

CASE STUDY

Focusing on outcomes for survivors of intimate partner violence

Identifying outcomes sought by survivors of intimate partner violence

As part of Hiil's work to facilitate the implementation of people-centred outcomes monitoring in the justice sector, we endeavour to understand and define the specific outcomes that people faced with particular types of legal problems look for when they seek justice and support. We began this problem-specific research with a focus on intimate partner violence (IPV), a type of domestic violence.

The methodology used to produce this case study and identify a list of outcomes that survivors of IPV seek is one that we hope to have the opportunity to replicate for many of the other pressing legal problems that people around the world face. The problem-specific outcomes lists we generate through this process deepen our understanding of the varied forms that justice can take and support the new way of working we set out in the [Focusing on Outcomes for People: An Opportunity for the Justice Sector](#) policy brief.

This case study

To answer the research question, **What specific justice outcomes do survivors of intimate partner violence seek?**, we began by reviewing literature on the justice needs of IPV survivors. To generate a truly people-centred list of IPV-specific justice outcomes however, it was necessary to speak directly with IPV survivors and the practitioners who support them. For this, Hiil carried out focus groups and one-on-one interviews (depending on the preference of the respondents) with IPV survivors and practitioners in Uganda, Nigeria, and the Netherlands. In total, we gathered inputs from 55 different people. This formally included 22 survivors and 33 practitioners, though a number of the practitioners we engaged had personal experience with IPV in addition to professional expertise.

The IPV-specific outcomes identified through these conversations — the details of which have been kept confidential in order to preserve the privacy and the safety of the respondents — were compared with the outcomes identified through literary research. A final list of 21 IPV-specific justice outcomes was generated based on the combined inputs of the survivors and

practitioners surveyed in the literature and the survivors and practitioners HiiL spoke with directly.

Identifying the outcomes that survivors of this uniquely prevalent and impactful legal problem look for makes it possible for practitioners in the field to monitor the extent to which their justice and support services for IPV are truly people-centred. It also enables HiiL to test whether the broader outcomes categories we identify in the policy brief were sufficiently inclusive. Similarities and discrepancies between the two outcomes lists are highlighted and discussed in the sections that follow. In the final section of this case study, we reflect on what we learned and some of the key conceptual and methodological challenges we faced in identifying people-centred, IPV-specific outcomes.

A uniquely prevalent and impactful legal problem

The term “intimate partner violence (IPV)” refers to physical, sexual, psychological, or economic violence or abuse - including controlling behaviors and stalking - by a current or former spouse or intimate partner ([WHO 2012](#); [European Institute for Gender Equality 2021](#)). IPV is a type of domestic violence and may take the form of a single violent or abusive incident or chronic incidents that recur over time.

IPV affects women, transgender people, and to a lesser extent men in all parts of the world. The World Health Organization (2018) estimated that globally, roughly 1 in 4 (26%) of ever-married/partnered women aged 15 and older have been subjected to physical and/or sexual IPV at least once in their lifetime. Ten percent were estimated to have experienced it in the last 12 months. The lifetime IPV estimate is similar in Western Europe (15-29%) and rises to 29-38% in Sub-Saharan Africa ([WHO 2018](#)).

The COVID-19 crisis only exacerbated the harmful effects of IPV. Lockdowns and stay-at-home orders resulted in many people being isolated inside with abusive partners. HiiL’s 2020 reports on justice delivery in COVID-19 crisis anticipated surges in reports of domestic violence, and more recent research suggests that such predictions have been borne out ([HiiL 2020](#); [HiiL 2020](#); [The American Journal of Emergency Medicine 2020](#); [European Institute for Gender Equality 2021](#)). This has put domestic violence shelters, counselling services, and helplines - many of which were already inadequately resourced before the pandemic - under strain.

Although the full scale of IPV during the COVID-19 crisis is not yet known, the need for support services which are tailored to the specific outcomes that those who survive IPV seek is clear. The significant underreporting of IPV indicates that many women never seek help through the formal social service programmes and are less likely to alert authorities in cases of physical or sexual abuse (Bender 2016). This makes survivor-centred services all the more important.

