



Outcome Evaluation for Domestic Violence Programs

Evaluation Issue Brief #5

How Do We Approach Gathering, Maintaining and Analyzing Data?

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

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

General Guidelines for Using Samples

The key to collecting information from a sample of survivors is that you must take steps to make sure that the people you include are as much like ("representative of") the whole group of people who receive your services as possible. This means that survivors from all ages, races and cultural groups, sexual orientations, religious preferences, and abilities must be included. It also means that survivors who complain must be included along with those who continually comment that your program is wonderful. Women who have limited contact or stay only briefly in shelter should be included, along with those who are involved for the maximum time (if you have one). **You cannot select particular survivors based on one of these characteristics, and exclude others!** That would "bias" your sample.

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

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

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

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

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

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

Special Considerations for Shelter Samples

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

Special Considerations for Support Group Samples

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

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

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

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

Special Considerations for Support Services and Advocacy Samples

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

Collecting the Information (Data)

There are a number of things to consider before you actually start collecting data from clients. First you’ll want to decide who on your staff should be involved in deciding which tools to use and with whom. You’ll also want to develop a realistic timeline for phasing the outcome evaluation in to program activities.

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

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

Designing a Protocol for Getting Information Back from Survivors

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

First, regardless of the service offered, survivors should be confident that you can not trace their comments directly back to them. Some survivors will not want to give negative feedback to the person who just provided them with services, either because they do not want to hurt the staff member’s feelings or because they might think staff will hold their comments against them. Therefore, some time and effort needs to go into reassuring clients that steps have been taken to ensure their comments are completely anonymous.

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

1. The staff member who asks the survivor to complete a form should ideally **NOT** be the person who has just delivered the service (the advocate, group facilitator, counselor, etc.). For small programs where this is not possible, be sure to follow the next guidelines even more carefully.
2. Stress the following things to the survivor when asking her to complete a survey:
 - a. Explain that you understand she or he is busy and that you really appreciate her/him taking the time to complete a survey.
 - b. Explain that your program takes survey results seriously and makes changes to services based on feedback received.
 - c. Stress that the survey will only take a few minutes to complete.
 - d. Stress that while you really would appreciate her/his feedback, completing the survey is completely voluntary on her/his part.
 - e. Explain that it’s very important staff do not know who completed what survey and that a number of procedures are in place to make sure staff don’t know who said what. Explain those procedures.
3. Make sure clients receive either a pencil, or black or blue pen to complete the survey.
4. Survivors need a private space to complete the survey uninterrupted.

5. Identify a visible, convenient, and secure place for *completed* forms to be returned. You may want to ask survivors what would help them feel most comfortable and trusting: the type of container (a covered box? something with a lock?) and its location. For small programs, with few clients, it is especially important to explain to clients that the box is only opened every month or every quarter (depending on number of clients) to ensure anonymity of clients.

Maintaining and Analyzing the Data

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

Storing the Data

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

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

Some Data Entry Considerations

Every program must decide for itself who will “enter” the information into a database, and how and when that will be done. It is ideal if a small number of people are identified to do this, and on a regular schedule—e.g. weekly or biweekly. That way, the data are always up-to-date, and the task consumes little time. If one person is identified to perform data entry, at least one *alternate* person should also be selected and knowledgeable, to avoid problems from sickness, vacations, turnover, or other unforeseen circumstances. The process will work most smoothly if the data file is already set up and ready to be used at the time you decide to begin asking survivors to complete surveys.

Analyzing the Information You Collect

You will likely have two types of information: “quantitative” data that can easily be shown numerically—as counts or *frequencies*, or as percentages—and “qualitative” data that are in the form of words. The hints that follow show different types of analysis and provide examples from a pilot test of the forms used in the NRC DV Meeting Survivors’ Needs Studies of shelter and non-residential services studies (www.vawnet.org/research/MeetingSurvivorsNeeds).

Quantitative Information

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

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

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

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

What other stories can frequencies tell? Frequencies can also be shown after particular responses have been *selected*. For example, when you look at frequencies of services survivors in your program have received, it is important to know first whether survivors *wanted* those services. If they didn’t want or need a service, you

(and any funders who receive your results) should not be concerned that they didn't get it. For that reason, the forms used in the Meeting Survivors' Needs Shelter Study asks residents to select from a list of possible services the ones they wanted and received fully, those they wanted and received partly, and the ones they wanted but did not receive. They also have the option of indicating that they didn't want the particular service.

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

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

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

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

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

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

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

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

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

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

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

- Does the number of advocacy contacts affect the likelihood that survivors will feel they have been helped in a particular way?
- Is there a relationship between a survivor’s race and ethnicity, or age, or sexual orientation, and the extent to which she/he feels respected, or her/his feelings about the help she has received? In the pilot, although 79% of the women said they would “strongly recommend” the program to a friend who needed it (and all of the rest said they would “recommend” it) just 67% of the African American women responded in this way. This result might lead a program to obtain more feedback from survivors about their experiences.

- Does length of time in the shelter affect the likelihood that survivors will receive particular services? For example, some services may require appointments or involve other issues that take more time. Survivors who are in shelter for less than a week may be less likely than others to obtain help with TANF benefits, but just as likely to feel emotionally supported while they are there.
- Does the number of counseling or support group sessions affect the likelihood that survivors will feel they have been helped in a particular way?

Qualitative Information

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

Qualitative information can also be grouped into meaningful categories, and help you to understand something new. For example, nearly a quarter of the women in the pilot test of the shelter forms reported that they had had concerns about contacting the shelter. All of them described their concerns. Most of their answers fell into one of three categories: 1) shame or embarrassment about their abuse, 2) safety at the shelter, and 3) fear of the unknown—they didn’t know what to expect at the shelter. One noted that she had been at a different shelter that “wasn’t very nice;” she was concerned that this one would not be different. These results could be incorporated into training for staff and volunteers who spend time with women when they first arrive at shelter. Such training could remind shelter workers that many women are nervous when they first arrive, and women’s concerns may center on shelter realities as much or more than on their own physical safety. The woman’s comment about the other shelter might also reflect confusion between domestic violence and other shelters, and could alert program staff that they need to provide clearer descriptions in public presentations of what to expect in a battered women’s shelter.

The other Evaluation Briefs in this series address why domestic violence programs should want to evaluate our work (#1), review the distinctions between research and evaluation and between process and outcome evaluation (#2), explore ways to attend to safety, confidentiality and diversity (#3), further define outcome evaluation (#4), and recommend how we can make evaluation work for us (#6).

The content of this series of Outcome Evaluation Issues Briefs is drawn from a 2007 NRC DV publication entitled “*Outcome Evaluation Strategies for Domestic Violence Services Programs Receiving FVPSA Funding: A Practical Guide*”, authored by Eleanor Lyon, PhD and Cris Sullivan, PhD.

Eleanor Lyon recently retired from her position at Director of the Institute for Violence Prevention & Reduction at the University of Connecticut, where she directed many research and evaluation projects focused on violence against women. She remains active as a consultant for the NRC DV, the National Center on Domestic Violence, Trauma and Mental Health, and others. **Cris Sullivan** is Professor of Ecological/Community Psychology and Coordinator of the Violence Against Women Research and Outreach Initiative at Michigan State University (MSU). She is also Associate Chair of the Psychology Department and is a Senior Fellow of MSU’s Office on Outreach and Engagement. She has been an advocate and researcher in the movement to end violence against women since 1982. Her areas of expertise include developing and evaluating community interventions for abused women and their children, and evaluating victim services.