Outcome Evaluation Strategies for Sexual Assault Service Programs: A Practical Guide

Cris M. Sullivan

Suzanne Coats

Published by the
Michigan Coalition Against Domestic and Sexual Violence

Table of Contents

Notes

Cris Sullivan, Ph.D.

Cris Sullivan is a professor of Ecological Psychology at Michigan State University and is the Director of Research and Evaluation for the Michigan Coalition Against Domestic and Sexual Violence. She has been active in the movement to end violence against women since 1982 as both an advocate and a researcher.

Cris has received research grants from the National Institute of Mental Health, National Institute of Justice, and Centers for Disease Control and Prevention Injury Prevention Center to examine the long-term effects of community-based interventions for battered women and their children. Other areas of expertise include evaluating sexual assault and domestic violence programs, and developing and evaluating coordinated community responses to violence against women.

Her community involvement has included working with state and local sexual assault and domestic violence programs, and serving on the advisory board of Michigan State University's on-campus domestic violence shelter program. Cris has also served as a consultant for numerous local, state and federal organizations and initiatives, including the National Resource Center on Domestic Violence, the Pennsylvania Coalition Against Domestic Violence, the Michigan Domestic Violence Prevention and Treatment Board, U.S. Department of Justice's Violence Against Women Office, the Institute for Law and Justice, the Urban Institute, the National Research Council, and the Battered Women's Justice Project. She can be contacted through email at sulliv22@msu.edu or by mail at Dept of Psychology, MSU, East Lansing Michigan, 48824.

Suzanne Coats, MSW

Sue Coats has been the program director for Turning Point's Sexual Assault Program for the past 10 years, and is the program's founder. As part of her ongoing work to develop and expand services to survivors of sexual assault in her community, she piloted a teen peer education program, and worked with Wayne State University to research the impact of that program. This collaborative effort resulted in two articles accepted for publication. Sue also initiated and coordinated a community task force which developed the first Sexual Assault Nurse Examiners Program in Southeast Michigan. She has presented on issues of sexual assault and counseling at numerous state conferences. She is the past president of the Southeast Michigan Anti Rape Network, and is the 1997 recipient of the Michigan Coalition Against Domestic and Sexual Violence's Apple Blossom Award for her outstanding efforts to end sexual violence in her community. Sue has also served as a board member of the MCADSV and is the chairperson of the survivors' advisory group. She can be contacted at Turning Point, P.O Box 1123, Mt. Clemens, MI 48043, Telephone 1-810-468-6118.

Preface

Outcome Evaluation Strategies for Sexual Assault Service Programs: A Practical Guide was written by MCADSV consultants Cris Sullivan and Suzanne Coats. A work group and MCADSV staff provided critical support and editorial comments at all stages. However, the final product reflects the opinions and views of the authors. Special thanks to Karen Lang of MCADSV for her assistance throughout the process, and to the members of the work group who assisted throughout all phases of the project: Carol Eggan, Gloria Krys, Judy Lee, Debra Patterson, Karen Porter, Tracy Terrian, and Diane Windischman.

We would also like to thank the following individuals for providing feedback on one or more drafts of this guide:

Gail Burns-Smith, Connecticut Sexual Assault Crisis Services
Carol Corgan, Illinois Coalition Against Sexual Assault
Denise Diggs-Taylor, Assault Crisis Center in Ypsilanti
Ann Emmerling, Pennsylvania Coalition Against Rape
Delilah Rumburg, Pennsylvania Coalition Against Rape
Tracy Terrian, Women's Resource Center of Northern Michigan

Chapters 4, 5, 7, 8, 9, and 10 were adapted from *Outcome Evaluation Strategies for Domestic Violence Service Programs: A Practical Guide*, written by Cris Sullivan for the Pennsylvania Coalition Against Domestic Violence. Copies of that guidebook are available by contacting: PCADV, 6400 Flank Drive, Suite 1300, Harrisburg Pennsylvania 17112-2778, attention Cindy Leedom. Guidebooks are $25 for nonprofit domestic violence programs and $30 for others (shipping and handling included in cost).

Notes

Chapter 1

The Usefulness of Evaluation

The Usefulness of Evaluation

Notes

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 women's lives. We want to build upon those efforts that are helpful to survivors of sexual assault, and we don't want to continue putting time and resources into efforts that are not effective or useful to women.

Evaluation is also important because it provides us with "hard evidence" to present to funders, which encourages them to continue or 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 Sexual Assault Service Programs May Resist Evaluation – and Why They Should Reconsider

We don't have the money to do evaluation.

It is true that evaluating our programs takes staff time and money. One of the ways we need to more effectively advocate for ourselves is in educating our funding sources that evaluation demands must come with dollars attached. However, this manual was created to prevent every program from having to "re-invent the wheel." Hopefully the logic models in Chapter 6, the outcome questions in Appendix B, and the strategies outlined in the following chapters will assist you in conducting evaluation without having to devote more time and money than is necessary to this endeavor.

Funders will use our findings against us.

A common concern we have heard from program staff is that our own evaluations could be used against us because they might not "prove" we help women heal from sexual assault. Funders who expect women's depression levels to quickly decrease, or who expect women's PTSD symptoms to disappear after a certain amount of counseling, do not always understand that healing is not linear. Not all women who receive our services even suffer from depression or PTSD, and it is not uncommon for women to actually feel worse after they begin the healing process.

These fears are unfortunately sometimes well-founded. It is important to educate our funders about the cyclical and complicated process of women's healing, and even more importantly, to educate funders that we should be evaluating *our* efforts, and not changes in women's behaviors or psychological well-being. This handbook was created to be one part of that process.

Notes

"I have no training in evaluation!"

That's why you're reading this manual. There is a scary mystique around evaluation – the idea that evaluation is something only highly trained specialists can (or would want to!) understand. The truth is, this manual will provide you with most, if not all, of the information you need to conduct a program evaluation.

* * * * * * * * * * * * *

Knowledge is power. And the more service providers and advocates know about designing and conducting evaluation efforts the better those efforts will be. Evaluating our work can provide us with valuable information we need to continually improve our programs. The following chapters were designed to break down the evaluation process into manageable and understandable pieces to facilitate this process.

* * * * * * * * * * * * *

Chapter 2

Challenges of Evaluating Sexual Assault Programs

Challenges of Evaluating Sexual Assault Programs

Notes

One of the major challenges facing sexual assault programs today is incorporating our knowledge of sexual assault recovery/integration and our program's mission into evaluation practices. The purpose of this chapter is to stimulate thought and dialogue about how the methods of evaluation we choose will impact our services. Will the data we collect improve the lives or status of survivors? Given the nature of sexual assault counseling work and the lack of resources for services in most communities, it is crucial that our evaluation efforts provide information that is useful to us and to survivors.

Too often, conventional methods of evaluation have focused on measuring a change in a survivor's behavioral and psychological symptoms through pre and post-testing. Focusing on these symptoms may yield inaccurate results that will distort our understanding of the effectiveness of the services we provide. Through our knowledge and experience in working with sexual assault survivors, we know that recovery/integration is not a linear process, but actually looks more like a spiral. Judith Herman (*Trauma and Recovery*, 1992) writes, "no single course of recovery follows these stages through a straightforward linear sequence. Oscillating and dialectical in nature, the traumatic syndromes defy any attempt to impose such simpleminded order" (p. 155).

Conventional methods of evaluation, such as pre/post testing and survivor surveys are not well suited to capture the highly unique process of sexual assault recovery/integration. For example, a survivor may be functioning more poorly and exhibiting more severe symptoms one year after the assault than she was three months after the assault due to the multitude of factors that influence recovery. How would the evaluator, outside stakeholders, or the survivor interpret this increase in the severity of symptoms? Would it mean the survivor is not getting the services needed?

> The survivor's increase or decrease of symptoms is useful information to the counselor and the survivor in the counseling process. It is not, however, useful to evaluation.

If we quantify the survivor's increase or decrease of symptoms as a measure of our performance, can we truly attribute it to our services? Will we only take credit when the survivor's symptoms decrease, but attribute it to other factors if symptoms increase? Do all of our staff operate from the same framework or provide services in a similar way? Will we be able to generalize that information to our program's effectiveness? Do all our clients receive the same amount of services? Frequently, a sexual assault survivor's attendance in counseling is sporadic as she experiences periods of normalcy and control. Since it is nearly impossible to predict how long a survivor will come in for services, we risk ending up with a lot of pre-tests and few post-tests.

Notes

Our evaluation tools should not interfere with our interventions or be an intrusive element when establishing safety and trust with survivors. Rather, evaluation tools should enhance the recovery/integration process.

Another basic assumption of conventional evaluation is that it must be "objective" or "value free" to provide any meaningful information. However, no evaluation is completely objective or value free and there is no single best approach. The notion of objectivity ignores the fact that we are always operating with biases and from value systems, however hidden they may seem. Even the choice of the term "survivor" or "victim" reflects a value system. Evaluation should incorporate the organization's philosophy and lead to the utilization of the results that will enhance the program's mission.

