USING DATA TO HELP SURVIVORS: NEEDS ASSESSMENT & EVALUATION OF SERVICES

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PRESENTATION OBJECTIVES

• Describe “Needs Assessment” & “Service Outcome Evaluation” and present some information on how they can be used to help survivors

• Describe the “North Carolina Domestic Violence & Sexual Assault Program Toolkit”

• Current and next steps in Toolkit implementation
WHAT IS NEEDS ASSESSMENT?

• A systematic process for determining/measuring the difference between a current condition and a desired condition

• Can examine needs of an individual
  • E.g., Screen a survivor for a variety of concerns (emotional health problems, etc.) to inform development of service plans

• Can examine needs of a group
  • E.g., Screen all survivors in the program for a variety of concerns to inform development of the types of services that the program should offer
PROVIDER’S PERSPECTIVE ON HELPFULNESS OF NEEDS ASSESSMENT

“Needs assessment using the Toolkit instruments is useful because it allows for the collection of individual level data which is helpful for planning for a client’s services...”

Provider after Pilot Testing the Needs Assessment Interviews in the Toolkit
HOW NEEDS ASSESSMENT CAN HELP SURVIVORS AND SA/DV PROGRAMS

Screening for the needs of individual survivors:
• Helps to facilitate conversations about sensitive topics
• Identifies areas of strength and potential problems
• Identifies areas for further assessment and intervention
• Informs service planning and referrals

Screening for the needs of all survivors seen:
• Identifies the most and least common strengths and problems seen among all survivors of the program
• Informs program service development and implementation
• Informs resource allocation
WHAT IS SERVICE OUTCOME EVALUATION?

- Systematic assessment of how people change as a result of a service
- Answers the question: Does the service “work”? 
- Change could be in many domains (knowledge, attitudes, behavior)
- Different from “process evaluation”

Riger et al., 2002
“I’m a huge proponent of outcome (evaluations) because I need to be able to tell the community what we’re doing...That’s been one of our struggles ...we can tell the community how many people we saw, but we really haven’t been able to tell them what difference we’ve made in their lives.”

Director of NC DV/SA Program
Increasingly funders are requiring domestic violence & sexual assault providers to implement outcome evaluations

“We’re not just hearing from one funder, “Here are your regulations,” we’re hearing it from all our funders... And they’re not the same damn regulations, they’re not the same damn statistics that we have to give to each funder, so it ends up being this situation where we are reporting one thing to one funder and another thing to another funder...”

Director of NC DV/SA Agency
HOW SERVICE OUTCOME EVALUATIONS CAN HELP SURVIVORS AND SA/DV PROGRAMS

Meet internal & external demands for information

• Demonstrate that services work (accountability to survivors, program, community, funders)

• Discover unintended consequences

• Develop & improve services

• If multiple program funders and programs agree, programs could use one set of standardized service outcome measures to provide information to all funders

Edelson & Frick, 1997; Lyon & Sullivan, n.d.
THE DILEMMA

Sexual assault and domestic violence programs want to have needs assessments and evaluations of their services, but they...

- Typically do not have much training/expertise in how to design and implement these

- Typically do not have the instruments and procedures in place to facilitate needs assessments and evaluations
Toolkit development was inspired by NC SA/DV providers who wanted to:

• Identify the goals and needs of violence survivors seen in their programs so that they can supply helpful services to meet these goals and needs

• Assess how well the survivors’ goals and needs were met by the provision of services
TOOLKIT FUNDING AND DEVELOPERS

• Toolkit development has been funded by Governor’s Crime Commission Crime Victim Services

• Development participants included NC SA/DV survivors, NC SA/DV program providers and directors, NCCASA, NCCADV, NC Council for Women, and others
TOOLKIT FOCUS

Toolkit was designed for use with survivors in “longer-term” services

• Services that occur over a period of weeks or months
• Examples: shelter, multiple-week individual counseling, support group, advocacy (medical, legal, etc.)

