors can be changed by right clicking on one of the sections of the pie chart, then selecting **Format Data Series**, then choosing a color from the color pallet displayed.

You can easily copy and paste this chart to insert it into PowerPoint or Word documents.

Evaluation Materials

Crisis Intervention Line Phone Log

[NOTE: Hotline / crisis line staff / volunteers would complete this log after a phone call has ended. It is not possible for most programs to complete such logs after each call. Decide how often you want to collect information from your crisis intervention line (One day a month? One week a quarter?) and make sure all shifts are represented in your sampling plan.]

1. This call was a:

   ❑   crisis call

   ❑   call for counseling (not crisis)

   ❑   call for information, advice or support (caller not in crisis)

   ❑   crank call [Don't complete the rest of the form]

2. Was the caller calling for:

   ❑   herself or himself

   ❑   someone else

   ❑   generic information request only

3. Did the caller request information about services we offer?

   ❑   no

   ❑   yes

   If yes, to what degree do you think the caller received the information she or he wanted?

   ❑   a great deal

   ❑   somewhat

   ❑   a little

   ❑   not at all

comments: _____

4. Was the caller looking for emotional support?

   ❑   no

   ❑   yes

   If yes, to what degree do you think the caller received the support she/he wanted?

   ❑   a great deal

   ❑   somewhat

   ❑   a little

   ❑   not at all

comments: _____

5. Did the caller request information about other services in the community?

❑ no

❑ yes

If yes, to what degree do you think the caller received the information she/he wanted?

❑ a great deal

❑ somewhat

❑ a little

❑ not at all

comments: _____

6. Did the caller request the address or phone number of another service / agency in the community?

❑ no

❑ yes

If yes, were you able to provide that information?

❑ yes

❑ no

comments: _____

7. Did the caller need someone to meet them at the:

❑ hospital or health care agency

❑ police station

❑ no, caller did not need immediate in-person assistance

If the caller did need someone in-person, were you able to arrange someone to go to them?

❑ yes

❑ no

comments: _____

Please write down anything else that would be helpful to know about this call:

Thank you for taking the time to complete this form. Your answers will help us continue to understand and improve our services!

Individual Counseling Feedback

[NOTE: this form could be available in waiting rooms, with pens and a locked box for completed forms nearby. It could also be given after the third counseling session as a way to find out from clients how they feel things are going.]

This is an anonymous questionnaire. Please do not put your name on it! Thank you in advance for taking the time to answer these questions. We know you are very busy, but we really appreciate your telling us what is helpful as well as not helpful about our counseling services. We take your comments seriously and are always trying to improve our services. We need your feedback, so please answer as honestly as you can.

Please check the response that best matches how you feel.

1. I feel like my counselor understands what I'm going through.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

2. My counselor explained the stages of recovery with me.

   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

3. I understand the stages of recovery.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

4. The counseling I am receiving is helpful to my healing process.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

5. I have attended the following number of counseling sessions with my current counselor:
   - ❑ 1-2
   - ❑ 3-5
   - ❑ 6-10
   - ❑ more than 10

6. I have been given information about community resources that are available to me.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

7. When I think about what I wanted to get out of counseling, I would say:
   - ❑ it has met or exceeded all of my expectations
   - ❑ it has met most of my expectations
   - ❑ it has met some of my expectations
   - ❑ it has met few or none of my expectations

   comments: _____

8. If a friend of mine told me he or she was thinking of using your counseling services, I would:
   - ❑ strongly recommend he or she contact you
   - ❑ suggest he or she contact you
   - ❑ suggest he or she NOT contact you
   - ❑ strongly recommend he or she NOT contact you

   because: _____

Group Counseling Feedback Form

[NOTE: We suggest giving this form to group participants toward the end of the group, but not on the last day of group.]

This is an anonymous questionnaire. Please do not put your name on it!
Thank you in advance for taking the time to answer these questions. We know you are very busy, but we really appreciate your telling us what is helpful as well as not helpful about our group counseling services. We take your comments seriously and are always trying to improve our services. We need your feedback, so please answer as honestly as you can.

Please check the response that best matches how you feel.

1. I feel like the people in my group understand what I'm going through.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

2. I feel supported by the group facilitator(s).
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

3. The group has talked about the effects of victimization.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

4. I understand the effects of victimization.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

5. I have been given information about community resources that are available to me.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

6. This group is helpful to my healing process.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

7. When I think about what I wanted to get out of group counseling, I would say:
   - ❑ it has met or exceeded all of my expectations
   - ❑ it has met most of my expectations
   - ❑ it has met some of my expectations
   - ❑ it has met few or none of my expectations

comments: _____

8. If a friend of mine told me she or he was thinking of using your group counseling services, I would:
   - ❑ strongly recommend she or he contact you
   - ❑ suggest she or he contact you
   - ❑ suggest she or he NOT contact you
   - ❑ strongly recommend she or he NOT contact you

because: _____

Legal Advocacy Feedback Form

Thank you in advance for taking the time to answer these questions. I know you are very busy right now, but we really appreciate your telling us what was helpful as well as unhelpful about our legal advocacy program. **We take your comments seriously**, and are always trying to improve our services. So remember, please don't put your name on this sheet and please answer as honestly as you can. We need your feedback! Thanks again, and good luck to you!

1. I used *(name of agency)'s* services to:
   (please check all that apply)

____ get a Personal Protection Order

____ help me prepare to testify in court against the person who assaulted me

____ help the prosecutor press charges against the person who assaulted me

____ learn more about my legal rights and options

____ have someone go with me to court

____ help me deal with the police and/or prosecutor

____ get an attorney

____ other (please explain):_____

Please circle the number that best matches your feelings or thoughts:

2. *(Name of agency)'s* staff clearly explained my legal rights and options.

1	2	3	4
strongly agree	**agree**	**disagree**	**strongly disagree**

3. *(Name of agency)'s* staff clearly explained my role in the court process.

1	2	3	4
strongly agree	**agree**	**disagree**	**strongly disagree**

4. *(Name of agency)'s* staff treated me with respect.

1	2	3	4
strongly agree	**agree**	**disagree**	**strongly disagree**

5. *(Name of agency)'s* staff were caring and supportive.

1	2	3	4
strongly agree	**agree**	**disagree**	**strongly disagree**

6. If you wanted a Protective Order, did you file a petition for a Protective Order?

    ____ Yes

    ____ No

    ____ Didn't want one

7. How helpful was (name of agency) overall in helping you understand your legal rights and options?

1	2	3	4
very helpful	**helpful**	**a little helpful**	**not at all helpful**

8. How helpful was (name of agency) overall in helping you develop a safety plan?

1	2	3	4
very helpful	**helpful**	**a little helpful**	**didn't need one**

9. How helpful was (name of agency) overall in helping you get what you needed from the system?

1	2	3	4
very helpful	**helpful**	**a little helpful**	**not at all helpful**

10. Ways to improve (name of agency)'s legal advocacy program would be to:

Thank you again for taking the time to fill this out — we will use your comments to continue to improve our services! And please contact us if you should need anything.

Parents'/Guardians' Feedback About Children's Advocacy

This is an anonymous questionnaire. Please do not put your name on it!

Thank you in advance for taking the time to answer these questions. We know you are very busy right now, but we really appreciate your telling us what was helpful as well as not helpful about our children's advocacy services. We take your comments seriously and are always trying to improve our services. We need your feedback so please answer as honestly as you can.

Please check all that apply.

(1) What were you and your children hoping to get out of participating in our Children's Advocacy Services? (check all that apply)

❑ having someone listen to them about their thoughts and feelings

❑ learning more about why/how domestic or sexual violence happens

❑ learning the violence isn't their fault

❑ being able to have fun and forget their troubles

❑ getting support from other children

❑ learning how to stay safe if violence happens

❑ other (please describe_____)

Please check the response that best matches how you feel.

(2) I feel that the Children's Advocates understand what the children are going through.

❑ strongly agree

❑ agree

❑ disagree

❑ strongly disagree

❑ don't know

(3) The Children's Advocates tell the children that the abuse is not their fault.

❑ strongly agree

❑ agree

❑ disagree

❑ strongly disagree

❑ don't know

(4) The Children's Advocates talk to the children about how they can stay safe.

