OUTCOME EVALUATION OF DOMESTIC VIOLENCE SUPPORT AND INFORMATION SERVICES IN IRELAND – A PILOT STUDY 2009

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SAFE IRELAND

SAFE IRELAND is the national representative organisation for frontline women’s domestic violence services in Ireland. At the core of our work in SAFE IRELAND is the ‘generation of knowledge’ related to the experiences of women and children, member organisations and the society in which we live and work. One of our key commitments involves gathering this information, validating it and acting on it in order to progress our social change agenda. We currently have 41 member organisations, which provide a range of services to women and their children experiencing domestic violence, including refuge, transitional accommodation, information, support and advocacy, court accompaniment and children’s support services. Additionally with our members we advocate for societal change to maximise protection for women and children while continuing to challenge the enormous prevalence of domestic violence in Ireland.

Domestic violence service provision in Ireland

There are over 41 dedicated domestic violence services in Ireland. Of these, 19 are refuges providing emergency accommodation for women, and women with children, experiencing domestic violence. As well as safe, secure accommodation, refuges in Ireland also provide emotional and practical support to women, aftercare, support groups, court accompaniment and advocacy. The majority of refuges also provide dedicated child supports including childcare, art therapy, group support and one-to-one emotional supports.

A further 21 member organisations of SAFE IRELAND provide a range of non-accommodation based supports to women including advocacy, support, information, helplines and court accompaniment. A number of SAFE IRELAND members provide transitional housing for women experiencing domestic violence. One member is dedicated to providing this type of housing, together with long-term aftercare support.

What is outcome evaluation?

Outcome evaluation is an assessment and evaluation tool that measures benefits, impacts and changes that occur as a direct result of interventions. Outcomes are specific, measurable and directly tied to programme activities. In relation to domestic violence services, outcome evaluation assesses the effectiveness of service provision by identifying changes in women’s knowledge, attitudes, skills, behaviour, expectations, emotional status or life circumstances due to the services they received.
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Over the past five years Safe Ireland, in partnership with Michigan State University and other key European partners (CESIS Portugal and Scottish Women’s Aid), has developed particular expertise in outcome evaluation for frontline domestic violence services. This has included the development and piloting of a model for outcome evaluation in refuge provision (Sullivan et al 2008)\(^1\) and a national refuge outcome evaluation research project (SAFE Ireland 2009)\(^2\).

In 2008, SAFE IRELAND undertook a Pilot Outcome Evaluation Project with eight of their member domestic violence organisations that provide support, information and advocacy services to women experiencing domestic violence. The aim of this pilot project was to trial outcome evaluation methods, to gather relevant information about women’s experiences of using services and to identify any changes needed in the evaluation tool, prior to a possible national implementation of outcome evaluation.

This report provides a brief outline of the pilot; highlights key findings from the pilot data collection and considers the learning gained from the project, as well as implications for future outcome evaluation work. The report contains feedback from women availing of support services, their comments on impacts upon them arising from their involvement in services, their engagement with support workers and suggestions for increasing accessibility to services. SAFE IRELAND consider that this information to be vitally important to the development of those services who engaged in the pilot, other member organisations and agencies involved in supporting women and children experiencing domestic violence.


SAFE IRELAND considers that outcome evaluation offers a practical, manageable and effective method for its member organisations to understand and improve the impact of their services on women and children. Ten support, information and advocacy services put themselves forward to participate in the pilot evaluation project. Participating services represented refuge-based (4) and support service-based organisations (6) of varying sizes, all of which provide one-to-one support and advocacy services to women either at their base or on an outreach basis.

The outcome evaluation questionnaire form used in the pilot project was developed over a three month period from May to August 2008. As part of this process, existing outcome evaluation tools were considered, including DOW\(^3\) from the US, work undertaken by Riger (2002) and SAFE IRELAND’s refuge outcome evaluation (SAFE IRELAND 2009).\(^4\) In reviewing questionnaires, consideration was given to the structure of forms, and the categories, type and content of questions. Services’ current work practices, contemporary theory and research were all incorporated. In July 2008, the draft questionnaire was piloted with women in four services and following that, the advisory group agreed a final questionnaire.

Training was then provided to frontline workers in the pilot organisations. This training included the history and theory of outcome evaluation, background to the tool development and skill development in relation to inviting women to participate. The training also covered how to address diversity issues such as literacy and language skills, disability and other factors that can exclude women from participating.

The evaluation forms were implemented in nine organisations for a ten week period from October to December 2008. One service was unable to return any forms due to resource and re-structuring issues that arose during the pilot period. A total of 140 forms were completed and returned to SAFE IRELAND from the remaining eight organisations. Data was inputted and analysed with the use of the Statistical Packages for the Social Sciences programme (SPSS). The analysis sought to provide an overall descriptive profile of the demographic, needs and outcomes, for women participating in the evaluation. Following this, SAFE IRELAND analysed the results and developed conclusions, as well as considering future outcome evaluation work for support services.

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\(^3\) Documenting Our Work
SAFE Ireland, Athlone.
Help and support women received from domestic violence services

The questionnaire listed 25 issues that women may need support with if they have experienced domestic violence. These issues covered a range of safety, practical, emotional and child-related needs. Women were asked to what degree they received the support they required on these issues. Women could also indicate that they ‘did not need this’ in relation to support for each issue. The findings are outlined below.

**Women’s safety needs**

Interestingly, findings from women’s safety needs showed up the widest variety of responses. In one in five cases (21.9%), women identified needing neither help nor support with developing a safety plan with the same number receiving ‘some’ of the help they needed. In three out of every five cases, women received ‘a lot’ of help and support with safety planning.