As a first step towards this goal, we set out to identify those more specific outcomes of IPV survivors. Aiming for as comprehensive and inclusive a list as possible, we began with a review of the most relevant available literature. The [20 academic articles](#) selected primarily describe the results of research (including five systematic reviews) carried out in the Netherlands or the United States. We focused on studies in which IPV survivors themselves - rather than researchers or practitioners - were interviewed or consulted directly and seen as experts in their own experience. This represents a small portion of the vast international literature on IPV, which often focuses on the harm IPV causes or evaluates specific interventions that exist to address it.

We chose to focus on the justice outcomes that survivors and not perpetrators of IPV seek because survivors have the greatest need for help and support as a result of the violence they experienced. To say that

the outcomes that perpetrators seek in the aftermath of IPV are beyond the scope of this study is not to say that they do not exist, that they are not interconnected with the needs of survivors, or that they should not be taken into account as part of any holistic effort to prevent IPV. However, we do believe that the outcomes that IPV survivors seek - which are so often overlooked or misunderstood by practitioners and society at large - merit their own careful research and should not be conflated with the outcomes sought by those who harmed them.

Insights from the literature

The literature illustrates that the outcomes IPV survivors seek change over time (Allen, Bybee & Sullivan 2004). In the immediate aftermath of a violent or abusive incident, survivors of IPV focus primarily on safety and protecting themselves (and their children, if they have them) from further harm. This often manifests in a practical need for the violence to stop, for secure (temporary or long-term) housing, for transportation, or for the perpetrator to be removed from the home (Klein et al. 2019; Ten Boom & Kuijpers 2016).

Later on, needs related to long-term economic security emerge: namely for education (including job training), employment, or compensation (Ten Boom & Kuijpers 2016; Klerx-van Mierlo, Pemberton & Lodewijks 2011). This is often because survivors are no longer able to rely on the income of their current or former partner and therefore have a need to generate their own income or generate additional income.

As victims of violence, survivors of IPV are also more likely to need emotional support than victims of other types of crime (Ten Boom & Kuijpers 2016). Counselling and mental health providers that serve this population often focus on reducing PTSD, depression, or symptoms of anxiety resulting from IPV; reducing shame, guilt, anger, and disassociation; reducing

substance abuse; and increasing self-esteem and self-efficacy (Bender 2016; Karla Arroyo et al. 2015; O'Doherty et al. 2014).

Survivors of IPV may also develop legal needs, although these do not uniformly relate to the arrest, removal, or prosecution of the perpetrator. Legal services may also be needed to fight landlords, file for divorce or negotiate custody or visitation (Allen, Bybee & Sullivan 2004). Contrary to the traditional view of IPV survivors as passive recipients of the law and legal outcomes, "their interaction with both civil and criminal legal systems [is] part of their 'active negotiation and strategic resistance'" to violence (Lewis et al. 2000).

Restorative justice needs, such as the opportunity to talk about what happened, acknowledgement of or apology for the harm by the perpetrator, reconciliation, reparation, or rehabilitation of the perpetrator through counselling are also highlighted in the literature and contrasted with "retributive justice" needs such as incarceration or retaliation (Ten Boom 2016; Ten Boom & Kuijpers 2016; Klerx-van Mierlo, Pemberton & Lodewijks 2011). Both approaches to justice can achieve safety and accountability for survivors of IPV (Decker et al. 2020). However, there is evidence that victims of crime by strangers and non-intimate acquaintances are more likely than victims of crime by intimates to desire punishment or retribution. This suggests that a restorative approach to achieving safety and protection may be more desirable for many of them (Ten Boom 2016; Ten Boom, Pemberton & Groenhuijsen, 2016). For survivors of IPV who choose (for economic or relational/familial reasons) to stay with the perpetrator, a warning by the police or temporary separation may be more desirable than arrest or incarceration (Ganapathy 2006; Ten Boom & Kuijpers 2016).

In addition to restorative outcomes related to the violent or abusive intimate relationship, survivors may also seek restorative outcomes related to friends, family, or the broader community (Herman 2005).

This is because IPV:

” *is not [only] the result of a conflict between partner[s], nor the result of behavioural issues of the perpetrator, but also the reflection of cultural, social, and economical power imbalances and norms, particularly the patriarchal norm that women should be subservient* (Dissel & Nguben 2013).

Victims of domestic and/or sexual violence often express a need for the community to condemn the offence, for example, or for the perpetrator’s enablers and accomplices to apologise (Feldthusen et al. 2000; Herman 2005; Ten Boom & Kuijpers 2016).

