



Hiil POLICY BRIEF

Measuring the justice outcomes that survivors of intimate partner violence seek: An updated prototype

People-centred, outcomes-based justice is justice that addresses the people's underlying needs and resolves their most pressing legal problems. In order to assess whether people-centred justice is being delivered, we need to be able to measure it. This cannot be done with administrative or case-level data, which only tells us about processes implemented and procedures followed. To understand and improve the quality of justice services in a particular community, it is necessary to track the positive results or changes in well-being that people in that community achieve through the resolution process.

In this policy brief, we build on previous research to offer an updated prototype that enables practitioners working with survivors of intimate partner violence (IPV) to do just that. This survivor-centred outcomes measurement tool helps to reconcile the practitioner perspective –

which tends to be professionalised, short-term, and strategic – with the way ordinary people live their lives and experience justice. By providing insight into the justice outcomes IPV survivors seek and the resolutions they reach, it enables practitioners to work across disciplines and deliver more responsive and holistic justice care.

The approach to measurement we set out below is an example of what outcomes-based working in the justice sector can look like. We hope to engage innovative practitioners to pilot this approach in their work and provide us with the feedback we need to improve it. In the meantime, the prototype we offer provides a basis for justice leaders, policymakers, and researchers to radically rethink how we assess and deliver justice to the people who need it most.

How can working outcomes-based help the justice sector resolve people's legal problems more effectively?

In our recent policy brief, “[Focusing on outcomes for people](#)”, we made the case for outcomes-based working in the justice sector. By justice outcome, we mean a positive result or change in well-being that a person with a legal problem achieves through the resolution process.¹

People-centred justice outcomes² are a departure from the status quo in that they reflect the needs and goals of people seeking justice, rather than the processes and priorities of legal institutions.³ Working towards people-centred, as opposed to institutional or administrative outcomes helps bring us closer to SDG 16.3 by narrowing the gap between the supply and demand for justice.⁴

Our survey of the research on procedural, distributive, interpersonal and informational dimensions of justice⁵ suggests that the following eight outcomes are generally sought by people faced with a legal problem:

- Understanding of what happened
- Acknowledgement of role or responsibility in what happened
- Fair distribution of resources and responsibilities
- Damage restoration (compensation and reparation)
- Relational restoration (reparation of harm to relationships)
- Harmony within the community
- Security
- Prevention

Because justice is highly personal and specific, we found it important to understand not only the general justice outcomes people look for but also those sought by people faced with particular types of legal problems.⁶ Through interviews and focus groups in Uganda, Nigeria, and the Netherlands, we identified 21 outcomes that survivors of intimate partner violence (IPV) typically seek. You can read about this research and what we learned from it in the case study, “[Focusing on outcomes for survivors of intimate partner violence](#).”⁷

Developing an outcomes framework for a specific legal problem is only a first step towards a justice sector that centres on people. The next is to operationalise these 21 outcomes by answering difficult questions about how, when, and by whom they can realistically be measured.

Why is measuring the justice outcomes that people seek important?

Measuring progress towards standardised sets of people-centred justice outcomes benefits people with legal problems as well as practitioners who want to help them.

People faced with a pressing legal problem generally know what kind of help they need, but they are not always motivated or empowered to access it. Some have low expectations of what justice services can achieve, and others may simply not be aware of the kinds of assistance available to them.

1 Banks and Huchet-Bodet 2022.

2 These are sometimes referred to in the justice measurement literature as “substantive” outcomes and contrasted with “service” and “process” outcomes. OECD and Open Society Justice Initiative 2016, 22. They may also be called “long-term” or “soft” outcomes and contrasted with “inputs,” “outputs,” and “results-based outcomes.” Butler 2022, 7.

3 OECD and Open Society Justice Initiative 2016, 2-3; Rosenbaum et al. 2011, 9; Butler 2022.

4 Aiken and Wizner 2013, 80-82; Burnett and Sandefur 2022, 106; OECD and Open Society Justice Initiative 2016, 2.

5 Colquitt and Rodell 2015; Colquitt 2012; Verdonschot et al. 2008.

6 OECD and Open Society Foundations 2019, 145.

7 Banks and Huchet-Bodet 2022.

Measuring people-centred justice outcomes creates an opportunity for people with legal problems to make their needs known and be connected with appropriate sources of help in their community.

Practitioners, on the other hand, are limited by their professional skills and in the kind of help they can provide. A lawyer may be able to obtain a restraining order that protects an IPV survivor from her abusive partner, but the same lawyer is not necessarily equipped to help her heal psychologically from the violence she experienced. A tool for measuring outcomes gives practitioners a holistic understanding of the kind of help their client needs from the moment they meet. Based on this information, they can tailor their intervention or make a referral. Later, they can use the same tool to assess whether their client was able to resolve the problem, or whether he or she still needs help.

If over time, practitioners from a range of disciplines begin working together to achieve a shared set of outcomes for people with legal problems in their community, a more responsive, holistic, and effective justice system can begin to emerge. Shifting our focus from what the current justice system can provide to the kind of help people really need can eventually make way for legal and regulatory changes that more fundamentally transform and integrate the way we deliver justice services.

