

# SECTION: Data and Evaluation

## TOPIC TITLE: Data Collection

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### Importance of Topic:

Data can be an important tool to address and prevent domestic violence. Programs are typically required to report data to funding sources as part of grant requirements. Collection of data can also be used as part of fundraising efforts within a program's community. Consistency with data collection is important. Data can be used to monitor client services and program integrity, and should be collected in a way that protects a survivor's privacy and honors their experiences with trauma.

See also Confidentiality and Program Evaluation entries.

### Statutes/Professional Standards:

- Code of Virginia Reference: § [2.2-3805/](#) Dissemination of reports and § [2.2-3806/](#) Rights of data subjects. While not directly related to domestic violence, this chapter on Government Data Collection and Dissemination Practices Act discusses the rights to protect personal information.
  - [Professional Standards Reference](#): Standard #5: Sexual and Domestic Violence Agencies will document Crisis Intervention, Advocacy, and Community Engagement services only in databases that comply with VAWA confidentiality standards and protect personally identifying information. Data about services provided are entered into the system and reviewed regularly. Programs maintain a record retention policy.
  - Other: The Violence Against Women Act (VAWA), the Family Violence Prevention and Services Act (FVPSA) and Victims of Crime Act (VOCA) regulations prohibit sharing personally identifying information about victims without informed, written, reasonably time-limited consent. VAWA & VOCA also prohibit disclosure of individual information without written consent. These confidentiality grant conditions also prohibit programs from making the signing of a release a condition of service.
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Additionally, no program can share personally identifying information to comply with Federal, Tribal, or State reporting, evaluation, or data collection requirements ([Confidentiality in VAWA, FVPSA, and VOCA — Technology Safety](#)).

## **Terms Used or Needed to Understand this Topic:**

*Database:* a collection of data organized for search and retrieval, typically with a computer software program.

*VAdata:* VAdata is an electronic web-based data collection system used by many of Virginia's sexual and domestic violence service agencies. It is managed by the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA or Action Alliance). The data provided by VAdata is an important tool in Virginia's efforts to address and prevent sexual and domestic violence.

*Personally identifying/identifiable information (PII):* Any representation of information that permits the identity of an individual to whom the information applies to be reasonably inferred by either direct or indirect means. PII is further defined as information: (i) that directly identifies an individual (e.g., name, address, social security number or other identifying number or code, telephone number, email address, etc.) or (ii) by which an agency intends to identify specific individuals in conjunction with other data elements, i.e., indirect identification. These data elements may include a combination of gender, race, birth date, geographic indicator, and other descriptors. Additionally, information permitting the physical or online contacting of a specific individual is the same as personally identifiable information. This information can be maintained in either paper, electronic or other media ([Guidance on the Protection of Personal Identifiable Information](#)).

## **Did You Know?**

Victim Service Providers (VSPs) are held to a very strict confidentiality standard. This standard is higher than the confidentiality standards expressed under compliance with HIPAA regulations. VAWA Section 3, FVPSA, & VOCA regulations prohibit sharing personally identifying information about victims without informed, written, reasonably time-limited consent. VAWA & VOCA also prohibit disclosure of individual information without written consent. These confidentiality grant conditions also prohibit programs from making the signing of a release a condition of service. Additionally, no program can share personally

identifying information to comply with Federal, Tribal, or State reporting, evaluation, or data collection requirements. **HIPAA compliant is not VAWA compliant!** VAWA, FVPSA, and VOCA have a higher standard of confidentiality, and agencies that serve survivors of IPV must adhere to this higher standard.

When VAdata was first envisioned in 1996, there were no sexual or domestic violence agencies using the internet as a resource or using email as a routine method of communication. VAdata was designed to comply with state grant requirements, and as part of VDSS contracts, data does need to be included in VAdata. Programs can use another data system if this works better for their additional reporting requirements with multiple funding sources, but they need to develop a system that can be shared with VAdata either by manual data entry or using the data import tool within VAdata. Action Alliance VAdata staff have worked to support this option and can help agencies in this process.

### **Racial/Social Justice Focus:**

Survivors from diverse or underserved communities may find questions related to data collection to be invasive and unnecessary. Advocates should be trained to elicit information needed for data collection in ways that are not intrusive and/or wait to obtain needed data after the immediacy of a crisis situation.

*Scenario 1:* A survivor reaches the point in her abusive relationship where she is ready to access a domestic violence program hotline. She takes a deep breath and nervously makes the call. Although she recently received her green card, because she is an immigrant, it makes her even more anxious to reach out for services. A new hotline advocate answers the phone and makes an initial check for safety. The survivor is at a friend's house and feels she is safe. The advocate starts down the checklist on the data form, having learned in their training that data on each and every client is very important and crucial to report to funding sources. The caller is taken aback, wondering why her age, the age of her children, whether she has TANF or not, is the priority when she doesn't even know what services she might want or need. She hangs up on the call.

- How might the advocate have handled this call in a different way?
- Should the advocate have clarified that the caller was not required to share information?

- What might this indicate about how the new staff and volunteer training is conducted?
- What are some other ways that the necessary data might have been collected? How can staff and volunteers develop the skills to elicit information without it feeling like an interview?

*Scenario 2:* Star is in a wheelchair and comes to the shelter at 3 a.m. after an emergency transport by local police from the emergency department. She had gone to the hospital for care after her partner assaulted her. The overnight shelter staff asks her about her immediate needs for care and responds to those needs, helping her to settle in the wheelchair-accessible room. This room also has an accessible bathroom. The staff points out an intercom that Star can use if she needs any help. The shelter staff fills out the minimum information that they received, notes services provided, and documents the intake for the day staff, in case the new resident is still asleep when they finish their shift. When the day shift arrives, they allow the resident to sleep as long as she needs, keeping an eye on her room but not disturbing her until she buzzes the intercom. The staff then respond, helping Star to access food and clean clothes. After she has finished, the case manager checks in with her to see if she's ready to meet or if she needs to rest a little more. A few hours later, the case manager meets with her and does the rest of the intake.