Regardless of the avenues taken to achieve these outcomes, survivors of IPV also have procedural justice needs related to the way they are treated throughout the help-seeking process. These include the need to be treated with empathy, consideration, and respect; to be actively and compassionately listened to; to engage in mutual communication with authorities (to both provide and receive information); to have the opportunity to ask questions; to be given choices; and to be assured of safety and confidentiality (Ten Boom 2016; Ten Boom & Kuijpers 2016; Kulkarni, Bell & Rhodes 2012). One focus group study found that:

” *Both advocates and survivors concurred that the way the survivors were treated mattered as much, if not more, than whether service providers were actually able to provide concrete resources. These findings suggest that relational aspects of service delivery such as active listening, supportive presence, and empowerment are at times undervalued, particularly in IPV services where the fear of lethal violence and the provision of physical shelter is often such a priority* (Kulkarni, Bell & Rhodes 2012).

At the broadest level, survivors of IPV want to prevent future violence against themselves and others (Ten Boom & Kuijpers 2016). Reduced reabuse or revictimization is an outcome often pursued by service providers, but it is important to acknowledge that people who have experienced IPV

typically do not have control over whether they are abused again, and/or have legitimate reasons for remaining with an abusive partner (Bender 2016).

As this summary of the literature has demonstrated, survivors of IPV have a complex and diverse set of needs that are not limited to safety and protection. These outcomes typically change and evolve over time and are shaped “not only by a survivor’s individual challenges but also by identity, resources, culture, strengths, and community” (Goodman, Epstein & Sullivan 2017; Kulkarni, Bell, & Rhodes 2012). Research shows that they are often contradictory in the sense that achieving one outcome, such as increased safety, requires sacrificing others, such as harmony in the community, economic security, or custody of their children (Goodman, Epstein & Sullivan 2017; Thomas, Goodman, & Putnins 2015).

For these reasons, individualised and people-centred treatment - which meets survivors where they are and takes their needs, large and small, seriously - is particularly important for addressing IPV. “There is no ‘one size fits all’ model for survivors, and...how they receive assistance is as important as what they receive” (Kulkarni, Bell & Rhodes 2012). This means that services should be accessible to IPV survivors as needed, whether continuously or sporadically, and highly adaptable to their self-reported needs (Goodman, Epstein & Sullivan 2017).

Insights from IPV survivors and practitioners in Uganda, Nigeria, and the Netherlands

To get a more people-centred understanding of the experience of seeking justice and support in the aftermath of IPV than the literature could provide, we carried out four focus groups and 16 1-1 interviews with survivors of IPV and practitioners who help them in Uganda, Nigeria, and the Netherlands.

The transnational nature of our research allowed us to observe some differences in the IPV-specific justice outcomes that people in the three countries sought. For example, respondents in Uganda and Nigeria more often spoke about outcomes related to practical needs (i.e. the need for legal advice or a reliable source of income) or harmony within community (i.e. reconciliation with the perpetrator or support from family and friends to prevent future violence). In contrast, respondents in the Netherlands tended to emphasise outcomes related to mental health (i.e. to receive counselling for trauma symptoms) or the way they were treated in the justice or support-seeking process (i.e. to be taken seriously and believed by practitioners and institutions). By and large however, we found that the outcomes that survivors reported needing - and the outcomes practitioners reported trying to help them with - were broadly similar across Uganda, Nigeria, and the Netherlands.

We compared the outcomes identified through these focus groups and interviews with the outcomes identified from the literature, and consolidated them into a final list of 21 outcomes that survivors of IPV seek (see “IPV-specific outcomes”).

In creating this list, we:

- Aimed to be as comprehensive and inclusive as possible. This means that we took all the desired results reported seriously - no matter how unique - and tried to ensure that they were represented in at least one of the 21 outcomes. This also means that not every outcome we identified will be important or applicable to every survivor of IPV.

