Designing and evaluating trauma-informed programming to improve outcomes for refugee women in the U.S.

Karin Wachter, M.Ed

National Symposium:
Connecting Leaders, Impacting Communities & Sustaining Programs:
Strengthening the National Torture Treatment Network
Agenda

- Needs assessment
- Project design
- Evaluation

THE CONTINUITY OF RISK
A THREE CITY STUDY OF CONGOLESE WOMEN AT RISK RESSETLED IN THE U.S. | SEPTEMBER 2014

BRIDGE TO SAFETY
Supporting Refugee and Immigrant Women Who are Survivors of Violence

Each year, the International Rescue Committee resettles thousands of refugees in the United States. Forced to flee their home countries due to persecution or conflict, many have witnessed or become involved in acts of extreme violence, as they flee their homes. In the cities and camps where they seek refuge, and even as they seek refuge and protection in the U.S., women and girls face violence. Refugee women and girls face violence as they flee their home countries, in the cities and camps where they seek refuge, and even as they seek refuge and protection in the U.S. For refugees and immigrant women who are survivors of domestic and sexual violence, access to emotional support and services can make the difference between a life lived with dignity and one lived in fear.

From Home To Home | Resset.org
Logic Models

Analysis

Evaluation

Design

Implementation & Monitoring
Research Aim

To identify the specific concerns, challenges, risks, and strengths of adult Congolese refugee women resettled to the US as women at risk.
Research Team

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Resettlement and Women-at-Risk: Can the Risk Be Reduced?

UNHCR Regional Office for the USA and the Caribbean

07 January 2013
Methodology

DATA COLLECTION
• Three sites: Lexington, San Antonio, Salt Lake City
• In-depth, in-person interviews and focus groups
  – Congolese Women-at-Risk (n=28)
  – Service providers (n=35)

OTHER PROCEDURES
• Client compensation
• Trained interpreters
• Human subjects protocol & informed consent

QUALITATIVE DATA ANALYSIS
• Content & thematic analysis
Findings

Trauma

Safety & Security

Alone & Isolated

Disempowered & Overwhelmed

Precarious survival
Participants described

- Sexual violence, abduction by armed groups, witnessing the death and torture of loved ones, giving birth to children conceived through rape
- Sense of personal safety & food security in the U.S. Past & current experiences related to domestic violence
- Pain associated with separation from and loss of family members, lack of familial support & help, obstacles to building social networks in the U.S.
- Shouldering the full responsibilities for parenting but experiencing a lack of parental authority
- Financial instability, challenges with affordable housing and childcare, limited English skills
Based on the study findings, we offer five recommendations to the refugee resettlement practitioner, policy, and donor communities. These serve as a complement to existing efforts underway to inform and enhance the resettlement of Congolese refugees. The recommendations were developed to inform the response at micro, mezzo and macro levels as well as to provide actionable elements within each recommendation for the individual caseworker or resettlement office, a network of offices, a resettlement site or state, the national Congolese working group, UNHCR, and the Office of Refugee Resettlement (ORR) or PRM.
Recommendations

- Training & mentorship for frontline service providers
- Strengthen collaborations between sexual assault / domestic violence & resettlement agencies
- Develop guidelines for working with Congolese impacted by sexual violence & other forms of trauma
- Develop, pilot, fund & evaluate innovative programming for women-at-risk
- Conduct in-depth analysis of the women-at-risk category re: UNHCR policy & practice
Develop, pilot, fund & evaluate innovative programming for women-at-risk

Priority service areas:
- Extended case management
- Long-term financial support for housing
- Accessible long-term English language training
- Targeted support in building social networks
- Assistance with parenting and childcare
- Quality culturally relevant mental health screening and services with specialization in trauma, and sexual violence

In developing programming:
- Engage Congolese women-at-risk and other stakeholders
- Pull from existing innovative resettlement programming
- Draw from the knowledge base in other professions
- Prioritize trauma-informed practices at all stages of the programming
- Develop informed training materials and mentorship for front-line staff
- Develop program models
Reflection / Discussion