- How did the staff prioritize Star's needs?
- If a program waits to get needed data, do they run the risk of a resident leaving before they are able to collect data? If that's the case, is it a problem?

### **Trauma-informed Focus:**

It can take some practice to learn how to ask questions related to data needs in a way that feels trauma-informed. Finding a balance is important. Know that it is okay to take a pause and wait for another time to collect data that may not be immediately crucial to the given situation.

### **Promising Practices:**

*Overview of General Characteristics:*

- Training on data collection is done with consistency and clarity for both staff and volunteers. Data collection is another way to practice consent skills.
- Data integrity is monitored. Data is used as a way to monitor that client services are being captured appropriately, as this is one way to be sure that all services are being counted (which is very important for funding and agency reports).
- Data is collected and stored in a safe manner that protects confidentiality for clients and limits access to information. This includes client information on paper which should be kept in a locked filing cabinet or place with limited access, only to those who require its access for services.
- Programs recognize that VAWA/FVPSA/VOCA requirements allow them to limit access to data for third parties, and to negotiate ways to provide requested information, for example with funders, law enforcement and courts, and other community partners.

*Examples:*

- **Choices, Domestic Violence Council of Page County**, is located in a rural area. The agency provides services to survivors of sexual and domestic violence. Their services include a 24-hour hotline, shelter, legal advocacy, case management, and the other usual services offered by S/DV programs. In response to the pandemic and the limitations imposed by it with education and prevention efforts, Choices pivoted to meet this challenge and has added a Prevention Center to their website. For data collection, Choices relies mostly on VAdata, sometimes using Excel spreadsheets for other data needs. Each staff person and volunteer is required to enter their own data. Daily entries are encouraged, but are expected at least weekly. Staff also fill out by hand a daily sheet of services delivered. This helps staff to be sure to count all services. Choices' Services Coordinator checks the handwritten sheets monthly with VAdata to be sure that nothing is missed as well as monitoring data for consistency and integrity. Education efforts with staff have improved data collection with the reminder that "this is how we tell our story." Data is used as part of program evaluation including DOW (Documenting Our Work), in-house surveys, and an anonymous online survey. Data is used as part of strategic planning and to inform the Board of Directors and the community about their work.

- The **Jewish Coalition Against Domestic Abuse** (JCADA) provides services to residents in the Greater Washington area, which includes residents from Maryland, Virginia, and Washington, DC. With multiple jurisdictions and organizations to report to for funding and outreach, they needed an alternative system other than VAdat. As a result, they have developed their own data system using Apricot. (Apricot is a cloud-based case management solution designed specifically for nonprofits.) This gives them the flexibility to provide needed reports for different funders. They have been excited to use Apricot to import data into VAdat, so that they can meet Virginia reporting requirements as well. This works better than previous options and is saving time. JCADA put a lot of time in on the front end of this software development and acknowledges that it helps to have someone who understands how this program works.

*Program Focus:*

- Does your program use assessment forms that prompt advocates with phrases/questions and includes the reasoning behind the questions?
- Does your program have a method for consistent, on-time data collection so that data is available when needed? What's your program's accountability process with staff for data collection?
- While all staff will contribute to data, would it be helpful to have one person monitor data for consistency?
- If using multiple data systems, is your program conscious of protecting PII, such as name, date of birth, social security number, and address?
- Does your program use data to evaluate for service gaps and for program planning?

**COVID-19 Focus:**

Trying to provide services during COVID-19 is difficult and trying to continue to measure and evaluate these services can create more strain on limited staff and resources. Data collection and tracking during COVID-19 may help to secure funds for new services that agencies require, but should not be put above service provision for survivors. Additionally,

it is important to prioritize the quality of care given within this time rather than the quantity. While virtual services may make it easier to serve more people, more effort is needed to make sure survivors get the individualized care they need during these trying circumstances.

*During COVID-19:*

- How are you prioritizing individual client's needs during this time?
- How is your organization continuing to collect routine data during the pandemic? If staff are working remotely, what measures are being taken to ensure that data is protected?
- What new types of information does your organization need to collect about your modified services?
- How will you get signatures and consent forms from clients in the virtual environment?

**Additional Resources + Links:**

*Webinar:*

- <https://www.youtube.com/watch?v=qClagGiGiMQ&feature=youtu.be> (1:31:34) This 2019 webinar discusses the difference in privacy requirements with HIPAA, VAWA, FVPSA, and VOCA.

*Publications/Collections:*

- [Confidentiality in VAWA, FVPSA, and VOCA — Technology Safety](#): Guidance from the National Network to End Domestic Violence on technology safety.
- [HIPAA, VAWA, FVPSA & VOCA — Technology Safety](#): A chart that illustrates the differences in privacy requirements.
- [FAQ on the VAWA Confidentiality Provision](#) Frequently asked questions on the VAWA Confidentiality Provision (34 U.S.C. § 12291(b)(2)).

## Online Training:

- VAdat: <https://vadata.org/forms>: The VAdat Training Modules and recorded webinars are designed to introduce staff and volunteers to VAdat. Each module is in a downloadable PowerPoint file and the recorded webinars give very general overviews of the system. While these will not take the place of hands-on instruction, they provide a great overview of the system and its forms. Users are encouraged to contact the Action Alliance any time they have a question or for additional support.