Psychosocial Functionality Scale

Practioner Guidance for the GBV Case Management Outcome Monitoring Toolkit

Contents

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Introduction

The humanitarian community has more knowledge and guidelines than ever to support quality comprehensive gender-based violence (GBV) response, including the Interagency GBV Case Management Guidelines, Caring for Child Survivors of Sexual Abuse, and Clinical Care for Sexual Assault Survivors.[1]

Monitoring and evaluation (M&E) is an important part of accountable and effective GBV response. However, most humanitarian data is limited to monitoring programmatic outputs that track deliverable completion, not the outcome or impact of deliverables. To tackle this issue, The GBV Case Management Outcome Monitoring Toolkit aims to measure outcomes, not outputs: **the impact of gender-based violence (GBV) case management on psychosocial wellbeing and felt stigma.**

Released in 2020, the IRC now aims to scale up and refine the capacity of GBV caseworkers and supervisors to interpret the results of the Scales from the GBV Case Management Outcome Monitoring Toolkit . This document, the GBV Case Management Outcome Scales Practitioner Guidance, was informed by feedback from existing users and field experts. It provides a methodology for data analysis and interpretation to translate scores into actionable information. As a result, GBV caseworkers and WPE Staff can support individual Survivors more effectively and make data-driven programmatic adaptions to improve outcomes for women and girls following violence.

The GBV Case Management Outcome Monitoring Toolkit comprises two scales (the Scales), or surveys, that aim to measure the impact of GBV case management on women and older adolescent girls through reported wellbeing and felt stigma in humanitarian settings. These two scales are the Psychosocial Functionality Scale and the Felt Stigma Scale.

This document will guide how practitioners can use, calculate, analyze, interpret, and make data-driven decisions using the results of the GBV Case Management Outcome Scales[2], whether they are administered once, twice, or multiple times throughout case management.

For more detailed information on the GBV Case Management Outcome Monitoring Toolkit, visit GBVResponders.org.

1 *GBV Case Management Outcome Monitoring Toolkit.* (July 2020). Retrieved from https://gbvresponders.org/response/case-management
2 Ibid.

1 The GBV Case Management Outcome Scales

Review of the GBV Case Management Outcome Monitoring Toolkit

There are two main objectives of the GBV Case Management Outcome Monitoring Toolkit.

1. To help provide GBV caseworkers with a tool to support their work with individual women and older adolescent girls. Measuring progress together can inform better targeted psychosocial support strategies by the caseworkers and action planning by the client. It can also inform referrals for higher-level mental health care where needed.

2. To provide GBV response teams with high-quality, aggregated data on psychosocial functioning and stigma across your client caseload to inform programming improvements. To achieve this second objective, the aggregated results collected from the Psychosocial Functionality Scale and Felt Stigma Scale must be analyzed and discussed to develop actionable recommendations.

The Psychosocial Functionality Scale

The Psychosocial Functionality Scale is a 10-item questionnaire that measures a woman and older adolescent girls' ability to carry out important tasks in their daily lives.

The Felt Stigma Scale

The Felt Stigma Scale is a 10-item that measures women and older adolescent girls' both perceived and internalized experiences of stigma.

"Felt stigma" is the personal experience of feeling judged or looked down upon by others, impacting self-esteem and behavior. It involves internalizing harmful attitudes, beliefs, and/or discrimination due to a specific experience (like GBV), condition, or circumstance, and is often rooted in patriarchal society and norms. Felt stigma can lead to feelings of shame, guilt, and/or embarrassment, causing individuals to withdraw socially and feel unworthy.

Who are the Scales used with?

The GBV Case Management Outcome Monitoring Toolkit has been tested and validated for use with female Survivors, 15 years old and over. The toolkit is not suitable for use with girls 14 years old or younger.

When do you use the GBV Case Management Outcome Scales?

This tool can be used by GBV caseworkers, as part of the Survivor's psychosocial assessment. In the Interagency GBV Case Management Guidelines, this corresponds to Step 2 Assessment, Section 3: Psychosocial Needs and Support.[3]

3 Interagency Gender-Based Violence Case Management Guidelines. (2017), p. 64.

For a one-time measure of psychosocial functionality and felt stigma:

- The Scale(s) only need to be administered once.
- It is recommended that the monitoring tool be administered during the assessment of psychosocial needs and support, or after three visits, for the most urgent needs of the Survivors to be addressed and to give time for trust-building
    - HOWEVER, administering the Scale after three visits might be challenging in some contexts. If administering the scale for the first time during the fourth session does not align with your context, consider using the one-time measure of psychosocial functionality or felt stigma as a part of the assessment of psychosocial needs and support, or Step 2 of the case management process – so long as the survivor is not in acute distress.[4] This provides an opportunity to discuss the Survivor's wellbeing and may encourage them to return for additional case management sessions.
    - Remember, it is not recommended to use the Scales during the first session with a Survivor.

