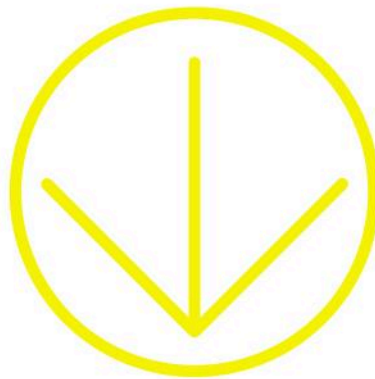




LILA

**Supporting GBV
survivors**

INTEGRATED ONE-STOP SUPPORT SERVICE
AIMED AT WOMEN SURVIVORS OF GVB
AND THEIR CHILDREN TO TACKLE THE
NEEDS ARISING FROM THE COVID CRISIS



Evaluation



Co-funded by
the European Union

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1. Introduction

Gender-based violence (GBV), in all its forms of expression, from intimate partner violence (IPV) to human trafficking, constitutes a violation of multiple human rights to which the LILA Project tries **to find a solution through a holistic approach**¹. The consequences of GBV do not only harm the women directly involved but hinder the construction of an egalitarian society for all.

The real incidence of this phenomenon was already underestimated before the **COVID-19** pandemic, but further research shows how virus control measures and lockdowns implemented in all EU countries have increased the risk of violence for women and children and limited their access to support and help services. Naturally, the **support for survivors has been affected**: psychological, legal and career guidance services have often been temporarily closed due to anti-COVID-19 measures and in some cases replaced with online services.

Anti-COVID-19 measures can **aggravate and link different intersecting forms of discrimination** against women and increase the risk of violence against women from vulnerable and marginalized groups. These include older women, women and girls with disabilities, migrant women, homeless women and victims of trafficking.

The evidence indicates, and LILA desk research further verified², that the pandemic **exacerbated already existing gaps** in the prevention and control of GBV and in the adequacy of care services for survivors³.

Therefore, it is necessary to draw attention to the level of growth in sexual and gender-based violence and provide survivors with appropriate and adequate support. According to the Istanbul Convention⁴, institutions must guarantee to women who suffer violence assistance, housing, education, training, and assistance in finding employment, but there is still a huge gap between what the law says and reality, as highlighted by the European Institute for Gender Equality (EIGE) data⁵.

¹ Sinco, L., Goldner, L., Saint Arnault, DM. (2021) "The Trauma Recovery Actions Checklist: Applying Mixed Methods to Holistic Gender-Based Violence Recovery Actions Measure", *Sexes*, 2 (3), pp. 363-377. <https://doi.org/10.3390/sexes2030029>

² LILA Project team (2022). Service analysis and country scenarios on gender-based violence after Covid-19 in Spain, Belgium, Greece and Italy. Deliverable 2.1 Project LILA.

³ EIGE (2021) Gender Equality Index 2021: Health.

⁴ Council of Europe, Convention on Preventing and Combating Violence Against Women and Domestic Violence, 201, art. 20.

⁵ EIGE (2022) Gender Equality Index 2022: The COVID-19 pandemic and care.

Currently, most of the national and European programmes neither meet the survivors' needs nor include any leave provisions for the time necessary to recover from violence. The application of an **intersectional and multi-service approach is missing from current policies**. The **LILA project** sought, through its activities, to show how a similar approach can be more effective in **responding to the specific and collective needs of survivors**.

This report is meant to provide information about the **changes brought about by the intervention** – positive and negative, intended and unintended, direct and indirect and to use the findings to adjust the ongoing intervention, to inform decisions about future **interventions**, and to scale up the project.

In the **evaluation process**, we will analyze both outcomes – what has been achieved in terms of changes materialized on target groups (**impact evaluation**) – as processes – and how has been achieved (**implement evaluation**).

First, you will find a **summary** outline of the project, followed by the **methodology** used to make the evaluation.

This is followed by an analysis of the **three target groups**: beneficiaries, trainers, stakeholders.

The next part is dedicated to the **process analysis**.

The conclusion, on the other hand, consists of **lessons learned** and some **recommendations** for possible future implementation of the LILA project.

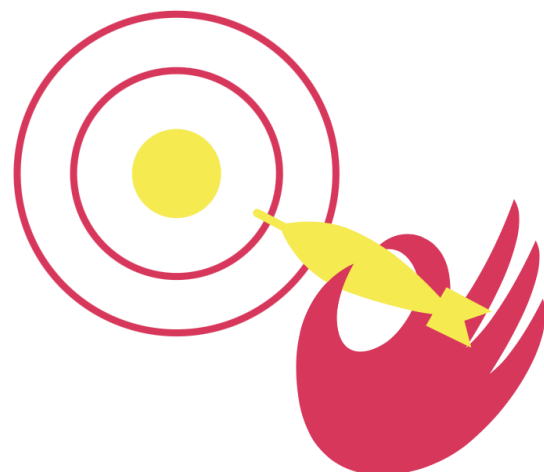
LILA Single integrated support service aimed at women victims of violence and their children to meet the needs arising from the Covid-19 crisis.		
PROJECT DESCRIPTION	DURATION	24 months
<p>General objective:</p> <p>Design, implement and evaluate a comprehensive and tailored support program aimed at women victims of gender violence and their children based on their individual needs, paying particular attention to the needs arising from the social and economic crisis due to the COVID-19 pandemic.</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> • Implement a pilot project based on a psychosocial intervention in order to provide comprehensive support aimed at women victims of gender violence and their children; • Encourage cooperation and collaboration between existing support services; • Contribute to the identification of emerging needs of victims within the COVID context; • Provide women with tools to increase their resilience and prevent further violent relationships; • Strengthen women’s economic independence through support for job search. 	START DATE	March 2022
	END DATE	February 2024
	PROJECT REF	101049286 - LILA
	FOUNDED BY	European Union CERV-2021-DAPHNE
	COUNTRIES ANO PARTNERS	ABD - Asociación Bienestar y Desarrollo (leader) - Spain ACRA - Italy DIOTIMA - Greece PAYOKE - Belgium
ACTIVITIES	BENEFICIARIES	80-200 women 100 trained professionals 200 stakeholders
<p>Implementation, at pilot level, of a series of integrated and tailored interventions aimed at providing full support to women who have suffered gender-based violence (GBV) and their children.</p> <p>Interventions include:</p> <ul style="list-style-type: none"> • Individual and group psychological support services; • Specialized legal consultancy; • Support services for professional training and insertion into the job market; • Support services for parental relationships and family conciliation. 		

2. Evaluation framework and methodology

The main purpose of this evaluation is to **assess how effectively the project has reached its targets and objectives**, and the **social impact** generated. In particular, this report will focus on:

1. The impact of the project on the main beneficiaries;
2. The changes in knowledge, awareness and practices on partners and stakeholders;
3. The assessment of the results achieved by the project and the pilots implemented by each partner;
4. The analysis of the project's strengths, weaknesses, opportunities, and threats (SWOT);
5. The relevance, coherence, effectiveness, efficiency and sustainability of the intervention (OECD-DAC criteria).

The evaluation covered all four countries of implementation: Italy, Spain, Belgium and Greece, with all data collected by each partner with the ACRA coordination. Quantitative (questionnaires), qualitative (focus groups) methodologies, and literature review were used.



