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Evaluating the Effectiveness of Women's Refuges: A Multi-Country Approach to Model Development

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Evaluating the Effectiveness of Women's Refuges: A Multi-Country Approach to Model Development¹

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There is increasing pressure on domestic violence victim service programs worldwide to demonstrate the impact of their work on those using their services. Many workers within such programs are also interested in understanding more about what is and is not working well for service users. The current project was a multi-country collaboration to design an outcome evaluation model that would be useful to domestic violence programs, easy and inexpensive to implement, and that would reflect the diverse experiences, needs, and concerns of women experiencing domestic abuse. Focusing at this initial stage on evaluating refuges, the project partners incorporated empowerment evaluation methods and feminist principles to create the model. This article presents the five phases of model development and provides preliminary findings from a pilot evaluation to demonstrate its utility. Next steps and recommendations are then discussed.

INTRODUCTION

Over the past 35 years, community-based services for women with abusive partners have expanded dramatically across many countries (Summers & Hoffman, 2002). Although there are different evolution patterns and organizational models for such services internationally, commonly offered services

include counseling and emotional support; advocacy, information and referrals; and temporary housing (Denham & Gillespie, 1999; Fitzpatrick et al., 2003; Humphreys et al., 2000; Levison & Kenny, 2002; Sullivan & Gillum, 2001). Termed either “refuge” or “shelter,” depending on the country in which the service is offered, temporary housing services typically include much more than beds, meals, and laundry facilities. Staff and volunteers work individually with women, identifying unmet needs and assisting women and their children in any way possible. Women are informed about their legal rights and are assisted through the legal process when needed, and typically, staff also help women with any other needs they may have, such as finding housing, seeking employment, or obtaining health care. Safety planning is an important activity in which workers and women engage, and it is individualized to each woman’s situation. Workers and survivors spend time discussing what strategies women have successfully used in the past to protect themselves and their children, and what strategies they might use in the future (Goodkind, Sullivan, & Bybee, 2004). Finally, within both refuges and other support services, staff provide opportunities for survivors to talk with other women who have been through similar situations (Pence, 1987, 2001).

A common philosophy of many domestic violence victim service programs across the globe is to respect and enhance the autonomy of each survivor seeking services. Since a common tactic used by abusers is to isolate victims and strip them of their decision-making (Bancroft, 2002; Hoff, 1990; Pence & Paymar, 1993; Stark, 2007), it is an explicit goal of domestic violence programs to restore that sense of power and autonomy for survivors. This is generally referred to as engaging in empowerment practice (Gutierrez, Parson, & Cox, 1998; Pence, 1987). All services are offered within this overall theoretical framework, with the expectation that providing survivors with the protective factors of information, support, and practical assistance—while respecting their autonomy and involving them in all decision-making—will result in decreased abuse and increased quality of life over time. Indeed, research has supported this connection (Bybee & Sullivan, 2002). Unfortunately, the extent to which domestic abuse services actually achieve their intended goals has not been examined systematically, and the belief in their effectiveness has largely been predicated on anecdotal evidence.

The desire by workers within domestic violence services to understand how their efforts impact survivors’ lives has been driven by both internal and external factors. Internally, staff are interested in knowing what elements of their efforts are working and what needs to be improved. Since all programs are working with limited resources it is important to know where best to focus efforts that will be maximally effective for survivors. Externally, as governmental and private funding of domestic abuse programs in many countries has increased, there also has been increased pressure to demonstrate that such services are worth investing in. In the United States, for example, the passage of the Violence Against Women Acts in 1994, 2000, and 2006 has led to a significant increase in federal funding for domestic abuse programs. With this

increase has come more scrutiny, and an increasing number of funders are now mandating that programs 'prove' they are making a substantial difference in the lives of women and children. Scotland experienced a similar situation in 2000 when the Scottish Executive developed a national strategy to address domestic abuse. When additional funds were allocated alongside this strategy, women's aid groups were asked for the first time to examine the impact they were having on service users.

These are just two examples of how pressure to engage in outcome evaluation is becoming an issue for domestic abuse service providers worldwide. The issue is becoming so salient that one of the 15 recommendations issued by the World Health Organization's report "Multi-country Study on Women's Health and Domestic Violence against Women" (Garcma-Moreno et al., 2005) included the following: "Research aimed at informing the design and delivery of interventions where these do not exist needs to be accompanied by evaluation research on the short and long term effects of programmes to prevent and respond to partner violence" (97).