To monitor change in Survivors' wellbeing over time:

- The Psychosocial Functionality/Felt Stigma scale should be administered at least twice: first, at baseline (typically, during the assessment of psychosocial needs and support[5]) and again after three additional sessions (typically when discussing case closure or at session 7).
    - If case management continues or needs to resume based on the second use of the Scale (instead of moving towards case closure), the Scale can be used a third time when next discussing case closure. When this happens, compare the baseline and the most recent survey.
    - Remember, this is a recommendation, and you can determine when to use these surveys based on your context.
        - For example, if you typically only meet with a Survivor three times, rather than waiting until the fourth session with a survivor, you could conduct the baseline survey during Step 2 of GBV Case Management: the assessment of psychosocial needs and support, and then every three weeks after that session – or when discussing case closure.

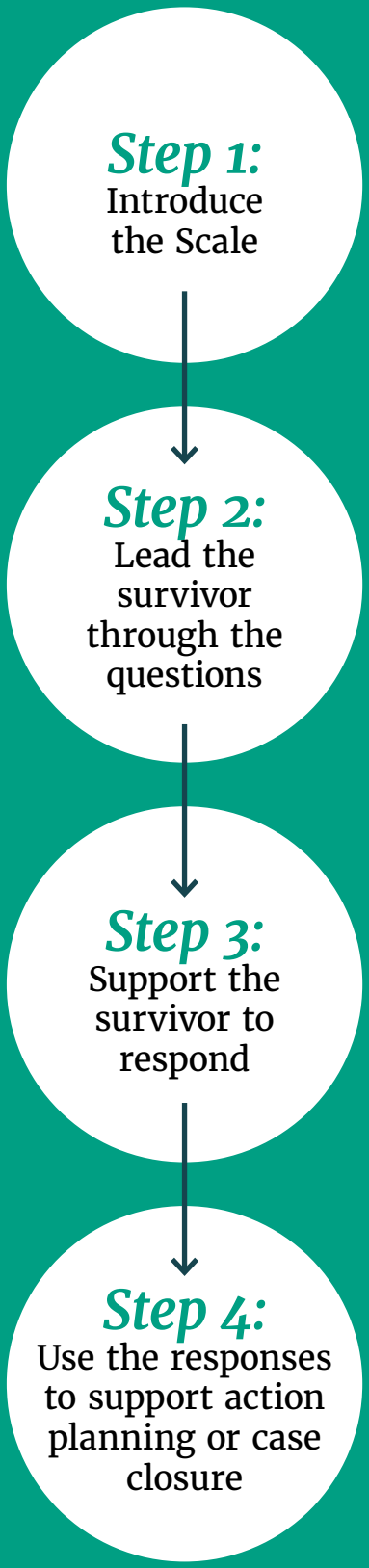
The primary purpose of the scales is to support case management processes, understand the psychosocial needs, and inform action planning with Survivors. Determine with your teams when it makes sense to deploy these surveys based on your context.

Contact your Technical Advisor and M&E Focal Point with questions or concerns.

NOTE: If you utilize the Outcome Monitoring Toolkit for calculating and reporting indicators, ensure that your program's use of the Scales aligns with your measurement requirements.

4 Interagency Gender-Based Violence Case Management Guidelines. (2017), p. 57.
5 Interagency Gender-Based Violence Case Management Guidelines. (2017), p. 64.

How do I use the Scales during GBV Case Management?



Introduce the Scale(s) to the Survivor (females, 15 years and older) and receive consent to use them.
This should be done during the assessment of psychosocial needs and support (this will provide the baseline score) and again when discussing case closure or at the end of the case management intervention plan (this will generate the endline score).

Lead the Survivor through the questionnaire, using visual aids when relevant.[6]

Support the Survivor in choosing relevant feelings, activities, and relationships to focus on during the development or refinement of their case action plan.

Return to the action planning activity or case closure process within your case management session.

6 You can also show the Survivor the contextualized visual aids to help them select the response that best matches their experience.

Tips on Using the GBV Case Management Outcome Scales

Tip 1:

Use the Psychosocial Functionality and Felt Stigma Scale as a part of the Survivor's action planning.

