Key steps in evaluating interventions related to violence against women

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This is a quick reference resource for community and health workers, clinicians, educators, activists, policy-makers, academics and others. It is designed to help them evaluate interventions related to violence against women (VAW) so that they can use the findings to improve services, secure funding, and acknowledge the quality of work delivered by practitioners.

This publication provides a summary of the eight key steps over three stages (Figure 1) presented in A guide to evaluating interventions related to violence against women. (McEwen, 2018).

FIGURE 1 Evaluation stages and steps

Stage 1: Preparing an evaluation project

STEP 1 Scoping the evaluation

STEP 2 Establishing the evaluation team and structure

STEP 3 Scoping the evaluation

STEP 4 Recruiting and engaging with participants

Stage 2: Producing evidence

STEP 5 Collecting data

STEP 6 Analysing data

STEP 7 Reporting and disseminating findings

Stage 3: Incorporating findings and recommendations

STEP 8 Feeding findings back into practice

SUGGESTED CITATION
STAGE 1
Preparing an evaluation project

Stage 1 of an evaluation project requires imagining and clarifying the evaluation’s aim (Step 1), establishing the evaluation team and structure (Step 2), and designing the evaluation framework (Step 3).

**STEP 1  Scoping the evaluation**

Step 1 is about scoping an evaluation project. This first requires determining what will and will not be included in the project by focusing on why, what, who, how, where and when. This can be done by answering some of the following questions:

- **Why** is the evaluation being done (e.g. to improve, to inform, to make sense of a situation or something else)?
- **What** is the purpose of the intervention (e.g. project, program, service) being evaluated? What data can be collected? What constitutes an independent and ethical approach to evaluation in the given context? What is the desired outcome for clients and/or participants, as a result of the project?
- **Who** will the evaluation participants be? Who will evaluate the intervention? Who will be interested in the results of the study?
- **How** long should the evaluation be? How will clients or participants be involved? How much data should be gathered? How will data be gathered? How will the information be used? How does it fit in with overall plans of the organisation? How SMART (i.e. Specific, Measurable, Assignable, Realistic and/or Time-related) are the evaluation objectives?
- **Where** will you find data, participants, expertise, and resources and other evaluation components?
- **When** is the most opportune time to conduct the evaluation? At what stages of the intervention: at the planning stage, at the beginning, middle or once completed? When is the best time to disseminate the findings?

**STEP 2  Establishing the evaluation team and structure**

Step 2 refers to the establishment of the evaluation team and structure. Although some of these decisions will have been made at Step 1, Step 2 will require making additional decisions and implementing them.

Often funding bodies require external evaluations to be undertaken, but service agencies may also choose to complement or share the task internally. Using staff to undertake the evaluation could be beneficial as they already understand the professional context and the complex issues that clients invariably present with.

Contracting consultants or external evaluators may be required in cases of potential, likely or actual conflict of interest between staff and participants in the evaluation projects; when there is a risk of staff influencing the reliability of data gathered; or when the skills are not available in-house and there are no resources to build staff capacity. It is important to note that this option would require estimating the cost of hiring such a consultant and including it in the intervention’s budget.

Staff working in partnership with an external evaluator can also be an option. This would make the most of trust previously established between staff and clients, while safeguarding participants from the potential risks of coercion due to close relationships with staff.

The following questions can help determine who will conduct the evaluation:
- **Who** needs to know what about the evaluation?
• Should the evaluation be undertaken by an individual or team?
• Should the evaluation be undertaken by insiders or outsiders?
• Who should be responsible for which part of the evaluation?

Step 2 also requires establishing the structure that will support and guide the evaluator or evaluation. This structure could be based on an organisation’s existing hierarchy (e.g. evaluator, manager, director, board). It could also include the use of reference or advisory groups constituted by internal and/or external members of the organisation.

The following questions can help determine how it will be managed:
• Who will manage the evaluation?
• How will stakeholders be informed of the progress or asked for advice?
• How should competing interests be prioritised?
• How will we manage the project (e.g. as an organisational project team, or as a partnership)?
• How can potential problems (e.g. conflicts, difficulties) be best managed?
• How to ensure the independence of the evaluation process?

Step 3 involves designing a coherent framework that brings together the instruments used to gather and analyse data, as well as the purpose of the evaluation and the outcomes sought.

The instruments used to gather or capture data include:
• the method – such as questioning, document analysis, reflection or observation; and
• the tools – which could include feedback sheets, questionnaires, surveys, interviews, focus groups, workshops, videos, photographs, notebooks, drawings and logbooks (see Figure 2).