Just over a quarter of respondents did not need help or support putting in place or improving their safety plan, with double this number receiving ‘a lot’ of the help and support they needed. In one in five cases, women received ‘some’ help and two women confirmed that they received no help. Almost half of all participants needed no help in developing a safety plan for their children. Two participants said they did not need help with this, 11.9% received ‘some’ and the remaining 41% received ‘a lot’ of support.

**Chart No. 1: Women’s safety support needs**
Women’s practical support needs

In over 85% (87.2%) of cases, women indicated needing information and support with legal protection. In only 16 cases (12.1%) women did not need support or information on this issue. In over two-thirds of the responses to this question (68.4%) women said they received ‘a lot’ of help and almost one-fifth of respondents (18.8%) received ‘some’ help.

Chart No. 2: Women’s practical support needs

Over half of the respondents identified needing information and support about refuge and/or emergency accommodation. In 53 (39.6%) forms women stated they received ‘a lot’ and 19 respondents (14.2%) stated they received ‘some’ support and information, while one woman (0.7%) said she did not receive information and support. Almost half of respondents (45.5%) did not need information about refuge and emergency accommodation.
Data on the needs of women's long-term housing and accommodation support and information were not dissimilar from refuge outcome evaluation findings (SAFE IRELAND 2009). Again over half the respondents to this question needed help (51%), with one in three (33.3%) receiving ‘a lot’ and one in six (15.6%) receiving ‘some’ of the information and support they sought. In three cases women (2.1%) stated they did not receive information and support about long-term housing and accommodation, 68 respondents (48.9%) identified not needing help on this issue and in five cases this question was not answered.

Two-thirds (66.9%) of respondents needed information and support about social welfare benefits or other financial issues while in only two responses, women said they did not receive this information and support, while one third of respondents did not need this support. Almost a quarter (26 respondents) identified receiving ‘some’ support and a further 58 respondents said they received ‘a lot’ of support on this (41.9%). Four respondents did not complete this question. Regarding information and support for health care, in ten cases women stated they did not receive the help they needed. Three times as many received ‘some’ of the help (19.4%). Less than 40% received ‘a lot’ of support and help. Another 49 respondents said they did not require help with this.

A quarter of respondents (25.2%) stated they received ‘a lot’ of support and information on training and education; one-sixth (16.3%) confirmed they received ‘some’ help with this. In four cases women (5.9%) received no help with this issue. Over a third of respondents (37.3%) identified receiving ‘some’ (20.1%) or ‘a lot’ (20.1%) of support and information regarding the issue of employment (jobs/work) and in ten cases, women (7.5%) indicated they received no information or support. In six cases women did not complete this question (4.2%). For half the respondents participating in this pilot, residency was an issue. Of these, 20 respondents received ‘some’ of the help needed and 47 received ‘a lot’ of support and information. In one case a woman reported that she did not receive the support and information she needed.

Needing someone to go to court with them applied to over 70% of respondents. All of the women who needed this support received it; in ten cases women said they received ‘some’ of the support they needed with the remainder stating they received ‘a lot’ of the support needed. In 19 cases women did not need support.

More women needed information and support with legal protection than any other practical issue. Almost three-quarters of respondents required court accompaniment. The majority needed financial information and support, and health care information and support. Half of respondents needed help with refuge and emergency accommodation, long-term housing or other accommodation issues. Interestingly over half of the respondents had no needs regarding jobs and work, training and education, or residency status issues.

**Women’s emotional support needs**

Respondents gave very high ratings to the support received regarding their emotional needs. Over 90% (92%) stated they had received ‘a lot’ of support through talking to someone who understood their situation. In one case a woman stated she received ‘none’ of the support she needed and the remaining 72% received ‘some’ support. Of respondents, 85% confirmed receiving ‘a lot’ of support regarding understanding of the impact of domestic violence; a further 10.9% received ‘some’ of the support they needed and two respondents identified receiving ‘none’ of the support. In two cases, women didn’t need help with this issue. Over two-thirds of the respondents identified receiving ‘a lot’ of support with making decisions about their lives, understanding the causes of domestic violence and healing emotionally from their experiences.
Women accessing support, information and advocacy services have a valid expectation about receiving emotional support. Almost every woman needed and received help and support with emotional issues (from 96.3% who needed support understanding the causes of domestic violence to 100% who wanted to talk to someone who understood their situation). This indicates that services are effectively and appropriately supporting women and meeting their emotional needs. It would be important in future work to try to ascertain why some women identified not having their needs met in this area.

**Women’s child-related support needs**

The two child-related information and support issues that women needed least help with were children’s schooling and childcare. Of the 36% of respondents requiring help to access childcare, two-thirds had ‘a lot’ and one-third had ‘some’ of their needs met. In four cases, women did not have their childcare support needs met. Of respondents, 26% received ‘a lot’ of information and support with schooling for their children, 75% received ‘some’, 23% received ‘none’ and an overwhelming 69.9% did not require help or support for their children’s schooling.
Chart No. 4: Women’s child-related support needs

Almost two-thirds of respondents stated receiving ‘a lot’ of help with understanding the impact of domestic violence on their children. 16.5% received ‘some’ help and a similar number (17.3%) did not need help with this. In two cases, women said they received no help with this issue. Custody, access and health care were two areas where almost half the respondents had no support needs. Just under half of respondents had support needs regarding child welfare and protection issues. Information and support on accessing emotional support for their children was an issue for 70% of respondents. Of these, 44.8% received ‘a lot’ of support, 20.9% received ‘some’ with a further 3% receiving ‘none’ of the support needed.

Almost half of all participants did not need help with developing a safety plan for their children. The two child-related information and support issues that women needed least help with were children’s schooling and childcare.

The findings demonstrate the high value women place on services’ women-centred approach, which ensures that responses to women are tailor-made to take into account each individual’s own priorities, needs and requirements.