Unfortunately, this growing demand for programs to establish their impact has been difficult for many domestic violence victim services providers to meet. No new funds are being provided for organizations to engage in program evaluation, and workers generally lack the time and expertise needed to evaluate their work. A project examining domestic abuse refuge services in six European countries (Denmark, France, Ireland, Portugal, Scotland, and Slovenia) concluded that there was an overall lack of systematic outcome evaluation across all of them (Baptista, 2004). The report noted that:

All countries have reported that most services providing refuge accommodation for women and children experiencing domestic violence are aware of the importance of undertaking—in a regular and systematised way—evaluation procedures, but such work is often prevented by the lack of resources, but also by the lack of agreed and effective evaluation mechanisms. (40)

Another concern that many workers have with regard to outcome evaluation is that there is no consistent agreement on what exactly domestic violence services should be improving in the lives of survivors and their children. For example, some funders think that appropriate 'outcomes' of domestic violence programs should be that service users will never be abused again, or that survivors will 'leave the relationship.' Such outcomes, of course, are not only dependent on many factors external to domestic violence programs, but they also disregard the complexity of this issue as well as the reality that survivors come to programs with different experiences and needs. Workers understand that ending the relationship with the perpetrator, for example, does not necessarily mean the violence will end. On the contrary, many batterers escalate their violence after the relationship ends (American Psychological Association, 1996; Browne & Bassuk, 1997; Mahoney, 1991). Also, some women want their relationships to work but just want the abuse or violence to end (Baker, 1997; Peled et al., 2000). The focus of domestic violence victim

service programs is not to dictate to survivors what decisions they should make. Their role is to provide immediate safety to survivors, to help them heal from the abuse they have experienced, to help ensure that they receive justice from their communities, and to restore their sense of power and autonomy. Appropriate outcomes, then, should focus on domestic violence services' effectiveness in helping survivors create changes that they have determined are important to them, and that lead to increased safety, justice, and well-being. In accordance with this, outcomes would focus on change in survivors' knowledge, attitudes, skills, behavior, expectations, emotional status, or life circumstances.

In response to mounting external funding pressures as well as internal program concerns and needs, significant work has been done in the United States since the late 1990s to help domestic violence programs learn to evaluate their work (e.g., Lyon & Sullivan, 2007; Riger et al., 2002; Sullivan, 1998; Sullivan & Alexy, 2001; Sullivan & Coats, 2000). These efforts have followed principles of empowerment evaluation in order to create models that would be useful and relevant to communities. Specifically, this work has involved collaborating with survivors and program staff on model development, training staff how to conduct their own evaluations, developing tools with survivor and worker input for programs to use, and ensuring that findings can be used by staff to improve services and change social conditions (Fetterman, 2002; Fetterman, Kaferian, & Wandersman, 1996; Wandersman et al., 2004).

Although the extensive work that has been done in the U.S. can be viewed as a useful reference point for other countries interested in creating outcome evaluation models for domestic violence programs, what has worked in the U.S. may or may not be relevant to other countries. On the one hand, it is important that countries create their own models, incorporating the expertise of domestic abuse programs and survivors, that will fit their specific cultural and social milieu. On the other hand, there may not be a need for everyone to 'recreate the wheel' if there are common components of an outcome evaluation model that can be adopted or modified to different country contexts. The goal of the current project, then, was to test the extent to which a single empowerment evaluation model could be developed across three different countries. The project partners agreed to focus on women's refuges for this initial project for two reasons. First, refuge is the most expensive service provided and is therefore sometimes under the most scrutiny by funders. Second, it is a commonly provided service internationally.

The three primary partners on this project came from Ireland, Portugal, and Scotland. The National Network of Women's Refuges and Support Services (NNWRSS) is the leading national organization in Ireland representing domestic violence refuges and support services. CESIS (Centro de Estudos para a Intervenção Social) is a non-profit independent organization of researchers in Portugal concerned with promoting evidence-based, policy-relevant research. Scottish Women's Aid is the umbrella organization for the network of wom-

en's aid groups in Scotland. The first author collaborated with the three partners, sharing lessons learned from the empowerment evaluation work with domestic violence programs that had been occurring in the United States since the late 1990s.