Discuss with your neighbor(s)

• To what extent do you go through an analysis process in developing new programming or fine-tuning ongoing programming?
• Has a review of the “literature” been part of that process?
• Has data collection and/or analysis been part of that process?
Logic Models

Analysis

Design

Evaluation

Implementation & Monitoring
Why is good design important?
Core elements of good design

Logical

Layered

SMART

- Specific
- Measurable
- Attainable
- Relevant
- Time-bound
Logical framework
Logframes
Results-based framework
Logic Models
Theories of change
Example: Theory of Change

Theory of Change 2: Mental Health (Cognitive Processing Therapy), IRC + JHU

Women participate in group cognitive processing therapy (CPT)

- Women learn to decrease avoidance and techniques to decrease extreme thoughts
- Women have access to a support network
- Women have positive interactions with other women
- Women feel less stigmatized and decrease avoidance
- Women’s social functioning improved

Women decrease extreme emotions

Women’s psychological well-being improved (= decreased symptoms)

Women feel less stigmatized and decrease avoidance

Women recover and heal from sexual violence

Women’s economic functioning improved (= increased income & consumption)

Women’s psychological well-being improved (= decreased symptoms)
Example: Design Framework

Supporting Refugee and Immigrant Women Who are Survivors of Violence

Each year, the International Rescue Committee resettles thousands of refugees in the United States. Forced to flee their home countries due to persecution or conflict, many have survived against incredible odds for years in camps or temporary settlements. Refugee women and girls face violence as they flee their home countries, in the cities and camps where they seek refuge, and even as they seek refuge and protection in the U.S. For refugee and immigrant women who are survivors of domestic and sexual violence, access to needed support and services can make the difference between a life lived with dignity and one lived in fear.

From Harm To Home | Rescue.org
The challenge: Women and girls seen in USP offices have complex and serious histories of violence and remain at continued risk and exposure to violence after arrival in the US.

The goal: Refugee and immigrant women survivors of domestic and sexual violence are connected to and engage with resources for safety, support and healing.
**Goal:** Refugee and immigrant women survivors of domestic and sexual violence are connected to and engage with resources for support and healing.

Clients report their concerns and experiences with domestic and sexual violence to IRC.

Clients believe that IRC offices are safe spaces to talk about their experiences with violence.

Adult women clients are screened for violence within 90 days of initiation of IRC services.

Survivors are connected to needed health, legal, safety, and support services.

Staff follow-up on disclosures of violence with assessment, safety planning, service planning and appropriate referrals.

Activities for prioritizing & responding to domestic & sexual violence.
# Bridge to Safety Project Framework

**Goal:** Refugee and immigrant women survivors of domestic and sexual violence are connected to and engage with resources for support and healing.

## Clients report their concerns and experiences with domestic and sexual violence to IRC.
- Clients believe that IRC offices are safe spaces to talk about experiences of violence.
- IRC offices have policies and procedures in place to guide response to disclosures of violence against women.

## Survivors are connected to needed health, legal, safety, and support services.
- Adult women clients are screened for violence within 90 days of initiation of IRC services.
- Staff have knowledge, attitudes, skills, and tools to screen for violence against women and document responses.

## Viable health, legal, safety, and support options are available to and accessible by IRC clients who have experienced domestic/sexual violence.
- IRC offices institutionalize referral systems with vetted local partners.
- IRC offices have formal referral protocols and feedback loops with identified partners.