Historically, rape crisis programs have valued the voices of survivors in the development of their services. Evaluation is another opportunity to empower survivors. Does your evaluation plan include survivors or the perspective of survivors? Is the role of survivors only to give information? Survivors can and should be a part of an advisory group that will develop the evaluation plan, advise on the implementation of the tools, and offer insight into the interpretation of data. The following are questions to consider regarding evaluation and survivors:

- Has the agency assessed the needs of survivors to help determine the purpose of the evaluation? How will it benefit or affect survivors to be a part of our evaluation process?
- How will the evaluation findings be disseminated to survivors?
- Will the evaluation tool chosen reflect the experience of survivors and will it reflect what they want to understand?

Researchers and other practitioners in the past ten years have identified types of services, community responses, and interventions that can aid and foster recovery/integration for sexual assault survivors. Evaluation that helps the program assess itself in reaching and maintaining these standards can help us attain excellence. The National Research Center convened a panel of sexual assault researchers who concluded:

Although the provision of these services to rape victims has come to be standard fare in many communities, there has been no systematic assessment of their effectiveness in helping reduce victims' distress. *And these programs may not lend themselves to conventional methods of evaluation, with individual victims using pre/post intervention measures of distress or assignment to various treatment conditions. Given that all rape victims experience initial distress and that the purpose of intervention is to alleviate that distress with a supportive response it is not reasonable to impose such an expectation.* However, the characteristics of programs perceived as highly effective by their communities and by experts in the sexual assault field have been described. The elements include maintaining a commitment to both victim services and social change, having a cohesive philosophy regarding program value and action, and developing the capacity to change in response to self-evaluation or shifts in the community or social climate.

(Understanding Violence Against Women, 1996, p. 108, emphasis added)

Sexual Assault programs have become recognized for their expertise in counseling and advocacy by learning as they worked, by listening to survivors, and by borrowing knowledge from other fields that "fit" the experiences of rape survivors. Evaluation is another experience where we have to learn the same way: by borrowing techniques that "fit" us, by doing, and by listening to the voices of survivors. Sexual assault service programs can work together to create new paradigms for evaluation that will benefit survivors and enhance our practice. Through collaboration with evaluators and among ourselves we can maximize the limited resources available for evaluation and build the knowledge base of sexual assault recovery/integration.

* * * * * * * * * * * * *

If you're now convinced that your program can develop a useful evaluation plan, we hope you'll find the remaining chapters helpful in going through the process involved in designing and implementing outcome evaluation.

* * * * * * * * * * * * *

Notes

Notes

Chapter 3

Laying the Foundation

Laying the Foundation

One Program's Experiences

by Sue Coats

Director, Turning Point, Inc.

Administering a sexual assault program for the past 10 years has left little time to think through all of the complexities of program evaluation. Initially, my understanding of evaluation was that it was an objective science that would prove the value and impact of my program. Completing a class in program evaluation at Wayne State University introduced me to different evaluation paradigms, and helped me assess their application to my program. I hope my experience in laying the foundation for evaluation can be helpful to other sexual assault programs engaged in this process.

Just as a counselor learns there is no one theory that fits every client and their needs, there is no one method of evaluation that fits every program or field. Evaluation reflects our values and philosophy through the choices we make about what to evaluate, how it will be evaluated, and how we will utilize the results. Since my program is based in a feminist framework I felt more compatible with evaluation that reflected the values and "validity" of inclusion, empowerment, social relevance, and context. The principles of participatory evaluation, which emphasizes an egalitarian collaborative process for the purpose of providing usable knowledge, felt the most compatible with the values of my program.

Evaluation is a process that begins long before the first evaluation tool is administered. The pre-evaluation process in my program began with identifying stakeholders who cared about the program's effectiveness. Several staff members and I conducted focus groups and interviews with our major stakeholders for the purpose of including their perspective in the evaluation plan. Most of our stakeholders were from outside our program, and included representatives from similar rape crisis programs, victim service agencies, prosecutors, and funding sources. Others were from inside the organization, and included survivors, volunteers, administrators, and staff.

We informed stakeholders that the program was planning for the evaluation of our services, and we asked them what they were interested in finding out about the program's services. These interviews informed me about the images and perceptions our community held about our services. The interviews afforded our stakeholders an opportunity to clarify questions about philosophy, services, and other things they had heard about us.

The following is a summary of the stakeholder's questions from those interviews/discussions.

Staff:	Are we all doing the same things with our clients? Why do some clients drop out of services after one or two visits?
Volunteers:	Do we make a difference? What happens after our intervention?

Notes

Notes

Board:	How consistent are our services? How much of our services are people getting? Are we healing people? What is the consumer's opinion of our services?
Funders:	What is the impact of the program Are we meeting our goals/mission?
Prosecutors:	What did the client feel about the criminal justice system? How do we help people heal?
Survivors:	What is different about Turning Point's services? Have other survivors felt helped by the program? What can I expect when I come in for services?
Administrator:	Are we all doing the same things with clients? What are the highest standards in the rape counseling field? How do we make empowerment explicit?

Missing from the stakeholders interviews were survivors who do not use our services. We are interested in how to make our services more accessible to them, and we come into contact with many of these survivors through our First Response Advocacy program. In recent years we have extended our follow-up phone contacts with these survivors and have heard of the many barriers to our services such as transportation and child care. Increasing access to our services for under-served populations is an area that we know we need to improve.

Our discussions with stakeholders connected us with people who were genuinely invested in the program doing excellent work. At several meetings, staff discussed the community's view of our services and we were most challenged by the question "what was different about our services?" This led us to focus our evaluation questions on the work we do, our expertise in the area of sexual assault, and the ways in which we could make our services distinct from what other counseling agencies offer. With these questions in mind we began developing our evaluation plan in earnest.

As we discussed our community's view of our services we began to prioritize our evaluation questions. What did we want to know about the work we do? These discussions were great opportunities for staff to hear what their colleagues were wondering about in their work. Could evaluation help us know if we were achieving our mission of reducing the effects of sexual assault on the individual? It became clear that in order to learn this we had to first solidify our program theory for ourselves, for survivors, and for the community.

Developing our program's theory began with a series of staff discussions about what was known in the sexual assault counseling field. Staff discussed the theories and parts of methodologies they drew upon in their work with survivors and why. This was an opportunity for staff to hear each other's beliefs about recovering from sexual assault, and we learned a great deal from each other. We also discussed what we have witnessed and have learned from doing the work. While this knowledge may not yet be validated in the literature, it comes from our experience of providing counseling to sexual assault survivors. We tried to determine what theories and/or parts of theories we all saw and agreed upon; these places of agreement became the framework of our program theory.

We were now ready to include survivors in the discussion of our program's theory. Staff conducted individual interviews and focus groups with adult and teen survivors. Survivors were asked how they defined healing (our mission or outcome) and how they believed they would know when they had achieved it (indicators). Their responses follow:

Notes

What will healing feel like?

Teens	Adults
Safety	Hopeful
Strength	Strength
Confident (power)	Confidence
Joy	Sense of freedom
Self-esteem	Sense of justice
Happiness	Able to support others
No depression	Acceptance
	Not in denial
	Not blaming
	Feeling real, authentic
	Feel sense of self-worth
	Make sense of experience
	Feel connected to others

How will you know when you have achieved it?

Teens	Adults
Not think about it all the time	Victimization becomes smaller part of who I am
Enjoy life the way it is (acceptance)	Come to terms with it
Less impact on every day life	Seeing a positive as part of end result
Handling others' reactions (assertive)	Being aware of surroundings and community (reconnect)
Being able to trust	Feel better
Less crying	Control of addictions
Not believe everything bad happens to me	Pursuing goals
Faith that I can overcome	Speaking out to others
More comfortable around guys	Sexual intimacy
I will get my passion back	Being in the present
Know it is not my fault	Honoring my feelings in a relationship
Coping skills	
Want to live again	

Note: Some teen survivors stated you can never be fully healed

Notes

The discussions with survivors were useful to both staff and survivors, because they helped make the abstract concept "recovery" more distinct and tangible. The information we received from survivors was compared and added to the theories staff used. Explicit themes emerged that were a synthesis of theory and practice in the sexual assault counseling field: safety, empowerment, self-regard, reconnecting with others, and intimacy. The following is a summary of the elements of recovery/integration of sexual assault developed by Turning Point's Sexual Assault program staff in response to survivor feedback:

Safety

Safety is the first essential element for healing. Survivors have lost their sense of safety in the world as well as in their own bodies. They must also learn to feel safe with their intense emotions. The theme of safety will be integrated into all other themes and is consistently revisited throughout the counseling process. Safety is first established in the counseling process and then in the survivor's environment. Safety is addressed throughout the counseling process through active listening, equalizing power, maintaining professional boundaries, and following the lead of the survivor.