Ireland, Portugal, and Scotland were ideal countries in which to develop and test a multi-country outcome evaluation model for refuges for a number of reasons. The countries were similar enough in how refuge services were offered that they could potentially develop a model useful to all settings. Further, the differences that existed across the countries were viewed as strengths in the potential generalizability of the model. While Ireland and Scotland are primarily English speaking, for example, Portugal brought a second primary language to the effort. Further, the three countries were in different positions regarding external demand for evidence-based practice. In Scotland, there was already increasing external demand on domestic abuse services to engage in outcome evaluation. In contrast, there were no such requirements in Ireland and Portugal, although there was growing discussion by national funders in Ireland. There were also differences across the countries in how refuges had developed and how strongly networked they were with each other. Scottish Women's Aid is the umbrella organization for a network of 39 local groups throughout Scotland, and has been in existence for over 30 years. Ireland's National Network of Women's Refuges and Support Services is a similar network for Ireland that has been in existence since 1979. In Portugal, domestic violence services were non-existent before the early 1990s, and there is at the time of this writing no national network supporting or linking the existing refuges. These dissimilarities provided opportunity for expanded thinking throughout the model development. Specifically, partners had to think broadly about how to approach outcome evaluation and what tools to develop to accommodate these differences.

Shared Principles Underlying the Work

Three main feminist principles informed and guided the model development. The first was to work from a strengths-based approach when considering women who had experienced domestic violence. It was understood by all partners that, although women may be emotionally affected by their experiences, we would work from the assumption that women are innately skilled survivors. The second principle was to value women's lived experiences when developing the model. In practice, this meant hearing directly from survivors (especially those who had used refuges) and prioritizing their voices in the development of the evaluation model. Building on the first two principles, we also prioritized the experiential knowledge of those directly providing domestic violence services. Workers have a wealth of expertise and knowledge from listening to and supporting women who have experienced domestic violence, and it was seen as critical to include their voices in this project.

Development of the Model

The development of the outcome evaluation model occurred in five phases: first, the three primary partners systematically examined the extent to which evaluation activities were already occurring in each of their countries and also examined domestic violence staff members' concerns and needs regarding outcome evaluation. This led to the second phase, constructing outcomes and outcome indicators relevant to domestic violence workers and survivors. The third phase involved designing the initial outcome evaluation model, followed by the fourth phase of implementing a pilot study testing the model. The fifth and final phase included modifying the model based on the pilot study and writing a report summarizing the model development that could be shared with other countries.⁸

In order to determine the success of the model being developed, three criteria were examined: (1) whether the evaluation model was perceived by workers to be manageable and straightforward; (2) whether the evaluation tools developed were perceived by survivors to be easy to complete and relevant to their experiences; and, (3) whether the information gathered through the evaluation model was useful for service development and improvement.

At the beginning of the project, the three partners established advisory groups in each of their own countries. Their formation was easier in Ireland and Scotland, where there were already links between local programs and the national organizations. However, the advisory group in Portugal had to be formed from individual relationships as there was no national network to draw from. The advisory groups played an important role during all phases of the project, providing important input on the model's likely utility and relevance.

The first phase of this project involved intensive information gathering in each of the three partner countries. This included reviewing legislative frameworks and evaluation efforts occurring in each country, as well as gathering comprehensive data from refuge staff and from survivors themselves. Staff and survivors were invited to offer their opinions about appropriate goals of domestic violence refuges, as well as how such goals might be measured. This approach included the use of workshops (Scotland), focus groups (Portugal), and extensive interviews (Ireland). These methods helped inform the second phase of the project, creating measurable outcomes for refugees.

The development of measurable outcomes for refugees involved first identifying programs' overall goals or objectives. After examining the information gathered across Ireland, Portugal, and Scotland, it was noted that the three major goals of refuges were to: (1) increase women's and children's safety; (2) increase survivors' access to community resources that can enhance their well-being; and, (3) empower women. These were also the primary goals identified through earlier efforts in the United States and reflect the overall philosophy guiding many domestic violence victim service programs internationally: to enhance women's safety and increase their empowerment (which includes enhancing their knowledge about rights and resources). The goals are also

evidence-based: research has found that increasing domestic violence survivors' access to resources in an empowering way results in greater well-being and reduced abuse over time (Bybee & Sullivan, 2002; Sullivan & Bybee, 1999).