Why start with intimate partner violence?

We focused our outcomes research on intimate partner violence (IPV) - a type of domestic violence that can include physical, sexual, psychological or economic violence or abuse - because it is a particularly prevalent and impactful legal problem that presents unique challenges for measurement.⁸

Our case study revealed that survivors of IPV have a complex and diverse set of needs that typically change over time.⁹ Research shows that they are often contradictory in the sense that achieving one outcome, such as increased safety, may require sacrificing others, such as harmony in the community.¹⁰ These complexities make IPV a good test case for people-centred justice outcomes measurement. A tool that can safely and effectively measure progress towards outcomes as multidimensional and dynamic as those sought by IPV survivors can likely be adapted to monitor other problem-specific outcomes.

The unique nature of IPV also means that the added value of a tool that can highlight and reduce gaps in people-centred justice delivery is high. IPV is vastly underreported, and many survivors never seek help from practitioners or are inadequately served by them.¹¹ This makes individualised treatment particularly important.¹² A practical tool for measuring IPV-specific outcomes can help practitioners ensure that the services they deliver are accessible to survivors and responsive to their self-reported needs and goals for the future.

What research supports the approach to outcomes measurement we recommend?

In a previous policy brief, “Focusing on outcomes for people: An opportunity for the justice sector”, we offered two rudimentary prototypes to show how an outcomes measurement tool - essentially a satisfaction survey - could look.¹³ The purpose of this research was to improve the IPV-specific prototype based on the feedback and advice of experts in empirical legal research, restorative justice, and outcomes measurement. A list of the eight experts we consulted to update the prototype can be found in Annex A.

⁸ Garcia-Moreno, Guedes, and Knerr 2012; Hulme et al. 2021.

⁹ Banks and Huchet-Bodet 2022; Kulkarni, Bell, and McDaniel Rhodes 2012; Goodman, Epstein, and Sullivan 2017, 4.

¹⁰ Thomas, Goodman, and Putnins 2015; Goodman, Epstein, and Sullivan 2017.

¹¹ Bender 2016.

¹² Goodman, Epstein, and Sullivan 2017; Kulkarni, Bell, and McDaniel Rhodes 2012.

¹³ Banks and Huchet-Bodet 2022.

Based on a limited review of the literature on measuring justice, we identified three core research questions that guided our in-depth interviews with these experts. They included:

- **Administration and user experience:** How can an outcomes measurement tool be designed or administered in a way that does not impose an excessive burden (in terms of time or psychological resources) on IPV survivors or practitioners who help them? How can it be designed and administered in such a way that it is not only not burdensome but actually adds value to survivors' experience of justice?
- **Reliability and validity:** How can an outcomes measurement tool be designed or administered in a way that captures IPV survivors' experience of the resolution process as consistently and accurately as possible?
- **Customisation:** How can an outcomes measurement tool be designed in a way that accounts for the unique preferences and capacities of IPV survivors and practitioners who help them?

The experts' answers to these questions - combined with HiiL's experience in people-centred justice programming - informed the changes we made to the original prototype. The resulting tool for measuring survivor-centred outcomes can be found in Annex B and is introduced in the next section. After describing the tool's key features, we discuss challenges we expect to face in the implementation process. We conclude by outlining next steps for outcomes-based working in the justice sector, and invite innovative and ambitious practitioners to pilot this approach.

Key features of the updated prototype

The updated prototype we offer in Annex B is just that: a prototype. This means that our journey towards designing a tool that measures outcomes for IPV survivors is ongoing, and we expect to continue iterating based on the feedback we receive.

Why not just deliver the final product? Our interviews with experts revealed that many of our questions about the optimal design and administration of the tool cannot be answered at the outset. Asking about people-centred justice outcomes in a valid and reliable way requires field testing. In order to be properly understood, it is important that the language we use is as clear as possible and reflects the way that regular people in a given community talk about their experiences of IPV and justice.¹⁴ Proactive accommodations for IPV survivors who are deaf, illiterate, or do not speak the language in which the tool is administered may also need to be made.

For these reasons, the prototype we recommend should not be understood as a definitive solution. Rather, it is the starting point of a collaborative testing and development process involving IPV survivors and practitioners who help them. If this describes you, we are interested to hear from you about how we can improve.

¹⁴ OECD/Open Society Foundations 2019, 148.

In its current form, the updated prototype has five key features. It:

1.

Is intended to measure the impact of practitioners working together rather than in isolation;
2.

Integrates with existing service delivery processes;
3.

Empowers IPV survivors;
4.

Enables practitioners to support IPV survivors in a more responsive and holistic way;
5.

Generates new understanding of the outcomes that IPV survivors seek and achieve.

Intake form

Date:

Name of practitioner:

This should be completed by the practitioner prior to intake.

Please write "X" next to the outcomes that are most important to you to achieve in order to resolve the problem you are facing.