- Minimised substantive overlap. Outcomes that were excessively similar were consolidated when possible.
- Focused on the desirable results that survivors of IPV hoped to achieve when they sought justice and support, rather than the mechanisms by which those results might be achieved. For example, respondents frequently mentioned “counselling” as something they wanted or needed, but we understood this to be a mechanism of the outcome “improved mental health” (among others) rather than an outcome or end in itself. This distinction is important because the best way of achieving a given outcome varies depending on the IPV survivor’s unique preferences and circumstances. In the outcome descriptions that follow, we provide examples of possible or particularly common mechanisms but do not attempt to discuss them all.
- Did not exclude any outcomes identified by the respondents on the basis that they would be too difficult to measure. Our priority with this study was to create a standardised and people-centred list of outcomes that was faithful to what the respondents shared about their experiences seeking or providing justice in the aftermath of IPV. While we did strive for conceptual consistency, decisions about which of the IPV-specific outcomes we identified can or should be measured were considered beyond the scope of this report.

IPV-specific outcomes

Increased safety from IPV

Both the literature and the focus groups and interviews made clear that increased safety from IPV - whether physical, digital, or psychological in nature - is among the highest and most immediate priorities of people who experience IPV. There are a wide range of mechanisms for achieving greater safety depending on the unique circumstances of the individual. In the short-term, safety may be increased by leaving the home where the violence is taking place, having the perpetrator arrested, or having the perpetrator removed from the home. For survivors who are not ready or able to take these steps, practical advice about how to protect themselves within the home may be more useful. In the longer term, other measures may be needed for the survivor to be truly free from the perpetrator's power and control, particularly when the IPV is psychological or digital in nature. These may include replacing shared accounts or devices or relocating to a new community.

Increased economic independence

Ending a relationship with an intimate partner often comes with significant financial consequences. Often, survivors feel that they are unable to leave their partner for fear that they will not be able to support themselves or their children without them. This fear - and the related need for greater economic independence - emerged clearly from both the literature and the focus groups and interviews. Short-term mechanisms for this include financial support, such as benefits, or material support, such as food to feed oneself and one's children. In the longer term however, survivors in Nigeria, Uganda, and the Netherlands all mentioned the desire to generate their own income by returning to school, enrolling in job training, or starting their own business. Practitioners in the Netherlands also reported that survivors of IPV often need help to manage debts that have accrued as a result of their situation.

Increased residential independence

One of the most frequently identified needs of IPV survivors in both the literature and the focus groups and interviews was the need for shelter and (temporary or long-term) housing. These are mechanisms of residential independence, meaning a survivor's ability to live independently and often (but not always) physically apart from the perpetrator. The survivors we interviewed often described needing administrative or other practical support to relocate, for example: transportation; help to retrieve their belongings from the home they fled; or legal support to address immigration issues arising from their separation. Practitioners noted that helping survivors with these practical needs was an important first step towards creating the security and psychological space they needed to process their emotions in the longer term.

Improved physical health

People who survive IPV that is physically abusive need the violence to stop and may subsequently need medical care to recover from their injuries. Some survivors we spoke with were permanently disabled by the IPV they experienced. Even those who experienced IPV that was purely psychological in nature sometimes reported experiencing long-term physical consequences as a result. For these reasons, improved physical health is a noted outcome in the literature as well as in the interviews and focus groups.

Improved mental health

Psychological conditions like depression, anxiety, PTSD, and insomnia are widespread among survivors of IPV. Mechanisms such as counselling and emotional support from friends and family are very often needed to cope with and overcome the trauma and bad memories associated with being in an abusive intimate relationship. Improved mental health was identified in the literature and uniformly across our interviews and focus groups as an important and long-term need.

Increased confidence

IPV often takes a significant toll on survivors' self-esteem and confidence that they can exercise control over their own lives, a belief described as "self-efficacy" in the literature. Many of the survivors we interviewed struggled with feelings of self-doubt and self-judgement as a result of the abuse they experienced. Practitioners reported that working with IPV survivors to focus on their strengths and aspects of their life that were going well before the abusive relationship can help to address these feelings and increase their confidence to live independently.

Understanding of the IPV the survivor experienced

In both the literature and the interviews and focus groups, we found that survivors often want to understand their experience of IPV and the reasons for it. This can take a long time and is typically only possible to pursue once more urgent safety needs have been addressed. A number of the survivors we spoke with learned about IPV and the dynamics that contribute to it, as well as what a healthy intimate relationship looks like, through their own initiative and education. This could also happen in a counselling or support group environment.