In addition, the evaluation was driven by the alignment of all evaluation activities with the international human rights standards, consistently with the “Human right-based approach” universal values set out by the 2030 Agenda for Sustainable Development, of the Evaluating Human Development (EHD) theoretical framework and the application of a gender and intersectional lens to the evaluation design.

Using here an intersectional perspective, in the analysis women are considered not a homogeneous group, but different subjectivities that face intersecting discriminations based on other characteristics beyond gender such as race, age, sexual orientation and gender identity, disability and so on⁶. To understand how the needs and demands of different women are shaped by structural and overlapping forms of oppression, this approach is used in this evaluation of LILA Project.

⁶ Hankivsky, O., Grace, D., Hunting, G. *et al.* “An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity”. *Int J Equity Health* 13, p. 119 (2014). <https://doi.org/10.1186/s12939-014-0119-x>

2.1 Evaluation tools

In line with the described methodology, the evaluator developed a set of data collection tools necessary to evaluate the project outcomes. These tools are shown in the following table:

IMPACT EVALUATION	Subject involved	Instruments	Collected materials
	80 Women survivors of GVB; partners' staff	2 Questionnaires : entry/ exit	180 base-line surveys (entry questionnaires) + 88 post-intervention surveys (exit questionnaires)
	100 participants in the trainings	Questionnaire for trained professionals	70 participants filled out the questionnaires.
	20 stakeholders	Questionnaire/interview/discussion/focus group	ABD: 4 interviews ACRA: 1 focus group Diotima: 1 focus group Payoke: 2 questionnaire
IMPLEMENT EVALUATION (PROCESS IMPLEMENTATION)	Partners staff (involved with different roles and functions in the project)	Interviews or focus groups	ABD: 2 interviews ACRA: 1 focus group Diotima: 1 focus group Payoke: 1 focus group

2.2 Limitation of the evaluation and mitigation measure

The main limitation is represented by the fact that the questionnaires concerning the beneficiaries were filled out partly by the professionals and partly by the professionals with the beneficiaries. This gave us a perception from two different perspectives. Furthermore, in some cases, the questions were modified by the operators to be more understandable for the beneficiaries on a linguistic level.

This choice was dictated by the willingness of some partners to 'put the woman at the center' and to give them a voice in the first person instead of trying to interpret their perception of the change they were experiencing thanks to the pilot.

To guarantee the sample's representativeness, the evaluation is consistently conducted separately for each partner, followed by an overarching analysis.

3. Women at the center: evaluation of the change the support programme has brought to the beneficiaries

We begin here with the analysis of the first of the 3 indicators: the direct beneficiaries i.e. women GBV survivors who will benefit from the support program.

Indicators
At least 80 women (20*country) are attended in the pilot implementation.
At least 90% of women attended are satisfied with the participation in the pilot (72 women).
At least 90% of women attended declare that the participation in the pilot has had a positive impact on their wellbeing.

Tool
180 base-line surveys + 88 post-intervention surveys collected by 4 partners.

For the evaluation, the questionnaire was divided into 4 macro areas:

- Improvement of self-esteem/**psychological** situation;
- Acquisition of skills useful for **job placement and language** skills;
- Improvement of the situation from a **legal** point of view;
- Aid **parental care** and improve their network.

Thanks to the pilot developed in the LILA project, women had access to a range of professional services such as psychosocial support, legal support, reinforcement of parental care skills, acquisition of skills and competences useful for job-placement. In all the territories, the pilot programme operated from February 2023 to December 2023, with some participants engaging for only a few months while others remained involved for a longer duration. However, all support services concluded by December, included.

Specifically, three project partners (ABD, Acra/Cadmi and Diotima) mainly assisted women who have been victims of gender-based violence together with their children, with a special focus on refugee and migrant women in the case of the latter two. Payoke, the other partner, focused on providing support to minors who are victims of sex trafficking through the modus operandi 'loverboy'. The problems faced by the women involved in the project and the context they come from (both type of violence and geographical context) are quite various, but the pilot was designed to be functional and adaptable in all the different cases. **The evaluation resulting from the questionnaires therefore reflects the different situation but also a common thread.**

Gender-based violence (**GBV**) is used here **as an umbrella term** for any harmful act that is perpetrated against a person and that is based on socially ascribed (gender) differences between females and males⁷. Some of the factors that make women more vulnerable to **GBV** (gender discrimination, poverty, natural disasters, conflict, poor education and health infrastructures) **are similar to the root causes of human trafficking** and serve as a push factor⁸. If some of the causes are common, also some of the problems survivors have are common.

A second issue to highlight before proceeding to the actual analysis is that **each partner decided independently how to fill in the survey**. In most cases it was filled in by the operators who then reported an evaluation of the beneficiary's pathway, in other cases, the questionnaire was filled in by the operator together with the beneficiary. In this second case, the questionnaire became not merely a tool to collect data, but also an **instrument to reflect together with the beneficiaries on their pathway and to foster their awareness**. This method made it possible to reduce the distance between the

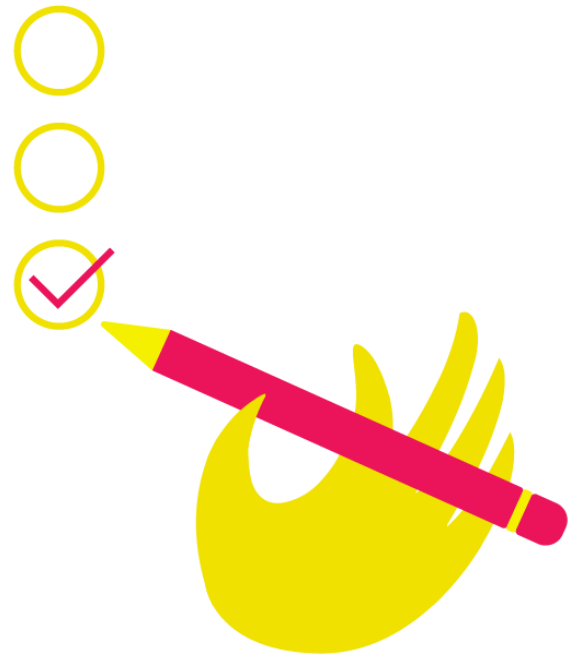
⁷ UNICEF, UNFPA, UNDP, UN Women. "Gender Equality, UN Coherence and You". Cited in the UN Gender Equality Glossary.

⁸ Winrock International, Addressing Inter-linkages between Gender-Based Violence and Trafficking in Persons to Prevent Reinforcement of Inequalities 2012.

operator and the beneficiary, similar to the distance between interviewer and interviewee in the research⁹.

The last point to which it is necessary to draw attention is the fact that in a few cases **some of the terms of the questions were changed** while retaining the evaluative objective of the question. This happened both because the questionnaire was created in English and in translations into the languages of each country, as happens in every translation, the terms took on nuances related to the context and language, and because **language has a particularly important function in feminist practice**¹⁰, as one partner specifically stressed.

The questionnaires are organized into the **10 areas**, each of which contained specific questions. The evaluation of change was assessed through a specific question on perceived change asked at the end of each area in the exit questionnaires. Responses were kept divided for each of the **4 partners** to highlight any differences given the context, but in the analysis was given also an **overall assessment**.