- Beyond measuring outcomes, the GBV Case Management Outcome Scales support action planning with Survivors. Together, reflect on and select relevant feelings, activities, and relationships from the Scales to develop and refine their action plan.

Tip 2:

Familiarize yourself with the Scale(s) your team is using in your context.

- This will make the Scales feel more organic when administered to the Survivor. The Scales should feel more like a conversation than an additional form.

Tip 3:

Weave the Scale questions into your case management sessions with Survivors when appropriate.

- Once you are comfortable with the tool, you can seamlessly incorporate the Scales into your case management action planning sessions with Survivors, rather than treating them like an additional form. Introduce the tool and receive informed consent, then weave the questions into the assessment. These surveys are meant to support and guide your case management decisions with Survivors, and they are therefore flexible.
    - For example, when using the Psychosocial Functionality Scale, instead of saying "How difficult is it for you to unite with other community members to do tasks for the community? Select one of the following options…", you could weave something into the conversation such as: "How have you been involved in your community in the past? How have you felt about being with and involving yourself with your community now?"
    - Or, instead of saying "How difficult is it for you to keep your household clean? Select one of the following options…", you could weave something into the conversation like: "I know it takes a lot of work to maintain a house – how have you felt about doing those same things now?"
    - When using the Felt Stigma Scale instead of saying "How often have you had thoughts and feelings of feeling badly treated by community members? Select one of the following options…", you could weave something into the conversation such as: "How have you been treated by your community in the past? How have you felt about your community and how they treat you now?"
    - Or, instead of saying "How often have you had thoughts and feelings of wanting to avoid other people or hide? Select one of the following options…", you could weave something into the conversation like: "Some survivors who have experienced GBV may withdraw or avoid others – do you ever feel like that?"
- Based on the response of the Survivor, you can select the most appropriate survey response.
- It is okay if you don't ask all the questions – you can calculate the score based on how many questions were answered!

Tip 4:

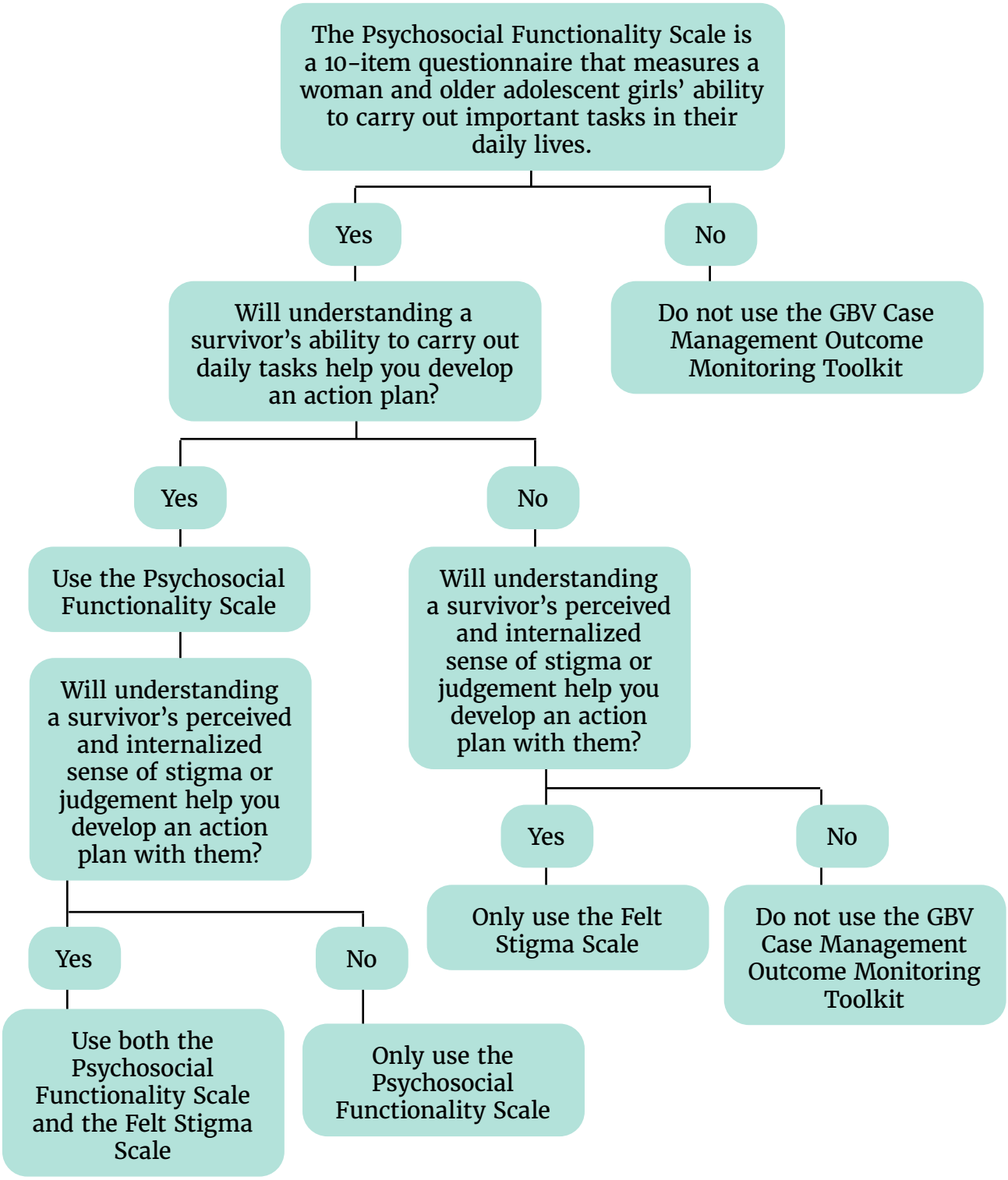
If the Survivor doesn't understand the question, you can help explain it in your own words. You can also use the visual aids as needed.