Findings from women’s safety, practical, emotional and child-related needs clearly indicate how vital and significant ongoing training opportunities are for support staff in ensuring they always have up-to-date information at their fingertips and are continually skilled and experienced in high quality support responses. Findings also highlights the importance of ongoing effective working relations with local solicitors, court clerks, Gardaí, PHNs, social workers, GPs and CWOs, in order to be as responsive to women’s needs as possible. The responses from this pilot indicate the importance of domestic violence support services actively maintaining their networking and inter-agency working strategies.
Outcomes for women

Outcomes are the changes, benefits and other positive impacts that occur as a result of the support women receive in domestic violence support, information and advocacy services. Related directly to meeting women’s practical, emotional, safety and child-related needs are 12 possible personal outcomes that were developed. Respondents were then asked in the questionnaire what, if any, change they had experienced on each outcome. Respondents had four reply options, including that the issue did not apply or that they had experienced ‘no’ change, ‘some’ change or ‘a lot’ of change as a result of the support they had received.

Chart No. 5: Outcomes for women
Over four-fifths of respondents experienced ‘a lot’ of change (52.6%) or ‘some’ change (28.5%) in keeping themselves safer. Almost one-fifth (18.2%) of respondents stated that this was not an issue for them and in only one case (0.7%) a woman said she experienced no change. Twice as many respondents identified that they did not need help with ways to keep their children safer (36.3%) as had needed help keeping themselves safer. Almost half of the respondents experienced ‘a lot’ of change with this issue (46.7%) and a further 17% experienced ‘some’ change. In almost one in five cases (18.7%), women did not need support in getting what they needed for their children. Two-thirds experienced ‘a lot’ of change (65.7%) with another 15.7% acknowledging ‘some’ change. Every respondent that needed help received help with this issue.

Two thirds (64.1%) of respondents felt better able to manage contact with a partner or ex-partner with one fifth (20.1%) stating they experienced ‘some’ change and a further 44% stating they experienced ‘a lot’ of change as a result of support. In six cases women participating in this evaluation (4.5%) did not feel better equipped in managing contact with their abuser following their period of engagement with support services.

Over three quarters of respondents understood ‘a lot’ more (77.5%) and a further 17.4% understood ‘some’ more about the causes of domestic violence (94.9% in total). Regarding the effects of domestic violence, four-fifths of respondents (81.9%) understood ‘a lot’ more about its impact on themselves and two-thirds (69.1%) understood ‘a lot’ more about its impact on their children. In one case a woman said she experienced no change in her understanding of how domestic violence affected her children (0.7%); in two cases women said they had no more understanding of its impact on themselves and in four cases women said they had no more understanding about its causes.

Women’s decision making, their ability to get what they needed and their access to information were all enhanced following their engagement with support services. Of respondents, 82% experienced ‘a lot’ and 16.4% experienced ‘some’ change (98.4% in total) regarding knowledge about their options. Almost all respondents (99.3%) had ‘a lot’ more (78.3%) or ‘some’ more (21%) information to help them. Almost all (97.1%) of the respondents were more able to get what they needed for themselves. Although an apparently lower number of respondents (81.4%) said they were more able to get what they needed for their children, upon further study we see, in fact, that the remaining 18.7% had not needed any help with this issue.

The outcomes identified by women, as a direct result of support received, indicate that services were very effective in supporting women to initiate positive changes for themselves and their children. Statements that women considered in terms of the changes they experienced as a result of help and support received while attending domestic violence services included: safety issues; knowledge and understanding about the causes of domestic violence; the impact of domestic violence on women themselves and their children; and moving on from the experience. What is interesting to note here, is that the vast majority of women experienced positive changes, clearly indicating that access to support services makes a difference to women’s situations, experiences and future options.

In follow-up projects it would be worthwhile to explore reasons for the gap in women’s responses between experiencing ‘some’ change and ‘a lot’ of change to find out what exactly makes the difference. It is incumbent upon support services and SAFE IRELAND to become clearer about this, in order to understand whether the requirement is for services to change their approach or whether, in fact, the challenge lies among the barriers women and support services encounter in seeking support, information and services from statutory agencies.
In section three of the questionnaire, women were invited to elaborate on their relationship with workers by identifying how they felt the support staff treated them. Respondents selected one of four reply options, noting that each of the 14 statements either did not apply to them or that they received ‘none’, ‘some’ or ‘a lot’ of the help, information or support they needed. The results were very positive. Over 95% of respondents stated that they felt that workers cared for them (95.4%), gave them the help they needed (95.5%) and listened to them (96.2%) ‘a lot’. Over 90% of women identified that workers respected their privacy ‘a lot’ (94.7%), supported them ‘a lot’ (94.7%) and spent enough time with them (93.2%). On each of these issues, two respondents stated that this did not apply to them. 91.4% of respondents affirmed that they felt that workers valued their opinions ‘a lot’. In nine cases (6.3%) women felt workers had ‘some’ respect for their opinions. Three respondents said this did not apply.

A third of respondents (34.4%) agreed that workers respected them in terms of their youth or advancing age. In one case a woman did not feel she received that respect, while 84 respondents identified receiving ‘a lot’ of respect and seven received ‘some’. The issues that applied to the least number of women were those concerning their ethnicity (an issue for 53.5% of respondents), their religious beliefs (an issue for 51.4% of respondents) and their sexual orientation (an issue for 38.4% of women). No-one identified feeling disrespected in terms of their ethnic origin, however it is worth noting that only 5% of women were identified as being from an ethnic minority (see page 24). Almost half of those responding (46.5%) did not identify workers’ respect for them in terms of their ethnic origin as being of relevance to them. Seven respondents (4.7%) said that they received ‘some’ respect and the remaining (48.8%) received ‘a lot’ of respect in this regard.

