DCF Domestic Abuse Program
Domestic Abuse Program Outcomes
Capturing and Documenting the Value of our Work
Webinar Objectives

- Discuss value of documenting our work
- Review required outcomes on safety and resources
- Review use of survey tools to document outcomes
- Discuss ways to establish protocol to collect outcomes
- Moving beyond the required outcomes
Why Document Our Work?

- We need a systematic way of *understanding the impact* of our efforts to end domestic violence to inform our current and future work.

- We can use results to *encourage accountability to survivors* and their children, including currently underserved survivors and children.

- We can use results to *demonstrate accountability to funders and local community*. 
We can use results to inform critical analysis of the our movement, including its strengths, challenges, and future directions.

We can use results to strengthen and inform program practice, policy and research.
The federal Family Violence Prevention and Services Program (FVPSA) provides funding to the WI Department of Children for domestic abuse services.

FVPSA requires that all states demonstrate the effectiveness of services by tracking two outcomes.

If you receive a DCF grant for Basic Services, Outreach Offices, or Support Services, you must collect information on two required outcomes.
Outcomes are changes *that have occurred* as a result of a service being provided.

An outcome is a change in knowledge, attitude, skill, behavior, expectation, emotional status, or life circumstance *due to the service being provided.*
The two required outcomes are:

- As a result of contact with the domestic violence program, 75% or more of domestic violence survivors will have strategies for enhancing their safety.
- As a result of contact with the domestic violence program, 75% or more of survivors will have knowledge of available community resources.
Why These Outcomes?

These outcomes:

* **Are appropriate given the varied nature of contact** with survivors (crisis contacts and non-crisis contacts, varying lengths of contact, contact within different service contexts, such as shelter, advocacy, and support groups).

* **Are meaningful as a reflection of the impact and value** that contact with a domestic violence program can have for a survivor.

* Have been *empirically shown to lead to long-term outcomes of increased safety and well-being.*
The two strategies survivors have identified as most likely to make the (abuse) situation better are contacting a domestic violence victims services program (72%) and actually staying at a domestic violence shelter (79%).

Women who have stayed in shelters are more likely to generate safety plans, use active resistance strategies against abusers and seek help from professionals when faced with abuse.
Surveys to be completed by survivors:

- **Shelter** (2 forms)—completed at shelter entry and exit
- Counseling
- Support group
- Advocacy and Support Services
Surveys Share in Common

- Survivor-centered: focus on their needs & experiences
- Reflects importance of being open to real feedback
- Anonymous & confidential
- Hold us accountable to survivors & their children
Discuss with staff when it is appropriate to give to survivors.

- As part of intake process
- Explain it; make it a regular part of what you do
- As soon as possible after survivor arrives in shelter
- If survivor is upset, in crisis, tired, stressed….. please wait and be sensitive to her/his needs
- Apply process consistently to all survivors (As much as possible)
Content of Shelter Survey #1

- Questions about how & when survivor heard about shelter
- Impressions/expectations
- Concerns about contacting shelter
- Past contact with shelter
- Entry experience
- What they would have done if no shelter
What survivors hope to get help with

Checklist
- 35 specific items: safety, types of information, planning, well-being, concrete connections & services

Basic demographics
Shelter Survey #2

- Completed right before a survivor leaves shelter to get the full experience
- Ask survivor to fill out form no matter how long she has been in shelter
- Consider asking longer-term residents to fill out second form at regular intervals (e.g., every month)
Content of Shelter Survey#2

* Length of time in shelter
* Extent of help received (same checklist)
* Problems encountered: rules & others
* Gains from shelter stay
* Respect and support received
* Ratings re: specific needs
* Rating of shelter stay
Content of Counseling Form

- Number of sessions
- Help wanted & received—20 items
- Gains from counseling
- Feelings about respect & support received
- Rating of help received
- Basic demographics
Content of Advocacy Form

- Documents type of advocacy help wanted & rating of receipt
- Number of advocacy contacts
- General gains from advocacy
- Feelings about respect & support received
- Rating of help received
- Basic demographics
Potential Uses

- Demonstrate Effectiveness
- Demonstrate Needs
- Identify Training Issues
- Identify Program Development Issues
- Others
Getting Started Using Surveys

- Getting staff buy-in
- Deciding who on staff will do what
- Considering issues of safety
- Considering confidentiality
- Create a protocol for collecting the data that makes sense and is as simple as possible
Collecting the Data

- What (will be used)?
- When?
- How often?
- From whom will data be collected?
What Will Be Used?

Options:

* Use the FVPSA surveys forms to get a range of information from survivors.

* Use the FVPSA surveys as a menu to choose different items from for survivor feedback.

* Incorporate the two questions into forms already being used by program.

* Use only the two questions.

* Important we have consistent information to report to DCF.
When Will Data Be Collected?

- Do not collect data when clients are in crisis.

- Allow enough time for change to occur
  - You can’t expect change to occur, for example, after a client attends only one support group or has one advocacy contact.

- But collect often enough that you don’t miss those clients who receive short-term services.
How Often Will Data Be Collected?

