Developing women centred services

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Pre-conference Workshop - Evaluating programmes and services from women’s perspectives
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Overview of the workshop

- Presentation: ‘why’ and ‘what’ to evaluate
- Group discussions
Why do we want to understand how our efforts have impacted the lives of women?

- **Internal motivations**
  - What is working and what needs to be improved?
  - Do interventions have unintended, negative consequences?
  - Given limited resources, what efforts will produce best results?
  - What is the impact on women’s lives?

- **External motivations**
  - Increased pressure to demonstrate results
  - Contribute to policy development
Why is evaluating the impact on women’s lives difficult?

- No new funds are generally provided for evaluation
- Workers/advocates usually lack time and expertise for evaluation
- Collaboration between advocates / service providers and researchers can be challenging
- Lack of agreement on desired outcomes:
  - What constitutes success?
  - Services must be flexible to respond to women’s varied needs, making it difficult to define exact outcomes
Focus of the evaluation

- Are we looking to evaluate women’s perspectives regarding the quality of services / interactions?
- Or women’s perspectives regarding the determinants of positive change in their own lives?
- Or both?
- What is the relationship between them?
What could constitute success?

- Helping survivors create changes that they have determined are important to them, and that lead to increased safety, dignity, justice and wellbeing
- This might be measured by changes in survivors’ knowledge, attitudes, skills, behaviors, expectations, emotional status or life circumstances
Meaningful assistance

- To be meaningful to the women who access services, they must be able to respond to survivors’ needs and concerns
- Meaningful assistance underpins the idea of high quality services
- It points to the importance of the quality of the interaction between the service/service provider and the survivors who access and experience the services that are provided
What do survivors want in services and service providers?

- High quality services that focus on meeting their needs.
- If this criterion is met, services are in a position to address and reduce all health related harms that occur as a result of sexual assault and violence (WHO, 2004).
- Services that actively support recovery and healing and ensure that secondary victimization never occurs.
- Such services provide safety and protection, emotional and medical help in crisis and beyond, assist the survivor to make sense of what has happened and provide practical help according to each survivor’s needs.
- Compared with poor quality services that re-traumatize women and undermine their healing journey.
What do survivors find helpful in services and service providers

- Research indicates that survivors value sexual violence services that are accessible
- Provide a safe environment to express fears and talk about their experiences to a worker who:
  - Believes them
  - Understands the multidimensional impact of sexual violence on their lives (i.e. did not use a narrow clinical focus)
  - Does not judge them
  - Provides information and referrals to other appropriate services such as housing and legal services
  - Offers compassionate support, advocacy and understanding
  - Encourages feelings of belonging, especially in the context of group work
  - Helps survivors regain a sense of power and control over their lives
Some examples of what women value in their interactions with providers

Non-judgmental attitudes:
“The good thing is that they don’t judge you and this enables you to talk”

Confidentiality:
“We feel comfortable because we know that others will not find out.”

Being believed:
“This was the first time that I felt taken seriously and that they believed my story.”

Emotional support:
“When I told my story to the provider, she gave me security, she gave me courage, she gave me strength.”

Source: IPPF/WHR
Ways of making a difference

Providers can reframe abuse

- “I was dying without realizing it. When the physician told me that my health problems were related to what was happening in my house, I started to understand what was going on with me. It was as if a screen was lifted from my eyes and I started to think that I didn’t deserve this.” (Survivor)

- “If we don’t ask, it might take them many more years to start on the road to recovery.” (Provider)

- [Once a provider raises a woman’s awareness of violence as a problem], “nothing is ever the same.” (Survivor)

Source: IPPF/WHR
Providers can act as a catalyst to encourage women to seek help.

- For many women, discussing violence with a health care provider often represented the first time that women heard the message that they had a right to live without being abused; or that they were not to blame for the violence they experienced.

- In interviews with survivors and providers, many noted that health care providers had the potential to help women recognize physical and sexual violence as "abuse" rather than as a normal or immutable part of life, often by highlighting the health consequences of physical or sexual abuse.

- This type of catalyst role requires a substantial degree of knowledge and skill.
Empowerment evaluation principles

- Collaboration with survivors’ and program staff
- Training staff to conduct their own evaluations (issues of confidentiality and bias?)
- Developing tools with survivors’ and workers’ input
- Ensuring that findings can be used by staff to improve services and change social conditions
Feminist principles for evaluation

- Work from a strengths-based approach when considering survivors = women are skilled survivors
- Value women’s lived experiences when developing the evaluation model = hear survivors
- Value the knowledge of those who provide direct services
How do we know if the evaluation model works?

- Is the model perceived by workers to be manageable and straightforward?
- Do survivors find the evaluation tools easy to complete and relevant to their experience?
- Is information gathered useful for service development and improvement?
Examples of approaches used to assess services from women’s perspectives

- IPPF/WHR
  - Client exit survey via face-to-face interviews
  - Structured / unstructured interviews, focus groups, and specific techniques to gather information in participatory way, including:
    - Pathways taken: a chronological history (‘Ruta critica’ / turning points)
    - Achievements / benefits (Group discussions only)
    - Who helps women?
    - Incomplete history of Rosita
Questions for discussion

Group 1
- What should be the focus of the evaluation?
- What do we mean by ‘women’s perspectives’?
- Women’s views on determinants of positive changes in their lives?
- How do we define success?

Group 2
- How can we foment better partnerships between service providers/advocates/criminal justice system and researchers?
- What is the state of play at the moment?
- What can contribute to better collaboration?

Group 3
- What are some of the methodologies that have been used to assess quality of services / personal change from women’s perspectives?
- What are some of the advantages and disadvantages of different approaches?