Empowerment

Empowerment refers to survivors regaining a sense of power and control, initially over their bodies and later over their lives. Empowerment is the core of rape counseling. The trauma of sexual assault and the question of why it happened cannot be fully understood outside the cultural and social influences that lead to victimization and affect recovery/integration. Counselors explore with survivors their view of power, their perception of their victimization, their gender role socialization, the role of women in their family, their relationship with men and women in their lives, and their view of institutional power. Counselors explore with survivors their own beliefs about rape, confront survivors' beliefs in myths and educate them about the origins of these myths.

Creation/Restoration of Positive Regard for Self

The trauma of sexual assault profoundly injures the survivor's view of self. It violates the sense of self, leaving many survivors with feelings of shame, isolation, vulnerability, and self doubt. As the survivor's sense of safety and power increases so does her belief in self. She begins to trust her coping skills and judgment. Her thoughts about herself change from "I'm weak and powerless" to "I am a strong survivor." She has new knowledge of herself and what she wants. Her assertiveness and goal setting often evidence this.

Reconnecting with the World

The ultimate outcome of the healing process is the survivor's reconnection with the world. The survivor's loss of safety and power severs her connection with the world, leaving her isolated. This isolation is sometimes necessary for survival. The perpetrator may have been a part of her social network. She may fear retaliation from his supporters or have generalized her fear to all relationships. Survivors frequently limit their world to "safe" places to avoid experiencing further violence.

Intimacy

Intimacy pertains to the survivor's deepening her bonds with those she has chosen to be in her life. Her relationships reflect autonomy in her connection with peers. It also refers to her comfort level with touch and affection and her reclaiming her capacity for sexual pleasure, if it was lost. Survivors often view the reclaiming of intimacy as a marker for healing.

* * * * * * * * * * * * *

Our next step in defining our program's theory was to define how staff know when they see the recovery themes (stages) occurring. In other words, what does the counselor see that lets her know that recovery is occurring? The answer to this question became the outcomes or indicators of each recovery stage. These themes and their indicators helped to make recovery a tangible event for staff to recognize. After identifying outcomes for each of the areas we next discussed how we as counselors facilitate these themes of recovery. We had hoped this information would be the basis for our program evaluation. We have preserved the description of these stages and their outcomes to train new counseling staff. This also helps our program staff to work from one common framework that has been proven to be effective. One counselor implicitly discusses these outcomes with survivors to help them see their growth and to choose areas to work on.

Working through the pre-evaluation process helped us sort through our values regarding the implementation of evaluation in our program. We knew we wanted a process that was non-intrusive in our work with survivors. We wanted evaluation to provide us with useful information, include survivors, and help us to improve our work. The process helped program staff lay the foundation for our evaluation plan. We had a clearer vision of what we wanted to know, and who would benefit from that information. The persons (staff and survivors) most affected by evaluation were clearly invested and had already benefited from the process.

The next step was to assess some of the available methods of evaluation that fit our values and would tell us what we wanted to know. I knew I wanted our method to provide information about <u>our response</u> to survivors, which could serve as a guide to the best practice for our advocates and counselors. To accomplish this the tool needed to focus on the responses of the advocate or counselor, not the survivor. I wanted a tool that could generate usable knowledge about the recovery process for the survivor and the counselor. I also wanted to include the consumer's opinion of our counseling services in our evaluation plan since that was of extreme interest to us and to all of our stakeholders.

Throughout the process I was assessing the feasibility of conducting evaluation, and looking for resources. What would be the cost and burden to already slim resources to conduct an evaluation, collect data, and interpret the findings? Our organization does not have the resources to hire an evaluator to develop a tool and lead an analysis of the data, nor do we have the staff resources to enter data. The evaluation tool and its implementation could possibly change or decrease the amount of services we could provide our community. These limitations led me to a clearer understanding of the

Notes

Notes

politics of evaluation work. Where are the resources for evaluation of our services? With additional funding dollars we have been asked to be accountable or to prove our work is effective. This is in addition to added responsibilities of expanding services to meet the needs of survivors, and of community collaboration to address system barriers.

With these limitations in mind, and with the increasing demands for program evaluation results by funding sources I have begun evaluation focusing on the program's advocacy component and client satisfaction survey of our counseling program. Significant others will be included in the surveying of our individual and group services.

Through the Michigan Coalition Against Domestic and Sexual Violence (MCADSV) I have been fortunate to be able to partner with an evaluator to develop evaluation tools and outcomes for sexual assault programs that incorporate the experience and expertise of sexual assault service providers. At this writing I am piloting the First Response Advocacy evaluation tool (included in Appendix B) that will capture the observations of advocates on their contacts at police departments, hospitals and our Sexual Assault Nurse Examiner (SANE) program. The First Response program has been providing advocacy services for over twelve years, and the next logical step in the development of this program is to formalize the observations of the advocates. The tool was developed with the input of the advocates who brainstormed the positive and negative indicators of an advocacy contact. This evaluation tool will give me useful information to present about the system response to sexual assault survivors for advocacy and education purposes, and will also serve as a self-evaluation tool for the advocates.

While I am only at the initial stages of implementing evaluation in my program I can see how evaluation has the potential to help my program improve and also benefit survivors. I hope this manual will serve as an example of service providers and evaluators working together to develop meaningful evaluation tools that will advance our work with sexual assault survivors.

Chapter 4

Process Evaluation: How Are We Doing?

Process Evaluation: How Are We Doing?

Notes

Even though this handbook focuses on outcome evaluation as opposed to process evaluation, there is enough confusion about the difference between the two to warrant a brief discussion of process evaluation.

Process evaluation assesses the degree to which your program is operating as intended. It answers the questions:

What (exactly) are we doing?

How are we doing it?

Who is receiving our services?

Who isn't receiving our services?

How satisfied are service recipients?

How satisfied are staff? volunteers?

How are we changing?

How can we improve?

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

When designing outcome measures, it is common to include a number of "process-oriented" questions as well. This helps us determine the connection between program services received and outcomes achieved. For example, you might find that women who participated in five or more support group meetings were more likely to report understanding they were not to blame for their assaults than were women who attended only two meetings.

Process evaluation is also important because we want to assess not just whether our program is having its desired effect (outcome), but whether the people receiving our services feel "comfortable" with the staff and volunteers, as well as with the services received. For example, it is not enough that a woman received necessary information from her counselor about sexually transmitted diseases (outcome), if the counselor helping her was condescending or insensitive (process). It is also unacceptable if a woman felt that counseling was helpful to her healing process (outcome) but found the office to be so dirty (process) she would never come back.

Notes

* * * * * * * * * * * * *

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.

* * * * * * * * * * * * *

Chapter 5

Outcome Evaluation: What Impact Are We Having?

Outcome Evaluation: What Impact Are We Having?

Notes

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

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

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

Goals

Objectives

Outcomes

Activities

Logic Models

Inputs

Outputs

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

The Difference Between Objectives and Outcomes

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

Notes

One might say that the OVERALL GOAL of sexual assault counseling service programs is to

enhance the healing process for

survivors of sexual assault

While it is not important that you agree with this overall goal, it is important that you choose goals and objectives that make sense for your agency. The Victims of Crime Act of 1984 differentiated goals from objectives by stating that objectives should be measurable and concrete. If the overall goal of a program, then, is to "enhance the healing process for survivors of sexual assault," measurable objectives might include (1) referring survivors to appropriate services in the community; (2) providing emotional support to survivors and their loved ones; (3) providing accurate information about the healing process to survivors and their loved ones; and (4) ensuring that survivors receive proper medical attention. After the program's overall goals and objectives have been established, it is important to consider what we expect to see *happen* as a result of our program, that is measurable, that would tell us we are meeting our objectives. These are PROGRAM OUTCOMES.

The critical distinction between goals and outcomes is that outcomes are statements reflecting *measurable* change due to your programs' efforts.

Depending on the individual program, PROGRAM OUTCOMES might include:

(1) Community members receiving factual information about sexual assault and sexual assault recovery (this would be accomplished through the 24 hour hotline and/or through community education programs);

(2) Sexual assault survivors [and their significant others] feeling emotionally supported;

(3) Sexual assault survivors understanding their recovery process;

(4) Survivors receiving referrals to appropriate agencies (e.g., HIV testing, prosecutor);

(5) A reduction in secondary victimization of survivors by the health care system;

(6) A reduction in secondary victimization of survivors by the criminal justice system.

There are 2 types of outcomes that can be evaluated: long-term outcomes and short-term outcomes. Long-term outcomes involve measuring what we would expect to ultimately occur, such as:

- ♦ survivors' long-term recovery from the assault
- ♦ reduced incidence of sexual assault in the community
- ♦ reduced secondary victimization 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, which measure PROXIMAL CHANGE.

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. For example, a hospital-based SANE program might be expected to result in more women being treated respectfully and sensitively by hospital staff, more women receiving support and information about their options, proper evidence being collected through the exam, and more women receiving appropriate exams within a short period of time. These changes are then expected to positively influence women's recovery process. Without research dollars, however, 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 the program to impact: in this example, that might include (1) the number of women who receive appropriate exams; (2) length of time it takes before women receive their exam; (3) hospital personnel's treatment of survivors; and (4) hospital personnel's expertise in conducting the exam.