This should be completed by the practitioner and IPV survivor collaboratively (first by the practitioner, then checked by the IPV survivor).

	Most important to me	What the practitioner will try to help me with	What the practitioner will refer me to get help with
To be safe or protected from harm			
To be economically independent from my partner or former partner			
To live separately from my partner or former partner			
To improve my physical health			
To improve my mental health			
To feel confident in myself			
To understand the harm I have experienced			
For my partner or former partner to understand the harm that he or she caused			
For my partner or former partner to accept responsibility for the harm that he or she caused			

A survivor-centred tool to begin working outcomes-based: preview of the prototype

1. Is intended to measure the impact of practitioners working together rather than in isolation

One of our initial aims in developing a tool for measuring people-centred justice outcomes was to be able to compare the effectiveness of different practitioners at meeting the needs of IPV survivors. In discussing this with experts however, we learned that attributing outcomes and measuring impact in this way cannot be done reliably without experimental or randomised research.

People live complex lives - especially when faced with a pressing legal problem like IPV - and this makes it difficult to isolate the impact of any particular intervention or service on the outcomes they are ultimately able to achieve. Evidence that survivors of IPV tended to see, for example - improvements in their safety while they received shelter or support from a particular practitioner - would not by itself prove that those improvements were not caused by other factors. Funders in the justice sector might therefore be reluctant to award funding on that basis.

Knowing that randomised research of the kind expected by most funders would be costly and difficult to organise ethically in a justice environment, we adapted the prototype to focus on where it can add the most value.¹⁵ Rather than attempting to measure the contributions of individual practitioners working in isolation to people-centred justice outcomes, the tool we developed is designed to help networks of practitioners more holistically understand and address the needs of IPV survivors in their communities.

Though the tool's primary purpose has shifted to improving the quality of local justice delivery, bringing about systemic changes in how justice services are evaluated and funded remains HiiL's long-

term objective. Fostering a shared sense of ownership among practitioners to achieve the justice outcomes their clients seek is a first step towards funding high-performing and interdisciplinary networks of practitioners, such as one-stop-shop dispute resolution platforms and community justice centres. HiiL's previous research on gamechangers suggests that these integrated service delivery models have the greatest potential to increase access to justice at scale.¹⁶ Combined with other indicators, the outcomes data collected through the tool can eventually be used to make the case for greater investment in these gamechangers and in SDG 16.3: equal access to justice for all.

2. Integrates with existing service delivery processes

The updated prototype is designed to integrate seamlessly into the interactions that practitioners are ideally already having with people who come to them for help. At intake, the prototype facilitates a conversation between the practitioner and the IPV survivor about the outcomes that the survivor considers most important to achieve. This conversation supports both the practitioner and the survivor to think expansively about the different forms that justice in the aftermath of IPV might take, and immediately gives the survivor voice and agency in the resolution process.¹⁷ It also creates an opportunity for the practitioner to indicate which of the outcomes he or she can realistically help with, and which can be addressed through a referral.

The result of this initial conversation is a service delivery/referral plan that is tailored to achieve the outcomes that are most important for resolving the problem. If the person administering the tool is an intake person working in a one-stop-shop or community justice centre, rather than a

¹⁵ Callanan et al. 2012, 1.

¹⁶ Dhru, Nikam, and Barendrecht 2022; Dhru, Nikam, and Barendrecht 2022.

¹⁷ Walker and Hester, n.d., 2.

practitioner, the same conversation would be used to inform that person's decisions about where to refer the IPV survivor. An adaptation of the tool for this use case can be found in Annex C.

During or after service delivery, the prototype can be used to follow up with IPV survivors about whether their priorities in the resolution process have changed, and to measure the progress they have made towards the outcomes they identified as most important. At which specific points in the service delivery process this occurs depends on the particular practitioner and the opportunities they have to safely and privately engage with their client. The highly sensitive nature of IPV means that attempting to administer follow-up assessments electronically may jeopardise survivors' safety. In-person follow-up is recommended.

Ideally, changes in the survivor's circumstances and priorities would be registered intermittently throughout the resolution process, so that practitioners have more than one chance to tailor the help they provide. If an IPV survivor returns for the same kind of help they sought previously, this is an opportunity for the practitioner to learn what has changed since their last meeting, and why the help he or she provided was insufficient to resolve the problem.

Especially when working with IPV survivors - who may be living in an unsafe environment or be highly transient - opportunities for in-person, outcomes-based working are likely to be limited. The flexibility of the tool allows practitioners to start from where they and their clients are at. With that said, it is best-suited for practitioners who provide support to IPV survivors over a sustained period of time and will have at least one follow-up interaction with them.¹⁸

3. Empowers IPV survivors

IPV is a profoundly disempowering experience. This often extends into the resolution process: many of the survivors we spoke to as part of our case study were secondarily victimised as a result of incompetent or biased treatment by practitioners who were intended to help them.¹⁹ We therefore found it particularly important to design an outcomes measurement tool that would not only do no additional harm, but would actually add value to IPV survivors' experience of justice. One way the updated prototype does this is by creating opportunities for the IPV survivors to describe their experience in their own words.²⁰

The first opportunity comes at intake, when the practitioner asks the survivor open questions about his or her needs and goals in the resolution process. The questions are phrased in a general way so as not to imply that the outcomes IPV survivors want should in any way be constrained by what other people in their situation might find important or by the kind of help the practitioner can provide. Instead of a purely strategic interaction that anticipates or attempts to influence IPV survivors' justice narratives, this approach allows outcomes the practitioners might not expect to emerge.