Regarding women’s reflections on how their decision making was dealt with by services a sizable majority reported that they received ‘a lot’ of respect from support workers. Over 80% (83.1%) of respondents felt that workers had respected their decisions ‘a lot’ regarding their partner or ex-partner with a further 77% feeling ‘some’ respect. An equal number (77%) did not consider this issue applied to them. In two cases, women did not feel their decision making was respected. Women’s experience on how workers perceived other decisions made by them were positive. Almost all (96.2%) felt workers respected their decisions ‘a lot’ (87%) or ‘some’ (9.2%). However, in one case a woman scored ‘none’ thus indicating that workers had not respected decisions she had made, whilst a further four cases women did not consider this as an issue for them.
Chart No. 6: Women’s interaction with support workers

Where Women Heard About the Service

- Friend/Relative: 27%
- Garda: 6%
- Advert: 10%
- Other: 13%
- Another domestic violence service: 4%
- Did not answer: 1%
- Legal Aid: 8%
- GP/Nurse: 11%
- Helpline: 7%
- Social Work: 13%
- Other: 0%
- 5%
- 10%
- 15%
- 20%
- 25%
- 30%
- 35%
- 40%
- 45%
- 50%
- 55%
- 60%
- 65%
- 70%
- 75%
- 80%
- 85%
- 90%
- 95%
- 100%

How Frequently Women had Contact with Services

- Once: 0%
- Twice: 10%
- 3 to 5 times: 20%
- 6 to 10 times: 30%

Would Women Recommend Support Services to Other Women

- Would strongly recommend: 0%
- Would recommend: 10%
- Did not answer: 90%

Women’s Safety Support Needs

- Help or support to put in place or improve a safety plan: 0%
- Developing a safety plan for my children: 10%
- Developing a safety plan for myself: 0%
- Talk to someone who understands my situation: 0%
- To make decisions about my life: 10%

Women’s Emotional Support Needs

- Understanding the causes of domestic violence: 0%
- Healing emotionally from my experiences: 10%
- Understanding the impact of domestic violence on me: 0%

Women’s Practical Support Needs

- Information and support with my residency status: 0%
- Someone to go with me to court: 10%
- Information and support with jobs/work: 0%
- Information and support with training/education: 10%
- Information and support with health care for myself: 0%
- Information and support with benefits/finances: 10%
- Information and support with legal protection: 0%
- Information and support with finding long term housing/accommodation: 10%
- Information and support with refuge/emergency accommodation: 0%

Women’s Child-related Support Needs

- Information and support with custody and access for my children: 0%
- Information and support with child welfare and protection issues for my children: 10%
- Information and support getting emotional support for my children: 0%
- Information and support with health care for my children: 10%
- Information and support with schooling for my children: 0%
- Information and support with accessing childcare for my children: 10%
- Understanding the impact of violence on my children: 0%

Outcomes for Women

- I am more able to get what I need for myself: 0%
- I am more confident in my ability to make decisions: 10%
- I know more about my options: 0%
- I have more information that will help me: 10%
- I am more able to get what I need for my children: 0%
- I am better able to deal/handle/cope with the impact of domestic abuse on me: 10%
- I understand more about how domestic violence affects my children: 0%
- I understand more about how domestic violence affects me: 10%
- I understand more about the causes of domestic violence: 0%
- I am better able to manage contact with my partner/ex-partner: 10%
- I have more ways to keep my children safer: 0%
- I have more ways to keep myself safer: 10%

Interaction with workers

- I feel like the workers gave me the help I needed: 0%
- I feel like the workers spent enough time with me: 10%
- I feel like the workers respected other decisions I made: 0%
- I feel like the workers respected my decision, in terms of my relationship with my partner/ex-partner: 10%
- I feel like the workers respected my religious beliefs: 0%
- I feel like the workers respected me, in terms of my additional support needs (e.g., disability, general health, mental health, addiction issues): 10%
- I feel like the workers respected me, in terms of my youth or advancing age: 0%
- I feel like the workers respected me, in terms of my sexual orientation: 10%
- I feel like the workers respected me, in terms of my ethnic origin: 0%
- I feel like the workers valued my opinions: 10%
- I feel like the workers supported me: 0%
- I feel like the workers respected my privacy: 10%
- I feel like the workers listened to me: 0%
- I feel like the workers cared about me: 10%

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Respondents were invited to add a comment following the statements on their interactions with workers and 38.6% chose to do so. Their comments included only two unfavourable comments. One comment was that ‘in general the workers are excellent and if there is any fault it would be “pat” replies from one worker who maybe has been too long in the job’. Someone else thought, ‘support workers were busy and I did not want to be a burden. I felt my story was not the worst but I was unable to cope some days/weeks’.

Other than these two comments respondents heaped praise on workers as can be evidenced in the following comments, ‘they are very good people and they really cared for me and my children’, and ‘I love to deal with the support workers because they make me happy. If someone can listen to my problem and give a lot of support. Thanks so much for workers doing this’. Another woman said, ‘I feel very welcome and felt I was being listened to. I really appreciate the chance to come here and talk about my situation in a safe environment’ and still another said ‘I have always felt at ease phoning the outreach centre and have always felt listened to with great respect’. The sense of being heard was reiterated by several respondents, including one who said, ‘I was always welcome and listened to. I felt so much better after the interaction. God bless them, I’d be still there only for them’ and another who explained that ‘the worker listened to me and gave me sound advice on how best to support my daughter and also about looking after myself and putting in place plans for both myself and my daughter’ and someone else who commented that the ‘worker was really good and I felt that she listened to me and I felt very comfortable with her. She was great’.

Comments indicate the effect of support received, including one woman who expressed that she ‘would not have got through this without this service. It is vital for vulnerable women’, another who said, ‘I just feel I couldn’t have got through it without the help I received’, and a third who echoed this by saying, ‘I don’t think I would have got through this time without the help of my outreach support’.