Notes

"Problematic" Outcome Statements to Avoid

One of the primary objectives of sexual assault service programs is to enhance the healing process for survivors. You might reasonably expect, then, that at least some of our outcome statements would relate to seeing a change in survivors' feelings, attitudes, psychological symptoms, and/or behaviors over time. However, as we discussed more thoroughly in chapter 2 of this manual, it is not appropriate – for a variety of reasons – to measure change in survivors as a means of evaluating our programs. Consider the following outcome statements:

Problematic Outcome Statements

Problematic Outcome #1:

"80% of the women who receive our counseling services will report being less depressed."

Many factors influence women's levels of depression over time, and your program has control over few of them. Without a control group of women who were also sexually assaulted but who received no services, you have no idea how to interpret women's depression levels. If women ARE less depressed after receiving a certain number of your counseling sessions, was that due to the counseling, or simply to the passage of time? If women are NOT less depressed,

Notes

or are even MORE depressed, does this mean your program is ineffective? Not necessarily. Women may feel worse before they feel better – this is a natural part of the healing process. And again, you have no control over the other factors in women's lives that influence how they feel.

We can not stress enough that we do not recommend using pre- and post-tests that measure women's symptomatology as a means of evaluating our programs. Without a control group of women who were sexually assaulted but who did not receive our services, there is no way to confidently interpret findings from pre-post tests. It is much more useful to put our limited resources into measuring whether survivors received what they needed from our programs.

Problematic Outcome #2:

"75% of the women who attend at least five support groups will identify three or more active coping strategies for enhancing their recovery."

First, the only way to accurately capture this information is through pre-post testing of women before and after they participate in support groups. Otherwise you don't know whether women already knew at least three active coping strategies before beginning the group. This type of pre-post testing is very time and labor-intensive. It is also likely to come off as a "test" to the women using your services, which is not likely to be appreciated or to build trust. Finally, it is inappropriate because you are deciding what coping strategies and how many coping strategies are most helpful to women.

Problematic Outcome #3:

"80% of the women receiving our First Response services in a hospital setting will report fewer crisis symptoms after intervention."

Again, the only way to accurately capture this information would be through a pre-post testing of women, and you would NEVER want to ask program evaluation questions of women in crisis. A woman who has just been sexually assaulted will likely be exhibiting crisis symptoms, and these symptoms are not likely to go away after brief crisis intervention, no matter how wonderful that intervention might be.

That some programs feel compelled by funders to create outcome statements such as these is understandable. However, the cost is too high to succumb to this urge. It is one of our goals to educate the public about sexual assault and sexual assault recovery, and that includes our funders.

Chapter 6

Developing a Logic Model

Developing a Logic Model

Notes

A whole chapter is devoted in this handbook to designing a logic model because (1) it is the most common means by which sexual assault service programs are expected by funding agencies to evaluate their programs, and (2) it is an effective way to ensure that your outcomes are linked to your overall objective(s).

The Logic Model

If you receive funding from the United Way, you will probably be expected to create a logic model with five 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.

Those of you receiving Victims of Crime Act (VOCA) funding are likely expected to create logic models that look somewhat different from those used by United Way. Funders of VOCA dollars tend to have logic models that begin with the PROJECT ACTIVITY, followed by general, not necessarily measurable, PROJECT GOALS. Multiple OBJECTIVES, that relate to the project goals but that are concrete and measurable, then follow. OUTCOMES are the changes that the activity is designed to bring about, and the OUTCOME MEASURES, listed last, are the sources of evidence (e.g., phone logs, questionnaires) that will show the outcome was accomplished.

Logic Model format expected by Victim of Crime Act of 1984:

15. Project Activity
16. Project Goals (not necessarily measurable overall goal of the project activity)
17. Objectives (concrete and measurable objectives of the project activity)
18. Outcomes (measurable change due to the activity)
19. Outcome Measures (sources of evidence indicating the outcome was

Notes

achieved).

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 a fictional sexual assault service program. The program has a 24-hour crisis line, an individual and group counseling program, and a medical advocacy program. The logic models were created in the format expected by the Victims of Crime Act grants of 1984, but can be modified to meet the different formats of other funders.

Example Logic Models for Four Services within a Fictional Sexual Assault Service Program

- 24-Hour Crisis Line
- Individual Counseling
- Group Counseling
- Emergency Services (Medical)

Sample Logic Model for Evaluating a 24-Hour Crisis Line

1. Project Activity: 24 hours a day, 7 days a week, volunteers and staff will provide crisis intervention to people who contact the crisis line.

2. Project Goals: Primary and secondary survivors of sexual assault will have quality crisis intervention available to them 24 hours a day, 7 days a week.

3. Objective #1: To refer callers to appropriate services in the community, as needed.

Objective #2: To provide emotional support to callers.

4. Outcome #1: Callers requesting or implying a need for services receive appropriate referrals to such services.

   Outcome #2: Callers requesting or implying a need for emotional support will receive it.

5. Outcome Measure #1: Phone log

   Outcome Measure #2: Phone log

Notes

Sample Logic Model for Evaluating Individual Counseling Services

1. Project Activity: Within an accessible setting, a minimum of two counselors will provide individual counseling to primary and secondary survivors of sexual assault. These sessions will occur at mutually agreed upon times during the hours of (fill in the blank), Monday through Saturday.

2. Project Goals: Assist primary and secondary survivors in resolving and integrating the trauma of sexual assault.

3. Objective #1: Provide an accessible, safe setting for survivors to participate in counseling.

   Objective #2: As needed, provide information to survivors about the effects of sexual victimization.

4. Outcome #1-1: Survivors will have access to supportive services.

   Outcome #1-2: Survivors will feel emotionally supported by their counselors.

   Outcome #2: Survivors will report having received information about the effects of sexual victimization.

5. Outcome Measure #1-1: Program accessibility measure.

   Outcome Measure #1-2: Agency feedback survey provided to survivors at the third session.

   Outcome Measure #2: Agency feedback survey provided to survivors

Notes

at the third session.

Sample Logic Model for Evaluating Group Counseling Services

1. Project Activity: Within an accessible setting, a minimum of two counselors will provide group counseling to survivors of sexual assault. Groups will occur every Tuesday evening from 7-9pm and every Wednesday morning from 9-11am.

2. Project Goals: Assist survivors in resolving and integrating the trauma of sexual assault.

3. Objective #1: Provide an accessible, safe setting for survivors to participate in group counseling.

   Objective #2: Within group counseling sessions, provide information to survivors about the effects of sexual victimization.

   Objective #3: Reduce survivors' isolation and increase their connection to others.

4. Outcome #1-1: Survivors will have access to supportive services.

   Outcome #1-2: Survivors will report feeling emotionally supported by the group facilitators.

   Outcome #2: Survivors will report having received information about the effects of sexual victimization.

   Outcome #3-1: Survivors will report feeling emotionally supported by other group members.

   Outcome #3-2: Survivors will report feeling less isolated by the end of the group program.

5. Outcome Measure #1-1: Program accessibility measure.

   Outcome Measure #1-2 to 3-2: Agency feedback survey provided to survivors at the middle and end of group.

Notes

Sample Logic Model for Evaluating an Emergency Services (Medical) Program

1. Project Activity: 24 hours a day, 7 days a week, staff will be available to provide advocacy and crisis intervention services at local hospitals, SANE sites, police stations, and other sites as needed. Response will occur within ____ minutes. *(NOTE: This will vary depending on your program capabilities and circumstances)*

2. Project Goals: Assist primary and secondary survivors in resolving the immediate trauma of sexual assault, and to minimize the risk of secondary victimization.

3. Objective #1: Provide emotional support to survivors.

   Objective #2: Ensure that appropriate medical and legal information is given to survivors.

   Objective #3: Assist survivor with safety planning.

4. Outcome #1: Survivors will receive emotional support from the advocate.

   Outcome #2: Survivors will receive information about the medical and legal systems, in order to make informed decisions and choices.

   Outcome #3: Survivors will have safety plans in place by the end of the interaction with the advocate.

5. Outcome Measure #1: Supervisor debriefing form and/or advocate log.

   Outcome Measure #2-3: First Response Medical Advocacy form

Notes

Chapter 7

Collecting Necessary Information (Data)

Collecting Necessary Information (Data)

Notes

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:

1. What are we trying to find out?
2. What is the best way to obtain this information?
3. 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 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 client feel less isolated after attending the support group for three weeks (less/more/the same)? Were rape survivors treated appropriately by more doctors and nurses after the SANE program was in place for six months (yes/no)? 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 predetermined 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 manual, and we would 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 chapter 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.

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:

Notes

(1) fully explain the purpose of the questions to the respondents,

(2) clarify anything that might be unclear in the interview,

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

(4) maintain some control over when and how the interview is completed.

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

(1) lack of privacy for the respondent,

(2) the potential for women responding more positively than they might actually feel because it can be difficult to complain to a person's face,

(3) the time it can take to complete interviews with talkative women, and

(4) interviewer bias.