## Activities for prioritizing and responding to violence against women
- Develop implementation procedures template (HQ)
- Adapt local implementation procedures (USP)
- Train staff on staff safety, confidentiality, using interpreters, and mandated reporting (HQ)
- Incorporate key messages into client outreach (USP)
- Provide core training on violence against women, staff safety, screening, and survivor-centered case management (HQ)
- Screen adult women clients for domestic/sexual violence (USP)
- Provide assessment, safety planning, service planning, and referrals for survivors (USP)
- Follow-up with survivors re: needs, progress, experiences with providers (USP)
- Establish and maintain a database to track service delivery (HQ)
- Track screening and case management using monitoring database (USP)
- Share monthly tracking data between HQ and USP offices and adjust as needed

## Activities for leveraging partnerships to meet survivors’ needs
- Map current partnerships and gaps (USP)
- Identify key partners to support survivors (USP)
- Establish partnership agreements (USP)
- Join and participate in state and local coalitions on domestic violence and sexual assault (USP)
- Establish referral protocols (USP)
- Maintain resource directory of local support options for survivors (USP)
- Maintain regular contact with partners (USP)
- Develop outreach materials (HQ)
- Conduct outreach activities with potential partners (USP)
- Identify partner training needs (USP)
- Provide capacity building training for identified partners (HQ)
Reflection / Discussion

- Think about your work and reflect on the implicit or explicit logic that guides the work.
- Try and write down a line of causal logic that reflects an aspect of your work. (If...then....)
- Share with your neighbor(s)
Logic Models

- Analysis
- Design
- Implementation & Monitoring
- Evaluation
Evaluation options

Process
- How was the intervention implemented
  - Descriptive

Outcome
- What changed as a result of the intervention
  - Explanatory
## Evaluation designs

<table>
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<th>Design Type</th>
<th>Control Group</th>
<th>Comparison Group</th>
<th>Single Group</th>
<th>Causal Inference</th>
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- **Experimental**: High causal inference
- **Quasi-experimental**: Low causal inference
- **Pre-Experimental**: Low causal inference
Example 1

Process and outcome evaluation
Pre-experimental
To inform implementation & scale up
B2S Evaluation

Examples of questions

• How was the project implemented in the 3 sites? *(process)*
• Did screening effectively communicate that IRC is a safe space to talk about experiences with violence? *(outcome)*
• Are survivors able to receive the support or services they need and want from service providers and community-based resources? *(outcome)*

Methods

• Primarily qualitative (interviews and focus groups) at 6-mos and 12-mos
• Quantitative data analysis from monthly tracking database
• End of project survey
Logic models to guide evaluation-
B2S evaluation framework
(pdf, see attached)
Example 2

Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence

Mental health problems such as depression, anxiety, and post-traumatic stress disorder (PTSD) are common in survivors of sexual violence. In high-income countries, there are effective treatments for trauma related to sexual violence, but these treatments have not been adequately tested in low-income, conflict-affected countries with few mental health professionals and low literacy rates. The few studies of effectiveness have had methodologic limitations, including a lack of controls and high attrition rates.

Eastern Democratic Republic of Congo is a low-income, conflict-affected region in which political and economic instability are ongoing problems and nearly 40% of women have experienced sexual violence. The development of effective mental health services has important implications for the recovery of sexual-violence survivors in the Democratic Republic of Congo and similar countries.

We evaluated an adaptation of group cognitive processing therapy provided by community-based paraprofessionals (psychosocial assistants), supervised by psychosocial staff at a nongovernmental organization (NGO) and by clinical experts based in the United States. Cognitive
Reflection / Discussion

Discuss with your neighbor(s):

• To what extent are you evaluating your work?

• What is a question you have about your work that would lend itself to evaluation?
Conclusions

• Sound project design can lead to:
  – More intentional programs and services
  – Better understanding of what’s happening with your programs / services
  – Better understanding of what’s happening as a result
  – Clearer picture of resource needs and ability to capture funding

• Logic model are a tool to guide project design, implementation, monitoring and evaluation

• Seek technical assistance!
  – Request presentations or workshops
  – I.e. partner with a local university or evaluation consultants
In small groups

Discuss & jot down:

• What ideas and questions did the session spark for you?
• What do you see as the opportunities / challenges?
• What are ways you can seek out technical assistance locally, or otherwise?
Resources

The Continuity of Risk report –
https://socialwork.utexas.edu/cswr/institutes/idvsa/congoleserefugeewomenat-risk/

Examples of program models:
http://gbvresponders.org/

Program evaluation tools -
http://njaes.rutgers.edu/evaluation/resources/
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