Which GBV Case Management Outcome Scale Should I Use?

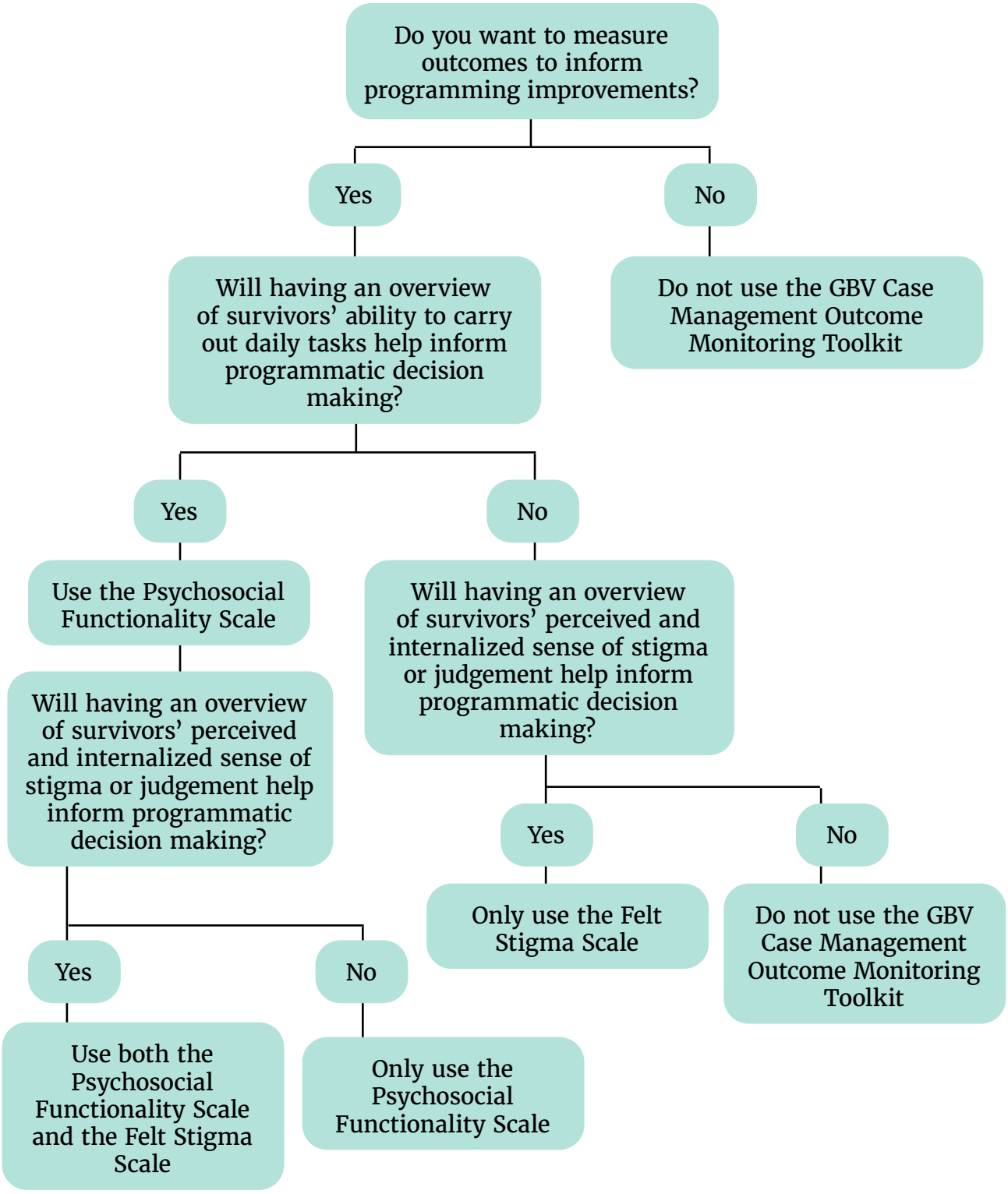
When implementing the Scales as a part of GBV Case Management services, country program teams and their supporting Technical Advisors should determine which Scale, or if both Scales, should be used during case management.