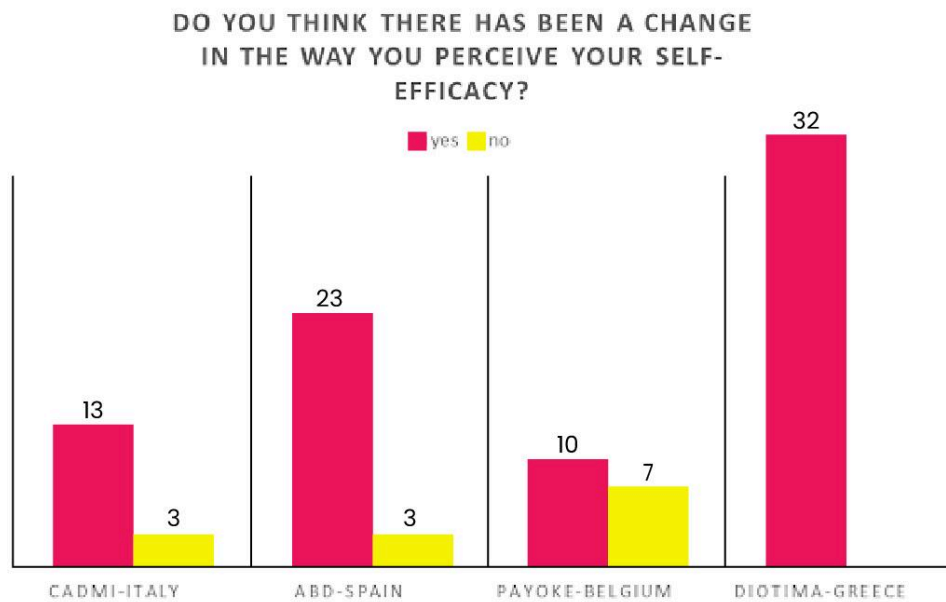
⁹ Weber, S., Thomas, S. (2021). Engaging in Gender-Based Violence Research: Adopting a Feminist and Participatory Perspective. In: Bradbury-Jones, C., Isham, L. (eds) Understanding Gender-Based Violence. Springer, Cham. https://doi.org/10.1007/978-3-030-65006-3_16.

¹⁰ Borges, G. M. (2017). Violence Against Women and Girls as Human Rights Violation: Creating a Common Language Against Gender-Neutral Views of Abuse.

Area 1 – Perceived (Self)-efficacy

The first area concerns perceived (Self)-efficacy: the questions asked were about the perceived ability to achieve the goals every woman sets for herself. This is a key question both for the evaluation of pilot effectiveness and because it shows at the same time on which values the pilot was built. This question actually focuses on the woman's willingness to embark on a path of a life free from violence without thinking that this path depends solely on herself. On one hand there is the woman's will, on the other hand there is the relationship with the professional and the rest of association, but above all the system of the center's services.

For **almost all of** the beneficiaries (**86%**) the change in self-efficacy was positive.



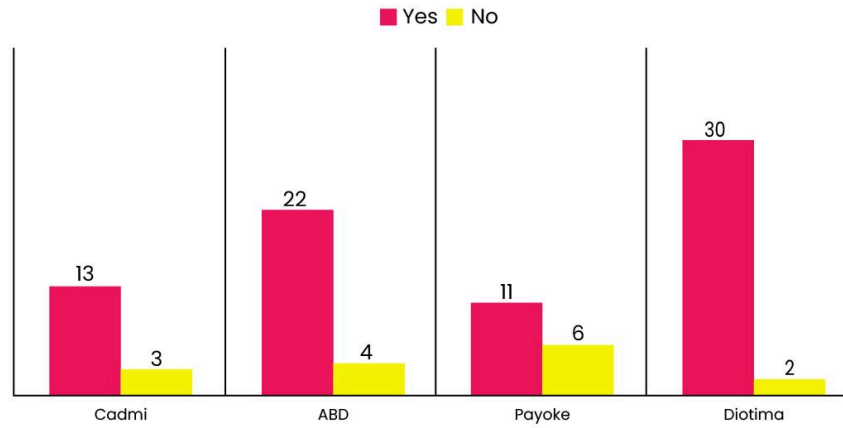
Area 2 - Self-esteem

GBV affects survivors' physical and psychological integrity and **undermines a person's sense of self-worth and self-esteem**. It affects not only **physical health** but also **mental health** and may lead to selfharm, isolation, depression and suicidal attempts. The effects may be even greater for women **who are already socially vulnerable** and who suffer discrimination due to other factors such as economic status, geographical origin, sexual orientation or disability. The experience of GBV, fear and intimidation by a partner has a major effect on women's self-perception. As a result, many suffer from low self-esteem¹¹.

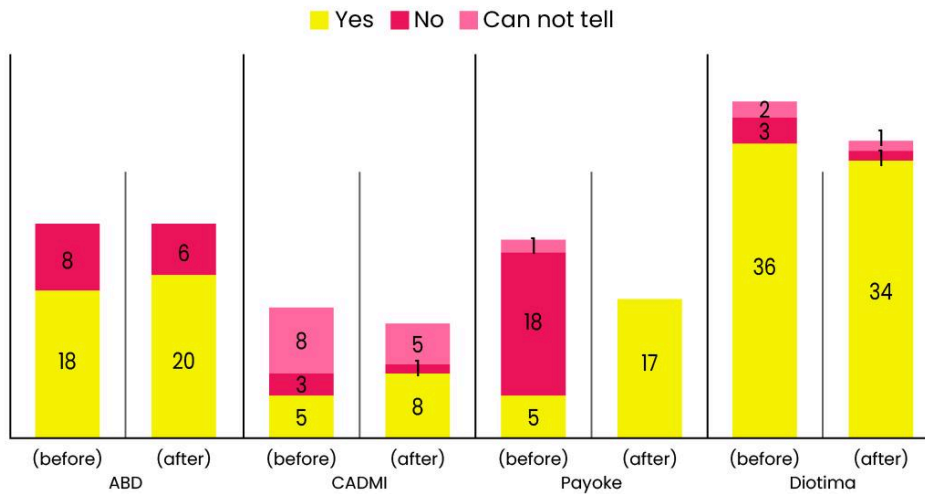
For **86 % of the women who participated in the pilot, there has been a positive change in the way they perceive their self-esteem** and/or the way they feel about themselves. In fact, at the beginning of the project, 60% of the women seemed/said they were satisfied with themselves; whereas in the exit questionnaires 70% of those who filled them out said they were satisfied with themselves.

¹¹ Alazne Aizpitarte et al, The Impact of Intimate Partner Violence on Women in Criminal Courts: Beyond the Victim-Survivor Dichotomy, *Victims & Offenders* (2023). [DOI: 10.1080/15564886.2022.2159904](https://doi.org/10.1080/15564886.2022.2159904)

Do you think there has been a positive change in the way she perceive her self esteem and/or the way she feel about herself?



Does she seem to be satisfied with herself?