    ❑ strongly agree

    ❑ agree

    ❑ disagree

    ❑ strongly disagree

    ❑ don't know

(5) My children are coping better since being a part of the Children's Advocacy Services.

    ❑ strongly agree

    ❑ agree

    ❑ disagree

    ❑ strongly disagree

comments _____

_____

(6) My children have plans for staying safe if violence occurs again.

    ❑ strongly agree

    ❑ agree

    ❑ disagree

    ❑ don't know

comments _____

_____

(7) My children know the violence is not their fault.

    ❑ strongly agree

    ❑ agree

    ❑ disagree

    ❑ strongly disagree

    ❑ don't know

comments _____

_____

(8) When I think about what I wanted my children to get out of the Child Advocacy Services, I would say:

❑ the program has met or exceeded all of my expectations

❑ the program has met most of my expectations

❑ the program has met some of my expectations

❑ the program has met few or none of my expectations

(9) The most helpful part of your Children's Advocacy Services was:

_____

_____

(10) To improve your Children's Advocacy Services, you might consider:

_____

_____

The following questions will help us know who is using our services so we can continue to improve them to meet the needs of all children.

(11) My children are: (check all that apply)

❑ African American/Black

❑ White

❑ Asian/pacific Islander

❑ Native American

❑ Latina/Hispanic

❑ other (please describe _____)

(12) My children who were with me while I was here are: (check all that apply)

❑ infant(s)

❑ toddler(s)

❑ preschool

❑ 5-12

❑ 13-18

❑ over 18

(13) Overall, I think my children felt accepted and welcomed by the staff here.

    ❑ strongly agree

    ❑ agree

    ❑ disagree

    ❑ strongly disagree

    ❑ don't know

comments _____

_____

(14) In thinking back to how comfortable I think my children were here, I would say that, overall, they were:

    ❑ very comfortable

    ❑ somewhat comfortable

    ❑ somewhat uncomfortable

    ❑ very uncomfortable

If you answered anything other than "very comfortable," what would you recommend we do to help children feel more comfortable?

_____

_____

Thank you again for taking the time to fill this out. We will use your comments to continue to improve our services! Please contact us if we can be of further assistance.

Sexual Assault Medical Advocacy Evaluation

Case number:_____

Instructions: This survey is to be completed by the **advocate** immediately following contact with the victim. The purpose of this survey is to document perceptions and observations of first response events.

1.   Date of advocacy call   __/__/____

2.   Name of Medical Facility: _____

3.   Rate your overall impression of the reactions and behaviors of the *medical personnel* to the survivor:

    3a.   1   2   3   4   5

          hostile   compassionate

    3b.   1   2   3   4   5

          judgmental   nonjudgmental

4.   Did you observe the evidence collection procedure? ____Yes   ____No

5.   If NO, indicate why you did not observe:

    ____evidence collection was finished before I arrived

    ____survivor did not want evidence collection

    ____survivor did not want advocate in the room

    ____medical personnel did not want advocate in the room

    ____other (describe)_____

6.   If YES, rate your impression of how the medical personnel handled evidence collection:

1   2   3   4   5

unsure/tentative   confident

7.   Did the medical personnel make errors in evidence collection?

   ___Yes   ____No   ____Unsure   ____Not Applicable

8.   Did the medical personnel explain the collection procedures to the survivor?

   ___Yes   ____No   ____Unsure   ____Not Applicable

9. Did the survivor receive information regarding:

    9a.   HIV   ___Yes   ____No   ___Don't know

    9b.   STD's   ___Yes   ____No   ___Don't know

    9c.   Pregnancy   ___Yes   ____No   ___Don't know

    9d.   Hepatitis   ___Yes   ____No   ___Don't know

10. Name of Police Department represented: _____

11. Were you present for the police interview? ____Yes ____No

12. If NO, why were you not present?

    ____police did not respond/no police interview

    ____interview was complete before I arrived

    ____survivor did not want to report/be interviewed

    ____police asked advocate to leave

    ____other (describe)_____

13. If YES, rate your overall impression of the reactions and behaviors of the police to the survivor:

    13a.   1   2   3   4   5

           hostile   compassionate

    13b.   1   2   3   4   5

           judgmental   nonjudgmental

14. Indicate your impression of the survivor's reaction to the interview:

    ____No interview

    ____Not present for interview

    ____Survivor wanted to drop investigation after contact with police

    ____Survivor expressed desire to continue after contact with police

    ____Other (describe)_____

15. Rate your overall impression of your interaction with the survivor based on your ability to connect emotionally with the survivor:

    1   2   3   4   5

    Unable to connect   Able to connect

16.   Did you provide the survivor with information regarding:

16a.   Crime victim's compensation   ____Yes   ____No
        If no, why not_____

16b.   Counseling services   ____Yes   ____No
        If no, why not_____

16c.   Safety planning   ____Yes   ____No
        If no, why not_____

16d.   Rape myths   ____Yes   ____No
        If no, why not_____

16e.   Legal options   ____Yes   ____No
        If no, why not_____

16f.   Effects of victimization   ____Yes   ____No
        If no, why not_____

17.   Were you able to validate the survivor's feelings before leaving the medical facility?

___Yes   ___No

If no, why not_____

18.   Rate your overall impression of your advocacy with others for the survivor:

18a.   1   2   3   4   5
        Discounted by police   Respected by police
18b.   1   2   3   4   5
        Discounted by medical staff   Respected by medical staff

19.   Any other comments about the experience that you would like to share:

_____

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OFFICE OF THE PROSECUTING ATTORNEY

Victim/Witness Unit

- Customer Service Survey -

		YES	NO	N/A
1.	Victim stated that they understood that information on the dynamics of domestic violence would be mailed to him/her.			
2.	Victim stated that they felt that their legal rights were explained clearly.			
3.	Victim stated that he/she felt supported.			
4.	Victim stated that they understood the CVC program.			
5.	Victim stated that they understood that CVC information (brochures) was available to them.			
6.	Victim stated that they understood that V/W Unit staff were available to assist with completing CVC forms.			
7.	Victim stated that they understood the court process.			
8.	Victim stated that they understood their role in the court process.			
9.	Victim stated that they understood that they would receive letters on the outcome of court proceedings.			

This information was obtained _____in person _____by telephone.
Date: _____/_____/_____   Staff initials _____

Thank you to Kalamazoo County Office of the Prosecuting Attorney for the use of their survey design.

Helpinya County

OFFICE OF THE PROSECUTING ATTORNEY
Victim/Witness Unit
- Customer Service Survey -

Thank you in advance for taking the time to answer these questions. We know you are very busy right now, but we really appreciate your telling us what was helpful as well as unhelpful about our Victim/Witness Unit. **We take your comments seriously**, *and are always trying to improve our services. So remember, please do not put your name on this sheet and please answer as honestly as you can. We need your feedback! Thanks again!*

1. **If my pending case involved domestic violence, I received information on the dynamics of domestic violence.**

   Yes   No   N/A

For the following questions, please circle the answer that best matches your feelings or thoughts:

2. **Victim/Witness Unit staff clearly explained my legal rights.**

   Strongly   Agree   Disagree   Strongly
   Agree   Disagree

3. **Victim/Witness Unit staff were supportive.**

   Strongly   Agree   Disagree   Strongly
   Agree   Disagree

4. **If I sought medical attention for any injuries and had questions regarding my medical expenses, Victim/Witness Unit staff were available to explain the Crime Victim Compensation program.**

   Strongly   Agree   Disagree   Strongly   N/A
   Agree   Disagree

5. **If I sought medical attention for any injuries, Victim/Witness Unit staff were available to provide Crime Victim Compensation information (brochures, forms, pamphlets).**

   Strongly   Agree   Disagree   Strongly   N/A
   Agree   Disagree

6. **If I needed assistance with completing Crime Victim Compensation forms, Victim/Witness Staff were readily available to help me.**

   Strongly   Agree   Disagree   Strongly   N/A
   Agree   Disagree

PLEASE TURN OVER ➡

7. **Victim/Witness Unit staff clearly explained the criminal justice/court process to me.**

Strongly   Agree   Disagree   Strongly
Agree   Disagree

8. **Victim/Witness Unit staff clearly explained my role in the court process.**

Strongly   Agree   Disagree   Strongly
Agree   Disagree

9. **Victim/Witness Unit staff kept me informed of the outcome(s) of court proceedings.**

Strongly   Agree   Disagree   Strongly
Agree   Disagree

10. **Please list things you found most helpful with the Victim/Witness Unit:**

1)

2)

3)

4)

11. **Please list ways we may improve the Victim/Witness Unit:**

1)

2)

3)

4)

Thank you again for taking the time to complete this survey.