Although the first three disadvantages are self-explanatory, let us explain interviewer bias: 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 women 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.

Telephone interviews

Telephone interviews are sometimes the method of choice when staff want to interview a woman after services have already been received. After a woman has stopped coming to support groups, left counseling, ended her involvement with an advocacy program, etc., you might still want to talk with her about her experiences. Advantages to this approach include:

(1) such interviews can be squeezed in during "down" times for staff,

(2) women might feel cared about because staff took time out to call, and this might enhance the likelihood of their willingness to answer some questions,

(3) important information that would have otherwise been lost can be obtained, and

(4) you might end up being helpful to the woman you call.

Should the respondent need some advice or a referral, you can provide that during your telephone call. The most serious disadvantages of this approach involve the possibility of either (1) revictimizing women by reminding them about the assault "out of the blue;" or (2) putting women in physical danger if the perpetrator is their husband or boyfriend with whom they are still involved.

> *We do not recommend ever calling a woman unless you have discussed this possibility ahead of time and she has given you permission to contact her.*

It is never worth jeopardizing a woman's emotional or physical wellbeing to gather evaluation information.

Another drawback of the telephone interview approach is that you are likely to only talk with a select group of women, who may not be representative of your clientele. One of the author's research studies with women with abusive partners provides an excellent example of how we can't assume our followup 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. 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. 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.

Written questionnaires

The greatest advantages of this method of data collection include:

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

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

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

Disadvantages include:

(1) written questionnaires require respondents to be functionally literate,

(2) if a woman misunderstands a question or interprets it differently than staff intended, you can't catch this problem as it occurs,

(3) the method may seem less personal, so women may not feel it is important to answer the questions accurately and thoughtfully, if at all, and

(4) an extremely low response/return rate of questionnaires.

Notes

Notes

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 women 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" women in your area – perhaps women over 60, or lesbian women, or women 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 women 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, not negative, light, as this will facilitate your generating solutions to problems. For example, instead of asking "why don't more Latina women in our community use our services?" you might ask "what would our services need to look like to be more helpful to Latinas?"

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

Staff records and opinions

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. However, that being said, staff records are sometimes the best way to gather information about services being provided to people in crisis.

The greatest advantage to this form of information collection is that it eliminates the need to ask evaluation questions of people in crisis. It is simply not appropriate to end a crisis intervention call with, "Before you go, would you mind answering a few questions about how helpful or unhelpful you found this phone call to be?" Similarly, you would not want to give a questionnaire to a woman who has just undergone a rape exam in the local hospital. We never want to further victimize survivors for the sake of collecting evaluation data.

So how do we balance the need for accurate information with the need to minimize obtaining data from people in crisis? The best way to do this is to have one staff person evaluate another's behavior during crisis situations. One person, for example, could be sitting in the same office as a staff member handling a crisis intervention call. Although only one side of the conversation is being heard, it is still generally not too difficult to assess whether the staff person on the phone is being empathic and giving accurate information and/or referrals. Similarly, if a second staff member went with an advocate to the hospital or police station and observed their interactions, accurate and useful information could be obtained.

Clearly, programs do not have the staffing to double up efforts for each phone call or in-person advocacy effort. However, most programs do supervise other staff members and volunteers periodically as a matter of ongoing training practices. This periodic monitoring could simply become a part of evaluation strategies as well.

Deciding <u>When</u> to Evaluate Effectiveness

Timing is an important consideration when planning an evaluation. Especially if your evaluation involves interviewing women who are using or who have used your services, the time point at which you gather the information could distort your findings. If you want to evaluate whether women 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 women who had attended weekly support group meetings for two months or more, you would want to specify that this is your "sample" of respondents.

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 (see Chapter 8). Just be clear about your rationale and be able to justify your decision.

Notes

Notes

Protecting Women's Information

It is extremely important that you have a system in place to protect women's privacy before you begin collecting information from them.

(1) if participants fill out evaluation forms on their own, stress that they do not have to sign their names. Have a box available for people to turn in their forms; if a client hands a form to a staff member, her/his responses are no longer anonymous. If a participant verbally answers questions for a staff member, that staff member must assure confidentiality.

(2) whenever you have written records of people's responses, separate each person's data from any identifying information about them. In other words, never put a person's survey response in their file. Since information is to be used only in an aggregate form (in others words, each person'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 individual's responses to their identities.

(3) decide ahead of time how long you will keep evaluation forms and how you will dispose of them.

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.

Chapter 8

Analyzing and Interpreting Findings

Analyzing and Interpreting Findings

Notes

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

Storing the Data

The first question, before deciding how to analyze your data, is: how and where will you *store* your data? We strongly recommend investing in some type of computerized database, or computer program designed for storing and organizing data. This does not have to be anything extremely elaborate that only a computer whiz can understand – as a matter of fact, that is exactly the kind of database you *don't* want – but it should be capable of organizing your data for you in a simple, manageable way.

> 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

Let us start right away by saying this is not as daunting as it might seem. We will not be presenting an introductory statistics course in this chapter, not just because it's beyond the scope of this manual but because the types of evaluation discussed in this guidebook are generally not amenable to rigorous data analysis.

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 type of data generally tell you *how many*, *how much*, *whether, why, how,* and *how often*. For example, quantitative data allow you to explain how many of the women participating in your support groups found it helpful in their healing process, or how many women received appropriate, timely rape exams after your SANE program was implemented. 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).

Notes

In addition to examining frequencies, it sometimes makes sense to look at the mean, median or mode of responses. The following five 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 women 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 women 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 women:	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 women:	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 women in each category as well as the percentage of women 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:

> "Eighty women 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 women 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 women reported finding our program to be at least somewhat helpful to them (81% reported it was very helpful). Five percent of the women 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 women:	Chose Response:
65	1
9	2
4	3
2	4

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

Number of women:	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.

Notes

Notes

Sometimes the mathematical average can be misleading, in which case you might want to present the **median** or the **mode**. Below is an example of 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 women:	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 women choosing "1," but it's a good example because we see this type of distribution alot 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 women chose 1 as their response. No matter how you look at it, women 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 women reporting being miserable, while half reported being ecstatic."

Notes

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 women's responses to this question while asking yourself: what are the commonalities across these responses? what are the differences? did a majority of the women 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 women 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 women to that effect. Just be sure to remember the importance of confidentiality, and never use a quote that could reveal a woman's identity.

The Importance of Language in Reporting Findings

It is critical to choose wording carefully when reporting findings. For example, if 75% of your sample answered 'yes' to the question "did he force you to have sex when you did not want to?" look at the difference between the following two interpretations of the data:

> 75% of the women were forced to have sex when they did not want to.
>
> 75% of the women reported being forced to have sex when they did not want to.

The correct way to present these findings is the second sentence, *not* because we don't believe what women tell us, but because we must recognize there could be multiple reasons why some women might not respond candidly or accurately to any item we are using. Staying with this example, one woman might have answered yes to this item because she was recalling the time her husband wanted to have sex when she didn't and she knew if she refused he would make her life miserable for days. Another woman, facing the exact same situation, might have answered no to the question because actual physical force was not used immediately before the act. Yet another woman might have answered no even though she had been forced to have sex, because she was too humiliated to answer affirmatively.

Notes

Another common mistake many program staff make when interpreting their findings is to overgeneralize. Let's say you wanted to followup up with the women who attended a 10-week support group to see how they were doing six months after using your program. Out of 100 possible women to contact, you are able to reach and talk to only 20. Of those 20 women, 15 tell you they're feeling very good about their lives and 18 tell you they would attend your support group again if needed. You can not honestly report either of the following:

> "75% of the women who attended our 10-week support group reported feeling very good about their lives six months later."
>
> Nor:
>
> "90% of the women reported six months later that they would use our services again if needed."

To be accurate in your description you would first have to include that you only reach 20% of the women who received your services and that they might not be representative of all the other women. You would then want to re-word the above statements more like:

> "75% of the women we talked to were happy with their lives six months later."
>
> Or:
>
> "We were able to contact 20% of the women who had attended the 10-week support group. Ninety percent of them reported that they would use our services again if needed."

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 survivors' experiences to ourselves and others.

Chapter 9

Your (Optional) Relationship With an Evaluator

Your (Optional) Relationship with an Evaluator

Notes

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 sexual assault, which could lead to an interpretation of findings that harm, rather than help, your efforts.

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 share your beliefs about the causes of sexual violence against women? 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 issue, or does she or he understand and care that women's lives are at stake?*

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

Notes

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 Women's Studies, Criminal Justice, 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.

Once you have decided upon a researcher to approach, consider all of the cautions in the preceding paragraph. Have a list of questions ready for your first meeting. Remember, the only successful relationship with a researcher will be a collaborative, mutually respectful one. A bad relationship is worse than no relationship at all, and could result in many headaches down the road.