After identifying the three major shared objectives of the refuges, the partners worked together to develop measurable outcomes for each construct. With regard to the larger objective of safety, for example, the partners first had to decide what safety included (physical safety? psychological safety?) and what aspects of survivors' safety programs could reasonably impact. For example, while refuges put a great deal of resources into providing physical safety while women are in residence, they are not responsible for the perpetrator's violence that might occur outside of or after refuge. Therefore, the first measurable outcome related to safety was that survivors would be physically safe while in refuge.

Most, if not all, refuges engage in safety planning with survivors. Such planning involves discussing with survivors various options that might either prevent future abuse or which could help them escape future abuse (Davies, Lyon, & Monti-Catania, 1998). While such safety planning does not guarantee that all survivors will remain safe, it does provide women with additional options designed to enhance their safety (Goodkind, Sullivan & Bybee, 2004). Therefore, the second outcome related to safety was that, as a result of staying in refuge, survivors would have more ways to keep themselves and their children safe.

The second goal of refuges identified through this project was to increase survivors' access to community resources that could protect them or enhance their well-being. The partners engaged in extensive conversations about domestic violence programs' ability to achieve this goal, given survivors' different needs and desires as well as differences across communities and countries in the availability of various services and resources. It was ultimately agreed that outcomes related to this goal would focus on increasing survivors' awareness of options and community resources, as this was within programs' control and also recognized that some survivors might not be interested in immediately (or ever) accessing particular community resources or services.

The third goal of refuges identified by workers and survivors was to enhance women's empowerment. This was generally discussed in terms of respecting women's autonomy, providing options without mandates, and increasing women's options and knowledge. Therefore, the measurable outcomes related to empowerment included that survivors would have (1) more knowledge about domestic abuse dynamics, (2) more knowledge of options available to them, and (3) more confidence in their decision making.

After agreeing upon outcomes related to the overall goals of refuges, the partners had to develop a model for accurately but easily measuring the extent to which outcomes were achieved. After a great deal of discussion (informed by conversations with workers and survivors), the team decided that paper-and-pencil surveys, completed by survivors themselves, would be the simplest

and most accurate way to gather this information. Several factors influenced the decision to use this type of model:

1. the use of such surveys had been field-tested with domestic abuse services previously and found to be a successful methodology (Lyon & Sullivan, 2007; Sullivan, 1998, 2001, 2005; Riger et al., 2002);
2. self-administered questionnaires would be safer and more private for service users than would face-to-face or telephone interviews;
3. the use of self-administered surveys was a technique familiar to most refuge-based organizations in the three countries, which meant that it could be incorporated in current evaluation structures or easily added to administrative systems where formal evaluation structures did not exist; and,
4. the self-administered questionnaires were regarded as more feasible for long-term implementation because of resource implications, as noted above.

A brief survey was initially constructed that included items measuring: (1) types of services survivors received from the organization; (2) the extent to which women in refuge felt cared for, respected, listened to, and supported, and whether their strengths were acknowledged; and, (3) the desired outcomes developed through this project. The surveys also included a series of demographic questions such as age and ethnicity.⁹ It was expected that this survey would be given to survivors shortly before they expected to leave refuge.

It was also decided, based in part on a similar decision made in the United States that was providing useful information to programs (Lyon & Sullivan, 2007), to create an additional survey that survivors could complete during the first week of their stay in the refuge. This brief survey focused on asking women about their prior knowledge of the program, how they were treated upon arrival to refuge, and what they hoped to get out of their stay.

The questionnaires were initially written in English, but group members from Portugal translated them into Portuguese and those from Scotland had them translated into six additional languages: Arabic, Bengali, Cantonese, Hindi, Punjabi, and Urdu. In the three partner countries, the questionnaires were reviewed by workers and service users to ensure that language, style, and content were appropriate and relevant.

The fourth phase of this project involved piloting the surveys across a number of domestic violence programs in Ireland, Portugal, and Scotland. Refuges were selected within each country based on their capacity and commitment to participate, as well as their geographic location in order to obtain a mix of urban and rural locations. A total of 15 refuges participated across the three countries.

Before the pilot was initiated, training was offered to participating refuges. Training sessions were designed to improve the workers' knowledge of the

main objectives of outcome evaluation and to introduce them to the tools and implementation procedures. The three partner countries developed a common type of training session: brief presentation of the project; practicalities of the pilot implementation; presentation and discussion of the evaluation tools; and, an attempt to preempt and resolve any issues. An information pack was then distributed that contained copies of the two surveys, instructions on how to invite women to complete the surveys, a data collection checklist, and large envelopes for returning the questionnaires. In Scotland and Ireland, leaflets and posters that could be posted within refuges describing the evaluation were also included.