Only after this conversation has taken place do we recommend that practitioners introduce the standardised list of 21 outcomes. The practitioner makes a first attempt to identify which outcomes in the form are most important based on what the IPV survivor has shared. The practitioner then invites him or her to make corrections and note down any outcomes that do not fit into the predefined framework in the "other" category.

18 Callanan et al. 2012, 12; Walker and Hester, n.d., 8.

19 Banks and Huchet-Bodet 2022.

20 Callanan et al. 2012, 10.

Showing IPV survivors the full list of outcomes at this point in the process encourages them to think broadly about the kinds of help they might need to heal from harm they experienced. Implicitly, it gives them permission to ask for more than they might otherwise expect to receive. Only when the survivor feels satisfied with what the practitioner has written down does the conversation shift towards how those outcomes can best be achieved.

Later in the outcomes measurement and resolution process, IPV survivors are again invited to share how they are doing in their own words and reflect on any big changes that have occurred in their life since their last meeting with the practitioner. Including qualitative questions in an otherwise standardised tool is a way to respect the agency of both parties and capture IPV survivors' experience as accurately as possible. Giving IPV survivors the ability to track improvements over time by taking a copy of the completed intake or assessment form with them can also have an empowering effect, if it can be done safely.²¹

4. Enables practitioners to support IPV survivors in a more responsive and holistic way

The updated prototype is intended to be administered by practitioners and also benefit them. The first way it does this is by shifting their focus from the help they are able to provide to the diverse forms of help IPV survivors may need.

Understandably, many practitioners in the justice sector interpret the needs of prospective clients through the lens of the professional help they know how to deliver. Lawyers, for example, are trained to identify the legal rights, remedies, and responsibilities relevant to a particular

case. They might not consider that what the person in front of them needs to resolve their problem is something simpler (i.e. to be listened to and believed) or something outside of their professional expertise (i.e. job training)²². With its multidimensional outcomes, the updated prototype encourages practitioners to take a more holistic perspective on the prevention and resolution of IPV and be aware of the limited role they as individuals can play.

The outcomes data practitioners collect using this tool complements more traditional forms of data they may already be gathering, such as demographic information or administrative, case-level data.²³ By analysing them side by side, practitioners can identify the types of IPV survivors who are most and least able to achieve the outcomes they seek, and better understand the relationship between the interventions they provide and the resolutions survivors reach.

To add the most value, the tool should ideally not be administered by one practitioner in isolation but by a network of practitioners. Currently, responsibility for people-centred justice is diluted, because practitioners primarily feel responsible for outcomes they can control. Even those who are invested in the overall well-being of their clients may feel they do not have the time or resources to connect them with other sources of help. However, if multiple practitioners begin working to help IPV survivors achieve a shared set of outcomes, they will by necessity become more aware of each other's capacities.²⁴

Eventually, this collective knowledge could be documented in a guide indicating which practitioners in the network are able to assist with which IPV-specific outcomes. Such a guide could be used to facilitate outcomes-based referrals between them

²¹ Callanan et al. 2012, 3; Scott et al. 2015, 10.

²² Callanan et al. 2012, 5; Walker and Hester, n.d., 8; Aiken and Wizner 2013, 90.

²³ Callanan et al. 2012, 7.

²⁴ Butler 2022, 20.

or – if administered in a community justice centre or one-stop-shop environment – by the person or centralised body responsible for intake and triage.

Over time, the outcomes data collected by a given network of practitioners will reveal whether they have an accurate understanding of the kind of support IPV survivors actually want and need. Mismatches in where IPV survivors go for help and the help they receive can be identified and facilitate a collective reassessment whether the justice services available are truly fit-for-purpose in terms of preventing and resolving IPV.²⁵

5. Generates new understanding of the outcomes IPV survivors seek and achieve

The final key feature of the updated prototype is that it will provide researchers with new insight into the outcomes IPV survivors look for and achieve. It does this first and foremost by operationalizing and measuring a standardised set of IPV-specific outcomes. While 21 outcomes cannot contain the full spectrum IPV survivors' diverse experiences and conceptions of justice,²⁶ the experts we interviewed agreed that standardisation was necessary for reliable measurement. Properly understood by the practitioners administering the tool and the IPV survivors completing it, these indicators make analysis of survivor-centred justice delivery across practitioners possible.²⁷

Certain features of the tool make it easier to understand and interpret than before. An even- rather than odd-numbered answer scale, for example, and consistently

labelled answer choices across questions were included to increase the validity of the follow-up component. The resolution status question was added to shed light on how the achievement of certain outcomes relates to the overall resolution of the original problem.