Understanding by the perpetrator of the harm they caused

As discussed in the literature review, survivors of IPV often want the perpetrator to understand the harm caused by their abusive behaviour and why it is wrong. This understanding can be facilitated by treatment programmes which educate perpetrators to develop empathy for their partner and interrupt negative patterns that precede violence. Restorative justice meetings with the survivor may also help, if they are voluntary and can be facilitated safely.

Acceptance of responsibility by the perpetrator for the harm they caused (accountability)

Acceptance of responsibility (accountability) by the perpetrator emerges clearly from the literature and the interviews and focus groups as an outcome that survivors of IPV seek. This can be achieved in a variety of ways. Some survivors are primarily interested in restorative forms of accountability, for example: the perpetrator acknowledging, taking responsibility, and/or paying compensation for the harm they caused. Other survivors we spoke with explicitly wanted the perpetrator to be punished, whether through prosecution, incarceration, or acts of revenge carried out within the community. These are ways of holding perpetrators accountable for the harm caused when they are unwilling to actively accept responsibility for it.

Prevention of the perpetrator from harming other people

As discussed in the literature review, survivors of IPV want to prevent future IPV against themselves as well as others. This means, in part, ensuring that action is taken to prevent the person that harmed them from victimising other people in their (physical or digital) community. This may involve physically preventing the perpetrator from engaging in IPV (i.e. through arrest and detention) or monitoring their behaviour for warning signs of continued abuse. A more proactive approach to prevention might involve connecting the perpetrator with services or a treatment programme focused on changing their behaviour.

Healthy change in relationship with the perpetrator

Divorce and separation were often mentioned in the focus groups and interviews as outcomes survivors of IPV seek. But the desire to leave the perpetrator is not universal: many survivors seek reconciliation - or if that is not possible - to at least be able to communicate with the perpetrator in a healthier way (for example about their children). The type of relationship that IPV survivors desire is also likely to change over time. Practitioners noted that while many survivors are not able to achieve a healthy change in their relationship with the perpetrator without cutting off contact or initiating divorce proceedings, this is not always seen as possible or desirable by survivors themselves. This messy reality was acknowledged in the literature but not discussed at length.

Improved well-being of the perpetrator

Despite what they have been through, many survivors still care for or love the perpetrator - their former partner and sometimes, co-parent - and want them to get the help they need. Improved well-being of the perpetrator may be achieved through, for example: drug treatment, mental health care, counselling to deal with childhood trauma, or training to change their behaviour. This was not discussed in the literature or mentioned universally across the focus groups and interviews, but it emerged as an important need among survivors who were concerned that the perpetrator might continue to cause harm if they did not get help, or who still hoped that their children could have a relationship with the perpetrator (in most instances, their father).

Improved well-being of their child or children

Not all the survivors we spoke with had children, but those who did reported wanting to do whatever they could to improve or safeguard their children's well-being. For children who have been exposed to the IPV their parent experienced, this may take the form of child therapy. Many practitioners and survivors also highlighted the importance of more basic forms of support like childcare or money to pay their children's school fees. This outcome was not discussed at length in the literature.

Healthy change in relationships within the family

In addition to being invested in the individual well-being of their children or the perpetrator, many survivors of IPV are concerned about the relationship dynamics of the family as a whole. For those who do not want the perpetrator to have access to their child or children, a healthy change in relationships within the family may be achieved by obtaining sole custody. For survivors who would like for the perpetrator to have a healthy attachment to their child or children to the extent that that is possible, counselling that addresses unhealthy patterns of communication or behaviour within the family as a whole may be a better option. IPV survivors may also want support to develop a more healthy attachment to their children (or other members of their extended family) themselves. While in the Netherlands, the most relevant relationships within the family are typically those between partners and their children, in Uganda and Nigeria they may span additional generations and family members, particularly in polygamous households. This outcome - including custody, which we understand to be one of its mechanisms - was highlighted in the literature as well as the focus groups and interviews.

Decreased isolation within the community

Many of the survivors of IPV we spoke to reported feeling socially isolated. For some, this was the result of the perpetrator intentionally isolating them as a form of manipulation and control. Others felt blamed by members of their community for what happened to them, or judged for not leaving an abusive relationship. Still others felt isolated because protecting themselves from the perpetrator meant relocating to a new community and starting their life over again. Practitioners and survivors alike shared that many survivors of IPV struggled to trust people and form relationships as a result of their experience. This desire of IPV survivors to live in harmony with - rather than be isolated from - one's community was also highlighted in the literature on restorative justice outcomes.