> *Please return the survey in the self-addressed stamped envelope provided OR place in the drop-box in the reception area of the Victim/Witness Unit*
>
> *(000 Advocate Avenue – 1st Floor).*

Thank you to Kalamazoo County Office of the Prosecuting Attorney for the use of their survey design.

Sample Logic Models

   In the hopes of making the task of creating logic models for your various programs simpler, some examples are provided on the following pages based on the fictional Safe Place USA domestic violence program. Safe Place USA has a 24-hour crisis line, a shelter with 20 beds, a counseling program, support groups, and a legal advocacy program.

Example Logic Model for Five Components within a Fictional Domestic Violence Program

(1) Residential Services

Inputs	Activities	Outputs	Short-term Outcomes	Longer-term Outcomes
▪ Agency provides four full-time and five part-time staff within a 20 bed shelter to meet residents' needs ▪ Security and surveillance equipment are in place ▪ Rules and regulations are written, distributed, and posted regarding house and safety rules ▪ Program provides necessary facility, furnishings, and food.	▪ Staff monitor the security of the shelter program, and educate residents about safety and security while in the shelter. ▪ Staff discuss causes and consequences of domestic violence with residents as needed, and stress they are not to blame for the abuse. ▪ Staff provide referrals and information regarding any community resources needed by residents. ▪ Food and clothing are provided to residents, as well as access to laundry and telephone.	▪ Up to 20 women and their children are housed at any one time.	▪ Residents are safe from emotional and physical abuse while in shelter. ▪ Residents have increased knowledge of domestic abuse and its effects. ▪ Residents have increased knowledge about resources and how to obtain them. ▪ Survivors have strategies for enhancing their safety.	▪ Decreased social isolation. ▪ Women are able to obtain the resources they need to minimize risk of further abuse. ▪ Women and their children are safe. ▪ Women have higher quality of life.

Example Logic Model for Five Components within a Fictional Domestic Violence Program

(2) Legal Advocacy

Inputs	Activities	Outputs	Short-term Outcomes	Longer-term Outcomes
▪ Program provides two part-time legal advocates with training in current domestic violence laws and policies. ▪ Legal advocacy office within the shelter has up-to-date law books as well as paperwork needed to file for divorce, obtain a protective order, and to file for custody or visitation of minor children. ▪ A volunteer attorney is on hand 5 hours per week to answer questions and to assist with legal matters.	▪ Program provides legal information regarding protection orders, divorce, custody, and child visitation. ▪ Program staff assist women in completing necessary paperwork. ▪ Program staff discuss the process involved if assailant has been arrested. Women are informed of their rights, responsibilities and options, and are told what to expect from the criminal justice system, based on prior similar situations. ▪ Advocates discuss individualized safety planning with women.	▪ Women are informed about their legal rights and options.	▪ Women have the legal knowledge needed to make informed decisions. ▪ Survivors have strategies for enhancing their safety. ▪ Survivors have knowledge of available community resources.	▪ Women receive justice and protection from the criminal and civil legal justice systems. ▪ Women and their children are safe. ▪ Women have higher quality of life.

Example Logic Model for Five Components within a Fictional Domestic Violence Program

(3) Individual Counseling Services

Inputs	Activities	Outputs	Short-term Outcomes	Longer-term Outcomes
▪ Program provides eight part-time counselors with experience working with survivors of domestic abuse. ▪ Program provides three on-site private office space for counseling sessions.	▪ Within weekly 50 minute sessions, counselors provide emotional support, practical information, and referrals to survivors. ▪ Counselors discuss individualized safety planning with survivors. ▪ Counselors discuss the causes and consequences of domestic abuse, stressing the survivor is not to blame for the abuse. ▪ Counselors share information about community resources that might be useful to survivors, as needed.	▪ Women attend weekly individual counseling sessions.	▪ Survivors feel supported and understood. ▪ Survivors do not blame themselves for the abuse. ▪ Survivors feel more positive about their lives. ▪ Survivors feel less isolated. ▪ Survivors are aware of the many effects of domestic abuse. ▪ Survivors feel better able to handle everyday situations. ▪ Survivors have strategies for enhancing their safety. ▪ Survivors have knowledge of available community resources.	▪ Short-term outcomes persist. ▪ Women and their children are safe. ▪ Women have higher quality of life.

Example Logic Model for Five Components within a Fictional Domestic Violence Program

(4) 24-Hour Hotline/Crisis Line

Inputs	Activities	Outputs	Short-term Outcomes	Longer-term Outcomes
▪ Program provides trained volunteers to answer phones 24 hours a day, 7 days a week. ▪ Referral information and numbers are updated and available by the telephone.	▪ Volunteers provide emotional support, practical information, and referrals to callers 24 hours a day.	▪ Individuals needing practical or emotional assistance receive empathic and accurate responses by phone.	▪ Callers requesting or implying a need for crisis support receive such support. ▪ Callers requesting information about services or options for survivors of domestic abuse receive that information. ▪ Callers requesting information about programs for batterers receive that information. ▪ Callers requesting assistance in finding a safe place to go receive such assistance.	▪ Callers know crisis support is available in their community 24 hours a day. ▪ Callers are more aware of services and options that may decrease risk of further abuse. ▪ Callers are more aware of programs for batterers. ▪ Callers receive immediate reprieve from violence.

Example Logic Model for Five Components within a Fictional Domestic Violence Program

(5) Support Groups for Survivors

Inputs	Activities	Outputs	Short-term Outcomes	Longer-term Outcomes
■ Program provides two trained individuals to facilitate weekly two-hour support groups on-site. ■ Program provides a private room with comfortable chairs and refreshments for group. ■ Childcare is provided on site for those participating in group.	■ Facilitators lead group discussion based on the needs presented by each group. Topics include but are not limited to: who's to blame for domestic abuse, moving on from here, coping with a stalker, helping children cope, getting ongoing support, creating safety plans, and breaking the silence.	■ Up to 12 women at a time attend weekly groups as needed.	■ Survivors feel supported and understood. ■ Survivors do not blame themselves for the abuse. ■ Survivors feel more positive about their lives. ■ Survivors feel less isolated. ■ Survivors are aware of the many effects of domestic abuse. ■ Survivors feel better able to handle everyday situations. ■ Survivors have strategies for enhancing their safety. ■ Survivors have knowledge of available community resources.	■ Short-term outcomes persist. ■ Women and their children are safe. ■ Women have higher quality of life.

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.
   - f. Sampling counseling clients:
   - -- This depends on how long counseling generally lasts. Allow enough time for change to occur but don't wait so long that you'll miss clients who end counseling earlier than expected.
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. Clients 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 anonymously. 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 are 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.*"

INVITING CLIENTS TO COMPLETE PROGRAM EVALUATION FORMS:

DIRECTIONS FOR STAFF

NOTE: The staff member who asks the client 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 these guidelines even more carefully, and NEVER take a completed form directly from a client.

Stress the following things to the client when you ask them to complete a survey:

1)   You understand s/he is busy and you appreciate their taking the time to complete a survey.
2)   Stress that the survey will only take a few minutes to complete.
3)   Explain that your program takes survey results seriously and makes changes to services based on feedback received.
4)   While you would appreciate their feedback, completing the survey is completely voluntary.
5)   Make sure clients receive either a pencil, or black or blue pen to complete the survey.
6)   Provide a private and quiet place for the client to complete the survey.
7)   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. For example:
> 1. Show the client where to put the completed survey. Either provide a locked box or a sealed envelope or direct the client to another staff person who collects the surveys.
> 2. Mention that surveys are only checked once a month (or once a quarter for even smaller programs) so that staff have no idea who completed them.
> 3. Mention this is also why you've provided a pencil or black or blue pen.
> 4. Ask if the client has any questions or concerns.