Including an “other” category among the standardised outcomes indicators will also help researchers to assess, over time, whether the 21 outcomes we have identified through qualitative research accurately capture the dimensions of justice that are most important to IPV survivors. In the process of refining these outcomes, HiiL will aim to reduce their number. A long list of outcomes is a barrier to implementation because it makes the tool more resource-intensive to administer.²⁸ By excluding outcomes that prove not to be independent from the others, as well as outcomes that are relatively rare, we hope to eventually arrive at a list of 6-10 high-value IPV-specific outcomes to be measured.

Whether or not these updated features and the outcomes we have identified reliably differentiate between IPV survivors in a given community and the outcomes they seek is something that can only be discovered over time, through field testing and implementation. The results of these tests will inform future iterations of the measurement tool.

²⁵ Callanan et al. 2012, 20.

²⁶ Callanan et al. 2012, 2.

²⁷ Callanan et al. 2012, 3; Clarke and Hannaford-Agor 2020, 9.

²⁸ Callanan et al. 2012, 5.

Implementation challenges we anticipate

In addition to informing the development of the updated prototype, our interviews with experts helped us to identify and understand three challenges practitioners are likely to face in the implementation process.

Changes in outcomes are not always linear and may occur over a long period of time

What people need and want to achieve in order to resolve their legal problem tends to change over time.²⁹ Changes in desired outcomes are especially likely among survivors of IPV, who often experience violence more than once or cyclically, and whose circumstances may look very different from one day to the next.³⁰ This makes it difficult to determine when measurement of people-centred justice delivery should begin and end.

The experts we interviewed pointed out that IPV survivors who seek help tend to experience the most important changes in their well-being (i.e. greater stability within their family, or improved mental health) gradually - and not necessarily consistently - over a long period of time. This means that outcomes data collected six months, one year, or even a number of years after intake is likely to be the most meaningful from a people-centred justice perspective. At the same time, changes that occurred years after intake are the most difficult to measure.³¹ Practitioners may understandably not see themselves as responsible for changes that occur so long after their intervention, or may simply lose contact with their clients over that period of time.

This underlines the importance of a shift in focus on the part of practitioners from the short-term outcomes that they can individually and demonstrably deliver to the more lasting changes in the well-being of IPV survivors that they can collectively bring about.³² Survivor-centred justice that fully resolves intractable legal problems like IPV cannot not be expected to fit within one practitioner's skillset or service delivery timeline.

Outcomes data can only be collected with consent, and may be privileged

An essential missing piece of the updated prototype is a process for obtaining IPV survivors' consent to participate and have their data collected. This process should precede the outcomes measurement process and should make clear to IPV survivors what the information they share with practitioners will be used for, and how it will be privately and securely stored such that it will not endanger them.³³

As part of this consent process, IPV survivors should be asked if they are comfortable speaking with the practitioner or intake person who intends to administer the outcomes measurement tool in the place he or she intends to administer it. The highly sensitive nature of IPV and the stigma that surrounds it mean that even the most well-intentioned practitioners risk creating an environment in which IPV survivors feel unsafe to express themselves. Practitioners can reduce this risk by communicating with them transparently, clarifying that their responses will have no bearing on their eligibility for services, and giving them maximal agency in the resolution process.

A consent process has not yet been developed because how exactly the outcomes data will be collected, stored,

29 Callanan et al. 2012, 10.

30 Banks and Huchet-Bodet 2022; Scott et al. 2015, 8.

31 Butler 2022, 10.

32 Callanan et al. 2012, 5.

33 Callanan et al. 2012, 3.

and used will need to be determined in partnership with practitioners interested in piloting the tool. This will also involve clarifying whether or not professional rules mean that the information shared with the practitioner during intake is privileged. The development of a high-quality process for ensuring that IPV survivors' outcomes data is confidentially collected, stored, and protected from misuse is a precondition to administering the updated prototype in a safe way.

Practitioner and researcher objectives may not always align

At this early stage, HiiL is most interested in making it possible for innovative practitioners to collect and learn from people-centred justice outcomes data. We will not attempt to access the data collected, but will rather work with these practitioners to adapt the tool to their context and ways of working, implement it safely, and understand how their practice evolves while using it. We hope that this will remove any incentive for practitioners to inflate the outcomes data they collect or create an atmosphere in which IPV survivors feel that they cannot answer the questions in the follow-up component honestly.

Eventually however, HiiL and other researchers in the sector may be interested in using the anonymised outcomes data collected to improve upon the list of IPV-specific outcomes we identified and understand how survivors can best be supported to achieve justice. At this stage - and particularly if opportunities for outcomes-based funding become available - there is a risk that conflicts of interest between practitioners and researchers will emerge and need to be managed.³⁴ In principle however, we foresee that our interests in data on the outcomes IPV survivors seek and achieve would be the same.