- Not so often that it’s a burden to clients
  - Every support group, for example, would be too often

- Often enough that you don’t miss clients who receive short-term services

- Depends on service: close to exit for shelter residents, after 2+ contacts for advocacy clients, every 3-4 weeks for support groups?
Sampling is an accepted way of collecting information from a part of a group to represent the views or experiences of the group as a whole.

- It is used all the time to gather information about the American public (polls, census, etc.).

- Samples of survivors in your program, then, can be used to collect information for the two outcomes (and any other outcomes you choose to measure, as well).
Sampling Strategies

* The key to sampling is that you must make sure that the people you include are as much like (“representative of”) the whole group of people who receive your services as possible.

* Survivors from all ages, races and cultural groups, sexual orientations, religious preferences, and abilities must be included.

* Dissatisfied as well as satisfied clients need to be included.
The number of survivors you collect information from is not fixed, and depends in part on how big your program is.

- If you serve hundreds every year, then collecting information from 20-25% may be enough, as long as the selection process is consistent and unbiased.

- In general, the larger the number of clients you serve, the smaller the percentage you will need. If you have 1000 clients, sampling 10% or 15% may be enough. If you have 50 clients, sampling half of them would be better.
Sampling Recommendations

- **Shelter residents**
  - Try to get all residents to complete
  - Residents would NOT complete advocacy forms

- **Advocacy**
  - After at least 2 contacts with advocate (but as late in the process as possible)

- **Support group / counseling**
  - Every 3-4 weeks
Data Collection Protocol

* Forms should be handy and visible to staff expected to hand them out to clients.

* Staff should understand *when* and *how* to ask clients to participate.

* Supervision of new staff may be helpful.
Inviting Survivors to Participate

- Only if the survivor is **not** in crisis.
- Stress that participation is voluntary.
- Stress that you use client feedback to improve services.
- Stress the forms are brief and they can skip any questions they want.
- Stress how their anonymity is protected.
This is CRITICAL.

Clients need to know you are serious and have taken steps to ensure anonymity.

Provide a locked box or sealed envelope for them to return surveys

If a small program, stress you only open the box or envelope monthly or quarterly.
Provide either a pencil or a black or blue pen for client to use to complete survey.

Provide a private space for survey completion.

NEVER have service provider take the completed survey back from client.

Verbally explain these things to clients.
Accessibility Concerns

- The forms should be available in languages spoken by the people the program serves (not just English).

- Staff need to discuss how to include participants who are not able to complete written surveys (either due to illness, illiteracy, disability, or languages).

- Surveys can be completed verbally, but NOT by the staff member who delivered the services.
I know more ways to plan for my safety
  * Yes or No

I know more about community resources
  * Yes or No

If adapting surveys, be consistent with this language.
What Else Should We Ask?

* At a minimum, at the two outcome questions.

* It’s a good idea to add or at least ask a few other questions important to your program.

* It’s VERY helpful to ask how much contact the survivor has had with the program (e.g., # of support groups or advocacy contacts).

* Only ask for information that will be used.
When Adding Items...

* Try to keep the survey short and simple.

* Include questions most important to your program
  * Don’t just ask about what is currently offered, but ask about other services clients might need.
  * Getting staff input is helpful, increases buy-in.
  * Getting input from a survivor advisory group is invaluable as well!
Measures of success should focus on program’s effectiveness in helping survivors create changes that they have determined are important to them, and that lead to their increased well-being.
Some examples....

* Survivors feel more positive about their lives.
* Survivors are aware of the many effects of domestic abuse.
* Survivors feel better able to handle everyday situations
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
* **how** we might improve our programs.
Important that the survivors find services respectful and useful.

* Staff treated me with respect
* Staff were caring and supportive
* Staff spent enough time with me
* Overall, my sexual orientation was respected
Analyzing the Data

* Quantitative:
  * Frequencies/counts

Example: Where have You Heard About Shelter?

* Domestic violence advocate: 31%
* Internet: 20%
* Family Member: 15%
* Friend: 12%
* Police: 15%
* People in Court: 12%
* Telephone Book: 10%
* Human Services Staff: 10%
* People from my religious/spiritual community: 5%
* Flyer/brochure/poster: 4%
**Cross Tabs** – Find out about relationship between two items that have frequencies in groups or categories (such as gender or age groups).

For example:
* Outcomes for women based on how many contacts they had with advocate
* Relationship between race and ethnicity, or age, or sexual orientation and the extent to which a survivor feels respected, or would recommend program to a friend
Using Graphics

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

- One contact: 80% no, 20% yes
- 2+ contacts: 60% no, 40% yes

Legend:
- no
- yes
Analyzing the Data

Qualitative

* Responses to “open-ended” questions.
* Can provide examples or explanations.
* Can be grouped into meaningful categories (e.g., concerns about contacting shelter, concerns about shelter rules).
* Can use information gained to incorporate into staff/volunteer training
Interpreting Your Findings

* Keep it simple—especially for the public.
  * Example: 95% of survivors using our legal services were able to get their needs met.