Appendix E contains a written protocol that can assist you in the process of contracting with an evaluator. Written by an evaluator, a director of a domestic violence program, and the director of MCADSV, the packet of information includes forms for the evaluator to complete and a protocol to guide your relationship. MCADSV also has a group of individuals willing to review research proposals upon request. Contact MCADSV for more information (1-517-347-7000).

Chapter 10

Making Your Findings Work for You

Making your Findings Work for You

Notes

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

Using Your Findings Internally

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

Using Your Findings Externally

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

Keep it Positive

Keep it Simple

Keep it Positive

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

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

Keep It Simple

When presenting your findings for public consumption it's very important to keep it simple. If you are talking to the television or radio media you will be lucky to get 30 seconds of air time, so learn to talk in sound bites.

Simple Phrases to Use with Media and the Public

"More women than ever...."

"A sizeable minority reported..."

"Over half of the teens..."

"Most doctors agreed..."

Notes

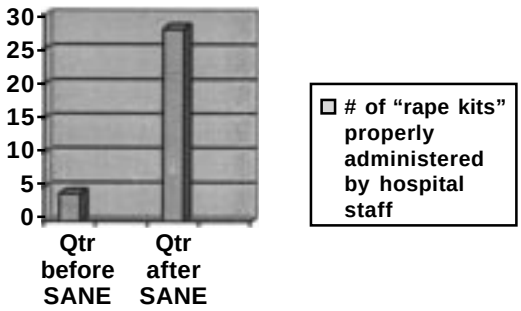
Another way to keep it simple when presenting your findings is to pick and choose what to share with others. You will be gathering quite a bit of information about your programs and you certainly can't present it all. Decide on the top two or three findings that would be of most interest – and that would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

How to Share the Information with Others

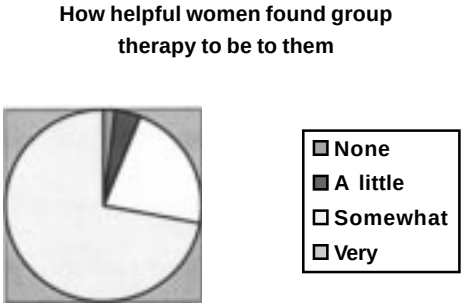
There are a number of different ways to visually present your data to others. You can create fact sheets and informational brochures that include some of your evaluation findings, and you can also use line graphs, tables, bar charts, and pie charts to display your data more graphically.

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

Bar Graphs can be useful in showing before and after differences, as shown here.



Pie Charts can be useful in showing varying distributions, for example when you want to demonstrate how service recipients responded to a question with 4 response choices, as shown here:



Your choice of presentation will also be based on the type of computer programs you have available to you. Technical points: (1) These graphics were purposefully created very quickly in Word 2000 to demonstrate how easily basic graphics can be designed; (2) If you are preparing information for an "overhead," make sure your font size is 18 or larger (the larger the better) to maximize people's ability to read the overhead easily.

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 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

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

Using Your Findings to Justify Creating New Programs

There are of course also situations when you will *want* to use outcome findings to request funds for a new program. Say for example that your current support group has demonstrated some positive results. The majority of the women who have attended the group have reported that they (1) enjoyed the group, (2) appreciated having a safe place to discuss their feelings, (3) learned they were not to blame for the assaults against them, and (4) felt better about their sexuality and relationships with others. You could use these findings to justify the need for creating another similarly structured group for adolescents.

You could also use your positive findings to justify expanding a popular program. Perhaps your current Medical 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 people do not receive services 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.

Notes

Notes

Using Your Findings to Create Systems Change

It is also important to use your findings from evaluation to create positive change in your community. If you find for example, from your First Response Feedback form, that a particular police officer was mentioned as having been supportive and helpful to a survivor, you could write a positive letter to that officer's supervisor. You can send similar letters to doctors, nurses, and other professionals. Just remember that, if you send letters when things are NOT going well, be sure to send letters when things ARE going well too.

You can also use your findings to convince medical facilities and other agencies to improve their policies and procedures. Through formal presentations, letters, and informal discussions you can use your findings to improve your community's response to all survivors of sexual assault.

* * * * * * * * * * * * *

Some Important Points to Remember:

- ❑ The safety and well-being of the survivors you serve must always take precedence over gathering data. Design your questions and procedures accordingly, and include feedback and input from the people who use your services.

- ❑ Don't request any more information from survivors than is necessary, and be committed to using this information to understand and improve upon your services.

- ❑ *When* you ask survivors for information, always take the time to explain *why* you are asking your questions. If you explain that their input will be used to improve your services, women will usually be happy to answer some questions. It is disrespectful to introduce questions with only "I need you to answer some questions" or "I need you to fill this out."

- ❑ The logic models and outcome questions developed for this manual may or may not make sense for your specific program. They were created only to provide a foundation from which to begin your evaluation efforts. You will need to tailor your strategies to fit your specific program.

- ❑ Design outcome questions that will answer whether your program is meeting its intended goals, not whether survivors are reporting a decrease in psychological symptomatology.

- ❑ Remember issues of time and cost when designing your outcome evaluation. Outcome evaluation should assist you in your work, improve your services, and be useful to you and the people needing your services.

Appendix A

Development of the Outcomes

Development of the Outcomes

Notes

The outcomes developed for the logic models in this manual were the result of a multi-stage process spanning 12 months. The Michigan Coalition Against Domestic and Sexual Violence, with a grant through the Michigan Department of Community Health, contracted with the authors to develop outcomes and outcome measures for rape prevention and services programs in Michigan. To that end, the authors convened a work group of experts from across the state to collaborate in this process.

During the first meeting of the work group we determined the services for which we wanted to develop outcomes, the general content of the evaluation manual, and the timeline for getting the work completed. A first draft of outcomes were mailed to all directors of rape prevention and service programs throughout the state, and feedback was solicited. That feedback was incorporated into a second draft of outcomes, which were then reviewed by the work group, the Illinois Coalition Against Domestic Assault, Connecticut Sexual Assault Crisis Services, and representatives from the Michigan Department of Community Health, Michigan Crime Victim Services Commission, Michigan Coalition Against Domestic and Sexual Violence, and Michigan Public Health Institute's Sexual Assault and Rape Prevention Evaluation Project. Feedback was again incorporated into the outcomes and the manual.

The work group met again and spent time designing the logic models found in chapter 6. This manual was greatly improved by the recommendations of numerous individuals collaborating in this process; the final product, however, is the sole responsibility of the two authors and is not necessarily endorsed by any of these individuals or organizations.

Appendix A

Notes

Appendix B

Sample Outcome Measures

Crisis Intervention Line Phone Log

Individual Counseling Feedback Form

Group Counseling Feedback Form

Emergency Services (Medical) Form

Sample Items for Legal Advocacy Client Feedback Form

Sample Items for Evaluating Public Awareness Presentations

Program Accessibility Form (Process Measure)

Crisis Intervention Line Phone Log

Notes

[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: _____

Notes

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 (or person needing help) have any special communication needs?

   ❑ no

   ❑ yes

   If yes, please list:_____

   comments:_____

8. 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!

Notes

Notes

Individual Counseling Feedback Form

[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 how the assault was not my fault.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

3. My counselor explained the stages of recovery with me.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

4. I feel more in control of my life and my emotions than I did before starting counseling.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

5. I blame myself for the assault.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

6. I blame the person who assaulted me for what happened.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

7. I feel better about myself than I did before starting counseling.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

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

9. 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:_____

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

    because:_____

Notes

Notes

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 stages of recovery and the effects of victimization.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree
   - ❑ I didn't need a safety plan

4. I feel more in control of my life and my emotions than I did before starting group counseling.
   - ❑ strongly agree
   - ❑ agree
   - ❑ disagree
   - ❑ strongly disagree

5. I feel less alone since starting this group.

   ❑ strongly agree

   ❑ agree

   ❑ disagree

   ❑ strongly disagree

6. 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:_____

7. If a friend of mine told me she was thinking of using your group counseling services, I would:

   ❑ strongly recommend she contact you

   ❑ suggest she contact you

   ❑ suggest she NOT contact you

   ❑ strongly recommend she NOT contact you

   because: _____

Notes

Notes

Emergency Services (Medical) Evaluation Form

[NOTE: Ideally this questionnaire should be completed within 24 hours of your first response call. This tool was designed to measure system change over time.]

This questionnaire is for the purpose of documenting your observations. Thank you!!

1. Date of advocacy call _____

2. Name of medical facility _____

3. Time you received dispatch call: _____

   Time you arrived at medical facility: _____

   Time advocacy completed: _____

4. Overall how would you describe the medical personnel's reaction/behavior toward the survivor?

Hostile	Neutral	Friendly
1	2	3

Judgmental	Neutral	Nonjudgmental
1	2	3

5. Did you observe the evidence collection? ❑ yes ❑ no

   5a. If NO, why didn't you observe?