Next steps towards outcomes-based working in the justice sector

Implement an outcomes-based approach to your work

As this policy brief has established, a crucial next step towards outcomes-based working in the justice sector is for innovative practitioners or networks of practitioners to pilot and test the survivor-centred outcomes measurement tool we have introduced. HiiL is aware that many practitioners who support IPV survivors are already overstretched and is prepared to help localise the tool and make outcome-based working as easy to implement as possible.³⁵ This will help us to ensure that the updated prototype is robust and fit-for-purpose. Following implementation, HiiL is also interested in supporting practitioners to monitor changes in IPV-specific outcomes in a systematic way.

Support the development of people-centred justice outcome frameworks for other legal problem types

The tool we developed for measuring people-centred justice outcomes is IPV-specific, but nothing prevents it from being adapted and used to measure progress towards other sets of problem-specific outcomes. Developing an outcomes framework for each of the most pressing legal problems is resource-intensive, but investment in this kind of research and development is necessary to make outcomes-based working in the justice sector a reality.

³⁴ Callanan et al. 2012, 16; Rosenbaum et al. 2011, 3-4; Butler 2022, 21.

³⁵ Walker and Hester, n.d., 16; European Commission for the Efficiency of Justice 2017, 8.

In addition to benefiting new populations of justice users and practitioners, developing outcome frameworks for other legal problem types would help to improve our present understanding of the justice outcomes that people with legal problems generally seek. Each new problem-specific framework provides an opportunity to reassess the eight general justice outcomes identified at the start of this policy brief and gain insight into what dimensions of justice they might still miss.

Later - when a number of problem-specific outcomes frameworks have been developed and organised under the more general justice outcomes - it will be possible to observe which general justice outcomes people with different types of legal problems find most important to achieve. Researchers may learn that for survivors of IPV, security is the most important for example, whereas fair distribution of resources and responsibilities may be the biggest priority for victims of land grabbing.

Developing more problem-specific outcome frameworks also creates an opportunity to compare them with the process-based indicators that justice system actors would traditionally use to measure justice in those areas. This would help practitioners to better understand the relationship between the inputs they provide and the changes in well-being people with specific legal problems actually experience.

Work together to make a holistic approach to resolving people's legal problems the norm

As practitioners better integrate the diverse forms of help they provide and begin working together to increase the long-term well-being of people faced with legal problems, a more responsive, holistic, and effective justice system will begin to emerge. The survivor-centred outcomes measurement tool we have set out here is just one tool to support this shift in perspective and broader transformation in the way justice is delivered. We hope that practitioners, policymakers, and funders in the justice sector will help to set that transformation in motion - whether by testing this approach, supporting future research on the justice outcomes that people seek, or promoting the development of outcome-based models of financing and regulation.³⁶

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Annex A: Justice measurement experts consulted

- Alejandro Ponce, Chief Research Officer at the World Justice Project
- Hugh McDonald, Principal Researcher at the Victoria Law Foundation
- Juan Carlos Botero, Associate Professor at Pontificia Universidad Javeriana
- Nigel Balmer, Research Director at the Victoria Law Foundation
- Pascoe Pleasence, Professor of Empirical Legal Studies at University College London Faculty of Laws
- Rebecca Sandefur, Professor at Arizona State University and Faculty Fellow at the American Bar Foundation
- Salome Tsereteli-Stephens, Director of Monitoring, Evaluation, and Learning at the American Bar Association Rule of Law Initiative
- Tim Chapman, Visiting Professor at the University of Strathclyde

Annex B: A survivor-centred tool to begin working outcomes-based

Intake interview

1. Practitioner initiates an intake interview to understand what matters most to the IPV survivor in the justice process.

ASK THE PERSON

What are you hoping to achieve by seeking help? What do you need in order to fully resolve or prevent the problem you are facing?

2. Practitioner listens and asks follow-up questions as needed. Based on this narrative, the practitioner attempts to identify which of the 21 outcomes in the table below are most important to the IPV survivor.

LISTEN AND INTERPRET

Based on our conversation, it sounds like this is what is most important to you in the resolution process.

3. Practitioner shows the tentatively filled out form of outcomes to the IPV survivor so he or she can review it.

CONFIRM

Do I have this right? Have I missed or misunderstood anything that you said? Looking at this list of possible outcomes, is there anything else that is important for you to achieve in order to fully resolve or prevent the problem?

4. Practitioner corrects the outcomes identified as most important to the survivor as needed, based on their response.

5. Practitioner then engages in a conversation with the IPV survivor about which of the outcomes identified as most important he or she can realistically help with, and which can be addressed through a referral. At the end of this conversation, the practitioner writes down the services they will deliver and/or referrals they will make in order to help achieve the outcomes the IPV survivor has identified.

6. When the form is complete, the practitioner offers to make a copy for the IPV survivor to keep. Before doing so, it is important that the practitioner asks the survivor to consider whether possession of this document will compromise his or her safety.

Intake form

Date:

Name of practitioner:

This should be completed by the practitioner prior to intake.

Please write "X" next to the outcomes that are most important to you to achieve in order to resolve the problem you are facing.