* Keep it positive—let people know about your good work.
  * Share top 2-3 findings that present you in the most positive light.

* Keep it honest—program credibility is crucial.
Using Your Findings

Internally:

* Improve your services based on feedback.

* Advertise to staff, volunteers, and clients how you are using the findings
Using Your Findings

Externally:
* Use findings to justify current services.
* Use findings to justify creating new services.
* Use findings to create systems change.
A Guide for Using The Trauma-Informed Practice (TIP) Scales
Using the TIP Scales

- Provide a tool for examining, from a survivor’s perspective, the extent to which DV programs are engaging in the type of trauma-informed practice to which they aspire.
- Assess 6 domains of trauma-informed practice.
- Created through a university-community collaboration that included national experts on TIP, survivors, and advocates.
- Provides “TIP Scores” to help you understand what is going well and where there is room for improvement.
- Brief survivor surveys, similar to FVPSA surveys.
Examples:

- Staff respect my privacy.
- Staff are supportive when I’m feeling stressed out or overwhelmed.
- Staff respect the strengths I have gained through my life experience.
- In this program, I can share things about my own life on my own terms and at my own pace.
- Staff respect the strengths I get from my own culture or family ties.
- I am learning more about how to handle unexpected reminders of abuse and difficulties I have endured.
A Guide for Using The Trauma-Informed Practice (TIP) Scales can be downloaded at:

http://vaw.msu.edu/toolkits/
MOVERS SCALE

How Do We Know That Domestic Violence Programs are Making a Difference?
A Guide for Using the Measure of Victim Empowerment Related to Safety (MOVERS)

Linda A. Goodman, PhD
Krista A. Thomas, PhD
Deborah Harrod, MSE
 Looks at:

* the extent to which a survivor has the internal tools to work towards safety,
* knows how to access available support, and
* believes that moving towards safety does not create equally challenging problems.
Administer it early on in your work with a survivor (the “before” administration) and then later on (the “after” administration).

Designed to be used for survivors who engage with a program at least three times, if not more.

Respondents are asked to answer along a scale from 1-5, with 1 being “never true” to 5 being “always true.”

MOVERS can be used to 1) describe a client or a program at a single time point, or 2) compare scores over time (for one client or all clients).
MOVERS SCALE

Domestic Violence Evidence Project Website

In responding to the Request for Proposal, grantees were asked to identify two measurable outcomes from a menu of choices OR to identify one of their own.

Considerations:
- cultural appropriateness;
- developmental level of the child/youth;
- amount of time the child, youth, or protective parent spends with the program;
- resources available to the program.
For children/youth:

- Children/youth are able to identify that abuse is not their fault.
- Children/youth have learned non-violent conflict resolution skills and/or nonviolent ways of playing.
- Children/youth have learned ways to keep themselves safe.
- Children are able to identify positive attributes or things they like about themselves.
- Children/youth are able to identify and/or talk about their feelings.
- Children have strategies to manage their emotions (e.g., calm down when upset).
- Children/youth know more ways to get help when scared or upset.
Sample Outcomes for Children’s Programming

For Parents/Caregivers:

- The protective parent has more tools and information to plan for his/her children’s safety.
- The protective parent is better equipped and/or more comfortable in talking with children/youth about the abuse.
- The protective parent feels listened to and respected as a parent by the domestic abuse program.
- The protective parent is better able to help children/youth label their emotions.
- The protective parent feels better prepared to handle her/his concerns about the children.
Children’s Programming Outcomes

- Allow time for a reasonable chance of change to occur (at least two contacts).
- Surveys should be given in developmentally appropriate manner to children.
- Consider reading/comprehension level.
- Recommendation from Futures Without Violence - children over the age of 8 be given surveys.
- For children ages 5-8, consider using drawings or other means to indicate changes.
- For younger children (under 5), consider using staff report of children demonstrating skills.
Developing Outcome Measures for Domestic violence Programs’ Work with Children and Youth

Futures Without Violence

In responding to the Request for Proposal, grantees were asked to identify appropriate outcomes that they commit to achieve.

Considerations:

- appropriate for the language, literacy, and age-related circumstances of target population;
- amount of time the survivor or children/youth spend with the program;
- resources available to your organization.
For Basic Services, Outreach Office, and Support Services Grant:

- Report on the two required Outcomes for Safety and Access to Resources.
- Included on Client and Services Data Report (through SurveyMonkey)
For Children’s Programming, Refugee Family Strengthening, and Underrepresented Populations Grants;

- Report on outcomes identified in application through RFP process
- Use separate Outcome Report
  --Outcome Identified in Grant Proposal
  --Results
  --Methodology to Collect Information
Example of reporting on results:

- 92% of survivors surveyed reported that they have a better understanding of their legal rights and options;
- 90% of children over the age of five demonstrate to staff that they can identify two nonviolent conflict resolutions strategies.)
Example of reporting on methodology:

-- anonymous surveys are given to survivors after at least two advocacy contacts

-- staff observation/report on children from ages 5-7 having skills to manage emotions.
Questions?

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