Understanding and acknowledgement by the community of the harm caused by IPV

Understanding and acknowledgement by the community of the harm caused by IPV was frequently mentioned as a desired result in the interviews and focus groups, though less so in the literature. In both the Netherlands and Nigeria, respondents described a lack of general awareness about the forms that IPV can take, incorrect assumptions about what a perpetrator or survivor of IPV looks like, and patriarchal beliefs about women's role in society and in relationships. Mechanisms for counteracting such beliefs include community education and awareness raising initiatives.

Proactive prevention of IPV by the community

Virtually all of the survivors and practitioners we spoke with emphasised the need for more systematic and proactive prevention of IPV by the community. In addition to education and awareness raising initiatives mentioned above, mechanisms for the societal prevention of IPV include legislative changes, efforts by the police or members of the community to monitor warning signs and respond to erratic behaviour, and even corporate initiatives to protect IPV survivors' digital rights and privacy.

Understanding of the process

Both the literature research and the focus groups and interviews revealed that survivors of IPV want to be able to understand the legal and administrative procedures relevant to their case as well as their rights throughout the justice or support-seeking process. Practitioners can facilitate this understanding informing survivors about rights and procedures in a comprehensive and respectful way.

Agency in process

As emphasised in the summary of the literature, survivors of IPV want to be given choices and the option to participate in or withdraw from the justice or support-seeking process. The survivors we interviewed spoke frequently about the importance of being able to take their time and access help or become independent on their own terms. Many had felt rushed by friends, family, or professionals to leave the perpetrator before they were ready or to press charges against their wishes. Experienced practitioners also stressed the importance of offering support and opportunities for engagement irrespective of their clients' situation, as many survivors return to their abusive partners several times before they are ready to leave for the long-term.

Empathetic listening in the process

Both the literature and the IPV survivors and practitioners we spoke to emphasised the need for survivors to be empathetically listened to throughout the justice or support-seeking process. Being able to talk to someone about what happened to them and have their story heard and recognised was valued independently of the quality or type of services they received.

Competent and unbiased treatment in the process

Many of the survivors we spoke to experienced secondary victimisation as a result of incompetent or biased treatment by the very justice and support services that were intended to help them. A number of survivors reported feeling disrespected by the police and discouraged from reporting the violence they had experienced. The experience of not being believed or taken seriously by practitioners as well as friends and family was widely felt. Survivors in Uganda and the Netherlands in particular often reported needing specialised administrative support just to navigate the services available to them and not be misunderstood by them or incorrectly profiled as the abusive partner in the relationship. This outcome emerged very clearly from conversations with survivors but less so from practitioners or in the literature reviewed.

What IPV-specific outcomes tell us about the general justice outcomes people seek

Having identified 21 outcomes that IPV survivors seek, we returned to the list of 8 general justice outcomes offered in the [Focusing on Outcomes for People: An Opportunity for the Justice Sector](#) policy brief to see what improvements could potentially be made. By mapping the 21 IPV-specific outcomes beside this list, we were able to highlight similarities and discrepancies in the two sets of justice outcomes we identified. The results are discussed in the table below.

General justice outcomes	IPV-specific outcomes	Discrepancies
Understanding what happened	Understanding of the IPV they experienced	N/A
Acknowledgement of role or responsibility	Understanding by the perpetrator of the harm they caused Understanding by the community of the harm caused by IPV Acceptance of responsibility by the perpetrator for the harm they caused (accountability)	Understanding of the harm caused by IPV - on the part of both the perpetrator and the broader community - was particularly important to survivors because their experience had so often been misunderstood. Survivors also wanted the perpetrator to be accountable for this harm - ideally through his or her own initiative. Holding the perpetrator accountable through punitive measures like arrest or incarceration was also important to many respondents, and this need for retributive justice is not clearly reflected in the general justice outcome "acknowledgement of role of responsibility."