This should be completed by the practitioner and IPV survivor collaboratively (first by the practitioner, then checked by the IPV survivor).

	Most important to me	What the practitioner will try to help me with	What the practitioner will refer me to get help with
To be safe or protected from harm			
To be economically independent from my partner or former partner			
To live separately from my partner or former partner			
To improve my physical health			
To improve my mental health			
To feel confident in myself			
To understand the harm I have experienced			
For my partner or former partner to understand the harm that he or she caused			
For my partner or former partner to accept responsibility for the harm that he or she caused			
To prevent my partner or former partner from harming other people			
For my relationship with my partner or former partner to change in a healthy way			
For my partner or former partner to get the help he or she needs			
To improve or safeguard the well-being of my children (if applicable)			
For relationships within my family to change in a healthy way			
To not feel isolated in my community			

	Most important to me	What the practitioner will try to help me with	What the practitioner will refer me to get help with
For my community to understand and acknowledge the harm I have experienced			
For my community to proactively prevent the kind of harm I experienced			
To be empathetically listened to in the resolution process			
To understand the resolution process			
To be empowered to make choices in resolution process			
To be treated in a respectful and unbiased way in the resolution process			
Other: _____			

Service delivery and/or referral plan:

This should be completed by the practitioner.

Follow-up assessment

This is an opportunity for the practitioner to assess whether and how the IPV survivor's circumstances and priorities have changed over time, and to what extent the IPV survivor has achieved the outcomes he or she initially identified as most important. This form is intended to be completed by the IPV survivor independently. Once the form is complete, the practitioner reviews the form.

If the IPV survivor's answers indicate that he or she still needs help, the practitioner again engages in a conversation with the IPV survivor about which of the outcomes identified as most important he or she can realistically help with, and which can be addressed through a referral. At the end of this conversation, the practitioner writes down the services they will deliver and/or referrals they will make in order to help achieve the outcomes the IPV survivor still needs help with. When the form is complete, the practitioner makes a copy for the IPV survivor to keep.

Follow-up form

Date:

Date of last meeting:

Name of practitioner:

This should be completed by the practitioner prior to intake.

How are you doing? What, if any, big changes have occurred in your life since you last came here for help?

Has the problem you originally sought my/our help with been resolved?

- ☐ Yes, completely.
- ☐ Yes, partially.
- ☐ No, the problem is ongoing and is still in the process of being resolved.
- ☐ No, and I am no longer taking any action to resolve it.

To what extent do you agree or disagree with the following statements?



Have your priorities changed since the last time we met? Please indicate which outcomes are most important to you now, even if they are the same as before.



This part of the table should be completed by the practitioner, if applicable.



	Strongly disagree	Disagree	Agree	Strongly agree	Most important to me last time we met	Most important to me now	What the practitioner will continue trying to help me with	What the practitioner will refer me to get help with
I feel safe or protected from harm								
I am economically independent from my partner or former partner								

	Strongly disagree	Disagree	Agree	Strongly agree	Most important to me last time we met	Most important to me now	What the practitioner will continue trying to help me with	What the practitioner will refer me to get help with
I live separately from my partner or former partner								
My physical health has improved								
My mental health has improved								
I feel confident in myself								
I understand the harm I experienced								
My partner or former partner understands the harm he or she caused								
My partner or former partner accepts responsibility for the harm he or she caused								
My partner or former partner has been prevented from harming other people								

	Strongly disagree	Disagree	Agree	Strongly agree	Most important to me last time we met	Most important to me now	What the practitioner will continue trying to help me with	What the practitioner will refer me to get help with
My relationship with my partner or former partner has changed in a healthy way								
My partner or former partner received the help he or she needed								
The well-being of my children has improved or been safeguarded (if applicable)								
Relationships within my family have changed in a healthy way								
I do not feel isolated in my community								
My community understands and acknowledges the harm I experienced								
My community proactively prevents the kind of harm I experienced								
I was empathetically listened to in the resolution process								

	Strongly disagree	Disagree	Agree	Strongly agree	Most important to me last time we met	Most important to me now	What the practitioner will continue trying to help me with	What the practitioner will refer me to get help with
I understood the resolution process								
I was empowered to make choices in the resolution process								
I was treated in a respectful and unbiased way in the resolution process								
Other: _____								

Updated service delivery and/or referral plan:

This should be completed by the practitioner.

Annex C: A survivor-centred tool to begin working outcomes-based in a one-stop-shop or community justice centre environment

Intake interview

1. Intake person initiates an interview to understand what matters most to the IPV survivor in the justice process.

ASK THE PERSON

What are you hoping to achieve by seeking help? What do you need in order to fully resolve or prevent the problem you are facing?

2. Intake person listens and asks follow-up questions as needed. Based on this narrative, the intake person attempts to identify which of the 21 outcomes in the table below are most important to the IPV survivor.

LISTEN AND INTERPRET

Based on our conversation, it sounds like this is what is most important to you in the resolution process.