Some clients will tell you that they WANT you to know what they said. When this happens, thank them but remind them that you want them to give both positive feedback as well as ideas for how things could be improved and that you'd rather they do the survey in confidence.

The Impact of Domestic Abuse Victim Services on Survivors' Safety and Wellbeing:
Research Findings to Date
Cris M. Sullivan, Ph.D.
Michigan State University

More and more, funders and others are asking if victim service programs are engaging in "evidence-based practice." To help domestic violence programs answer that question, I have reviewed the current research and summarized what we know about the evidence that our services make a difference for survivors. It can also be helpful to programs 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. It is not realistic for non-profit programs, with little money devoted to evaluation, to measure the long-term impact of their work – that's what research is for. We can, however, examine the short-term changes that have been found to lead to long-term success.

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; Gordon, 1996; Sullivan et al., 2008; 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 <u>no</u> 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.
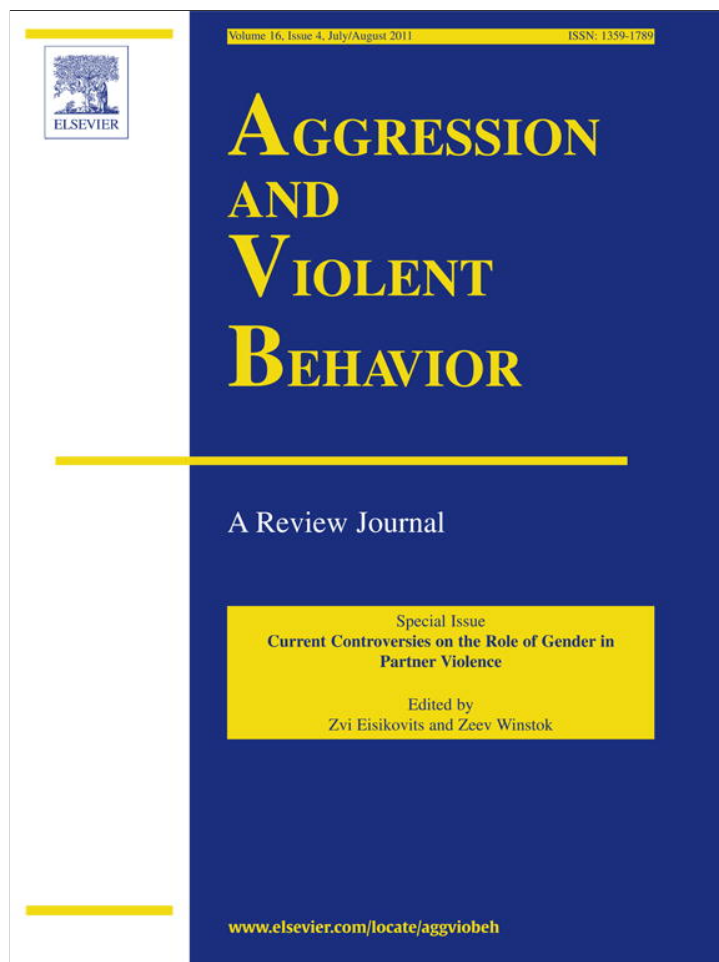
Tutty's findings were corroborated by a more recent study that did include an experimental design (Constantino, Kim, & Crane, 2005). This 8-week group was led by a trained nurse and focused on helping women increase their social support networks and access to community resources. At the end of the eight 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.

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Contents lists available at ScienceDirect

Aggression and Violent Behavior

Evaluating domestic violence support service programs: Waste of time, necessary evil, or opportunity for growth?

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ARTICLE INFO

ABSTRACT

More and more funders of non-profit organizations are mandating that grantees engage in outcome evaluation. Given that this mandate is rarely accompanied by additional funding to devote to such efforts, as well as the limited skills many staff have in conducting outcome evaluation, this has been a significant hardship for human service programs. Domestic violence victim service programs have additional barriers to evaluating service effectiveness, including: (1) each survivor[1] comes to the program with different needs and life circumstances; (2) there is debate about which 'outcomes' are appropriate for these programs to accomplish; (3) many service clients are anonymous or engage in very short-term services; and (4) surveying survivors can compromise their safety or comfort. Some programs, therefore, resist evaluating their services (which can compromise their funding) while others engage in evaluations that can compromise their integrity or values. Others, however, see outcome evaluation as an opportunity for growth and improvement. Evidence is provided that, if done appropriately and sensitively, outcome evaluation can be incorporated into ongoing staff activities, can provide evidence for program effectiveness, and can improve services for survivors of intimate partner abuse.

Contents

1. Introduction

Domestic violence victim service programs have been under increasing scrutiny across many countries to demonstrate that they are making a significant difference in the lives of those using their services (Bare 2005; Macy, Giattina, Sangster, Crosby, & Montijo 2009). As funding dollars become more scarce, grantors from federal agencies all the way to private foundations are faced with making difficult choices about where to target their financial support (Frone & Yardley 1996). Increasingly, funders are expecting non-profit organizations to demonstrate that these dollars are being well-spent—not just that agencies are spending the money as intended, but that their

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[1] While all those being victimized by an intimate partner deserve effective advocacy, protection, and support, the overwhelming majority of survivors using domestic violence services are women battered by intimate male partners and ex-partners. For that reason, survivors are referred to as "women" and "she/her" throughout this article. A conscious decision was also made to use the term "survivor" instead of "victim" throughout. Although there is debate about the use of these terms in the field, the author is more comfortable referring to women, not in terms of their victimization, but rather by their strengths, courage and resilience.

efforts are resulting in positive outcomes for service users (Campbell & Martin 2001; Rallis & Bolland 2004). While on the face of it, such an expectation appears reasonable—money should be spent on services that are known to make a positive impact on clients—this mandate is in fact quite controversial for a number of reasons. This article lays out the common concerns voiced by many staff of domestic violence victim service programs as they struggle with accurately evaluating their work. A field-tested evaluation protocol is then described that will hopefully assist these programs with their efforts.

One of the most common, and understandable, concerns voiced by domestic violence program staff with regard to outcome evaluation is that they are concerned that the evaluations demanded by funders will either endanger the very survivors they are trying to help (such as when funders expect programs to follow clients over time to gather outcome data), or will not accurately reflect their work. Some funders, for instance, tell domestic violence programs what their outcomes should be, and these outcomes are either unrealistic or reflect stereotypes that programs are trying to counteract (Behrens & Kelly 2008; Hendricks, Plantz, & Pritchard 2008). For example, some funders have grantees document how many women "leave the abusive relationship" after exiting shelter/refuge[2] programs as a sign of program success. Others expect an outcome of service to be that women will no longer be abused. Some funders think that if women return for service it is a sign of program success (she trusted the program enough to return, and found it helpful to her) while others believe that a return for service is a sign of failure (she was re-abused).

While domestic violence support service programs do focus on protecting women from future abuse, they (and the women themselves) are not ultimately responsible for whether abuse continues (Stark 2007; Sullivan & Bybee 1999). All of those engaged in this work have known women who have done everything in their power to protect themselves and their children, only to be re-abused or killed. Perpetrators are responsible for their behavior, and until our communities adequately hold them accountable and protect victims from them, abuse will unfortunately continue for many women and their children. The staff of domestic violence victim service programs is also all-too-aware that leaving the relationship does not necessarily end the abuse (Browne & Bassuk 1997; Fleury, Sullivan, & Bybee 2000; Sev'er 1997). In fact, abuse often escalates when a woman leaves or threatens to leave the relationship (Hardesty & Chung 2006; Stark 2007). For this reason, as well as the fact that some women want to maintain their relationships if the violence would end (Peled, Eisikovits, Enosh, & Winstok 2000), scholars as well as practitioners doing this work understand that "leaving the relationship" is not an outcome that accurately reflects domestic violence programs' work to keep women safe, nor does it reflect all women's intentions.