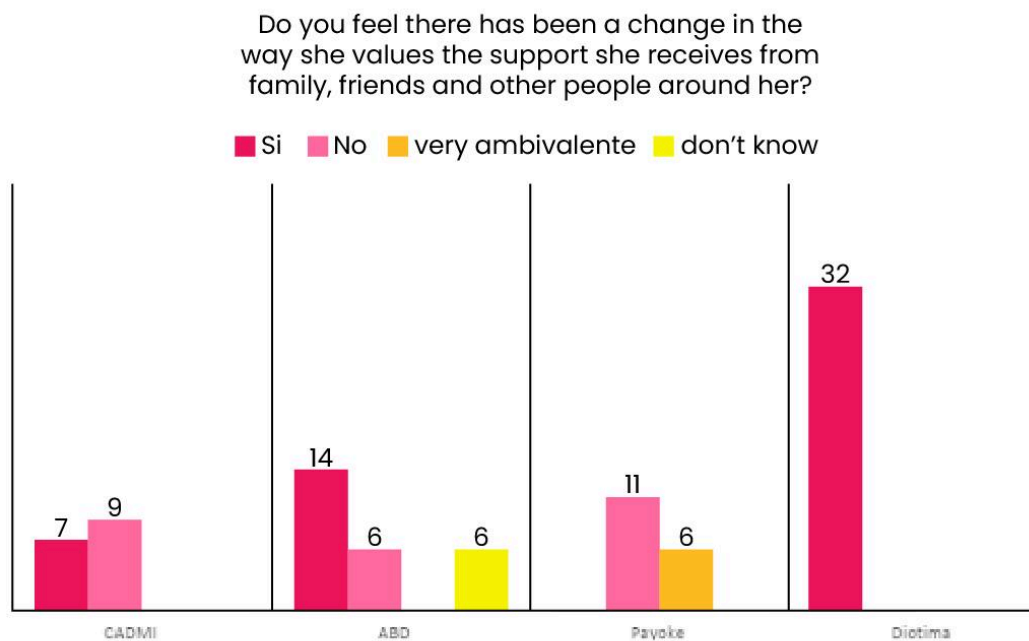
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¹² The discrepancy in the data between before and after is due to the fact that some women, as is often the case with services of this type, have not returned to the centre, leaving the pilot earlier than expected.

Area 3 – (Self)-perceived social support from family, friends and other people

One of the common aspects of intimate partner violence is the isolation of the woman from those she is close to. Isolating victims is another way that abusers exert their power over their partners¹³. Friends and family members may not recognize the extent of the abuse when women become isolated from others. This group of questions investigates the change with respect to the perception of relationships. This not only affects the two aspects investigated in area 1 and area 2, the woman's psychophysical well-being, but also has an influence on socio-economic empowerment. In fact, very often informal relationships (friendships, ex-colleges) help with reintegration into work¹⁴.

For 66% of beneficiaries there has been a change in the way they value the support received from family, friends and other people, while for 5% of them this change can be very ambivalent.



¹³ Barnes, M., Szilassy, E., Herbert, A. *et al.* Being silenced, loneliness and being heard: understanding pathways to intimate partner violence & abuse in young adults. a mixed-methods study. *BMC Public Health* 22, 1562 (2022). <https://doi.org/10.1186/s12889-022-13990-4>

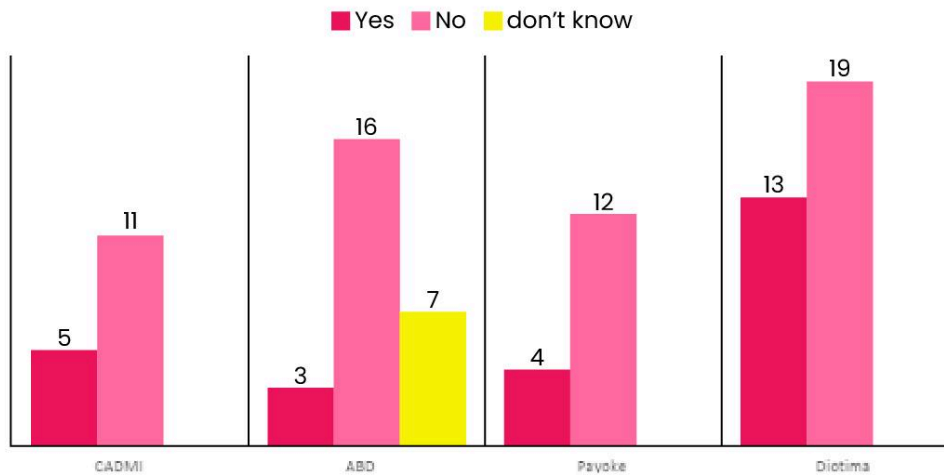
¹⁴ Hetling, A., & Postmus, J. (2014). Financial literacy and economic empowerment of survivors of intimate partner violence: Examining the differences between public assistance recipients and nonrecipients. *Journal of Poverty*, 18 (2), 130-149.

Area 4 – Depression, anxiety or PSDT symptoms

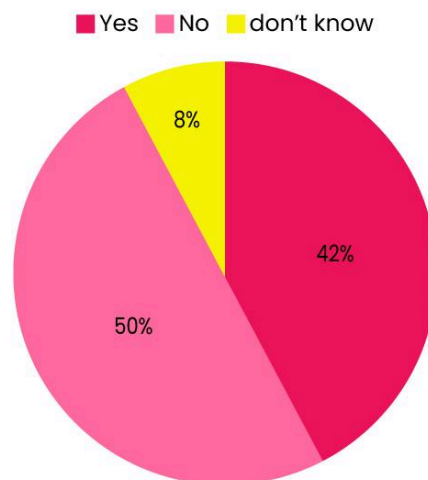
The fourth area is related to the previous areas but turned out to be more challenging both in filling in the questionnaire and in the assessment. In fact, it is considered to be complicated to assess specific mental health conditions if the operators do not have specific psychological training.

However, the perceived change was positive for 42% of the participants.

Do you think there has been a change in your psychological situation (in terms of symptoms related to depression and PTSD)



Do you think there has been a change in her psychological situation (with reference to symptoms associated with depression and PTSD)?



Area 5 – Employability competencies and Area 10 – Language skills

“She brought enthusiasm for the new professional course and continued to think of herself as a free and independent woman”

Socioeconomic independence is a crucial factor for survivors. It gives women the material conditions to make choices freely for themselves and dependent children (if any)¹⁵. Being economically stable affects women’s decision to leave the perpetrator, if they cohabit, and to move out of shelters. **Economic independence is a fundamental condition** to get out of a violent condition and also prevents a potential relapse.

Although this is evident in various research and it is present in European legislation concerning GBV, **there is still a huge gap** between what the law says and reality, as highlighted by the European Institute for Gender Equality (EIGE) data.¹⁶

Several women never worked precisely because of **economic violence**¹⁷, others had to interrupt their careers, and others had to change their careers because they moved away from their original places. The activities of the pilot sought **change through the socio-economic empowerment** of women, which cannot be measured by the number of jobs obtained, but through various activities that allow a path to economic independence in the long term. These activities concern various aspects such as the improvement and recognition of soft and technical skills, language courses and psychological support.