   - ❑ Evidence collection was finished before I arrived
   - ❑ Survivor did not want any evidence collected
   - ❑ Survivor did not want advocate in the room
   - ❑ Medical personnel did not want advocate in room
   - ❑ Other (describe) _____

     _____

6. How would you best describe the medical personnel's performance of the evidence collection?

Unsure of self	Neutral	Confident
1	2	3

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

   ❑ Yes ❑ No ❑ Don't Know

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

❑ Yes ❑ No ❑ Don't Know

9. Did the medical personnel discuss with the survivor their options regarding: (circle one)

HIV	Yes	No	Don't Know
STD's	Yes	No	Don't Know
Pregnancy	Yes	No	Don't Know
Hepatitis	Yes	No	Don't Know

10. Did you (advocate) give the survivor knowledge of resources for follow up care regarding:

HIV	Yes	No	Don't Know
STD's	Yes	No	Don't Know
Pregnancy	Yes	No	Don't Know
Crime victims compensation	Yes	No	Don't Know
Counseling services	Yes	No	Don't Know

Name of Police Department represented: _____

11. Were you present for the police interview? ❑ yes ❑ no

11a. If NO, why were you not present?

- ❑ Police did not respond
- ❑ Survivor was already interviewed
- ❑ Survivor did not want to report
- ❑ Advocate asked to leave by police
- ❑ Other _____

12. If the survivor spoke with police, overall how would you describe the police personnel's reaction/behavior toward survivor? (check all that apply)

Hostile	Neutral	Friendly
1	2	3

Judgmental	Neutral	Nonjudgmental
1	2	3

13. What was survivor's reaction to police interview?

- ❑ Survivor wanted to drop investigation after contact with police
- ❑ Survivor expressed desire to continue after contact with police
- ❑ NA

Notes

Notes

❑ Other_____

14. Overall, how would you best describe the interaction between you and the survivor?

Unable to emotionally connect	Neutral	Able to emotionally connect
1	2	3

15. Did you discuss a safety plan regarding physical and emotional safety with survivor before leaving medical facility?

❑ Yes ❑ No

16. Did you discuss rape myths with the survivor before leaving the medical facility?

❑ Yes ❑ No

17. Did you validate the survivor's feelings before leaving the medical facility?

❑ Yes ❑ No

18. Were you able to speak to survivor alone?

❑ Yes ❑ No

19. Overall, how would you describe your advocacy for the survivor's needs with other systems? Were you:

Discounted by police	Neutral	Respected by police
1	2	3
Discounted by medical staff	Neutral	Respected by medical staff
1	2	3

Other comments:_____

Notes

Sample Items for Legal Advocacy Client 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)

   - ❑ help me prepare to testify in court
   - ❑ learn more about my legal rights and options
   - ❑ have someone go with me to court
   - ❑ get a Personal Protection Order
   - ❑ Other (please explain)_____

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

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

3. *(Name of agency)'s* staff treated me with respect.
   strongly agree agree disagree strongly disagree

4. *(Name of agency)'s* staff were caring and supportive.
   strongly agree agree disagree strongly disagree

5. If you wanted a Personal Protection Order, did you get it?
   - ❑ Yes
   - ❑ No
   - ❑ Didn't want one

6. How helpful was *(name of agency)* overall in explaining your rights and options to you?
   very helpful helpful a little helpful not at all helpful

Notes

7. How helpful was *(name of agency)* overall in helping you develop a safety plan?
   very helpful helpful a little helpful not at all helpful didn't need one
8. Ways to improve *(name of agency)'s* legal advocacy program would be to:

Notes

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 –

Sample Items for Evaluating Public Awareness Presentations

We'd like to know how useful you found our presentation to be. Please take a few minutes to answer these BRIEF questions so we can continue to improve our presentations. Please do not put your name on this form.

Please circle the response that best fits your opinion:

1. The presenter(s) communicated the information clearly.

   strongly agree agree disagree strongly disagree

2. The presenter(s) were knowledgeable about the topic.

   strongly agree agree disagree strongly disagree

3. This presentation was useful to me.

   strongly agree agree disagree strongly disagree

4. How would you rate your level of knowledge about the following topics before this presentation?

Domestic violence	No Knowledge	A Little Some	A Lot
Dating violence	No Knowledge	A Little Some	A Lot
Sexual assault	No Knowledge	A Little Some	A Lot
Rohypnol/GHB	No Knowledge	A Little Some	A Lot
Sexual harassment	No Knowledge	A Little Some	A Lot
Stalking	No Knowledge	A Little Some	A Lot

5. How would you rate your level of knowledge about the following topics after this presentation?

Domestic violence	No Knowledge	A Little Some	A Lot
Dating violence	No Knowledge	A Little Some	A Lot
Sexual assault	No Knowledge	A Little Some	A Lot
Rohypnol/GHB	No Knowledge	A Little Some	A Lot

Notes

Sexual harassment No Knowledge A Little Some A Lot

Stalking No Knowledge A Little Some A Lot

6. Do you feel like you know which resources are available to you for domestic violence, dating violence, sexual assault, sexual harassment, and stalking?

❑ Yes

❑ No

If NO, what additional information would be helpful to you?

_____

_____

7. What would you have like to learn about that was not presented?

_____

_____

8. How can we improve this presentation for future groups?

_____

_____

OPTIONAL INFORMATION:

Your primary language: _____

Do you have any disabilities? ❑ Yes ❑ No

If YES, what are your disabilities?

_____

Sexual orientation (please circle):

Heterosexual Gay Lesbian Bisexual Transgendered

Other _____

Have you or anyone you know had personal experience with any of the topics covered in this presentation?

❑ Yes ❑ No

If YES, which topic, and what was the experience?

_____

Notes

PLEASE feel free to talk to the presenter about any experience you would like to share. You are not alone.

Program Accessibility Form

[NOTE: Process questions such as these can be added to other measures given to survivors or given separately]

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 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. Is our location convenient for you?
   - ❑ yes
   - ❑ no

2. Thinking about how long you had to wait to get your first appointment, are you:
   - ❑ satisfied with the amount of time it took
   - ❑ not satisfied with the amount of time it took

3. Do you find our waiting area to be clean?
   - ❑ very clean
   - ❑ clean
   - ❑ dirty
   - ❑ very dirty

4. Do you see people of your heritage, race, or cultural background represented in posters and written materials in our agency?
   - ❑ yes
   - ❑ no

5. Do you see people of your heritage, race, or cultural background represented in our staff and volunteers?

Notes

- ❑ yes
- ❑ no

6. How would you rate the furniture in our waiting room and offices?
   - ❑ very comfortable
   - ❑ comfortable
   - ❑ uncomfortable
   - ❑ very uncomfortable

7. Do you find our hours of operation to be:
   - ❑ convenient
   - ❑ inconvenient

8. In thinking about how you are treated by our staff and volunteers, do you feel that you are:
   - ❑ completely respected
   - ❑ somewhat respected
   - ❑ somewhat disrespected
   - ❑ completely disrespected

We want our services to be easy to get to, we want to have flexible hours, and we want people to feel as comfortable as possible while they are here. How are we doing? Do you have any suggestions for how we can do better?

Appendix C

Additional Readings

Additional Readings

Notes

Burgess, A. W. (Ed.), (1988). Rape and Sexual Assault. NY: Garland.

Burgess, A. W., & Holmstrom, L. L. (1979). Rape: Crisis and Recovery. Bowie, MD: Bardy.

Burt, M. R., Gornick, J., & Pittman, K. (1984). Feminism and Rape Crisis Centers. Washington DC: The Urban Institute.

Finkelhor, D., & Yllo, K. (1985). License to Rape: Sexual Abuse of Wives. NY: Holt, Rinehart, & Winston.

Gordon, M. T., & Riger, S. (1989). The Female Fear. NY: Free Press.

Herman, J. L. (1992). Trauma and Recovery. NY: Basic Books.

Kelly, L. (1988). Surviving Sexual Violence. Minneapolis, MN: University of Minnesota Press.

Kennedy Bergen, R. (1996). Wife Rape: Understanding the Response of Survivors and Service Providers. Thousand Oaks, CA: Sage.

Koss, M., Goodman, L. A., Browne, A., Fitzgerald, L. F., Keita, G. P., & Russo, N. F. (Eds.), (1994). No Safe Haven: Male Violence Against Women at Home, at Work, and in the Community. Washington DC: American Psychological Association.

Koss, M. P., & Harvey, M. R. (1991). The Rape Victim: Clinical and Community Interventions. Newbury Park CA: Sage.

National Research Council (1996). Understanding Violence Against Women. Washington DC: National Academy Press.

Pirog-Good, M. A., & Stets, J. E. (Eds.), Violence in Dating Relationships: Emerging Issues. New York: Praeger.

Russell, D. E. H. (1984). Sexual Exploitation: Rape, Child Sexual Abuse, and Workplace Harassment. Beverly Hills, CA: Sage.

Russell, D. E. H. (1986). The Secret Trauma: Incest in the Lives of Girls and Women. NY: Basic.

Russell, D. E. H. (1990). Rape in Marriage (revised edition). Bloomington, Indiana University Press.

Schwartz, M. D. (Ed.), (1997). Research Sexual Violence Against Women: Methodological and Personal Perspectives. Thousand Oaks, CA: Sage.