To analyse evaluation data, you will need:
• an evaluation model, which frames or provides a focus for evaluation; and
• indicators, which are the criteria used to measure success, change and quality.

The evaluation model and indicators are linked because the model helps develop the indicators and determines which components, features, stages and/or questions to focus on. The following questions will also help develop project-specific indicators:
• How can we find out if the aims have been achieved?
• How do we know that knowledge/skills/attitudes/behaviours have changed?
• What will indicate to what extent the intended objectives/effects have been met/achieved?
• How measurable are these indicators? How easily can the information needed to measure against the indicators be collected? Can this information be gathered from one or several sources? How reliable is this information?

The evaluation model you choose will depend on the type of intervention you are evaluating, the objectives of your evaluation, and the methods and tools you have available for collecting information. Table 1 provides some examples.
FIGURE 2 Example of a survey tool (Source: SurveyMonkey template)

Post-Visit Patient Satisfaction Template

1. How likely is it that you would recommend your provider to a friend or family member?
   - NOT AT ALL LIKELY
   - 0 1 2 3 4 5 6 7 8 9 10
   - EXTREMELY LIKELY

2. Overall, how satisfied or dissatisfied were you with your last visit to our office?
   - Very satisfied
   - Somewhat satisfied
   - Neutral
   - Somewhat dissatisfied
   - Very dissatisfied

3. How easy or difficult was it to schedule your appointment at a time that was convenient?
### TABLE 1 Examples of frameworks

<table>
<thead>
<tr>
<th>Context</th>
<th>Context and definition of VAW¹</th>
<th>Evaluation aims</th>
<th>Target population</th>
<th>Model</th>
<th>Sample questions</th>
<th>Methods and tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local antenatal health clinic</td>
<td>Medical pathology of VAW</td>
<td>To determine staff use of the DFV² risk assessment kit against best practice</td>
<td>Staff working with pregnant women of all ages</td>
<td>Process or performance</td>
<td>How quickly are staff able to identify risk factors and instances of DFV or SXA³? What is staff’s understanding of pathological signs? What is their knowledge of referral services?</td>
<td>Staff activity logs Patient records Staff interviews Use of resources</td>
</tr>
<tr>
<td>Community arts project on respectful relationships with out-of-school young people</td>
<td>Socio-cultural</td>
<td>To acquire a funding grant aimed at increasing young people’s understanding of respectful relationships</td>
<td>Project participants</td>
<td>Outcome or impact</td>
<td>What difference did the intervention make in participants’ lives? What are participants’ experiences of the project? What did they learn from the project? In what ways did the project help change participants’ attitudes and beliefs about consent? To what degree did the intervention achieve its intended effect on its participants?</td>
<td>Project application (aims) Participant interviews or questionnaire</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander legal aid service</td>
<td>Criminal, legal or political</td>
<td>To determine legal staff’s training needs in restorative justice practice</td>
<td>Staff working with Aboriginal and Torres Strait Islanders presenting with DFV or SXA</td>
<td>Process or performance</td>
<td>What is staff’s understanding of restorative justice practice? How are restorative justice practices implemented? What have the outcomes been for SXA and DFV cases in the past 5 years?</td>
<td>Client records Observation of restorative justice circles Staff questionnaire</td>
</tr>
<tr>
<td>Multicultural health service</td>
<td>Socio-cultural</td>
<td>To determine the effectiveness of the translated DFV and SXA prevention resources for a target audience</td>
<td>Newly-arrived migrant and refugee women participants</td>
<td>Output</td>
<td>Are definitions of DFV and SXA lost in translation? Which prevention messages are retained?</td>
<td>Client focus groups</td>
</tr>
</tbody>
</table>

¹ Violence against women  
² Domestic and family violence  
³ Sexual assault
Stage 2 focuses on using the methods, tools and framework to gather information and make sense of it. This involves engaging with participants (Step 4), collecting data (Step 5) and analysing data (Step 6).

Step 4 refers to a crucial part of any evaluation project: recruiting participants. This requires contacting people to be potential participants and providing them with enough information to make a decision about whether or not they want to take part. This information should explain how data will be collected and used.

A range of ethical questions need to be considered to ensure the wellbeing of participants who might have experienced or witnessed acts of violence against women and their children. These ethical questions will vary according to the participants’ background and experiences. The following are just a sample. For a full list of questions, refer to the latest NHMRC guidelines.