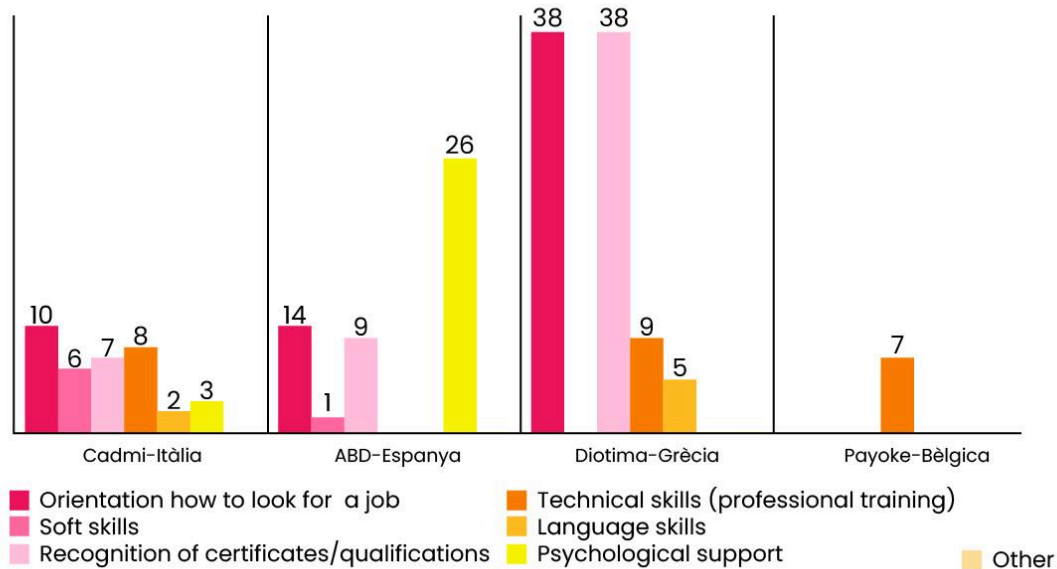
71% of women have received support in job orientation, 67 % have received support in strengthening soft skills, while 9% of women have received support in strengthening technical skills through participation in professional training courses.

¹⁵ UN, Beijing Declaration, 1995, para 26; UN Commission on the Status of Women, Agreed Conclusions on eradicating poverty, including through the empowerment of women throughout their life cycle, in a globalising world, E/2002/27 E/CN.6/2002/13, p. 1.

¹⁶ EIGE, (2022) Gender Equality Index 2022: The COVID-19 pandemic and care.

¹⁷ EIGE, (2017) Glossary of definitions of rape, femicide and intimate partner violence. Luxembourg. Publication Office of the European Union

Services provided to women during the pilot



23% of women with a migrant background received support in the recognition of certificates and qualifications. 4% have received psychological support. **35% have received training to strengthen language skills and most of them (31/33) [B1 level] have increased her language's skill [B2].**

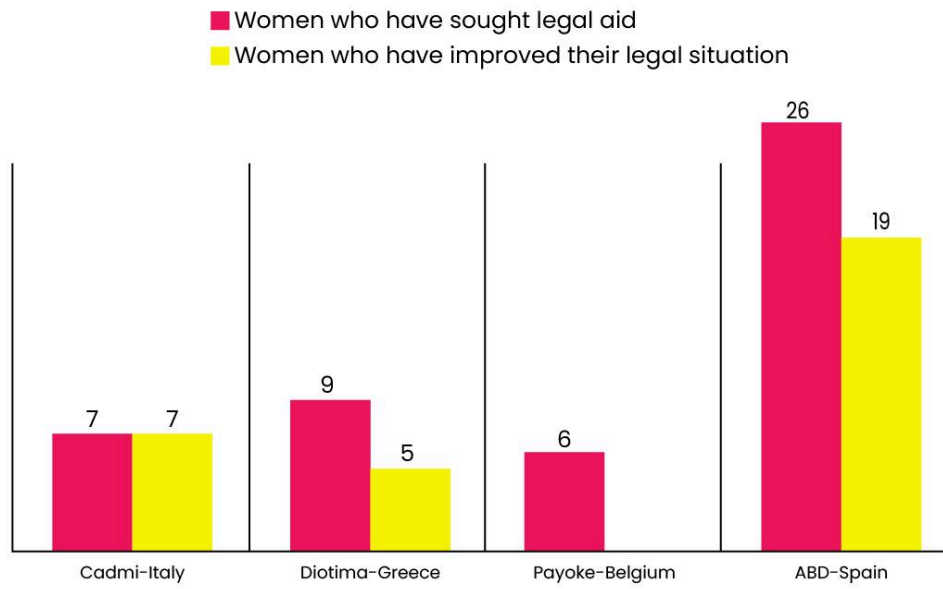
Area 6 - Legal advice

The section on change from the legal situation is particularly interesting for the intersectional approach. The questions in fact make up a framework in which the women's legal problem does not only concern the GBV they have suffered, but also investigates other possible difficulties and discrimination arising from being a migrant woman, or belonging to the LGBTQI+ community or women with disabilities.

This also shows how it is necessary to build a tailor-made legal service that takes all these needs into account¹⁸.

¹⁸ Noir, M., (2022) 'Providing Tailored Justice as a Human Rights Obligation: Feminist Lawyering to Address Gender-Based Violence Against Women', 4th Canadian International Conference on Humanities & Social Sciences, pp. 22-31. <https://imjournal.info/wp-content/uploads/2022/12/ProceedingsHUSO2022-.pdf>

This area is interesting also because Covid-19 had a big impact on access to legal services¹⁹.



The discrepancy in data between women who have/had legal problems is mainly due to the difference in services and situations for women in the different countries.

Thanks to the pilot, **50 % of the women who sought legal assistance were able to improve their legal situation, but** Payoke data are not counted in this percentage, as it is not available.

¹⁹ Speed, A., Thomson, C., & Richardson, K. (2020). Stay home, stay safe, save lives? An analysis of the impact of COVID-19 on the ability of victims of gender-based violence to access justice. *The Journal of Criminal Law*, 84(6), 539-572.

Area 7- Peer group support

“Above all, it has helped me to share our stories, to see that we are not alone, that although unfortunately, we are many and that together we can do anything! And that we are strong”

The support group is instrumental in creating a safe space in which the beneficiaries can have psychosocial support both on an individual level to develop self-awareness and self-determination and on a relational level to build a social support network. Furthermore, this activity helps to work on the prevention of violence that may recur. Finally, it ensures a continuous assessment of existing needs and resources on an individual, community and contextual level.

31 women have participated in peer support groups. In particular have participated in the group: 22 women in Spain (ABD), 7 women in Belgium (Payoke); 1 woman in Italy (Cadmi); 1 woman in Greece (Diotima).

The discrepancy in the data is due to the fact that:

- CADMI do not always include the use of peer support groups²⁰;
- while for DIOTIMA the heterogeneity of the beneficiaries of the pilot and its short duration did not allow the creation of peer support groups.

Finally, **the participation has been declared as positive by all women.**

²⁰ In particular, CADMI's methodology is based on: the individualisation of specific paths; the privacy and safety of people; the relationship between women; the construction of a horizontal group setting between female and male workers (all CADMI interviews always include two female workers to create circularity). This is why the peer support group is not always used.

Area 8 - Motherhood advice and parental care

The COVID-19 pandemic, as in many other cases, highlighted existing issues in relation to the relationship between gender and care work. During the pandemic, women were more at risk of mental health problems than non-parents, and the most affected were mothers. The pandemic presented a clear gender picture: women bore the greatest responsibility for childcare, homeschooling and more hours of domestic work, many of whom juggled paid employment.

If the lack of adequate services disadvantages women and restricts the achievement of gender equality, this is even more valid for survivors. As we have already mentioned, they often find themselves alone and without a family and affective or supportive network to rely on. In many countries, the so-called Mediterranean Welfare²¹ is still widespread, i.e. a system that entrusts care work to the family and replaces public welfare. For survivors, however, it is even more necessary to strengthen public childcare services.

In LILA project pilot **19 women have got support on motherhood and parental care**. All of them got support on facilitation in accessing services and getting in a peer group with other mothers; while some of them also got support in: mothering practice (4 women); educational practice (5); school practices (3) and a woman was supported in orientation how to respond to children special needs. **84% of the women who have received support (16/19) overcome, even partially, their difficulties in caring their children.**

The organizations that noted a difficulty and demand of women in motherhood advice and parental care were Diotima and ABD.