Then, with each client, you can choose to administer only one of the scales, or you can administer both of the scales (either during the same case management session or split across two sessions), depending on what aspects you and the client agree together to monitor or what your program overall decides to monitor.

Refer to the decision tree below to help determine which Scale to use to support individual case management:

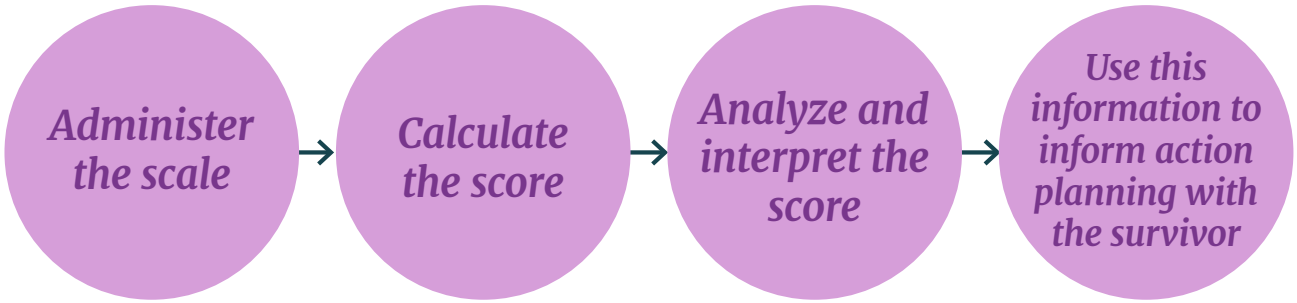


Refer to the decision tree below to help determine which Scale to use to inform programmatic decision-making:



2 Data Analysis and Interpretation for Caseworkers Using the Psychosocial Functionality Scale

Administering the Scales with women and older adolescent girls is the first step to the GBV Case Management Outcome Scales. You will use the responses to calculate a score, but the process doesn't stop there. Once you have a score, you will need to interpret the score, either once or over time, to support individual case management, understand the impact GBV Case Management has on Survivors, and to make programmatic decisions.



How to Interpret a One-Time Psychosocial Functionality Scale Score

When administering the Psychosocial Functionality Scale, either once or multiple times, you will first use the Scale during the assessment of psychosocial needs and support, or after three visits, allowing for the most urgent needs of the Survivors to be addressed and to give time for trust-building.

The one-time score will provide caseworkers insight on the Survivor's ability to perform daily tasks, which can be used to inform action planning.

For this section on how to interpret a one-time score for the Psychosocial Functionality Scale, use this fictional example Scale (Figure 1) which was completed with a Survivor during the psychosocial needs and support assessment step in the GBV case management process.

Psychosocial Functionality Scale

I will ask you about specific tasks and activities. Thinking about the last four weeks, please tell me how difficult it is for you to carry out these activities. You will tell me if it is [point at the same time to Visual Aid 1

Not difficult at all (0 pts)	A little bit difficult (1 pt)	A moderate amount (2 pts)	Very difficult (3 pts)	So difficult that you often cannot do it (4 pts)

1. Giving advice to family members

Not difficult at all | A little bit difficult | **A moderate amount** | Very difficult | So difficult that you often cannot do it

2. Exchanging ideas with others

Not difficult at all | A little bit difficult | A moderate amount | **Very difficult** | So difficult that you often cannot do it

3. Uniting with other community members to do tasks for the community

Not difficult at all | A little bit difficult | A moderate amount | **Very difficult** | So difficult that you often cannot do it

4. Asking/getting help from people or organizations when you need it

Not difficult at all | A little bit difficult | **A moderate amount** | Very difficult | So difficult that you often cannot do it