Fair distribution of resources or responsibilities	N/A	Because survivors of IPV are often driven to leave their abusive partner on short notice or without recourse to the criminal justice system, they are not always in a position to negotiate for a fair distribution of resources or responsibilities. Even those who are able to may prefer to simply cut ties with the perpetrator rather than engage in a prolonged battle for resources. These reasons may explain why we did not identify any IPV-specific outcomes related to the fair distribution of resources or responsibilities.
Damage restoration	Improved physical health Improved mental health Increased confidence Improved well-being of the perpetrator Improved well-being of the child or children	The harm caused by IPV can take a variety of forms, and therefore, so can its repair. Because IPV takes place in the context of a relationship and sometimes a larger family, the survivor is not necessarily the only person affected by the physical and psychological damage it inflicts. For these reasons, the general justice outcome “damage restoration” must be interpreted broadly (to include the well-being of the perpetrator and any child or children) when it comes to IPV.
Relational restoration	Healthy change in relationship with the perpetrator Healthy change in relationships within the family	N/A
Harmony within the community	Decreased isolation within the community	N/A

Security	<p>Increased safety from IPV</p> <p>Increased residential independence</p> <p>Increased economic independence</p>	<p>Security for survivors of IPV consists not only of safety or protection from further violence, but also personal autonomy. While the outcomes “increased residential independence” and “increased economic independence” may contribute to safety, they relate first and foremost to survivors’ need to live a life that is stable and independent from the perpetrator’s power and control. The general justice outcome “security” should therefore also be interpreted broadly when it comes to IPV.</p>
Prevention	<p>Prevention of the perpetrator from harming other people</p> <p>Proactive prevention of IPV by the community</p>	N/A
N/A	<p>Empathetic listening in the process</p> <p>Agency in the process</p> <p>Competent and unbiased treatment in the process</p> <p>Understanding of the process</p>	<p>We learned that outcomes related to the quality of the justice or support-seeking process were particularly important for IPV survivors, despite not being reflected in our list of 8 general justice outcomes. Many survivors felt that services were provided on the basis of inaccurate stereotypes about who they were rather than a deep understanding of their unique situation and the results they hoped to achieve. Being able to understand and have agency in the justice or support-seeking process was for them just as, if not more, important than achieving the more results-oriented outcomes identified above. The lack of any outcome reflecting these procedural, interpersonal, and informational justice needs was the biggest discrepancy between the general justice and IPV-specific outcomes we identified.</p>

Reflections on challenges

Identifying and measuring outcomes from the perspective of people with legal problems is not a straightforward task. In the process of identifying 21 IPV-specific justice outcomes, we struggled to create a list that was inclusive and faithful to the experiences that survivors and practitioners shared with us on the one hand, and conceptually consistent and measurable on the other. We reflect on a few of the key dilemmas that we faced below.

Process vs. result

Although the justice measurement literature clearly distinguishes between process and result-related outcomes, this distinction becomes blurrier in the context of IPV. The need to be compassionately listened to, given agency, and treated in a competent and unbiased way in the justice process was mentioned consistently across interviews and focus groups. Secondary victimisation was a common experience among Dutch survivors in particular: a number of them went so far as to say that their interactions with justice and support services had a more negative and lasting impact on their well-being than the IPV they endured. Although measuring process and results-related outcomes together may present methodological challenges, and although we excluded process-related outcomes from our list of general justice outcomes, our research strongly supports the observation highlighted in the IPV literature that “how [survivors] receive assistance is as important as what they receive” (Kulkarni, Bell & Rhodes 2012).

Consolidation vs. specificity

In the process of consolidating what we learned from individual survivors and practitioners into a final list of outcomes, it was difficult to determine what level of specificity to preserve. Further consolidation was almost always possible, as many of the justice outcomes that IPV survivors seek can ultimately be understood as a function of increased safety or well-being. We believed that reducing the number of IPV-specific outcomes we identified and ensuring that they were conceptually consistent would also facilitate their measurement. At the same time however, we wanted to create a list that reflected the diversity of desired results shared with us, and was therefore not excessively generalised or likely to be confused with the general justice outcomes.

Outcomes vs. mechanisms

One way we tried to resolve the consolidation vs. specificity dilemma was by clearly distinguishing between outcomes, which were broadly shared, and possible mechanisms for achieving them, which varied considerably from person to person. In describing outcomes like “increased residential independence” or “healthy change in relationships in the family,” we were careful to highlight mechanisms that many people relied upon to achieve those outcomes, such as “shelter” or “custody.”