Toolkit is NOT appropriate for survivors only receiving “shorter-term” services

• Services that are one or two contacts
• Examples: crisis hot-line, one-time advocacy (medical, legal, etc.)
TOOLKIT PURPOSE

The Toolkit will help providers of longer-term SA/DV services to:

• Conduct initial (Time 1) interviews of a survivor’s goals/needs
  • Develop initial service plans for individual survivors
  • Conduct needs assessments of all survivors

• Conduct follow-up (Time 2) interviews of how well the survivor’s goals/needs were met by the provision of services
  • Develop follow-up service plans for individual survivors
  • Evaluate all survivors’ satisfaction with services
  • Conduct service outcome evaluations
We wanted to ensure that the Toolkit & interviews would be:

- Acceptable to survivors
- Feasible for busy, community-based sexual assault and/or domestic violence programs
- Useful to survivors, service providers, funders, & policy makers
- Useful to programs in securing funding for sustainability
TOOLKIT ETHICS

• Philosophy underlying the Toolkit is that all needs assessment and outcome evaluation activities must consider survivors’
  • Safety
  • Confidentiality
  • Well-being

• Should not hold survivors accountable for violence

• Unethical to deny services based on research or evaluation findings

Edelson & Frick, 1997; Riger et al., 2002
TOOLKIT COMPONENTS

4 Semi-Structured Interviews
• Safety/Violence (initial time 1 & follow-up time 2)
• Health (initial time 1 & follow-up time 2)

Additional information on:
• How to administer the interviews
• How to interpret the interview findings
• How to respond to the interview findings (developing service plans, referrals, etc.)
• Confidentiality of interview information
• Responding to requests for sharing of interview information (survivor, subpoena, etc.)
STEPS IN TOOLKIT DEVELOPMENT

• Reviewed scientific literature
• Surveyed NC SA and DV providers
• Reviewed instruments that NC SA/DV programs used
• Conducted focus groups with survivors
• Surveyed funders of NC SA and DV programs
• Drafted interviews
• Revised interviews using feedback from stakeholders (advocates, coalition staff, funders, SA/DV programs)
• Piloted tested interviews in 4 NC SA/DV programs
• Drafted and revised the final Toolkit
TOOLKIT DEVELOPMENT TOOK YEARS
WHAT TOPICS SHOULD PROVIDERS ASK ABOUT TO ASSESS SURVIVORS’ NEEDS?

To answer these questions, we used information from the:

- Literature Review
- Focus Groups with Survivors
- Survey of SA/DV Programs
- Survey of Funders
TOPICS THAT PROVIDERS SHOULD ASK SURVIVORS ABOUT TO ASSESS NEEDS

Safety/Violence
- Goals (reasons the survivor sought services)
- Violent and Traumatic Experiences
- Safety and Legal Issues
- Satisfaction with Services (asked only at the end of services)

Health
- Physical health
- Emotional health
- Substance use
- Coping/social support
WE SHOULD REALLY ASK ABOUT ALL THAT?
WHY ASK ABOUT...?

Safety/Violence
- **Goals (reasons the survivor sought services)**
- Violent and Traumatic Experiences
- Safety and Legal Issues
- Satisfaction with Services (asked only at the end of services)

Health
- Physical health
- Emotional health
- Substance use
- Coping/social support
SURVIVOR’S GOALS:
DV/SA PROGRAM SURVEY FINDINGS

DV/SA programs rated learning about a survivor’s goals (what the survivor wanted to get from the service) as being the number 1 most important thing that they could learn about a survivor in order to provide appropriate longer-term services, including shelter, individual counseling/advocacy, group counseling/advocacy.
DV/SA funders rated documenting survivors’ progress towards meeting their service goals as being the number 1 most important thing that programs could report to inform funding decisions.
WHY ASK ABOUT...?

Safety/Violence
- Goals (reasons the survivor sought services)
- Violent and Traumatic Experiences
- Safety and Legal Issues
- Satisfaction with Services (asked only at the end of services)

Health
- Physical health
- Emotional health
- Substance use
- Coping/social support
DV/SA programs rated learning about a survivor’s violent & traumatic experiences as being the second most important thing that they could learn about a survivor in order to provide appropriate longer-term services, such as individual counseling/advocacy and group counseling/advocacy.
VIOLENT & TRAUMATIC EXPERIENCES: SURVIVOR’S FOCUS GROUP FINDINGS

• Most women at DV agencies were asked only about physical assault, not sexual assault

• But many women had been sexually assaulted by their partners, and had many health concerns because of it (pregnancy, STIs)

• “Some women have to steal pregnancy tests ... and other things, like Monistat because they can’t afford them ... and women have to wait for their Medicaid, or if they don’t have children, they can’t get [them] through Medicaid at all.”
WHY ASK ABOUT...?

Safety/Violence
- Goals (reasons the survivor sought services)
- Violent and Traumatic Experiences
- **Safety and Legal Issues**
- Satisfaction with Services (asked only at the end of services)

Health
- Physical health
- Emotional health
- Substance use
- Coping/social support
SAFETY & LEGAL ISSUES: FUNDER’S REQUIREMENTS

GCC Fundamental Service Elements

“Programs shall provide individual advocacy, support services, and information and referral, which shall include information on the dynamics of domestic violence and/or sexual assault, safety planning, legal options, medical options and program and community resources.”