Workers’ commitment to supporting women was acknowledged by respondents, who commented, ‘from the moment of my first call to the centre, I felt she was with me 100%, when she was unavailable by phone, a colleague helped me’, ‘my outreach worker has helped me get through a very difficult time in my life and I honestly feel without her support, I would have remained in a violent relationship’ and ‘my support worker was always there when I needed to talk and would return calls quickly. She helped me to feel like “Yes, I can do this”’. Other women spoke of how, ‘the workers give so much time, understanding and really help to clarify feelings and therefore help the healing process and break the cycle’, commenting that ‘without their help I would not of made it past the trouble I faced’ and how ‘it would be a downhill battle all the way’. One woman described how ‘my support worker was my rock and friend in the sense of I could trust her with anything’. Another affirmed that ‘always when I telephone these workers they listened to me at the worst times and leaded me in a safe and better direction’. Still another stated that ‘workers in the refuge were very good to me, they always respected my decisions good or bad and I always had somebody to talk to’ and one woman concluded that she ‘couldn’t ask for better or more’.
How women found out about services

Women were asked to identify where they had heard about the domestic violence service they were receiving support from. On the questionnaire they ticked one of eleven options. Three of the options invited additional detail, for example, in the helpline option women were asked to specify which helpline they had contacted.

Chart No. 7: Where women heard about the service

Hearing about domestic violence services from friends and relatives was the experience of 27%. This was the most frequent source of information. From the list of 11 options no-one ticked housing services as a source. Only one respondent chose not to complete this question. In 19 cases, women (13.6%) heard about services from social workers and almost the same number (13.0%) selected the option ‘other’ as their source and then added detail about the actual source of contact. These included a mixture of community, voluntary and statutory services. One respondent each heard about services from a family centre, a women’s outreach service, a women’s centre, social services, Women’s Aid’s national helpline, MABS, addiction services, a psychiatrist, a social worker, a social welfare officer and a co-worker. In six cases, women learned about services through local radio and local press. In 3.6% of cases women heard about services through counselling services. In two cases women received the information from their citizens information centre. Three respondents saw an advert in the Golden Pages, one in their church bulletin, one in hospital and two in their GP surgery waiting room.
When invited to consider whether they would recommend the service ‘if a friend of mine said she was thinking of coming here for help’ women selected from four response options, choosing from strongly recommending someone to attend to not strongly recommending. Only two women (1.4%) did not answer this question. Over nine out of every ten (91%) respondents said that they would strongly recommend the support service to other women with 7% saying that they would recommend the service.

Chart No. 8: Would women recommend support services to other women (N = 140)

Furthermore, 50 respondents (35.8%) chose to include very positive additional comments about recommending services to friends in similar circumstances. A significant number of women indicated they had already recommended the service to others, including ‘I have recently helped my sister to seek help in (--)’; ‘I have given your number to friends in the same situation as me’; ‘I have recommended two of my friends to come to (--)’; ‘I have already advised several women to attend the service. I tell them how great the service is very openly’.

Comments acknowledge difficulties some women may have to overcome, ‘I recommend to some friends to come here who I know would greatly benefit but the taboo of admitting it to a third party was too much’; ‘I do have a friend... that needs help and I am trying to help her myself but she doesn’t seem to think anything will help’.

Some comments indicate how women gained strength to rebuild their lives, including those suggesting that the service was ‘without doubt the only thing that gave me strength to carry on’; ‘the support I received has given me great hope and encouragement’. Another intimated that, ‘if you are in any trouble they will help and support you all the way’; ‘If I had a friend in a similar situation I know personally she would be treated with so much understanding’.

Some comments highlighted support workers’ understanding and non-judgmental support, including ‘I have received the best support from a complete stranger which I never got from my family. She is now a friend for life to me’. Another respondent spoke of how she, ‘couldn’t imagine in any way how I would have dealt with the shock of recognising “domestic abuse” in my life. How I could learn to live life without it and seeing it as a problem, unnatural and how I do not deserve it alone’.
Women’s repeat form filling

As noted earlier there were a total of 140 respondents during the ten week pilot process. As women were invited to complete an evaluation form after every five support sessions, a small number of women completed the form more than once. During this pilot project, 109 women completed only one evaluation form; 16 women (11.4%) completed more than one. Almost the same number (15 women, 10.7%) did not complete this question.

Women with children aged under 18 years

Women were invited to give information about their children aged under 18. Of respondents, 102 (72.9%) stated they had children aged under 18 and 32 stated they did not (22.9%). The remaining 4.3% did not reply to their question.

Frequency of women’s contact with domestic violence services

When asked about the frequency of their contact with domestic violence services in the past year, 58 respondents identified having more than ten contacts (41.4%). Less than half that number had between six and ten contacts (19.3%). The remaining 45 respondents had between three and five contacts (22.1%), two contacts (2.9%) or one contact (7.1%). In ten cases women did not return data.

Chart No. 9: How frequently women had contact with services
Age, nationality and ethnicity

Of the 140 women completing evaluations, nine were aged between 16 and 25, and one was aged over 65 years. Aged between 26 and 35 were 32 women (22.9%). The largest number of women were in the 36 to 45 age bracket (371%). Aged between 46 and 55 were 27 women (19.3%) and 12.9% of women were aged between 56 and 65 (18 women).

Of the 140 respondents completing evaluations, only 20 identified as having a nationality other than Irish, which means Irish women constitute 83.5% of those in receipt of support, information and advocacy services. In ten cases women identified as English (7%), two Nigerian (1.4%) and two Polish (1.4%). Three respondents chose not to identify nationality. The remaining five were American (0.7%), Kosovan (0.7%), Lithuanian (0.7%), Romanian (0.7%) and Scottish (0.7%).