2. Choosing outcomes that make sense to domestic violence programs

So if domestic violence victim support programs are not responsible for ending violence against women in their communities, what DO they provide for victims and our communities? I have coined the acronym JARS (Justice–Autonomy–Restoration–Safety) as a handy means of describing the typical aims of domestic violence victim support programs. While programs differ in size, capacity, and services provided, most if not all share the following goals of enhancing:

- *J*USTICE—promoting legal, economic, and social justice
- *A*UTONOMY—re-establishing survivors' right to self-determination
- *R*ESTORATION—restoring emotional well-being
- *S*AFETY—enhancing physical *and* psychological safety

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[2] Some countries use the term "shelter" while others use the term "refuge" to describe the 24-hour programs available to survivors of domestic abuse that include residential accommodations in addition to their advocacy and counseling support.

Program outcomes, then, can be derived from these objectives, while also bearing in mind that outcomes must be connected to program activities and how much programs can control. So, for example, while programs promote legal justice for survivors by educating them about the legal system, accompanying them through the legal process, helping them obtain legal remedies (such as restraining orders), and advocating on their behalf within legal systems, they are not in control of whether the system will do what is needed to adequately protect the survivor. Program staff, then, might be responsible for helping a survivor *obtain* a restraining order if she both wants and is eligible for one, but they are not responsible for whether the order is enforced by the police.

Another problem plaguing domestic violence programs who want to evaluate their work is that each survivor coming to them for help has her own particular life experiences, needs, and concerns. Unlike some nonprofits who have a singular goal (e.g., improving literacy, reducing teen pregnancy, preventing drug abuse), domestic violence programs offer an array of programs and attempt to tailor their services to survivors' specific needs. Some survivors might want or need legal assistance, for example, while others do not. Some are looking for counseling, while others are not. While this flexibility in service provision is a strength of domestic violence programs, it makes creating standardized outcomes very challenging.

Choosing outcomes on which to judge the work of domestic violence programs is also problematic because traditional outcome evaluation trainings and manuals 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 raise their children. Domestic violence programs, however, are working with victims of someone else's behavior. The survivors they work with did not do anything to cause the abuse against them, and therefore programs are not focused on changing their clients' behaviors. Domestic violence programs, then, 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 domestic violence program 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). They also often work to change survivors' *attitudes* if the women blame themselves for the abuse, or believe the lies they have been told repeatedly by the abuser (e.g., that they are crazy, unlovable, or bad mothers). The program staff also teaches many clients *skills*, such as budgeting, how to behave during court proceedings, or how to create an impressive resume, and some clients do modify their *behavior* if they come to programs 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 that may mean lowering 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 it might entail raising their expectations (for example, if they are immigrants and have been told by the abuser that there are no laws in the host country prohibiting domestic violence).

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

Because women come to domestic violence programs with different needs, from different life circumstances, and with different degrees of knowledge and skills, it is important that outcomes first start with where each woman is coming from and what she herself wants from the program. Programs do not, for example, want to say that 90% of clients will obtain protection orders, because many survivors do not want such orders or believe the orders would endanger them further.

In response to the reality that survivors have different needs when turning to domestic violence programs, I have suggested two different but complementary approaches to outcome evaluation. First, program staff can use the following template to create outcomes: "Of those survivors (in or wanting a particular service), xx% will (fill in the outcome to be achieved)." Some examples might look like:

Of those survivors working with legal advocates, 85% will understand their rights as crime victims.
Of our clients attending 3 or more support groups, 90% will report feeling less isolated.
85% of our clients going through court will understand their role in that process.

While this approach has been successfully adopted by many domestic violence programs, others would rather identify outcomes that span most or all of their clients, in order to minimize the additional effort involved in tracking multiple outcomes for diverse groups of clients. In response to this, the second approach I have recommended has involved identifying common needs that survivors come to programs with, and creating outcomes addressing those needs.

I have engaged in a fairly lengthy process since 1997 to identify outcomes that would be relevant to many domestic violence programs regardless of their size and capacity, and bearing in mind that some survivors receive very short-term services while others remain clients for years. Numerous conversations with advocates across the United States, Ireland, Scotland and Portugal (Sullivan 1998; Lyon & Sullivan 2007; Sullivan, Baptista, O'Halloran, Okroj, Morton and Stewart, 2008) resulted in consensus that, regardless of the service provided or how short-term the services might be, two outcomes are generally desired across all survivors and all services: (1) survivors will increase their knowledge about community resources available to them, and (2) survivors will have strategies for enhancing their safety. These outcomes are useful because they have been identified by those working in the field as being relevant, *and* because there is empirical support for their importance. Research has demonstrated that increasing survivors' knowledge of safety planning and of community resources leads to their increased safety and well-being over time (see Bybee & Sullivan 2002; Goodkind, Sullivan, & Bybee 2004; Sullivan & Bybee 1999). With the increasing pressure from funders to demonstrate service impact, it is ideal to measure outcomes with established long-term relevance.

Additional outcomes that domestic violence program staff have identified as accurately measuring outcomes they believe to be important include but are not limited to:

Survivors will know more about their rights.
Survivors will know more about their options.
Survivors will feel less isolated.

This is certainly not an exhaustive list. Rather, it represents the types of outcomes that are not only deemed important by domestic violence advocates and survivors, but that are also very straightforward to measure. Because not only is the choice of outcome controversial in the field, but the entire *process* of engaging in outcome evaluation has been fraught with contention.

3. Safely and respectfully collecting data from survivors

The best information about the extent to which any program is effective for clients comes from those *using*, rather than those *providing*, the service. While staff might *believe* that they have provided useful information, taught someone a new skill, or enhanced their well-being in some way, only the service users themselves can substantiate whether this is true. For that reason, whenever possible it is important that service users be given the opportunity to provide the information on which an evaluation of services is based.

In the case of domestic violence victim service programs, some staff are understandably concerned about overburdening clients who are already under a great deal of stress and who may still be reeling emotionally from recent abuse (Campbell, Adams, & Patterson 2008; Sullivan & Cain 2004). This is a valid concern, and women who are still in crisis should never be asked to complete a program evaluation form, or even verbally be asked questions for the sole purpose of program evaluation. This would take away from the respectful relationship being developed between staff and client, and would demonstrate a lack of empathy for what a woman is currently experiencing. Specifically, women should not be asked to participate in program evaluation if they have just received brief, emergency crisis services, or if they are visibly upset. However, it has been my experience and the experience of numerous domestic violence program staff that, in general, women appreciate the opportunity to provide feedback on the services they have received and the impact of those services on their lives (Sullivan et al. 2008). It is simply important that their input be requested in a respectful manner, the questions they are asked are relevant and meaningful, and that the process not be time-consuming. Women also must be assured that their answers cannot be tied back to them personally, in order to assure that their responses are candid and honest.

A core value of domestic violence programs is to protect the privacy and confidentiality of the survivors who seek their services (Murphy & Yauch 2009). This value needs to extend to evaluating program services as well—participation in outcome evaluation must be completely voluntary, and clients must feel confident that their responses will not be held against them. For this reason, steps must be taken not only to assure women's anonymity but to ensure that women are *aware* that their anonymity is being protected. More than once I have heard of funders mandating that domestic violence programs obtain evaluation data from *all* of their clients—this is not only insensitive but it places an unnecessary additional burden on survivors and can undermine the trusting relationship being developed with staff. Instead, women must be *invited* to participate in outcome evaluation. In my experience, if survivors are told, not that they must complete a survey or the program might lose funding, but rather that their opinions are important to the agency and used to continually improve services, most clients are more than happy to take a few moments and offer their feedback. But their unwillingness to do so should not be cause for sanctions against either them or the domestic violence agency.

4. The difference between satisfaction surveys and outcome surveys

It is important to note here that outcome evaluation surveys are not synonymous with client satisfaction surveys. A client can be very satisfied with how they were treated by a program and with how much effort a service provider put in on their behalf, and yet also report that these efforts were not effective for them. Research has demonstrated that people can and do differentiate between these two phenomena, and many funders now (and program administrators) are interested more in whether the services significantly *impact* clients rather than simply whether clients were happy with them (Bare 2005; Hendricks et al. 2008; Rallis & Bolland 2004). The reason

this is important to note here is that many program staff refer to their outcome surveys as "satisfaction surveys," without recognizing that this term diminishes the extent to which external stakeholders (e.g., funders and policy makers) treat their evaluation efforts seriously.