WHY ASK ABOUT...?

Safety/Violence
- Goals (reasons the survivor sought services)
- Violent and Traumatic Experiences
- Safety and Legal Issues
- **Satisfaction with Services (asked only at the end of services)**

Health
- Physical health
- Emotional health
- Substance use
- Coping/social support
DV/SA funders rated survivors’ satisfaction with services as being the second most important thing that programs could document to inform funding decisions.
WHY ASK ABOUT...?

Safety/Violence
- Goals (reasons the survivor sought services)
- Violent and Traumatic Experiences
- Safety and Legal Issues
- Satisfaction with Services (asked only at the end of services)

Health
- Physical health
- Emotional health
- Substance use
- Coping/social support
PHYSICAL HEALTH: LITERATURE REVIEW FINDINGS

• Direct links between SA/DV and physical health
  • Injuries (scratches, bruises, broken bones, dislocated joints, head/spinal cord injuries, genital injuries)
  • Gynecologic symptoms and reproductive health problems (STIs, unwanted pregnancy, dysmenorrhea, menorrhagia, sexual dysfunction)
  • Headaches
  • Functional Limitations and Disabilities

• Indirect links between SA/DV and physical health
  • Survivors’ injuries may lead to chronic pain
  • Stress of violence may lead to gastrointestinal disorders
  • Physical injuries may exacerbate emotional distress and mental health symptoms
  • Sleep disturbance & disorders

Campbell, 2002; Kendall-Tackett, 2007; Martin et al, 2011; Tjaden & Thoennes, 2000
WHY ASK ABOUT...?

Safety/Violence
• Goals (reasons the survivor sought services)
• Violent and Traumatic Experiences
• Safety and Legal Issues
• Satisfaction with Services (asked only at the end of services)

Health
• Physical health
• Emotional health
• Substance use
• Coping/social support
EMOTIONAL HEALTH: LITERATURE REVIEW FINDINGS

• SV and DV increase risk for emotional health problems:
  • Depression
  • Anxiety disorders
  • Posttraumatic stress disorder (PTSD)
  • Suicidal ideations & attempts

• Although most SA survivors have emotional health symptoms soon after the assault, many recover to a great degree within a year – however, others continue to have these symptoms years and decades after the event

Campbell, 2002; Logan et al., 2002; Macy et al., 2009; Martin et al., 2011; Martin et al, 2013
“A lot of times...it’s hard to know if they’re a substance abuser or if they have mental health issues...I have women coming into shelters...that were addicted to methamphetamine or whatever, and others who were maybe schizophrenic or, ...have really bad PTSD... when you have people in shelter who have multiple vulnerabilities. It’s not just domestic violence or not just sexual assault, there’s this multitude of issues that are layered like an onion. There’s nobody there to kind of parse this out and see what’s the most life-threatening thing that we have right here... is it the (offender)? Or is this person suicidal? Or has this person just taken a bottle of pills?”

• SA/DV Provider
WHY ASK ABOUT...?

Safety/Violence
- Goals (reasons the survivor sought services)
- Violent and Traumatic Experiences
- Safety and Legal Issues
- Satisfaction with Services (asked only at the end of services)

Health
- Physical health
- Emotional health
- **Substance use**
- Coping/social support
SUBSTANCE USE/ABUSE: LITERATURE REVIEW FINDINGS

• Research has shown positive associations between women’s experiences of SA and their use, and abuse, of alcohol and illicit drugs

• Substance use/abuse can increase as a result of SA, and it can also increase risk for SA

Martin et al, 2013
WHY ASK ABOUT…?

• Safety/Violence
  • Goals (reasons the survivor sought services)
  • Violent and Traumatic Experiences
  • Safety and Legal Issues
  • Satisfaction with Services (asked only at the end of services)

• Health
  • Physical health
  • Emotional health
  • Substance use
  • Coping/social support
Coping & SA

- PTSD symptoms are more common among SA survivors using avoidance coping strategies
- Women who blame themselves for SA often experience increased psychological distress

Social Support & SA

- Women experiencing negative social reactions when they disclose sexual violence have poorer psychological outcomes

Martin et al, 2013
OK, SO THE TOPICS ARE IMPORTANT, BUT HOW LONG DOES IT TAKE TO ASK ABOUT ALL THOSE TOPICS?
RESULTS OF THE TOOLKIT
INTERVIEW PILOT TEST

Pilot testing the Toolkit interviews in 4 NC DV/SA programs found that the interviews:

• Were acceptable to survivors
• Were acceptable to staff and were feasible to use in a busy service environment
• Took from 15-20 minutes to administer
• Identified some unexpected needs
TELL ME MORE ABOUT HOW TO USE THE TOOLKIT INTERVIEWS..
I’M STILL A BIT APPREHENSIVE
USING THE TOOLKIT: TRAINING IS CRITICAL!