In eight cases, women (5.7%) choose not to complete the question regarding ethnicity. Identified as white were 125 respondents (89%). In one case a woman identified being a member of the travelling community; one Asian; in two cases women identified as black, and three of mixed ethnicity.

Additional support needs

Whilst recognising the probable negative impact of domestic violence on women’s general mental and physical wellbeing it was considered useful and necessary to invite women to specially consider any additional support needs they had. Women were asked if they had additional support needs and then asked to elaborate further as to what their particular needs were. Of respondents, 83 (59.6%) said they had; 40 respondents said they had not (28.6%) and 16 did not reply.

Listing their specific additional needs were 37 respondents. In 15 cases women identified mental health issues arising from their experience of living with domestic violence. Women mentioned general mental health difficulties, mental strain, and depression and spoke of the value of the support they received from services and counselling. One woman spoke of her concern about becoming dependent on medication and how she had needed it because of the ‘pure stress and inability to cope with domestic abuse both emotionally and mentally. I am on depression tablets and I hope to wean off these shortly’. Women spoke also of their children’s issues with mental health and depression. Two respondents spoke about their expectations that their children may need counselling in the future and another spoke about her own and her children’s need for counselling ‘because we were all in a very bad way’. Another felt she needed to relearn coping skills and said it ‘would be good to have support group to share problems with’.

The second most highlighted issue was that of problematic substance use. Six respondents spoke about their substance use issues, in particular their dependency on alcohol, with two linking their substance use with their mental ill-health. In four cases women responded that they suffered with general ill-health. In two cases
women spoke of asthma issues, one mentioned anxiety and panic attacks and another identified joint problems. One woman spoke about losing large amounts of weight ‘because of stress’. Another spoke of her obsessive compulsive disorder and confirmed that ‘it has much improved in the last few years’. One woman mentioned her high blood pressure and poor sleep patterns. Another asserted she was in remission from cancer and another spoke of ‘finding stairs very hard due to my disability’. In three cases women mentioned their physical difficulties of sight loss, scoliosis of the spine and deafness. Finally women mentioned challenges facing their children, including one with a daughter who has special needs and another needing support for her child with autism.

Improving accessibility and quality

Comments given about improving the accessibility and quality of domestic violence services totalled 80 and only one recommended a change to service quality. This response stated that, ‘when a person rings ... it’s very important to give a lot of information on the phone. I rang four years ago and because the person didn’t do their job right I went back home (to him)’.

Over half the comments about improving the accessibility and quality of domestic violence services suggested that services needed no improving and should continue doing exactly what they were doing. One respondent wrote, ‘I can’t answer that question because in my eyes, I think your service is great and it makes people like myself feel special and that life is worth living and I’m sure everyone feels the same.’ Another said, ‘I can’t think of any reasons to make it a better service. I think the service is brilliant.’ Yet another said, ‘I don’t think it can be improved on’, echoing a further comment that ‘I don’t think personally that it can be improved as it has everything a woman needs’. Someone else commented, ‘I have found the service very good - always able to make an appointment and speak to someone. They’ve always phoned me back. The service is very good and needs every support financially that they can get’. Another said, ‘I am 100% happy with the support and advice I got, thank you’.

Comments elaborating on women’s satisfaction with current services included, ‘In my opinion this is the best service. I was never let down. Someone was always there for me either by phone or appointment and brought me that needed cup of coffee and struggled to listen to me in my bad times for which I am eternally grateful’. Someone else said, ‘I’m very happy with the accessibility, quality and especially the specialised attention. It has helped me greatly, without it I wouldn’t have coped’. Another respondent wrote, ‘I think it’s an absolute brilliant service and it’s helped me massively’ and yet another said, ‘I found the service excellent and accommodating, I can’t see how it could be improved’. A further comment was that, ‘the staff here have been fantastic. They always fit me in for an appointment. They call me when I need them to and they have provided support to me and the children’ and another spoke of ‘the space to come in and talk in confidence to support workers. Without them and their help, God only knows where I would be (dead perhaps)’.

Ten respondents (12.5% of comments) suggested more advertising as a way of improving accessibility and increasing public awareness. For example, one respondent said, ‘I feel advertising the services available more so that people can be helped in domestic violence situations and encouraged to seek help and know that there is help available’. Another said, ‘Advertise more and let women know that they are not on their own’. Someone else said, ‘Make it more known, more advertising. I didn’t know about the service before this year’. Several people mentioned both radio and television advertising including one proposal that services ‘do radio ads in the evening time and also advertise by poster as much as possible’. Interestingly, several
comments implied that services need to be more explicit in their ads about the spectrum of behaviours within domestic violence, for example, one respondent identified the need for, ‘greater awareness of the service and education of what abuse is’ and further explained, ‘I would never have dreamed of approaching service if an independent party had not recognised the way I was being treated’. Another respondent suggested, ‘perhaps restructuring some of the advertisements, to encourage and enlighten women who are suffering domestic violence. To help them realise it is a very safe and supportive service’. Another echoed the importance of peer support in her observation that, ‘I would not have known how helpful this service was unless I was told’.

In addition to improved advertising, respondents suggested increasing public awareness within communities, including ‘better PR in the community e.g. Post offices, supermarkets, small shops’, and amongst professionals. One such comment suggested, ‘Open evenings - to outline and explain the great work being done for service users, professionals and interested people should be interested to attend’. Another spoke of ‘more public awareness, workshops for local hotels’. It was suggested also that ‘secondary schools should have something on the curriculum about relationships and how to deal with abusive ones for anyone in that situation’.

Highlighting the combined issues of extending opening hours and telephone helplines in relation to improving accessibility and quality of services were 17 respondents (21.25%). One woman felt that workers ‘need to be there more often’ One recommended ‘extended hours of service’ and another ‘more hours for children’. A further suggestion was to ‘broaden counselling to help with children’.