3. Intake person shows the tentatively filled out form of outcomes to the IPV survivor so he or she can review it.

CONFIRM

Do I have this right? Have I missed or misunderstood anything that you said? Looking at this list of possible outcomes, is there anything else that is important for you to achieve in order to fully resolve or prevent the problem?

4. Intake person corrects the outcomes identified as most important to the survivor as needed, based on their response.
5. Intake person then engages in a conversation with the IPV survivor about which of the outcomes identified as most important can be addressed through a referral in the community. At the end of this conversation, the intake person writes down the referrals they will make in order to help achieve the outcomes the IPV survivor has identified.
6. When the form is complete, the practitioner offers to make a copy for the IPV survivor to keep. Before doing so, it is important that the practitioner asks the survivor to consider whether possession of this document will compromise his or her safety.

Intake form

Date:	Name of intake person:
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This should be completed by the intake person prior to intake.

Please write "X" next to the outcomes that are most important to you to achieve in order to resolve the problem you are facing.

This should be completed by the intake person and IPV survivor collaboratively (first by the intake person, then checked by the IPV survivor).

	Most important to me	What the intake person will refer me to get help with
To be safe or protected from harm		
To be economically independent from my partner or former partner		
To live separately from my partner or former partner		
To improve my physical health		
To improve my mental health		
To feel confident in myself		
To understand the harm I have experienced		
For my partner or former partner to understand the harm that he or she caused		
For my partner or former partner to accept responsibility for the harm that he or she caused		
To prevent my partner or former partner from harming other people		
For my relationship with my partner or former partner to change in a healthy way		
For my partner or former partner to get the help he or she needs		
To improve or safeguard the well-being of my children (if applicable)		
For relationships within my family to change in a healthy way		
To not feel isolated in my community		

	Most important to me	What the intake person will refer me to get help with
For my community to understand and acknowledge the harm I have experienced		
For my community to proactively prevent the kind of harm I experienced		
To be empathetically listened to in the resolution process		
To understand the resolution process		
To be empowered to make choices in resolution process		
To be treated in a respectful and unbiased way in the resolution process		
Other: _____		

Referral plan:
This should be completed by the intake person.

Follow-up assessment

This is an opportunity for the intake person to assess whether and how the IPV survivor's circumstances and priorities have changed over time, and to what extent the IPV survivor has achieved the outcomes he or she initially identified as most important. This form is intended to be completed by the IPV survivor independently. Once the form is complete, the intake person reviews the form.

If the IPV survivor's answers indicate that he or she still needs help, the intake person again engages in a conversation with the IPV survivor about which of the outcomes identified as most important can be addressed through a referral in the community. At the end of this conversation, the intake person writes down the referrals they will make in order to help achieve the outcomes the IPV survivor still needs help with. When the form is complete, the intake person makes a copy for the IPV survivor to keep.

Follow-up form

Date of last meeting:

Name of intake person:

This should be completed by the intake person prior to intake.

How are you doing? What, if any, big changes have occurred in your life since you last came here for help?

Has the problem you originally sought my/our help with been resolved?

- Yes, completely.
- Yes, partially.
- No, the problem is ongoing and is still in the process of being resolved.
- No, and I am no longer taking any action to resolve it.

To what extent do you agree or disagree with the following statements?



Have your priorities changed since the last time you came here for help? Please indicate which outcomes are most important to you now, even if they are the same as before.



This column should be completed by the intake person, if applicable.



	Strongly disagree	Disagree	Agree	Strongly agree	Most important to me last time I came here for help	Most important to me now	What the intake person will refer me to get help with
I feel safe or protected from harm							
I am economically independent from my partner or former partner							

	Strongly disagree	Disagree	Agree	Strongly agree	Most important to me last time I came here for help	Most important to me now	What the intake person will refer me to get help with
I live separately from my partner or former partner							
My physical health has improved							
My mental health has improved							
I feel confident in myself							
I understand the harm I experienced							
My partner or former partner understands the harm he or she caused							
My partner or former partner accepts responsibility for the harm he or she caused							
My partner or former partner has been prevented from harming other people							

	Strongly disagree	Disagree	Agree	Strongly agree	Most important to me last time I came here for help	Most important to me now	What the intake person will refer me to get help with
My relationship with my partner or former partner has changed in a healthy way							
My partner or former partner received the help he or she needed							
The well-being of my children has improved or been safeguarded (if applicable)							
Relationships within my family have changed in a healthy way							
I do not feel isolated in my community							
My community understands and acknowledges the harm I experienced							
My community proactively prevents the kind of harm I experienced							
I was empathetically listened to in the resolution process							

	Strongly disagree	Disagree	Agree	Strongly agree	Most important to me last time I came here for help	Most important to me now	What the intake person will refer me to get help with
I understood the resolution process							
I was empowered to make choices in the resolution process							
I was treated in a respectful and unbiased way in the resolution process							
Other: _____							

Updated referral plan:

This should be completed by the intake person.

[Download A survivor-centred tool to begin working outcomes-based](#)
[Download A survivor-centred tool to begin working outcomes-based in a one-stop-shop](#)
[or community justice centre environment](#)

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