- Does your evaluation have the potential to:
  - discover illegal activity by participants or others?
  - cause or elicit distress in participants due to its subject matter, the procedures involved, information that might be revealed about the participant or related persons, or in some other way?
  - jeopardise a participant’s employment?
  - pose a risk to the physical or emotional safety or welfare of participants?
- How will issues of mandatory reporting for child protection purposes be addressed?
- Does your study involve limited disclosure involving active concealment and/or planned deception?
- Is there a foreseeable risk of more than “discomfort”?
- Are there any conflict of interest issues likely to arise in relation to this evaluation?
- Have conditions already been imposed, or are likely to be imposed in the future, on the use (e.g. publication), the ownership of the results (e.g. scientific presentations) or materials (e.g. audio recordings) by any party other than the listed evaluators?
- How will real or perceived coercion be avoided?
- What steps will the evaluators take to minimise potential harm endured as a consequence of participation (e.g. by providing access/information to/about counselling)?
- If a participant, or person on behalf of a participant, chooses to withdraw from the evaluation, what specific consequences should they be made aware of, prior to giving consent?
- Will there be participants who are not fluent in English or who have difficulty understanding English?
- Is there an intention to recruit participants who have a physical impairment or disability that may affect the consent process (e.g. blind/vision impaired, deaf/hearing impaired, speech impaired)?
- How will consent be obtained?
- Will you use, collect or disclose information about human participants from an agency, authority or organisation?
Step 5 consists of evaluators implementing the methods chosen and tools designed during the planning stage. To better manage data collection activities, it is useful to create logbooks and registers.

It is also important to agree on where data will be stored and how it will be accessed. These decisions will simplify the next steps of data analysis and reporting. Storing electronic and physical data requires creating space on a computer, a server, in the “cloud” and/or in physical cabinets.

If, for confidentiality or safety reasons, data collected requires removing the identity of participants, it is also recommended to decide how data will be de-identified before being stored. For example, names of participants could be replaced with other names or descriptive labels (e.g. participant 1, young woman A). Whatever the system created, this process should also be documented and stored securely, separately from data files. Accessing or retrieving this data relies on implementing coherent and consistent filing and naming conventions.

Step 6 is about analysing data. This involves laying it out to select, sort, group, compare and summarise the mass of information gathered in the most meaningful way. Some simple software tools, such as spreadsheets or tables, can help with this task. Specialised software can help to define key themes, such as NVIVO (see Figures 3 and 4); or even the tools used to gather the data, such as the online survey software SurveyMonkey (see Figure 5). These can also be used to convert statistical data into visual representations (pie charts, graphs, word clouds, and so on) to report on findings and highlight issues, trends or inconsistencies.

The selected and/or categorised data can then be compared with the evaluation indicators. This process will help generate the evaluation findings.

Find out more about these key steps and stages in:
ANROWS.ORG.AU
FIGURE 3 NVIVO text analysis function

FIGURE 4 NVIVO visual representation themes

Key steps in evaluating interventions related to violence against women
FIGURE 5 Generating charts and basic analysis with SurveyMonkey

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Stage 3 represents the more strategic aspects of evaluation: reporting and disseminating findings (Step 7), and acting on the findings and recommendations (Step 8).

**STEP 7**  
**Reporting and disseminating findings**

Step 7 brings together:
- the process;
- the findings;
- reflections on the implications of the findings for the intervention, the organisation and/or government policies; and
- recommendations about how to realistically close the gap between the actual situation (data) and the ideal situation (indicators), or how to deal with the challenges and opportunities highlighted by the findings.

A standard evaluation report format includes the following sections:
- executive summary;
- introduction;
- background;
- methodology;
- findings; and
- conclusion and recommendations.

An evaluation report can then become the main source of information for dissemination activities (beyond the grant acquittal). Depending on the context, the following strategies can be considered to disseminate the findings and/or recommendations of the evaluation:
- email newsletter items or e-alerts;
- web pages;
- presentations and workshops;
- online forums; and/or
- social media.

**STEP 8**  
**Feeding findings back into practice**

Step 8 is often overlooked, but acting on key findings and recommendations should be essential. Ensuring the knowledge loop is closed and that lessons learnt are fed back into practice will strengthen subsequent interventions. This step is also important because it can help an intervention to remain impactful after the funding period, which in turn will contribute to reducing violence against women and their children.

Find out more about these key steps and stages in:
[ANROWS.ORG.AU](http://ANROWS.ORG.AU)