5. Making important decisions about daily life

Not difficult at all | A little bit difficult | **A moderate amount** | Very difficult | So difficult that you often cannot do it

6. Taking part in family decisions

Not difficult at all | A little bit difficult | **A moderate amount** | Very difficult | So difficult that you often cannot do it

7. Learning new skills

Not difficult at all | A little bit difficult | A moderate amount | Very difficult | **So difficult that you often cannot do it**

8. Concentrating on your tasks or responsibilities

Not difficult at all | A little bit difficult | A moderate amount | Very difficult | **So difficult that you often cannot do it**

9. Interacting or dealing with people you don't know

Not difficult at all | A little bit difficult | A moderate amount | **Very difficult** | So difficult that you often cannot do it

10. Keeping your household clean

Not difficult at all | A little bit difficult | A moderate amount | **Very difficult** | So difficult that you often cannot do it

Figure 1: Completed Psychosocial Functionality Scale, Baseline

Step 1: Calculate the Score

Each response is assigned a number value based on a 5-point scale with the following values:

- Not difficult at all (0 point)
- A little bit difficult (1 point)
- A moderate amount (2 points)
- Very difficult (3 points)
- So difficult that you often cannot do it (4 points)

1. Add the points across all 10 items (or all items answered)
2. Divide the total by 10
   a. If the Survivor skipped one or more items in the questionnaire, add the points for all answered questions, and divide by the total number of questions answered.
   b. For example, if the Survivor answered 8 questions, divide the sum by 8.

Formula:
(Response 1 + Response 2 + Response 3 + … + Response 10) / (total number of questions answered) = Score

For this example (see Figure 1):

[A moderate amount (2 pts)
+ Very difficult (3 pts)
+ Very difficult (3 pts)
+ A moderate amount (2 pts)
+ A moderate amount (2 pts)
+ A moderate amount (2 pts)
+ So difficult that you often cannot do it (4 pts)
+ So difficult that you often cannot do it (4 pts)
+ Very difficult (3 pts)
+ Very difficult (3 pts)]
/ 10 = SCORE

[2 + 3 + 3 + 2 + 2 + 2 + 4 + 4 + 3 +3] / 10 = SCORE

28 / 10 = 2.8

The one-time score from the responses in the completed example of the Psychosocial Functionality Scale is 2.8.

Step 2: Interpret the Score and Inform Action Planning

Once you have calculated the score for an individual woman or older adolescent girl, you can interpret the results and use them to create or inform an action plan.

Check whether the Survivor indicated that specific items in the questionnaire were more difficult to carry out (for example, she indicated that one item is 'very difficult') and ask the Survivor if these 'more difficult' items should be the focus of her action plan.

Use the "One-Time Survey Result Interpretation Table: Psychosocial Functionality" to better understand how to interpret a score and how to use the score to inform action planning.

Visit GBVResponders.org to access an example of a Scale score database.

One-Time Scale Result Interpretation Table: Psychosocial Functionality

In the example (Figure 1) above, the score was 2.8. Find this score in the interpretation table to determine how to further support the Survivor.

One-Time Scale Result Interpretation Table: Psychosocial Functionality

Score	Interpretation	Action Planning
0-1	*Survivor is experiencing little to no difficulty in accomplishing tasks.*	**Ask the Survivor questions that reflect a Survivor-centered approach.** Check with the Survivor to see if there are specific areas where they may still face challenges, indicated by specific items in the Scale that they may have indicated as "more difficult" or outside of psychosocial functionality. Acknowledge the Survivor's progress and consider activities with them to further enhance their sense of empowerment. Consider personal goals and the actions needed to achieve these. If the Survivor continues to do well and no longer requires GBV case management services, consider discussing case closure with the Survivor.
1-1.5	*Survivor is experiencing minimal and sometimes moderate amounts of difficulty in accomplishing tasks.*	**Ask the Survivor questions that reflect a Survivor-centered approach.** Check whether the Survivor indicated that specific items in the questionnaire were more difficult to carry out (for example, she indicated that one item is 'very difficult') and ask the Survivor if these 'more difficult' items should be the focus of her action plan. Consider personal goals and the actions needed to achieve these. Follow up with the Survivor with additional case management sessions and revisit the Psychosocial Functionality Scale then to check her progress.