The training materials covered how to respectfully and safely invite women to participate in evaluating the services. A number of factors were stressed, including the importance of (1) reassuring women that their participation was voluntary; (2) providing a private place for women to complete the surveys; (3) ensuring either anonymity or confidentiality (when anonymity was not possible); and, (4) offering alternative ways for women to participate in the evaluation if a written survey was inappropriate (either due to language, literacy, disability, or general comfort).

The model was piloted in these refuges for 10 weeks. All refuges designated one contact person responsible for liaising with the project partner in each country. The three partners maintained weekly contact with refuges by phone. Refuges also gathered and returned information on the collection procedure, namely: the total number of women in refuge at the start of the pilot; number of admissions and discharges; and, total number of women still in refuge at the end of the pilot. Reasons given by women for not wanting to complete the forms were also collected when possible. While these additional procedures are not necessary for internal program evaluation, one intention of the model development project was to document the process itself in order to share lessons learned with other countries.

As noted earlier, three criteria were used to determine the success of the model: (1) whether the evaluation model was perceived by workers to be manageable and straightforward; (2) whether the evaluation tools were perceived by survivors to be easy to complete and relevant to their experiences; and, (3) whether the information gathered through the evaluation model was useful to service development and improvement. In order to assess whether the three criteria were met, the following strategies were employed: 1) weekly contacts with all the pilot refuges in order to check whether the implementation of the forms was successful (willingness of women to participate, obstacles faced, support needed); 2) a focus group with the refuge workers immediately after the end of the pilot to assess implementation issues (effectiveness of the training, usefulness of the information pack, interaction with the women, impact on work and workers, impact on organization); 3) analysis of the consistency and validity of the data in all countries; and, 4) a second focus group with the refuges in order to assess the usefulness of the information collected for service development.

General feedback from workers regarding the implementation process was very positive across the three countries. There was general consensus that:

- instructions were clear about how to obtain the information;
- in general, women willingly agreed to participate in the process;
- women and workers found the questionnaires easy to complete;
- workers gained a more in-depth understanding of women's needs and an extra opportunity to reflect upon their work;
- organizations became more aware of areas where services can be improved;
- the refuges/organizations found the findings relevant to their work; and,
- the organizations clearly expressed a willingness and interest in engaging in such a process in the future.

Findings from the Pilot

By the end of the pilot, 224 forms were returned (95 of Survey 1 and 129 of Survey 2). A number of findings from the pilot project are presented here to illustrate how the surveys can be used by programs. Given the relatively small number of responses and the fact that they span 15 refuges across three countries, these results should be considered with extreme caution. They are primarily presented to demonstrate how the tools can be used to better understand women's experiences and to enhance services being provided.

The surveys given to women within a week after they arrived in refuge provided a wealth of information that programs do not typically obtain. For example, one question asked women how they had heard about the refuge. More than one in three women (36%) found out about refuges through friends or relatives and less than one in four found out through social work. Women's aid groups were referred to by 13% of the respondents and the police by 10%. The least mentioned options were the helpline and the housing services: only two women found the refuge via either of these services. This type of information can be very useful to programs in helping them understand where additional outreach efforts need to be focused.

More than half the women (53%) responding to Survey 1 were in refuge for the first time. The remaining group had used refuge at least once before. Among this group, almost half had been in refuge one or two times in the past, while three women reported having been in refuge 20 or more times.

Asked what they would have done if they had not been able to come into refuge, 19% of the women stated that they would have stayed home, and the majority reported they would have been in some way homeless (e.g., sleeping on the streets, staying with friends). A full 14% of the women reported not

knowing what they would have done had refuge not been available, and tragically, 6% reported they would have killed themselves.

Table 1. Type of actions women would have taken if refuge had not been available (N = 85)

Action Would Have Taken:	%
Gone homeless/Slept on streets/Nowhere to go/Stay with family or friends	37
Stayed at home	19
Stayed with friends or family	17
Don't know	14
Killed myself	6
Other	7

One notable finding was that becoming homeless was considered more often by women living in Ireland or Scotland, whereas all of the women reporting they would have killed themselves were from Portugal. Cultural issues and the organization of responses linked to homelessness services in the different countries could help explain these differences.