Given the sensitive & confidential information collected by Toolkit Interviews, we strongly recommend that persons who administer, manage & analyze the Toolkit information receive training before they begin this process.
Since the Toolkit interviews will likely identify multiple needs of survivors, programs need to be ready to address the needs via services & referrals

- Programs should put written policies & procedures into place documenting how they will respond to survivors’ needs
- MOUs with multiple agencies should be put into place before using the Toolkit
WHO SHOULD ASK THE QUESTIONS IN THE TOOLKIT INTERVIEWS?

• Toolkit interview questions were designed to be administered by program staff

• The questions are NOT to be self-administered
WHO SHOULD BE ASKED THE INTERVIEW QUESTIONS?

Toolkit was designed to be administered to:

• Survivors entering (& later exiting) longer-term services (e.g., individual counseling/advocacy services, support group, shelter)

• Survivors who are already engaged with the program (the interviews should NOT be used to screen persons out of services!)
WHEN SHOULD THE TIME 1 (INITIAL) TOOLKIT INTERVIEWS BE ADMINISTERED?

Time 1 – Initial Interview at Service Entry

• The Time 1 Toolkit questions should be asked “early” during service provision

• What’s early? Will vary depending on service type & program nature

• Generally, Time 1 assessments should be conducted during 1\textsuperscript{st} or 2\textsuperscript{nd} week of service
“When you initially come in (to services) you’re shocked & scared...answering a few questions is as much as you can do. It take a few days to settle in, know the routine of the shelter, know that you are in a safe place & that it is going to be okay. A few days down the road, that’s when you (shelter staff) should start asking the more difficult questions. I think it is a matter of listening & being empathetic.”

Former DV shelter resident
HOW CAN I USE THE TIME 1 (INITIAL) TOOLKIT INTERVIEW INFORMATION?

Time 1 Toolkit Interviews will be helpful in conducting needs assessments of individuals, including:

- Facilitating conversations about sensitive topics
- Identifying areas of strength & potential problems
- Identifying areas for further assessment & intervention
- Informing service planning & referrals

Aggregation of Time 1 interview information across all survivors will be helpful in conducting program needs assessments to:

- Identify the most & least common strengths & problems seen among all survivors of the program
- Inform program service development & implementation
- Inform resource allocation
WHEN SHOULD THE FOLLOW-UP (TIME 2) TOOLKIT INTERVIEWS BE ADMINISTERED?

Time 2 – Follow-up Interview after Receipt of a Significant Amount of Service:

• Exact timing of Time 2 assessment should be decided in light of typical service duration

• Should be conducted after survivor has received enough services so that survivor may experience some changes in her/his well-being, but before she/he leaves services

• Keep in mind that some survivors might leave services suddenly or without notice
HOW CAN I USE THE TIME 2 (FOLLOW-UP) TOOLKIT INTERVIEW INFORMATION?

Time 2 Toolkit Interviews will be helpful in conducting evaluations of individuals, including:

- Examining the degree to which a survivor’s needs were met by services
- Identifying current needs that should be addressed with follow-up services

Aggregation of Time 2 interview information across all survivors will be helpful in conducting program service outcome evaluations to:

- Demonstrate that services work (accountability to survivors, program, community, funders)
- Discover unintended service consequences
- Develop & improve services
- If multiple program funders & programs agree, programs could use one set of standardized service outcome measures to provide information to all funders
OK, USING THE TOOLKIT INTERVIEWS MAKES A LOT OF SENSE, BUT ALL THAT INFORMATION IS SO SENSITIVE
Our team reviewed relevant policies & best practices to develop descriptions in the Toolkit explaining the importance of confidentiality.