Score	Interpretation	Action Planning
1.5-2.25	Survivor is experiencing moderate to significant difficulties in accomplishing at least some tasks.	**Ask the Survivor questions that reflect a Survivor-centered approach.** It will be important to work with the Survivor to help identify which tasks to prioritize for the Survivor's action plan. Note that the items do not necessarily need to be those that the Survivor scored as most difficult, but can also be the tasks that are most relevant to the Survivor's daily life. Follow up with the Survivor with additional case management sessions and revisit the Psychosocial Functionality Scale then to check her progress.
2.25-4	Survivor is experiencing significant difficulties in accomplishing tasks, and may often not be able to carry these tasks out at all.	**Ask the Survivor questions that reflect a Survivor-centered approach.** It will be important to work with the Survivor to help identify which tasks to prioritize for the Survivor's action plan. Note that the items do not necessarily need to be those that the Survivor scored as most difficult, but can also be the tasks that are most relevant to the Survivor's daily life. It may be advisable for the case worker to discuss cases with very high scores with their supervisors to get additional advice on how to support the Survivor as they may have specialized needs. Consider linking the Survivor with specialized MHPSS services. Follow up with the Survivor with additional case management sessions and revisit the Psychosocial Functionality Scale then to check her progress.

Interpretation in Practice: Using a One-Time Psychosocial Functionality Score to Inform Action Planning

Now that we know how to calculate, analyze, and interpret a one-time Scale Score, let's use the example above to illustrate how this works in practice.

Using the score from the completed Psychosocial Functionality Scale (Figure 1) – 2.8 – along with the One-Time Scale Result Interpretation Table: Psychosocial Functionality, we know that the Survivor is experiencing significant difficulties in accomplishing tasks. Use this information, the interpretation table, your qualitative understanding of the case, and the individual Survivors' needs and preferences to determine next steps. For example, recommended actions moving forward may include:

Ask the Survivor questions that reflect a Survivor-centered approach. For example:

- Thank you for sharing your responses with me and for sharing that it is difficult for you to do certain tasks. Is there anything that makes it difficult for you to accomplish this task?
- How do you intend to move away from the things making these tasks difficult so you can perform these tasks?
- Are there other tasks you feel comfortable doing that are not listed here?
- Do you feel comfortable sharing those tasks with me?

Work with the Survivor to help identify which tasks to prioritize for the Survivor's action plan.

- Note that the items do not necessarily need to be those that the Survivor scored as most difficult but can also be the tasks that are most relevant to the Survivor's daily life.
    - In this example (Figure 1), the Survivor responded that learning new skills and concentrating on tasks and responsibilities is "so difficult they cannot do this."
        - The caseworker could discuss these questions with the Survivor to help determine what to prioritize for their action plan.
        - However, just because these tasks may be the most challenging for the Survivor does not mean that they are the most important. Ensure a Survivor-centered approach to the action plan and empower the Survivor to identify their personal priorities.
- In this example, the Survivor has a high score. Discuss this case with your supervisor to get additional advice on how to support the Survivor as they may have specialized needs, such as MHPSS services.
- Follow up with the Survivor through additional case management sessions, and revisit the Psychosocial Functionality Scale to check her progress.

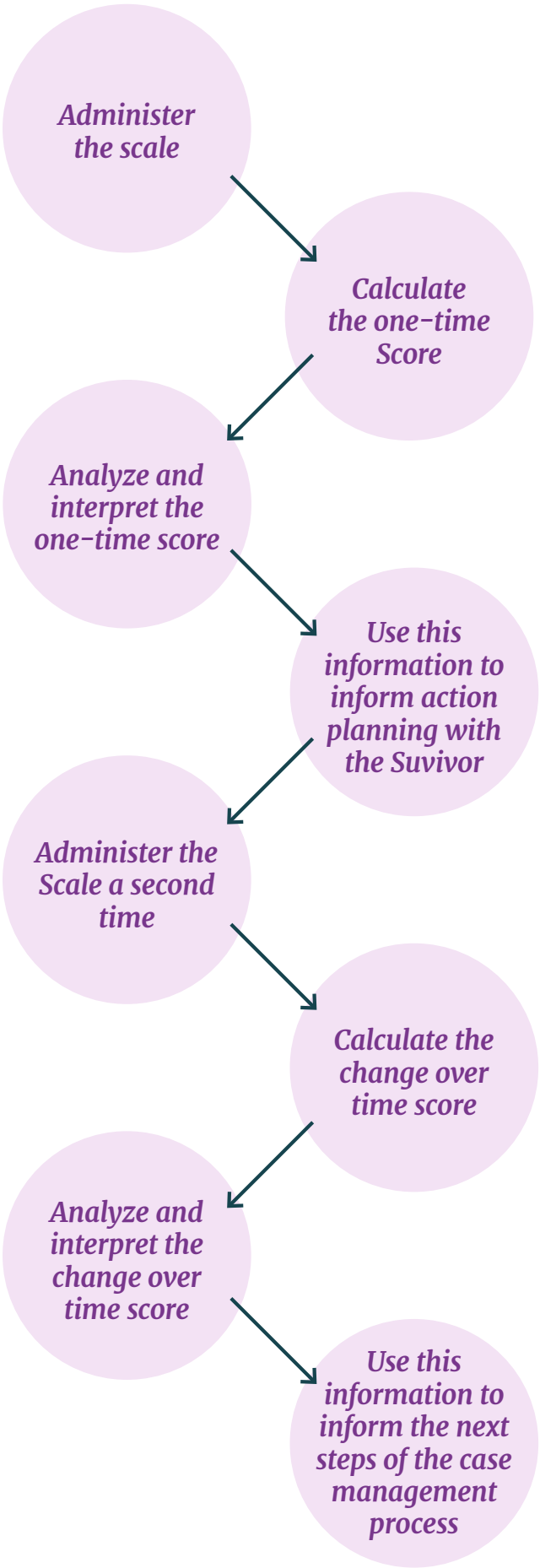
How to Interpret Change Over Time Scores when using the Psychosocial Functionality Scale