Schwartz, M. D., & DeKeseredy, W. S. (1997). Sexual Assault on the College Campus: The Role of Male Peer Support. Thousand Oaks, CA: Sage.

Whalen, M. (1996). Counseling to End Violence Against Women: A Subversive Model. Thousand Oaks, CA: Sage.

Appendix C

Notes

Appendix D

Glossary of Terms

Glossary of Terms

Notes

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, socio-economic 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 mid-point 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 their 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.

Notes

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.

Appendix E

Protocol for Sexual Assault Programs When Approached by Researchers

Protocol for Sexual Assault Programs When Approached by Researchers

Notes

Draft 5/00

The following was drafted by Holly Rosen, Executive Director of MSU Safe Place (the domestic violence program on the Michigan State University campus), Cris Sullivan, from MSU Violence Against Women Research and Outreach Initiative (VAWROI: a group of MSU researchers interested in violence and research issues for the campus community), and Mary Keefe, Executive Director of the Michigan Coalition Against Domestic and Sexual Violence. For more information contact Holly Rosen at MSU Safe Place, G-55 Wilson Hall, East Lansing, MI 48825-1208, (517) 355-1100, ext. 2 or rosen2@msu.edu.

The Role of Sexual Assault Counseling Programs in Research

Introduction

Sexual assault counseling programs have been providing emotional support, counseling, advocacy and community education services in the United States for many years. While some programs across the country have worked with researchers over the years, most sexual assault programs have not had much contact with researchers requesting access to service participants or files.

In recent years, this has changed. Programs across the country, especially those in close proximity to larger universities, have been called upon to assist with conducting research about sexual assault. For many programs, there are no policies or mechanisms in place to guide staff on how to review such requests.

There is a growing need for sexual assault service providers to become active in assessing the value and process of research. This is necessary to ensure that safety and confidentiality is maintained for those seeking services; that research that is victim-blaming or reinforces damaging myths be evaluated before it occurs; that service providers take part in the interpretation process; and that an informative, clear process is in place before providers are confronted with the complex decision of whether to take part in supporting research efforts that include current or past program participants.

With these thoughts in mind, we have come up with some guidelines that we hope will assist in this process. We hope they will be useful.

Notes

Step One: Assessing the Researcher and the Research

Sexual assault counseling programs have an obligation to assess potential researchers to protect the participants of the research study, as well as the clientele as a whole. Research can be used to further victimize women. The risks and benefits of each research study must be evaluated before a program agrees to participate. Safety and confidentiality of participants must be maintained.

Considering the Researcher's Prior Experience

A relationship between you and a researcher should be mutually beneficial. 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 researcher expects to get out of this relationship. If the researcher 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.

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 issue, or does she or he understand and care that women's lives are at stake? Before agreeing to work with a researcher you don't know, check out their track record with other community-based organizations. You want to know that the researcher 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 researcher 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?

You might consider requiring researchers to attend program training to better understand domestic violence. If they have prior training, this can be waived. If they attend the training and do not demonstrate an adequate understanding of the issues, there is no requirement that the program take part in the research.

We have developed a "Research Approval Application" (attached at the end of this document) that you can use or modify to gain initial information about the researcher and the research.

Considering Women's Safety

Researchers generally approach sexual assault counseling programs because they want access to either the women who use our services or to women's records. One of your first questions to the researcher should be: How will you protect women's safety and confidentiality?

When researchers want to contact women by phone or mail: Caller i.d. now increases the risk for survivors when researchers or programs make calls without blocking them as a standard procedure (*67). Others answering the phone, hearing answering

machine messages, or retrieving mail not intended for them to read are some of the ways survivors can be put at risk by researchers. How a researcher contacts the survivor is critical to assess. Procedures agreed upon (by the local program(s) participating and the review committee) must be included in the Research Agreement Contract so all parties are safe. This should be a number one priority at all steps of the research process.

Notes

When researchers want to interview women in person: The following things should be considered: location of interview, survivors getting to location of interview, and survivor leaving location of interview. The risk of being followed, safe transportation, and maintenance of confidentiality should all be examined to increase safety. Methods to maintain safety should be built into procedures before any research is conducted.

What are the risks/benefits of the research to participants and to women in general? Does the researcher have an understanding of the dynamics of sexual assault? Are the expected results victim-blaming or are they likely to lead to negative outcomes for women? Does the research intend to study psychological variables of the participants (if so, why?) without inclusion of perpetrator variables or community-level variables?

How will the data be kept confidential? Whether information is taken from survivors themselves or from program records, it is important that the researcher keep all data confidential. That means the data should not be kept with any identifying information with it, and all data should be kept in locked cabinets. No information should be presented that could be linked to an individual.

Reviewing the Study in Detail

It is important not to just "take the researcher's word for it" when deciding if the study is useful or damaging to survivors of sexual assault. Request a copy of the actual study proposal (every researcher has one; if they don't, don't participate with them!) and have it reviewed by a sexual assault research review panel.

The Michigan Coalition Against Domestic and Sexual Violence has created a research review panel comprised of a team of individuals willing to read research proposals for you. Panels will be formed based on the topic of the research, but will consist of at least one researcher trusted by MCADSV, one sexual assault service provider, and one survivor of sexual assault. You might also want to create your own panel if you have enough expertise in your area. If you want to use MCADSV's panel, reviews can take place through email, conference calls, or in-person. Contact Mary Keefe for more details.

Finally, "human subjects approval" must be obtained by the researcher's institutional review board (IRB) or funder before data collection can begin.

Notes

Step Two: Determining Each Party's Roles and Responsibilities

If you decide to work with a particular researcher, and the research study has passed review by the sexual assault research review panel, it is important to clearly decide at the outset what each party's roles and responsibilities will be.

The kinds of questions that need to be answered to the mutual satisfaction of the researcher and the program include:

1. What exactly is needed from the program in terms of time?
2. How will the program be compensated for its involvement?
3. When and how will findings be presented to the program?
4. Who will interpret the findings? Researcher only? Program only? Both?
5. What if findings are interpreted differently? Who decides what gets published?

A sample Administrative Agreement, outlining roles and responsibilities, is attached at the end of this document.

Initial Research Approval Application (Page 1)

Name: _____

Date: _____

Address: _____

If you are a student: College or University affiliation: _____

College or University City and State: _____

Program or degree you are pursuing: _____

Describe training with a domestic violence program (if any): _____

_____

_____

If you have training, number of hours trained: ____ Dates trained: _____

Program (city, state, name): _____

Length of time you worked there: _____

Your role: _____

_____

Are you willing to attend a ____ hour training if the program requested it?

❑ Yes ❑ No

Specific task related to research project:	Estimated start date		Estimated ending date	
	Month	Year	Month	Year
Gathering research				
Sharing findings with service providers				
Interpreting data with input from providers				
Publishing research results				

Where you hope to publish results: _____

Number of participants you hope to interview/survey: _____

Notes

Notes

Initial Research Approval Application (Page 2)

Answer the following questions on attached paper:

(1) Describe the research process in detail.

(2) Were or are those being researched involved in the planning process?

(3) What are the benefits to participants for taking part in your research?

(4) What are the risks?

(5) How much staff time, and other resources, would you need from the program(s) you are utilizing to gather research? (Be specific on staff involvement in planning, assistance in gathering data, involvement in interpretation, etc.)

(6) How do you plan to compensate the service program(s) for resources they use (staffing, access to interview rooms, etc.)

(7) How are you going to use the information? (Academic publishing? Other?)

(8) Describe if there will be compensation for participants.

(9) What method(s) will you use to address issues of confidentiality for those interviewed? (Caller i.d., mailings, phone messages, where interviews will take place, confidentiality in maintenance in gathering and tabulating information, etc.)

(10) Indicate who provided Human Subjects Approval and the date of this approval.

Administrative Agreement

Notes

Administrative Agreement

between *(Name of Researcher)* and *(Name of Program)*

(Name of Researcher) agrees to:

1. Follow these procedures for ensuring the confidentiality of information from participants in this study:

   _____

   _____

   _____

2. Follow these procedures to maximize the safety of those participating in the research:

   _____

   _____

   _____

3. Compensate participants with:

   _____

4. Compensate program with:

   _____

5. Complete____ hours of training, to be determined by *Name of Program*

6. Notify *(Name of Program)* when data collection and analyses have been completed, to include them in interpretation of findings. This will be done before publishing initial findings. *(Name of Program)* will be acknowledged for their participation whenever any findings are presented verbally or in writing. If *(Name of Program)* disagrees with any of the interpretation of findings, this will be acknowledged as well in all publications and findings. The program will be allowed to state differences of opinion and why interpretations differ.

The *(Name of Program)* agrees to:

1. Provide training (unless waived)

2. Inform clients about the possibility of participating in this research.

3. Assist in interpreting results at the completion of data collection.

This agreement would be modified to meet the needs of each project and would be signed by the researcher and appropriate staff of the sexual assault service program.

Appendix E

Notes