The survey completed by women as they were getting close to leaving refuge provided interesting information about the types of services they received, how they were treated by staff, and the extent to which outcomes were achieved. Most women answering Survey 2 (39%) had been in refuge for between one and six months. However, seven women had been in refuge for over a year.

Overall, positive changes were experienced in all areas queried. Table 2 summarizes the types of services women reported wanting, as well as the extent to which they received help across a variety of areas.

Women positively evaluated their interactions with workers during their stay in refuge: over 80% of the women felt the workers supported them 'a lot,' listened to them 'a lot,' and respected their privacy 'a lot.' Women's comments on the quality of interactions are particularly enlightening about the overall results:

"Every worker I have met has been so caring and helpful. Both with practical and emotional support. Nothing has been a bother to them."

"I feel very fortunate to have the support worker that I have. She has been excellent support to me, in every situation that I have had to deal with. Thank you."

Table 2. Amount of Help Women Reported Receiving While in Refuge.

	WHO NEEDED		WHO RECEIVED					
			ALL THE HELP		SOME OF THE HELP		NONE OF THE HELP	
	No.	%	No.	%	No.	%	No.	%
Staying safe	119	92	105	88	14	12	0	0
Protection for my children from my partner/ex-partner	90	70	77	86	12	13	1	1
Protection from my partner/ex-partner	107	83	91	85	16	15	0	0
Developing a plan for my safety	105	81	74	70	26	25	5	5
Developing a plan for the safety of my children	91	71	67	74	19	21	5	5
Help or support to put in place or improve a safety plan	102	79	74	73	23	23	5	5
Managing contact with my partner/ex-partner	71	55	43	61	17	24	11	15
Understanding the impact of domestic abuse on me	104	81	71	68	27	26	6	6
Understanding the impact of domestic abuse on my children	94	73	60	81	25	27	9	10
Understanding the causes of domestic abuse	103	80	68	66	28	27	7	7
Healing emotionally from my experiences	113	88	66	58	37	33	10	9
Information and support with legal protection	101	78	75	74	21	21	5	5
Information and support with housing/accommodation	112	87	84	75	19	17	9	8
Information and support with health care issues for myself	112	87	76	68	31	28	5	5
Information and support with benefits/finances	101	67	73	72	21	21	7	7
Information and support with training/education	85	66	52	61	19	22	14	16
Information and support with jobs/work	73	57	38	52	23	32	12	16
Information and support with schooling for my children	73	57	57	78	11	15	5	7
Information and support with play/recreation activities for my children	98	65	56	57	22	22	6	6
Information and support with health care for my children	84	65	63	75	14	17	7	8
Information and support getting emotional support for my children	69	54	39	57	22	32	8	12
Information and support with custody and access for my children	76	59	48	63	19	25	9	12
Information and support with child protection issues for my children	69	53	47	68	18	26	4	6
Making decisions about my future	109	85	64	59	38	35	7	6

Findings from these surveys indicate that refuges do have an important positive impact on the safety and protection of women (see Table 3). More than four in every five women (85%) felt a lot safer and 81% felt much more protected from the abuser. Ninety-five percent felt either a lot or somewhat more confident about their decision-making, and 95% reported having more information that would help them. The item on which women reported the least amount of change (16% reporting no change at all) was one on which many women have little or no control: managing contact with my partner/ex-partner. Given the high number of women stalked by their assailants, as well as the number of women who share children in common with the abusers, this finding is unfortunately not surprising. It is, however, illuminating for programs working for social change, which could focus efforts on improving community policies and practices related to protecting women from unwanted contact with their batterers.

Table 3. Amount of Change Women Reported Experiencing as a Result of Staying in Refuge.