Regarding outreach services, women want more of the same. One respondent said, ‘Home visits would be wonderful but maybe hard to manage’ and further elaborated that ‘continuity of a one-to-one relationship with a worker is already very good and important’. Other comments included ‘outreach every week’, ‘more local clinics’, ‘more outreach work’ and ‘outreach support groups’. Extended telephone access was recommended. Comments included having the ‘helpline open all day, especially at Christmas and other holiday times’, ‘keep open a 24-hour helpline. To have a friend to talk to when I need it’ so that there would be, ‘somebody there 24 hours a day’, with ‘maybe a few more phone numbers and workers in different centres’ and ‘more phone lines’.

Acknowledgment that lack of adequate funding created a barrier was evidenced in the following comments about improving access, ‘if funding was available for a 24-hour helpline’ and ‘if funding was available to have a call-line to answer queries or worries for women rather than have to take up time of staff in the premises’.

Funding was identified as a means of improving services and respondents demonstrated an understanding of the positive impact increased funding could have. For example, one respondent recommended that ‘funding ... be given permanently so resources can be planned ahead’. State funding was suggested by one woman, who asserted, that ‘it would be great to see this service getting more funding e.g. government funding’. Two others simply spoke of ‘more funding for service’ and ‘more money for more hours badly needed’.

Women’s feedback from these 140 forms has been consistent, strong and positive. Letting other women in communities know about the presence of domestic violence services was an important issue. Women have highlighted the need for ongoing awareness-raising as a means of ensuring that women currently unaware of the support and help available might be enabled to access support services. Feedback also clearly indicated that women are more than satisfied with the level of individual support they received.
Finally, when asked about how easy it was to complete the evaluation form, five respondents chose not to respond (3.6%). In three cases women found it ‘hard/difficult to answer’. No-one found it ‘very hard/difficult to answer’. The vast majority (94.3%) of women found it easy to complete, with 69 respondents confirming it was ‘very easy to answer’ and another 63 finding it ‘easy to answer’.

Conclusions on the pilot process

This report outlines the pilot process and highlights key findings and feedback from a significant sample of women on their experiences of domestic violence and the support they received from frontline support services. The data outlined in the previous sections relates to eight frontline services providing support and advocacy in Ireland to women experiencing domestic violence. So while it is indicative rather than representative, it certainly suggests that women accessing support and advocacy services:

- Have a range of support needs that encompass emotional, safety, practical and child-related issues
- Received ‘a lot’ or ‘some’ of the support they needed on the majority of these issues
- Have experienced positive change in their lives across different emotional, practical, safety and child-related outcomes as a result of the service they have received
- Have experienced excellent, helpful and supportive relationships and responses from the workers in support services participating in the pilot study
- Can clearly identify how services could develop to improve further.

Given these points from the pilot feedback and the value of this information in validating and developing service provision, it is important we consider the pilot process itself and possible future outcome evaluation work that could give us fully representative national data.

The project’s advisory group successfully oversaw the development of evaluation forms, reviewing models from international practice as well as the SAFE IRELAND’s own refuge evaluation questionnaire, incorporating changes suggested by women involved in a ‘pre-test’ pilot run and agreeing the final model. The quality of data collected, including women’s comments, indicates that questionnaire design, structure and layout were effective and user-friendly. The engagement and commitment of advisory group members was appreciated and contributed to the success of the project.
Support workers were successfully trained in implementing the pilot programme for its ten week lifespan. Lessons from this training module have been captured and will influence any future outcome evaluation implementation.

Outcome evaluation has shown itself to be an effective and user-friendly tool for gathering information about the impact of services on women. Women returned 140 completed evaluation forms, which were collated and analysed. They have given us interesting and important information, and detailed commentary about the needs of women experiencing domestic violence who access support, information and advocacy services. The level and quantity of this information from this short pilot project has given SAFE IRELAND, its members and others some thought-provoking material for consideration and certainly indicates that it would be very useful to run a national outcome evaluation programme with all member support and information services.

For these reasons we consider that the pilot outcome evaluation project has been a success and we propose that in 2010 we will roll out a national outcome evaluation programme with all support services, committing to support services in its implementation through appropriate training, information, promotional material and ongoing support. We will respectfully work in partnership with services to gather outcome evaluation data, analyse and process it and in an agreed manner use the findings to progress our social change agenda and further enhance service provision to women and their children in Ireland.
CESIS, NNWRSS & Scottish Women’s Aid (2008). Looking into women’s experiences in refuges: Developing a model for outcome evaluation in women’s refuges. Lisbon: CESIS.


**Support and Information Outcome Evaluation Questionnaire 2008.S1**

**Please Help Us Make Our Service Even Better**

Thank you for taking the time to complete this questionnaire. The information you give us will help us to improve the way we support women who use our domestic violence services. Your answers are all confidential, which means that no one will know how you answered the questions.

**Section 1. Help and support you received from the domestic violence service.** Below is a list of things women may need help or support with.