For those programs that are currently using client satisfaction surveys that contain no outcome evaluation questions, adding such questions is relatively straightforward, and very quickly the program has an outcome evaluation design in place that blends well into work they are already doing. Programs do not want to omit satisfaction items entirely—it is important that clients not only receive services that impact them positively, but that they find the services respectful and useful, or they will be less likely to return to the program in the future—no matter how "effective" the services are (Hogard 2007). A brief survey can easily contain both types of questions without over-burdening respondents.

5. Deciding when to collect evaluation information from survivors

Since domestic violence programs differ within and across countries 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. Ideally, women would provide outcome data right before they stop services. 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 program staff (Campbell et al. 2008; Sullivan & Cain 2004). This makes the issue of timing very difficult for program staff. My own recommendation has been for programs to ask a survivor to complete a brief survey after a minimum of two contacts with the agency unless the advocate believes they will see the client again (Lyon & Sullivan 2007). Programs want to allow enough time for change to occur, but they also do not want to miss those clients receiving shorter-term support and advocacy.

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 one language, means that programs will not be hearing from all of their clients equally. Also, if someone either does not read or write well, or has a physical or cognitive disability preventing them from comfortably completing the form, their opinions and experiences will not get counted. Creative solutions are needed to deal with these issues, but they are dependent on agency resources and capacity.

Verbally asking clients the survey questions is one way to deal with literacy, language and/or many disability issues. However, programs would not want the person who provided the services to be the person asking the questions because clients may not feel comfortable giving negative feedback. 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.

6. Can domestic violence programs measure long-term change?

Another debate regarding outcome evaluation concerns whether domestic violence programs can or should measure long-term change (such as stable housing over time, or long-term safety). Some funders have expected non-profits to locate their clients six months (or sometimes even longer) after they have received services in order to gather this information (Sridharan, Campbell, & Zinzow 2006). Not surprisingly, many domestic violence programs have balked at this requirement—not just because following survivors over time might endanger them or be perceived as stalking them, but because mea-

suring long-term outcomes is very labor intensive, time intensive, and costly. Research dollars are generally needed to adequately examine these types of outcomes (Sridharan et al. 2006; Sullivan 2010). For example, I conducted a research study that involved interviewing women every six months over two years, and the project was able to locate and interview over 95% of the sample at any given time point (Sullivan, Rumptz, Campbell, Eby, & Davidson 1996). We 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. It also cost tens of thousands of dollars to successfully track and interview the women safely (Lyon & Sullivan 2007). This case examples illustrates that if agencies do not have the funds and time to locate a representative sample of their clients over time, the findings would be suspect and ineffectual.

What community-based programs *can do* is examine the extent to which their evaluation results dovetail with what larger-scale research studies are revealing about domestic violence services. 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, for example, have been found to be one of the most supportive, effective resources for women with abusive partners, according to the residents themselves (Bennett, Riger, Schewe, Howard, & Wasco 2004; Goodkind et al. 2004; Lyon, Lane, & Menard 2008; Tutty, Weaver, & Rothery 1999). Advocacy services were evaluated in one research study that used a true experimental design and followed women for two years. 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, 2006; 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 as of this writing 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.

Evaluations of support groups have shown positive findings as well. One notable exception is Tutty, Bidgood, and Rothery (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 noted significant improvements found in women's self-esteem, sense of belonging, locus of control, and overall stress over time. These findings were corroborated by a more recent study that included a rigorous 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 illustrate that there is at least some evidence supporting the long-term effectiveness of typical domestic violence victim services (Macy et al. 2009; Sullivan 2010). While community-based programs do not have the resources to examine long-term change in women's lives, they can measure the short-term change that has been shown to lead to the longer-term successes.

Proximal changes are those more immediate and/or incremental outcomes one would expect to see that will eventually lead to the desired long-term outcomes (Rossi, Lipsey, & Freeman 2004). For example, a hospital-based medical advocacy project for survivors of domestic violence might be expected to result in more women being correctly identified by the hospital, more women receiving support and information about their options, and increased sensitivity being displayed by hospital personnel in contact with abused women. These changes might then be expected to result in more women accessing whatever community resources they might need to maximize their safety (e.g., shelter, restraining order), which *ultimately—* long-term—would be expected to lead to reduced violence and increased well-being (Renger, Passons, & Cimetta 2003). Without research dollars programs are unlikely to have the resources to measure the long-term changes that result from this project. However, programs *could* measure the short-term outcomes they expect the program to impact: in this example, that might include (1) the number of women correctly identified in the hospital as survivors of domestic abuse; (2) survivors' perceptions of the effectiveness of the intervention in meeting their needs; and (3) hospital personnel's attitudes toward survivors of domestic violence.

7. Concerns about findings being used against programs

Yet another concern that has been raised by domestic violence program staff in response to funders' demands for outcome data has been the fear that results will be used to guide future funding decisions (Behrens & Kelly 2008; Hendricks et al. 2008). While on the face of it, this might make some sense—investing more dollars where services have been found to be most effective—there are numerous reasons why this is problematic and potentially unfair. The main worry raised by staff has been that programs will modify their client base to maximize their "success rate:" in other words, they will work with clients most likely to achieve the desired outcomes and refuse services to those with higher needs. Programs, for example, with funding to provide clients with 'stable housing' might refuse service to individuals with mental illnesses or who abuse substances, under the belief that they will be less likely to maintain stable living arrangements. This might in fact even be true—and results in fewer services being offered to people who are most vulnerable.

Continuing with the example of a program being funded to provide stable housing, another critique is that some outcomes are more influenced by community conditions than they are by program efforts. Some areas simply lack affordable housing, which makes attaining this outcome for clients much more difficult. Yet staff in under-resourced communities may be penalized for having a lower "success rate" than staff in more affluent areas. While there may be some cases, then, when outcomes might be used to guide funding decisions, it is important to consider these issues carefully and to avoid comparing one program's success with another.

8. Multi-country evaluation model useful to both staff and survivors

In 2006, three national-level organizations across Ireland, Portugal and Scotland began a two-year collaboration to create and test an outcome evaluation model for domestic violence shelter/refuge programs. Their goal was to design a model that would be easy and inexpensive for staff to implement, that would accurately reflect the diverse experiences, needs and outcomes of women experiencing domestic abuse, and that would be replicable across numerous European countries. The project was in response to an earlier collaboration among these partners and Denmark, France, and Slovenia examining domestic violence support services, from which they concluded:

All countries have reported that most services providing refuge accommodation for women and children experiencing domestic violence are aware of the importance of undertaking—in a regular and systematic way—evaluation procedures, but such work is often prevented by the lack of resources, but also by the lack of agreed and effective evaluation mechanisms (Baptista 2004, p. 40).

With funding awarded by the European Commission's Daphne II Programme to Combat Violence Against Children, Young People and Women, the partners embarked on a multi-year, five-phase project. They first gathered information from domestic violence program staff in all three countries about their concerns and needs regarding outcome evaluation. They then constructed outcomes and outcome measures (indicators) relevant to both workers and survivors. The third phase involved creating tools to measure the outcomes, and in the fourth phase they pilot-tested the tool (survey). The fifth and final phase involved modifying the model based on the pilot study, and summarizing the process to share with other countries (see Sullivan et al. 2008 for more details). Results of the project were extremely positive. Survivors willingly agreed to participate in the evaluation, they found the surveys easy to understand and complete, and they thought the questions were meaningful and relevant. Staff found the process to be straightforward and useful to their work. They felt they gained a more in-depth understanding of women's needs, and that the process provided them with opportunities to reflect upon their work. All of the agencies that participated in the pilot expressed a willingness to continue evaluating their work in the future.

A sampling of the information gleaned from this project is provided here to demonstrate the utility of engaging in program evaluation. For example, 95% of the women completing surveys reported having more information that would help them in the future, and that they felt more confident in their decision-making. A full 99% felt safer, and 95% reported having more ways to keep their children safer. The item on which women reported the least change was "I am better able to manage contact with my partner/ex-partner," with 16% reporting no change at all. Given how many women share children in common with their abusers or are financially entangled with them, this finding is not surprising and is often not under the direct control of domestic violence support service programs. It is, however,

important information for programs to have as they target their systems change efforts.