	CHANGES EXPERIENCED			
	TO WHOM IT APPLIED	A LOT	SOME	NONE
	(No.)	%	%	%
I am safer.	121	85	14	1
I am more protected from my partner/ex-partner's abuse.	113	81	15	4
My children are more protected from my partner/ex-partner's abuse.	89	82	15	3
I am more able to get what I need for my children.	96	76	22	2
I have more ways to keep my children safer.	97	71	24	5
I am better able to get what I need for myself.	121	68	29	3
I understand more about how domestic abuse affects me.	118	67	25	8
I have more ways to keep myself safer.	116	66	30	4
I understand more about how domestic abuse affects my children.	100	66	26	8
I understand more about the causes of domestic abuse.	114	65	29	6
I am better able to manage contact with my partner/ex-partner.	80	63	21	16
I have more information that will help me.	122	62	33	5
I am more confident about making decisions.	119	61	34	5
I am better able to deal/handle/cope with the impact of domestic abuse on me.	119	61	32	7

Lessons Learned from the Pilot

The fifth phase of this project involved incorporating lessons learned from the pilot into the tools themselves as well as the evaluation process. Minor modifications were made to the surveys based on the pilot, primarily regarding wording of questions. The training delivered to program staff was considered to be effective by all participating refugees. However, the suggestion was made to develop a more structured format for the training in order to allow its replication by others. Further, we would recommend providing training to each individual refugee, if possible, in order to increase understanding and ‘buy in’ from staff.

The weekly contacts with pilot refugees were felt to be too frequent in Ireland and Scotland, but were valued in Portugal as a way of helping workers feel supported throughout the process. This could be due to the fact that refugees in Portugal lack a national network or systematic way to communicate with others doing this work, but that is speculation at this point. Future similar projects may or may not include this component, based on individual program or country need.

The existence of a focal point (either an umbrella organization or an external support team) responsible for the development and implementation of the outcome evaluation process seemed to be an important added value, even though each refugee could theoretically engage in running the process by itself. Refugees participating in the pilot study valued the support, direction, and dialogue throughout the pilot.

The implementation of the pilot model across countries with different social contexts raised some important issues. In countries where a national structure is in place—Ireland and Scotland—the project was seen as an opportunity to build on evaluation efforts that had already begun, to provide a local and national overview of refugees’ work, and to use findings to lobby for additional funding. In countries where no umbrella organizations currently exist (such as Portugal), a project such as this could become an opportunity for capacity building within refugees, as well as an opportunity for refugees to share ideas and practices and to engage in a systematic analysis of their work that could result in additional national attention and resources.

CONCLUSION

The outcome evaluation model developed through this multi-country collaboration appears to meet the desired objectives of the project. Overall, the tools were found by workers to be relatively simple to use and interpret, and service users found them to be relevant and easy to complete. The information gleaned from the surveys was useful to refugees and could potentially lead to improvements in both service and social change efforts. Perhaps most importantly, they also demonstrated the impact, or outcomes, of domestic violence refuge on the lives of survivors.

As with any such project, there are limitations to this model development that deserve additional consideration. First, while the women who completed the surveys found them simple to complete, we did not hear from those women who chose not to take part in the evaluation effort. It is quite possible that a number of women did not participate because of literacy, disability, or language issues, or because they found the process irrelevant to their lives. Further tool development is necessary, with continued input from a diverse group of survivors about alternative ways to gather evaluation information.

It is also important to note that in this project, surveys were sent to one of the three project partners to enter into a database, analyze, interpret, and report back to programs. This type of support might have contributed a great deal to the success of the effort. Given many refugees' need for information, tools, and direction in order to even begin to engage in outcome evaluation, having an external organization leading this type of effort seems especially worth considering. Ideally, programs should be able to engage in outcome evaluation completely on their own (Fetterman, 2002), but this will first require additional training and resources for many programs. In the United States, one large-scale evaluation effort has included providing programs with databases, training materials, and ongoing technical assistance to promote this capability (Lyon & Sullivan, 2007). Some countries, on the other hand, might choose to have surveys sent to a national organization for analyses that will be summarized and returned to local programs. This would of course require a level of resources, time, and skill at the state level, but would result in country-level data that could be used to inform national policies and practice.

This project was viewed by the participating countries to be a successful first phase in outcome model development. Next steps will include developing tools for non-residential support and follow-up services, enhancing local program capacity to engage in their own evaluations from start to finish, and perhaps collaborating with additional countries to modify and expand the current model.

Countries across the globe are at different stages regarding the demand for outcome evaluation, the capacity of organizations to engage in evaluation, and funders' understanding of its relevance. Thus, some countries are already very motivated to engage in outcome evaluation, while others may not yet even be thinking about it. It is our hope that this model becomes a useful reference for other countries interested in examining the effectiveness of their work with survivors and communities.

NOTES

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8. A copy of the full report can be obtained from any of the authors.

9. The Portuguese form does not include the latter information because collecting information on ethnic origin is not allowed in Portugal.

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