Please circle the number that best describes whether or not you got all of the help or support you needed with each of these issues:

- **‘A lot’** = you got a lot of the help you needed
- **‘Some’** = you got some of the help you needed
- **‘None’** = you didn’t get any of the help you needed
- **‘0’** = you did not need help with this

<table>
<thead>
<tr>
<th>A lot</th>
<th>Some</th>
<th>None</th>
<th>I didn’t need this</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Developing a safety plan for myself</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>b. Help or support to put in place or improve a safety plan</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c. Developing a safety plan for my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d. Managing contact with my partner/ex-partner</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>e. Understanding the causes of domestic violence/abuse</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>f. Understanding the impact of domestic violence/abuse on me</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>g. Understanding the impact of domestic violence/abuse on my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>h. Healing emotionally from my experiences</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>i. Talking to someone who understands my situation</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>j. Making decisions about my life</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>k. Information and support with legal protection</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>l. Someone to go with me to court</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>m. Information and support related to my residency status</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>n. Information and support in relation to accessing refuge/emergency accommodation</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>o. Information and support with finding long term accommodation/housing</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>p. Information and support with benefits/finances</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>q. Information and support with training/education</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>r. Information and support with jobs/work</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>s. Information and support with health care for myself</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>t. Information and support with health care for my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>u. Support and Information accessing emotional support for my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>v. Information and support with custody and access for my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>w. Information and support with child welfare and protection issues for my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>x. Information and support accessing childcare for my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>y. Information and support with schooling for my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Comments:**
### Please Help Us Make Our Service Even Better

**Section 2. Outcomes.** Below is a list of changes some women may experience while attending a domestic violence service.

For each statement on the list, please circle the number that best describes how much change you experienced as a result of the help and support you received while attending the service.

<table>
<thead>
<tr>
<th>Statement</th>
<th>A lot</th>
<th>Some</th>
<th>None</th>
<th>This doesn’t apply to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I have more ways to keep myself safer</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b. I have more ways to keep my children safer</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>c. I am better able to manage contact with my partner/ex-partner safely</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>d. I understand more about the causes of domestic violence/abuse</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>e. I understand more about how domestic violence/abuse affects me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>f. I understand more about how domestic violence/abuse affects my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>g. I am better able to deal/handle/cope with the impact of domestic violence/abuse on me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>h. I have more information that will help me</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>i. I know more about my options</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>j. I am more confident in my ability to make decisions</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>k. I am more able to get what I need for myself</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>l. I am more able to get what I need for my children</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Comments:**

If a friend of mine said she was thinking of coming here for help, I would: (please tick one)

1. Strongly recommend she come [ ]
2. Recommend she come [ ]
3. Recommend she not come [ ]
4. Strongly recommend she not come [ ]

**Comments:**

Please turn over and complete some more questions on the other side.
Please Help Us Make Our Service Even Better

Section 3. Interaction with workers. In this section, we would like you to tell us more about how you feel you were treated by the support workers while you were using this service. As stated above, no one other than yourself will know what answers you gave to these questions.

<table>
<thead>
<tr>
<th></th>
<th>A lot</th>
<th>Some</th>
<th>None</th>
<th>This doesn’t apply to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>I feel like the workers cared about me</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>b.</td>
<td>I feel like the workers listened to me</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c.</td>
<td>I feel like the workers respected my privacy</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d.</td>
<td>I feel like the workers supported me</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>e.</td>
<td>I feel like the workers valued my opinions</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>f.</td>
<td>I feel like the workers respected me, in terms of my ethnic origin</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>g.</td>
<td>I feel like the workers respected me, in terms of my sexual orientation</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>h.</td>
<td>I feel like the workers respected me, in terms of my youth or advancing age</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>i.</td>
<td>I feel like the workers respected me, in terms of my additional support needs (e.g., disability, general health, mental health, addiction issues)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>j.</td>
<td>I feel like the workers respected my religious beliefs</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>k.</td>
<td>I feel like the workers respected my decision about my relationship with my partner/ex-partner</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>l.</td>
<td>I feel like the workers respected other decisions I made</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>m.</td>
<td>I feel like the workers gave me the support I needed</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>n.</td>
<td>I feel like the workers spent enough time with me</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments:

Section 4. Additional Questions. In this last section, we would like to know more about your experience using our service as well as a couple of details about yourself. We will not use any of this information to try to identify who you are. If you are concerned about answering any one of these questions, please leave it blank.

a. How did you find out about this refuge? (Please tick only ONE option)

- [ ] 1. Other domestic violence service
- [ ] 2. Friend/relative
- [ ] 9. Legal Aid
- [ ] 2. Helpline (please specify)
- [ ] 6. Gardaí
- [ ] 10. Advert (please specify):
- [ ] 3. Housing Services
- [ ] 7. GP/Nurse
- [ ] 11. Other (please specify):
- [ ] 3. Social Work
- [ ] 8. Court Services

b. About how many times have you been in contact with this domestic violence service in the last year?

- [ ] 1
- [ ] 2
- [ ] 3-5
- [ ] 6-10
- [ ] More than 10

c. Have you completed this form before?  [ ] Yes  [ ] No

Please turn over and complete some more questions on the other side.
Please Help Us Make Our Service Even Better

c. What is your age group?

- [ ] 16-25
- [ ] 26-35
- [ ] 36-45
- [ ] 46-55
- [ ] 56-65
- [ ] Over 65

d. Do you have children under 18? [ ] Yes [ ] No

e. What do you identify as your Nationality?

- [ ]

f. What do you consider your Ethnic identity/ background to be?
(For example: White, Traveller, Asian, Black, Mixed, Other)

- [ ]

g. Do you have any additional support needs?
(For example: physical disability, general health problems, mental health difficulties, addiction issues, other)

- [ ] No
- [ ] Yes (please specify)

h. How can we improve the accessibility and quality of our domestic violence services?

- [ ]

k. How did you find this questionnaire?

- [ ] Very easy to answer
- [ ] Easy to answer
- [ ] Hard/difficult to answer
- [ ] Very hard/difficult to answer

Thank you for taking the time to answer these questions.
SAFE IRELAND

SAFETY EVALUATION OF DOMESTIC VIOLENCE SUPPORT AND INFORMATION SERVICES IN IRELAND
– A PILOT STUDY 2009

SAFE IRELAND would like to thank the Health Service Executive (HSE), the Department of Community, Rural and Gaeltacht Affairs for their financial support.