9. Self-evaluations vs external program evaluations

Some programs seek out external evaluators to conduct program evaluations (if they can find someone willing to do this for free or at a very low cost), while most conduct their own evaluations, either out of financial necessity or to maintain control of the process. The debate about which is preferable generally centers around two issues: (1) Will the findings of an "objective" outsider be more convincing than results obtained by staff invested in "looking good?" vs. (2) Will an external evaluator know enough about domestic violence and the work of victim service programs to design and implement a useful evaluation, and will they then have the expertise to interpret their findings accurately?

Establishing a positive relationship with an evaluator can be beneficial to programs in a number of ways. First, the evaluator may bring some resources (money, time, and expertise) to contribute to the evaluation, which could free up staff time and energy. Second, the evaluator could be helpful in disseminating positive information about the program to others. Bringing different types of expertise to a task generally lightens the load for all involved.

A word of caution is important here, however. There are evaluators who would be more than happy to evaluate the organization, but *for all the wrong reasons*. Some researchers are looking for opportunities to publish articles or obtain research grants simply to enhance their own careers, some are not willing to collaborate with community partners in an equal partnership, and some are unaware either of the dynamics of domestic violence or of the focus of domestic violence programs, and can inadvertently endanger or misrepresent the women using the services. There are many researchers and evaluators who would be willing to donate their time to assist domestic violence programs with their evaluations, but it is important that the program stay involved in all phases of the process (design, implementation, interpretation, and dissemination). This will ensure that the evaluation is germane to the needs of the organization, respectful to clients, and useful both internally and externally.

10. Conclusion

The debates about whether domestic violence victim service programs should evaluate their efforts, how they should evaluate their efforts, and how those findings should be used both internally to the program and externally to guide funding decisions, are not likely to be resolved any time soon. It is understandable, for example, that funders want to know if their dollars are significantly and positively impacting community members, while at the same time it is reasonable and logical that domestic violence programs worry that conducting a flawed or disrespectful evaluation is worse than conducting no evaluation at all. What all parties share in common—funders, program administrators, direct line staff, and service users—is the desire that services be relevant and helpful to survivors of intimate partner violence. It is my hope that some of the strategies outlined here, along with the outcome evaluation tools that have been tested across multiple countries, will assist domestic violence victim service programs in obtaining feedback from survivors that is useful both internally and externally.

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Evaluation Web Sites

The Internet is a great place to get information about evaluation. The following sites on the Internet offer a range of information and resources for evaluation. Many have links to other evaluation-related sites.

http://www.cdc.gov/eval/index.htm
The Centers for Disease Control and Prevention's Evaluation Working Group website, which offers resources on evaluation and helpful links.

http://www.eval.org
The Home Page of the American Evaluation Association, an international professional association of evaluators devoted to the application and exploration of program evaluation, personnel evaluation, technology, and many other forms of evaluation.

http://www.evaluationcanada.ca
The Home Page of the Canadian Evaluation Association (La Société Canadienne D'évaluation), which is dedicated to the advancement of evaluation for its members and the public (Dévouée à l'advancement de l'évaluation pour le bien de ses membres et du public).

http://www.wmich.edu/evalctr/
The Evaluation Center, located at Western Michigan University, is a research and development unit that provides national and international leadership for advancing the theory and practice of evaluation, as applied to education and human services.

http://www.wkkf.org/
The W. K. Kellogg Foundation. Several resources, including information on logic models and the *W. K. Kellogg Foundation Evaluation Handbook,* are available by selecting "Knowledge Center" and then "Resources" from the homepage.

http://www.innonet.org
Innovation Network, Inc., (InnoNet) is an organization dedicated to helping small- to medium-sized nonprofit organizations successfully meet their missions. The purpose of their site is to provide the tools, instruction, guidance and a framework to create detailed program plans, evaluation plans, and fund-raising plans.

http://www.geofunders.org
Grantmakers for Effective Organizations (GEO) provides information to
grantmakers in an effort to help them achieve results in their own work and in
their activities with nonprofit partners. The site includes links to their
electronic newsletter as well as research, publications, and other resources
related to organizational effectiveness.

http://www.socio.com
This is the Home Page for Sociometrics. Click on "Evaluation" for a
description of evaluation resources available directly from Sociometrics.

http://oerl.sri.com
The Home Page of the Online Evaluation Research Library. Resources
available on this site include instruments, plans, and reports that have been
shown to be valid and which represent current evaluation practices.

Glossary of Terms

aggregate data: the combined or total responses from individuals.

anonymous: unknown. In the case of outcome evaluation, this means you do not know who the responses to questions came from. For example, questionnaires left in locked boxes are anonymous.

closed-ended question: a question with a set number of responses from which to choose.

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.

data: information, collected in a systematic way, that is used to draw conclusions about process or outcome. NOTE: data is plural for datum (a single piece of information), which is why, when presenting results, sentences should read "the data *were* collected" instead of "the data *was* collected."

demographic data: background and personal information (e.g., age, ethnicity, socioeconomic status) gathered for evaluation or statistical purposes.

measurement instrument: also called "measure" or "instrument," this is the tool used to collect the data. Questionnaires, face-to-face interviews, and telephone interviews are all measurement instruments.

mean: the "average" response, obtained by adding all responses to a question and dividing by the total number of responses.

median: the "middle" response, obtained by choosing the score that is at the midpoint of the distribution. Half the scores are above the median, and half are below. In the case of an even number of scores, the median is obtained by taking the mean (average) of the two middle scores.

mode: the response chosen by the largest number of respondents.

open-ended question: a question that invites a reply from the respondent in his or her own words. A question without set responses.

outcome: an end (intended or unintended) result of a program. For purposes of evaluation, this needs to be a result that can be observed and measured.

outcome evaluation: assesses the measurable impact your program is having.

process: *how* something happens; the step-by-step procedure through which something is accomplished.

process evaluation: assesses the degree to which your program is operating as intended.

qualitative data: information gathered in an "open-ended" fashion, where the respondent has the opportunity to provide details in her or his own words.

quantitative data: information gathered in a structured way that can be categorized numerically. Questionnaires and interviews involving response categories that can be checked off or circled are collecting quantitative data.

verbatim: word for word; in a respondent's own words.

Handouts

- Acceptable Outcomes for VOCA Grantees - Handout #1

- Measuring Change (Advocacy) - Handout #2

- Measuring Change (Counseling/Support) - Handout #2

- Measuring Change (Crisis Intervention) - Handout #2

- Measuring Change (Volunteer Training) - Handout #2

Handout #1 - Acceptable Outcomes for VOCA Grantees

Last Updated July 2010

This is a menu of acceptable outcomes you can choose from for your VOCA-funded activities. Pick three for each activity. If you choose NOT to use one or more of these outcomes you must obtain permission from Leslie O'Reilly for different outcomes.

Every program needs to estimate the percentage of clients they would expect to achieve the outcome. When you use an outcome, please replace xx% with your own estimate. For these outcomes we have intentionally intermixed the words victims, survivors and clients because each program has their own philosophy about terms. Please use the word that best fits your own orientation.

Telephone Crisis Lines
1. XX% of victims who utilize the crisis line will find it to be helpful to them.
2. XX% of survivors will have access to information about community resources they might need in the future.
3. XX% of survivors will have access to supportive services 24 hours a day, 7 days a week.

In-Person, Brief Crisis Intervention
1. XX% of victims will have access to accurate information about the medical system, in order to make informed decisions and choices.
2. XX% of survivors will have access to accurate information about the legal system, in order to make informed decisions and choices.
3. XX% of clients will have access to accurate information about support services available in the community that they might need.
4. XX% of victims will have safety plans in place by the end of the interaction with the advocate.
5. XX% of clients will have access to information about the effects of [sexual or whatever is applicable here] victimization.

Counseling AND Support Group Outcomes (Adults)
1. XX% of victims will find the program to be helpful to their healing process.
2. XX% of survivors will have increased understanding about the natural responses to trauma.
3. XX% of clients will have increased knowledge about community resources they might need in the future.
4. XX% of victims will have more ways to plan for their safety.
5. XX% of survivors will feel more hopeful about the future.
6. XX% of clients will feel less isolated.