²¹ Gal, J. (2010). Is there an extended family of Mediterranean welfare states? *Journal of European Social Policy*, 20(4), 283-300. <https://doi.org/10.1177/0958928710374374>

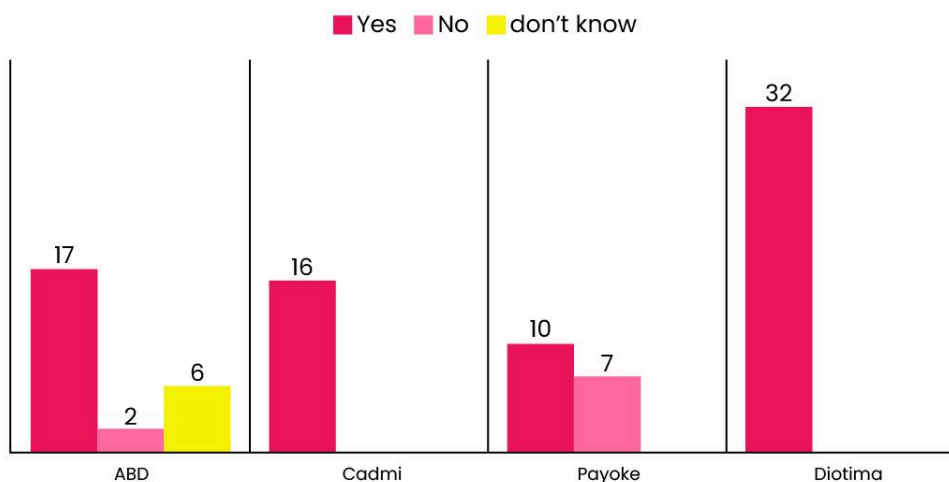
Area 9 – Social networking

“I have more initiative, I am more active”

“I get out of the house more, I've met people with whom I have a good relationship”

The importance of recreating a network of relationships for both women's psychological well-being and their socio-economic empowerment has been mentioned several times. Here we show the change that occurred through the pilot:

Did her relationship with people around her improved?



Area II- Overall evaluation

The data show that **for 90% of the women who answered this question, there was an improvement/change** from their situation.

ABD : 26 YES
CADMI: 8 YES; 8 N/A
Payoke: 12 YES; 5 NO
Diotima: n/a

88% of those who answered the question stated that **women were satisfied with the activities in which they participated.**

ABD: 26 yes
Payoke: 11 yes; 4 impossible to verify due to complex trauma; 1 ADHD and autism.
CADMI: n/a
Diotima: n/a

4. Capacity building for professionals -training evaluation

Below, we analyze the impact of the trainings organized by each partner (in which all partners participated) by topic. The evaluation follows the subdivision with which the questionnaires were set up.

Indicators
Training reaches 100 participants 90 % professional increases their skills and tools
When?
From February to March 2023
What?
20h of online training divided into 6 sessions and delivered by experts from partners' organisations.
How?
Peer to peer methodology https://www.youtube.com/playlist?list=PL2WQbDhB24Pp9W0bZCtwexn18BdFCYNtG
Topics
Human trafficking (focus on 'loverboys') GBV in Catalunya– specialized care services model GBV - Group and community intervention GBV - Welcoming methodology GBV - Supporting survivors and refugees women

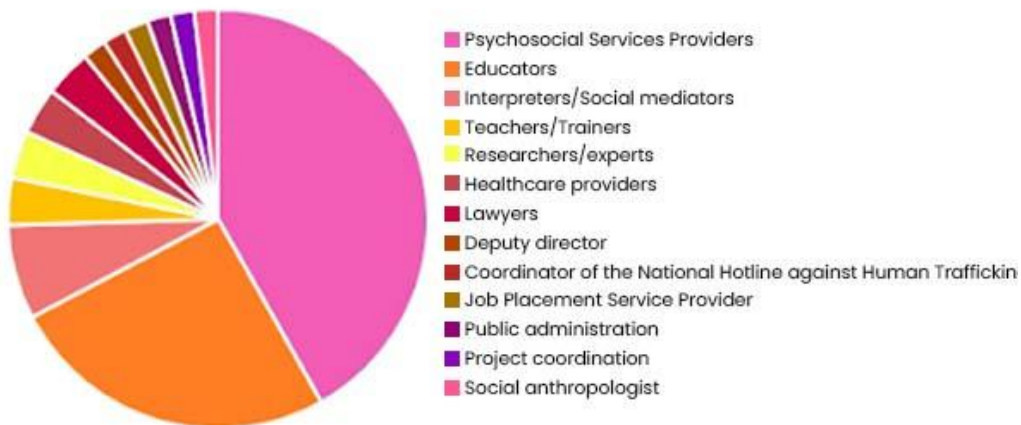
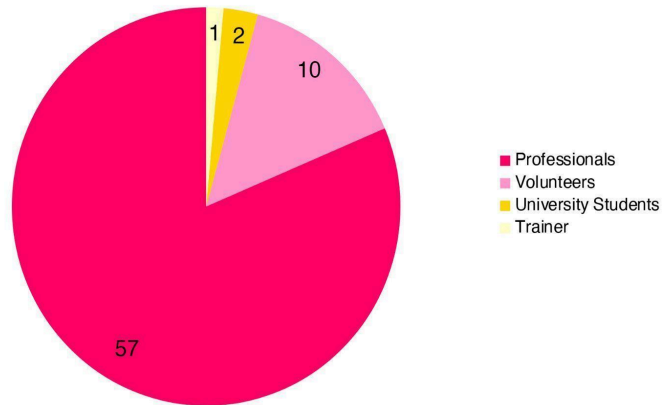
4.1 Questionnaire's methodology

The questionnaires were produced by the external evaluator and then discussed with project staff. The questions have both a qualitative and quantitative research dimension and are divided in 3 macro areas:

GENERAL DATA	LEARNING	COURSE EVALUATION
Understanding the target group of the courses by asking the participants: age, professionalism and relationship to the project.	Learning aspects, investigating in particular the most interesting tools, methodologies and topics for one's own work.	Participants' expectations and any topics they would have liked to explore further.

Questionnaire data were processed collectively, not by individual course, in order to give the whole picture of the LILA project training course.

4.2 Participants



Only 14 were professionals from the partner organizations, the others came from other organizations.

4.3 Results

Thanks to the online training courses, participants had the chance to learn new methodologies and tools in relation to victim care and support.

- 87% of the participants learnt new methodologies for supporting victims of violence;
- 84% of the participants claimed to have acquired new tools in relation to supporting victims of violence;
- 93 % of participants declared that they would use the new methodologies and tools learnt during the online training courses in their job/volunteering experience.