Still, some mechanisms that were important to respondents did not fit neatly under one outcome. For example, a number of survivors shared that they wanted evidence of the IPV they experienced. This served different purposes for different people. Some wanted proof of what happened to them in order to press charges against the perpetrator. A number of respondents reported experiencing a lack of support from the police to investigate what happened to them, and one survivor reported that the police lost the only photographs she had of her injuries. Others wanted evidence for more personal, mental-health-related

reasons. After having their experience of IPV called into question or disbelieved by others so many times, they had started to doubt their own memory of what happened to them. The mechanism “evidence of the IPV they experienced” could therefore have been highlighted in relation to the outcomes “understanding the IPV they experienced,” “acceptance of responsibility by the perpetrator for the harm they caused (accountability),” or “increased mental health.”

Cultural vs. methodological differences

We learned that while respondents in Uganda and Nigeria were largely willing and able to share their experience in focus groups, respondents in the Netherlands could for the most part only be reached through 1-1 interviews. This systematic difference in preferred modes of data collection made it difficult to determine whether differences in the kinds of outcomes that people mentioned were due to differences in their environment, or cultural differences in the kind of help IPV survivors in Uganda, Nigeria, and the Netherlands generally seek. For example, IPV survivors in the Netherlands may have focused more on their personal mental health or their experiences with secondary victimisation because the 1-1 interview format gave them more time and privacy than other respondents had to do so.

Outcomes for survivors vs. outcomes for perpetrators

As noted previously, we made a principled and methodological choice to focus on the outcomes that IPV survivors - rather than perpetrators - seek. However, we learned that the needs of IPV survivors are often closely interconnected with the needs of perpetrators. This raises challenges for measurement. Can an IPV survivor reliably report on the extent to which a particular

justice or support service improved the well-being of the perpetrator? Or is this an outcome that - although it may be important to the survivor’s experience of justice - only the perpetrator can speak to?

Victims vs. survivors

Even something as simple as how to refer to people who have experienced IPV presented a challenge. Whereas the term “survivor” is recognised in many Anglophone countries as the more empowering way to refer someone who has suffered violence (and emphasise that they are not defined by this negative experience), in the Netherlands the term “victim” (the English translation of the Dutch word “slachtoffer”) is more commonly used. Although we chose to use the former term throughout this report, asking individuals who experienced IPV what they prefer to be called is best practice ([SAKI](#)).

Standardisation vs. customisation

While the mechanics of measurement are beyond the scope of this report, we are nevertheless aware of the practical challenges of monitoring standardised lists of justice outcomes like the two we offer in this report. Because most justice practitioners do not provide services that can deliver all of the outcomes identified in isolation, there will likely need to be room to customise which outcomes are monitored in connection with which services.

The same customisation will likely be needed to accommodate differences in the preferences and circumstances of survivors. Although we did our best to identify IPV-specific outcomes that were broadly shared, not every outcome will be equally important or even applicable to every individual. Any outcomes monitoring system that is developed would ideally allow practitioners and survivors to indicate upfront which outcomes are most relevant and meaningful to their justice service or journey.

Conclusion

This study has revealed that while the justice and support mechanisms that IPV survivors rely on and seek out are wide-ranging, the justice outcomes that IPV survivors seek - meaning the positive results or changes in well-being achieved through the resolution process - are broadly shared across Uganda, Nigeria, and the Netherlands.

The 21 IPV-specific outcomes we identified through literary research, focus groups, and interviews relate to the treatment and empowerment of IPV survivors in the justice or support-seeking process, understanding of the harm caused by IPV, safety and autonomy, physical and mental health, accountability, relationships within the family, decreased social isolation, and the proactive prevention of IPV. Though identified from the perspective of the survivor, these outcomes also relate to the perpetrator, the survivor's family members, and the communities in which they live.

In producing this case study and accompanying policy brief, our intention is to enable policymakers and practitioners in the field of domestic and intimate partner violence to work increasingly outcomes-based. This means centring and - through the implementation of people-centred outcomes monitoring - holding themselves accountable for the positive results or changes in well-being that survivors look for when they seek justice and support.

Read the policy brief
[Focusing on Outcomes for People:
An Opportunity for the Justice Sector](#)

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