Counseling AND Support Group Outcomes (Children)
1. XX% of children will understand the abuse was not their fault.
2. XX% of children will have increased knowledge about the common responses to child [sexual] abuse.
3. XX% of children will be able to identify a safe place or person in their lives.
4. XX% of caregivers will have increased knowledge about children's common responses to child [sexual] abuse.
5. XX% of caregivers will have increased knowledge about community resources they might need in the future.
6. XX% of caregivers will understand that the lack of physical evidence does not negate that abuse occurred.
7. XX% of caregivers will report having more coping strategies for dealing effectively with their children's healing process.

Criminal Legal Advocacy
1. XX% of victims will have increased knowledge on the range of their legal options.
2. XX% of survivors will have increased knowledge about community resources they might need in the future.
3. XX% of victims will have more ways to plan for their safety.
4. XX% of clients going through the court process will understand their role in the court procedure.
5. XX% of survivors will understand their rights as crime victims.

If Focus is On Children:
1. XX% of caregivers will have increased knowledge on the range of their legal options.
2. XX% of children going through the court process will understand their role in the court procedure.

Civil Legal Advocacy
1. Crime victim compensation forms will be accurately completed and filed for XX% of survivors eligible for and seeking compensation.
2. PPO applications will be accurately completed and filed for XX% of victims eligible for and seeking PPOs.
3. XX% of clients will have increased knowledge on the range of their legal options.
4. XX% of survivors will have increased knowledge about community resources they might need in the future.
5. XX% of victims will have more ways to plan for their safety.
6. XX% of clients will understand what PPOs can and cannot do for them.
7. XX% of survivors will understand what to do if their PPO is violated.
8. XX% of survivors will understand their rights as crime victims.
9. XX% of clients will understand their rights with regard to filing crime victim compensation forms.

Inter-Agency Collaboration
1. Inter-agency collaboration will expand the knowledge of XX% of providers on services available to victims of [child abuse, domestic violence, sexual violence, etc.].
2. Inter-agency collaboration will expand the knowledge of XX% of providers on issues facing victims of [child abuse, domestic violence, sexual violence, etc.].
3. XX% of collaborators will feel better able to provide accurate information to victims of [child abuse, domestic violence, sexual violence, etc.].

Inter-Agency Collaboration for Child Advocacy Centers
1. XX% of collaborators will understand children's common responses to child [sexual] abuse.
2. XX% of collaborators will feel better able to provide accurate information to victims of [child abuse, sexual violence, incest, etc.].
3. XX% of judges will have the information they need to make informed decisions in the best interest of the child.
4. XX% of collaborators will understand that multiple interviews revictimizes children.
5. XX% of children will be interviewed only once as a result of inter-agency collaboration.

Volunteer Training
1. XX% of volunteers will show an increase in knowledge regarding crisis intervention after training.
2. XX% of volunteers will show an increase in knowledge regarding empathic listening after training.
3. XX% of volunteers will show an increase in knowledge regarding dynamics of victimization after training.

MEASURING CHANGE – HANDOUT #2

1. Project Activity:
Describe what the activity is, who will perform the activity, when and how often it is performed, and for how long.
Example: The program coordinator and/or a personal protection order specialist will be available Monday through Friday from 8:00 a.m. to 4:00 p.m. at the Green County Courthouse to assist victims of domestic violence who are filing petitions for Personal Protection Orders. Within this time frame, the client will determine frequency and length of time at the courthouse.

2. Desired Short-term Outcomes:	
Based on projected short-term outcomes, describe what you HOPE will happen as a result of the project activity. Outcomes must be measurable and tied to the project activity. Outcomes are changes in knowledge, attitudes, skills, behaviors, expectations, emotional status, or life circumstances that the project is designed to bring about in crime victims and their families.	
Desired Outcome #1	*90% of PPO forms will be accurately completed and filed for victims eligible for and seeking PPOs.*
Desired Outcome #2	*85% of survivors will have increased knowledge on the range of their legal options.*
Desired Outcome #3	*80% of victims going through the court process will understand their role in the court procedure.*

3. Outcome Measures:	
How did you measure the outcome? Outcome measures are SOURCES of information that will show the outcome has been achieved.	
Outcome Measure #1	
Outcome Measure #2	
Outcome Measure #3	

4. Actual Outcome:	
Provide actual numbers produced by the outcome measures.	
Actual Outcome #1	
Actual Outcome #2	
Actual Outcome #3	

MEASURING CHANGE – HANDOUT #2

1. Project Activity:
Describe what the activity is, who will perform the activity, when and how often it is performed, and for how long.
Example: The agency will offer a closed support group for secondary victims of homicide, meeting for 12 weeks, once per week for 90 minutes, facilitated by a victim advocate.

2. Desired Short-term Outcomes:	
Based on projected short-term outcomes, describe what you HOPE will happen as a result of the project activity. Outcomes must be measurable and tied to the project activity. Outcomes are changes in knowledge, attitudes, skills, behaviors, expectations, emotional status, or life circumstances that the project is designed to bring about in crime victims and their families.	
Desired Outcome #1	*80% of victims will find the program to be helpful to their healing process.*
Desired Outcome #2	*85% of survivors will have increased understanding of the natural grieving responses.*
Desired Outcome #3	*85% of clients will have access to information about community resources they might need in the future.*

3. Outcome Measures:	
How did you measure the outcome? Outcome measures are SOURCES of information that will show the outcome has been achieved.	
Outcome Measure #1	
Outcome Measure #2	
Outcome Measure #3	

4. Actual Outcome:	
Provide actual numbers produced by the outcome measures.	
Actual Outcome #1	
Actual Outcome #2	
Actual Outcome #3	

MEASURING CHANGE – HANDOUT #2

1. Project Activity:	
Describe what the activity is, who will perform the activity, when and how often it is performed, and for how long.	
Example: The agency will offer in-person crisis response for adult victims of sexual assault, on an as-needed basis, 24 hours per day, 7 days per week at County Hospital. In-person crisis response will be provided by a crisis counselor or trained volunteer.	

2. Desired Short-term Outcomes:	
Based on projected short-term outcomes, describe what you HOPE will happen as a result of the project activity. Outcomes must be measurable and tied to the project activity. Outcomes are changes in knowledge, attitudes, skills, behaviors, expectations, emotional status, or life circumstances that the project is designed to bring about in crime victims and their families.	
Desired Outcome #1	*80% of survivors will have access to accurate information about the medical and legal systems, in order to make informed decisions and choices.*
Desired Outcome #2	*70% of survivors will have safety plans in place by the end of the interaction with the advocate.*
Desired Outcome #3	*85% of survivors will have access to information about the effects of sexual victimization.*

3. Outcome Measures:	
How did you measure the outcome? Outcome measures are SOURCES of information that will show the outcome has been achieved.	
Outcome Measure #1	
Outcome Measure #2	
Outcome Measure #3	

4. Actual Outcome:	
Provide actual numbers produced by the outcome measures.	
Actual Outcome #1	
Actual Outcome #2	
Actual Outcome #3	

MEASURING CHANGE – HANDOUT #2

1. Project Activity:	
Describe what the activity is, who will perform the activity, when and how often it is performed, and for how long.	
Example: The agency will facilitate two 40-hour long trainings per year to educate and prepare new volunteers who provide services to victims of domestic violence. Volunteer trainings will be facilitated by victim advocates, crisis counselors and program coordinators.	

2. Desired Short-term Outcomes:	
Based on projected short-term outcomes, describe what you HOPE will happen as a result of the project activity. Outcomes must be measurable and tied to the project activity. Outcomes are changes in knowledge, attitudes, skills, behaviors, expectations, emotional status, or life circumstances that the project is designed to bring about in crime victims and their families.	
Desired Outcome #1	*85% of volunteers will show an increase in knowledge regarding crisis intervention after training.*
Desired Outcome #2	*90% of volunteers will show an increase in knowledge regarding empathic listening after training.*
Desired Outcome #3	*85% of volunteers will show an increase in knowledge regarding the dynamics of victimization after training.*

3. Outcome Measures:	
How did you measure the outcome? Outcome measures are SOURCES of information that will show the outcome has been achieved.	
Outcome Measure #1	
Outcome Measure #2	
Outcome Measure #3	

4. Actual Outcome:	
Provide actual numbers produced by the outcome measures.	
Actual Outcome #1	
Actual Outcome #2	
Actual Outcome #3	