Examples of relevant policies:

• NC Policy on Privileged Communications with Domestic Violence & Sexual Assault Victims & Survivors
• U.S. Violence Against Women & Department of Justice Reauthorization Act of 2005 (VAWA 2005)
• NC Policies Concerned with Privileged Communications by Profession
CONFIDENTIALITY – CAVEATS

• Toolkit does not have a comprehensive list of all relevant policies & laws
• Policies & laws change over time; check for updates
• Consult with program attorneys about policy & legal questions
• Consider your program’s policies regarding confidentiality & disclosures
• Follow strongest & most protective confidentiality policy when choosing between two policies (NNEDV, 2011)
SERVICE RECORDS DOCUMENTING TOOLKIT INTERVIEW & OTHER INFORMATION

Records are helpful for:

- Planning & implementing services
- Monitoring & documenting service delivery
- Evaluating services helpfulness (Kagle & Kopels, 2008)

The Toolkit documents our review of the best practices for managing, storing & informing survivors about such records
INFORMED CONSENT FOR SURVIVORS

• Survivor should be informed about:
  • Information kept about them
  • How information is stored
  • How their information may be used

• Provide written information to survivors about what happens with their information & obtain a signature about any typical information collection & sharing practices

• Survivors should be able to “opt-out” of having their information shared with anyone outside program

Kagel & Kopels, 2008; NNEDV 2011
Some examples of content to include in addition to Toolkit instruments:

- Service authorizations/consent forms; other assessment documents; documentation of services; referral information documentation; & other evaluation documents

Only include relevant content/information about survivors in relation to program’s services, purposes, goals & outcomes

Limit recorded content to factual statements & concrete observations

Kagle & Kopels, 2008
When asked/need to share survivors’ confidential information, what are some best practices for programs?
AT SURVIVORS’ REQUEST:
SHARING IDENTIFIABLE INFORMATION

- Written release of information is necessary

- Releases: written, survivor-informed, describe information for release, reasonably time-limited, detail communication form & are “survivor centered”

- Consider “minimum necessary concept” when developing releases & sharing survivors’ information

- Ensure information sharing occurs in confidential & secure ways (NO FAXES!)

Kagle & Kopels, 2008; NNEDV 2011
SUBPOENAS: SHARING IDENTIFIABLE INFORMATION

BEFORE SUBPOENAS:
• Prepare! Develop a program plan for subpoenas
• Educate local/community attorneys about confidential nature of DV/SA services

AFTER A SUBPOENA:
• Consult with program’s attorney ASAP
• Discuss subpoena with survivor ASAP
• If a subpoena requests a survivors’ record, determine what is meant by “record”
  • May be able to disclose very limited portions of survivor’s information
• Keep in mind: NC domestic violence & sexual assault advocates/providers can claim privilege

Kagle & Kopels, 2008; NNEDV 2011
FUNDERS, POLICY ADVOCATES & POLICYMAKERS: SHARING DE-IDENTIFIED INFORMATION

- Information is best shared in summarized & aggregated ways
- By summarizing & aggregating survivors’ information, programs help ensure confidentiality of survivors’ individual information
- Program should compile together all relevant information

NNEDV, 2011
PROGRAM EVALUATION:
SHARING DE-IDENTIFIED INFORMATION

- When partnering with outside evaluator, ensure work is being conducted ethically & in ways that protect survivors’ information

- Try to work with evaluator whose work is reviewed by institutional review board (IRB)

- Redact all identifying information by removing all direct identifiers
  - Survivor & family names, addresses, telephone numbers, SSN

- Remove any indirect identifiers & information that could lead to deductive disclosure of survivors’ identities

- Ensure all data/information transfers occur in confidential & secure ways
  - NO FAXES!

Kagle & Kopels, 2008
SECURING RECORDS AT THE PROGRAM

• Human error: One of the most serious risks of service record breaches

• Have written protocols & policies for record keeping; conduct staff trainings

• Records for survivors currently in services: Keep in low traffic areas; store in locked rooms/cabinets

• Records for survivors who have left services: Store electronically

• Computer-based record-keeping systems: better security than paper records
  • Ideal to store all records electronically with best possible computer protections

Kagle & Kopels, 2008
RECORD KEEPING: CAVEATS

- Recommended & best practices about record keeping may vary by program & community.

- Recommended & best practices might change over time.

- Check for current practices, especially with technology.

- Consider program’s policies & best practices when developing, managing & storing service records.
OK, I THINK I’M READY TO GET TRAINED ON THE TOOLKIT. IS IT READY TO USE?
INTEGRATION OF THE TOOLKIT INTO THE OSNIUM DATA SYSTEM

• For both security purposes & ease of administration, this upcoming year will see the integration of the Toolkit interviews into the Osnium Data System (we hope)
REFERENCES & RESOURCES
(A-L)


MANY THANKS
FOR ATTENDING TODAY! 😊