“as a psychologist I was happy to see that the victim's/survivor's individual needs are put first and any procedures are done at their own pace”

4.4 Themes particularly relevant to their work

Topic	Methodologies	Instruments
Human trafficking (focus on 'loverboys')	Prevention Protocols Partnership Need assessment The Loverboy method and its approach	Thinking outside the box Prevention tool GPS A map of the different stages of falling into victimization
GBV in Catalunya– specialized care services model	Protocols and services How to use existing laws, regulations and resources	Referral to resources and current regulations

<p>GBV - Group and community intervention</p>	<p>Care The therapy's intrafamilial group support Group's methodology</p>	<p>Knowledge Group dynamics Group intervention and the experience of family members who have participated in it</p>
<p>GBV - Welcoming methodology</p>	<p>Victim Support Risk assessment The SARA's evaluation Partnerships Protocols The role of internet and social media Ho to support survivors as 'friends' Establishing victim's needs The "welcome" of victims, how to create a relationship The way the interview is conducted with regard to the woman's needs, pace and resources (simulation) Ways of dealing with different violent situation, aggression and solutions</p>	<p>Empowerment Parental alienation</p>
<p>GBV survivors and refugees women</p>	<p>The use of art Empowerment activities How to conduct an interview with survivors Feminist approach Confidentiality</p>	<p>Legal assistance scheme provided to GBV survivors appropriate vocabulary</p>

“The best idea I got was to accept the choice of a girl to offer sexual services and start my work by not judging”

4.5 Course evaluation

The 87% of the participants stated that expectations were very much met, while for 13 % expectations were met to some extent. In fact, 19 % would have liked to discuss more topics, while 81 % of participants would have not.

Other topics that participants would have liked to discuss are:

- Refugee's rights;
- To address and explore how/if culture has an impact on adolescents' attitudes and behaviors, and if it could facilitate trafficking by 'lover boys';
- How to address emotions of the potential victims;
- Different models of interventions on GBV;
- What can people who are not professionals do to help a woman if they suspect or know she is being abused in any way;
- Social media communication: how social media platforms are serving as a catalyst in facilitating human trafficking, and about the harms of pornography and the links to domestic violence;
- Compare legal frameworks and judicial system responses.

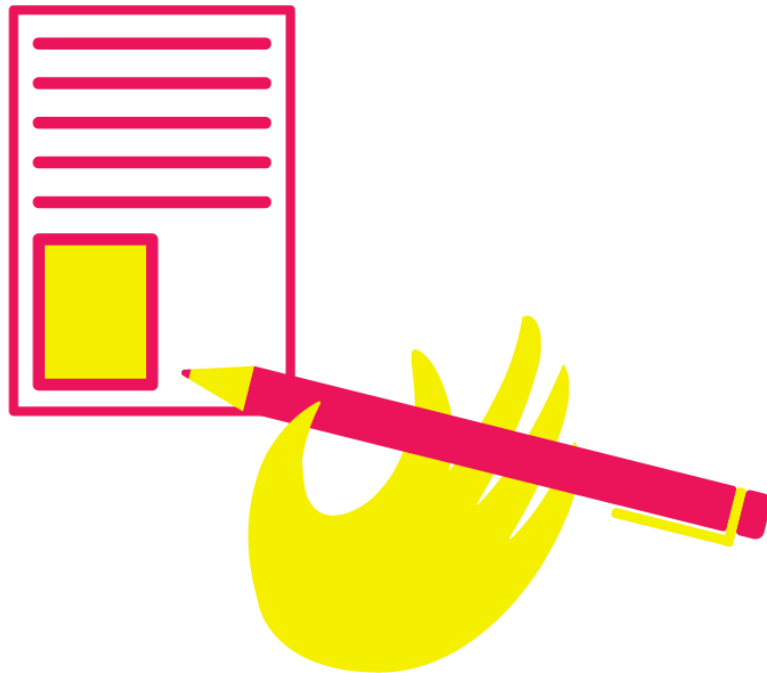
4.6 Course understanding

Most of the participants (**57%**) **found the course content easy to understand**, while 5 % did not find it easy to understand, probably also due to the use of English. In fact 14 % of the participants stated that the use of the English language was an obstacle to understanding the course.

96% of the participants found the training relevant to their current work/volunteering and 97% of them stated that they would share knowledge and methodologies learned with colleagues. Finally, all participants would be interested in attending other training sessions.

4.7 Overall evaluation

The choice of setting up the trainings as a peer-to-peer exchange proved to be effective, both in terms of the exchange of knowledge and other interest and participation. In particular, the most relevant methodologies for the participants were the creation of protocols, group methodologies, the possibility to deal with different types of violence and the feminist approach.



5. Stakeholders' evaluation

The evaluation of project impact on stakeholders was done through individual or group interviews the partners had with their stakeholders following 3 main topics/guiding questions.

- Activity/service/mechanism provided by the Lila project that helped strengthen and improve the territorial response to gender-based violence.
- Is there any activity/service/mechanism of the Lila project that you appreciate particularly and that you would adopt or disseminate throughout the local network?
- How will you capitalize and scale-up the pilot according to the multi stakeholder agreement?

They are analyzed below for each partner who, depending on the structure of the association, the context and the beneficiaries they work with, have different stakeholders.

ABD - Spain

Who

Representatives of the public administration.

Activity improving the territorial response to GBV

The **complexity in transportation** and mobilization of women, particularly in rural and isolated areas was emphasized as one of the main challenges in the territorial response to GBV. However, all the stakeholders stated that despite logistical challenges, the proposed activities were well-received and relevant to women's needs in the territory.

The importance of **working on migrations** and violence through specialized counseling was highlighted as an important asset provided by the pilot. Based on their experiences, women show a preference for approaches that aren't centered solely around violence; the inclusion of **activities like art therapy** and other recreational options within the pilot program was greatly valued.

The **community aspect** was highly valued. The importance of the **childcare group** was highlighted, and the group outing activities were positively evaluated for violence recovery, extending beyond professional intervention.

What would you appreciate/adopt?

The community-based activities and the ludic activities proposed. However, given their status as public services, they emphasized the limited flexibility they have in implementing such approaches.

DIOTIMA - Greece

Who

Associations dealing with socio-economic empowerment of women, migrants and refugees, psychological support, care.

Activity improving the territorial response to GBV

Campaigns (such as the "Loverboy Campaign" and "Play Safe Campaign") which likely played a crucial role in **raising awareness** about gender-based violence and promoting safe behavior. These campaigns could have contributed to changing societal attitudes, educating the community, and encouraging individuals to recognize and address gender-based violence.

Integration of a **gender lens into activities and services** enhancing the territorial response to gender-based violence.

Regular updates on gender-based violence. This continuous monitoring and information dissemination contributed to maintaining an effective response that adapts to the changing dynamics of gender-based violence. These efforts reflected a comprehensive strategy that addressed various aspects of the issue and created a more resilient and responsive system.

What would you appreciate/adopt?

Regular meetings with stakeholders fostered a collaborative environment;

Exchange of Best Practices;

Coordinated Efforts and Resource Sharing;

Information and Awareness Campaigns;

PAYOKE - Belgium

Who

Non-profit organization with a primary mission to safeguard the well-being and safety of children.

Activity improving the territorial response to GBV

Playful activities, group discussion, international cooperation: 'It is always useful to sit around the table and share experiences. Seeing each other, putting names to faces, helps us get to know each other and makes it easier to approach each other with questions.'

What would you appreciate/adopt?

The association couldn't directly make the activities proposed because of the different target but suggest that it will be interesting to develop these empowerment activities not only with direct victims but also with vulnerable youth.

Overall evaluation

The stakeholders' involvement in the project had a high impact both in terms of raising awareness of the issues, knowledge exchange (especially for associations dealing with beneficiaries who do not directly deal with GBV but who could be transversally affected by it), and possible long-term strategies. In the first case, the impact was given by the campaigns presented, in the second by the trainings in which some stakeholders participated and in the third by the proposed strategies such as regular meetings and protocols.

6. Process evaluation

The evaluation of the process is given by the analysis of the (individual or group) interviews made with each partner. This section provides an overall assessment that allows to evaluate the project in its entirety and the interrelationships between the partners.

The following main points (divided into 4 areas) emerge in the process evaluation:

Beneficiaries

- The pilot's activities were **accessible to an extensive spectrum of women**, regardless of their situations or stages in the process;
- The inclusion of **activities tailored** for their **children** is considered significant;
- The pilot made it possible to open a line of work with women addressed to strengthen their wellbeing from a perspective not focused only on the violence, but from a **ludic perspective** (music therapy, art therapy, sport); Feedback from the women indicated that they found these activities enjoyable and that they provided a brief escape from their challenging circumstances. Several services focus on the more basic needs of survivors, but few that create safe spaces for 'pleasure' and their desires;
- The pilot afforded the **multifaceted needs** of women survivors through a needs assessment to understand the specific challenges faced by women, and it provided individualized case management to understand the unique circumstances of each woman and tailor support accordingly.

Operators/volunteers

- The focus on awareness of **operators privilege** and power was valued as positive and stimulating;
- The project made it possible to hire people to take care of the **emotional decompression of professionals** working at Centers, this affects their job performance as well.

Center/association

- The **resource allocation is valued as adequate**;
- The project activated **new activities** but also made it possible to **improve the usual ones**, increasing their efficiency and efficacy;
- Most of the partners highlighted as a handicap the **limited temporality** of the pilot;
- The establishment of a **case management system** optimized survivor support;
- Enhance the **understanding of gender-based violence** issues and improve the activities of partners who do not deal specifically with GBV;
- The pilot improved the **multicultural intervention**, conducting regular needs assessments to understand specific cultural needs and preferences;
- Helped with a **rise in mental health** concerns, also related to Covid-19, even if one partner noted that this could create dependency and obstruct the road to autonomy;
- The **job orienteering support and language classes** were highly valued, especially as **tailored** and individualized processes;

Network

- The proposed activities emphasized the collective and **community approach** and enabled women to create new bonds and social relations;
- The project improved internal **networks** to avoid duplication in services, conducted a comprehensive mapping of existing services and interventions in the community to identify gaps, overlaps, and areas where collaboration can be strengthened;
- The exchange of practices allowed to improve the knowledge of how **international services** work and allowed for comparison at a European level with other realities that deal with violence (GBV). This is highly valued as the contemporary context is global and many subjects (starting from beneficiaries) come from different places;

- Working collaboratively with stakeholders to organize informative sessions has broadened our perspective on effective **communication** and engagement strategies.

7. Conclusions

Assess of **OECD DAC criteria**

RELEVANCE *Is the intervention doing the right things?*

The intervention objectives and design respond to beneficiaries' needs (psychological support, job orientation, language classes, legal services) that are not always in regular services. In particular, the project has perfected the provision of these services tailored to women and with a network that makes it possible not to duplicate efforts.

COHERENCE *How well does the intervention fit?*

Violence Against Women (VAW) is an issue of interest in both national and international policies. At the European level, despite the increasing attention to support IPV survivors, concrete measures still need to be undertaken. In this framework, LILA has the merit of having tested a holistic, multi-service, intersectional approach that is responsive to women's needs.

Furthermore, the LILA project was coherent insofar as each partner implemented actions and relationships it already had in the area where it works, using the project to improve its effectiveness.

EFFECTIVENESS *Is the intervention achieving its objectives?*

The project objectives were measured on three indicators: beneficiaries, trainings and stakeholder.

With regard to the **beneficiaries, the objectives were partially achieved**: the greatest results were achieved in the areas of a) acquisition of skills useful for job placement and language skills b) Improvement of the situation from a legal point of view and c) aid parental care and improve their network. Only half of the women perceived a

positive change in the area of Improvement of self-esteem/psychological situation. We believe this is due to the fact that a change in this area **needs a longer timeframe** than in more practical activities where the beneficiaries can see an immediate change. We therefore believe that the activities implemented by the pilot, especially when **tailor-made for women, were effective.**

About the **trainings**, the stated goal (90% of participants improved their skills) was achieved, specifically as follows:

- 87% of the participants learnt new methodologies for supporting victims of violence;
- 84% of the participants claimed to have acquired new tools in relation to supporting victims of violence;
- 93% of participants stated that they would use the new methodologies and tools learnt during the online training courses in its job/volunteering experience.

Particularly effective was the choice to organize the training as a **peer-to-peer exchange**. This made it possible to address **GBV as a transversal** to different situations experienced by women, the exchange of practices, a **transnational and intersectional perspective**.

The third indicator, 300 **stakeholders** involved, showed a positive evaluation of the project: the impact was mainly achieved through the campaigns presented and the training which therefore impacted on **awareness** and improved **skills**. In addition, the need for **regular meetings** and **protocols increased**.

EFFICIENCY *How well are resources being used?*

It is not the aim of this report to make a financial assessment. However, what particularly emerges from the evaluation that resulted from the interviews with the partners, is that the project resources made it possible to **implement existing activities and to introduce new ones**, all of which were assessed as necessary. The **transparency** with which the resources were distributed was also positively evaluated. The project resources were that activities, to support and improve the daily work already carried out by the partners. In only one case was it reported that the administrative effort required by the European project type took time away from the routine tasks of the professionals.

8. Lessons learned and recommendations

"someone is investing in my project, on my path"

The main goal of LILA project was to design, to implement and to evaluate a comprehensive and tailored **support program aimed at women victims of gender violence** and their children based on their individual needs, paying particular attention to the needs arising from the social and economic crisis due to the Covid-19 pandemic.

The specific objectives were achieved above all thanks to a) the experience of the partners shared through peer-to-peer training b) community and local networks c) the feminist approach that puts women at the center and made it possible to create services tailored to the specific needs of women d) an intersectional approach that recognised the specific needs of women and the different levels of discrimination.

However, a more prolonged and sustained contact time with both women and the implemented activities is essential. Even if a significant portion of planned objectives have been achieved, it is firmly believed that extending the program's duration and allocating additional resources would yield even better results. A more extended timeframe and increased resources would allow for a more comprehensive and impactful approach to addressing the needs of the community.

Lessons learned to consider for potential future scale up:

- Provide a longer and **more adaptable time** for the woman's path;
- Keep the focus on the **specific needs** of the woman;
- Implement **'playful' actions** (i.e. art and music therapy) that are effective for women's recovery;
- Implement **peer-to-peer training** with other actors (even not directly linked to GBV) at a national and international level;
- **Consolidation of practices** and knowledges of LILA Project and capitalize pilot actions;

- Realize actions to **increase the ownership of the tools and methodologies** proposed so that the project is not considered as extra-burden;
- Allow **sufficient time to build relationships** and trust with actors to involve in the project activities;
- Reinforcement of the **local ecosystem** to support women GBV survivors. Close cooperation among the network organizations and institutions;
- Application of a **feminist and intersectional approach** to the project implementation, and definition of the actions;
- Assure the **replicability** and **scalability** of the pilot.

The content of this report represents only the opinions of the author and is his sole responsibility.

The European Commission is not responsible for the information I provided.

Project financed by the European Union 101049286

101049286 - LILA - CERV-2021-DAPHNE

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Funded by the
European Union