Measuring Change Over Time

When administering the Psychosocial Functionality Scale, either once or multiple times, you will first use the Scale during the assessment of psychosocial needs and support, or after three visits, allowing for the most urgent needs of the Survivors to be addressed and to give time for trust-building. A change over time score requires at least two scores for a Survivor, meaning the Scale will need to be administered again when discussing case closure, or after three additional visits.

The change over time score will provide caseworkers insight on improvements (or deterioration) in a survivors' wellbeing over the course of case management, which can be used to inform action planning.

For this section, "how to interpret a change over time score when using the Psychosocial Functionality Scale", compare the completed Scale in Figure 1 (baseline survey) which was completed with a Survivor during the psychosocial needs and support assessment step in the GBV case management process along with the most recently completed scale in Figure 2 (endline survey) which was completed with the Survivor when beginning to discuss case closure.



Psychosocial Functionality Scale

I will ask you about specific tasks and activities. Thinking about the last four weeks, please tell me how difficult it is for you to carry out these activities. You will tell me if it is [point at the same time to Visual Aid 1

Not difficult at all (0 pts)	A little bit difficult (1 pt)	A moderate amount (2 pts)	Very difficult (3 pts)	So difficult that you often cannot do it (4 pts)
1. Giving advice to family members				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
2. Exchanging ideas with others				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
3. Uniting with other community members to do tasks for the community				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
4. Asking/getting help from people or organizations when you need it				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
5. Making important decisions about daily life				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
6. Taking part in family decisions				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
7. Learning new skills				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
8. Concentrating on your tasks or responsibilities				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
9. Interacting or dealing with people you don't know				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it
10. Keeping your household clean				
Not difficult at all	A little bit difficult	A moderate amount	Very difficult	So difficult that you often cannot do it

Figure 2: Completed Psychosocial Functionality Scale, Endline

Step 1: Calculate the Most Recent Score

Formula:
(Response 1 + Response 2 + Response 3 + … + Response 10) / (total number of questions answered) = Score

For this example (see Figure 2):

[Not difficult at all (0 pts)
+ A little bit difficult (1 pt)
+ A little bit difficult (1 pt)
+ A little bit difficult (1 pt)
+ A little bit difficult (1 pt)
+ Not difficult at all (0 pts)
+ A moderate amount (2 pts)
+ A little bit difficult (1 pt)
+ A little bit difficult (1 pt)
+ A little bit difficult (1 pt)]
/ 10 = SCORE

↓

[0 + 1 + 1 + 1 + 1 + 0 + 2 + 1 + 1 +1] / 10 = SCORE

↓

9 / 10 = 0.9

The score from the most recent responses in the completed example of the Psychosocial Functionality Scale is 0.9.

Step 2: Calculate the Change Over Time Score

Formula:
(most recent survey score) – (baseline survey/ previous survey score) = change over time score*

Using the scores from the completed Psychosocial Functionality baseline survey (Figure 1) endline survey (Figure 2), the change over time score is:

0.9 – 2.8 = -1.9

**Note: Depending on the second/ most recent Scale score, you may have a positive or a negative result for the change over time. If the score is negative, this indicates a decrease in difficulties around performing tasks, which suggests an improvement in a Survivor's psychosocial functionality. If the score is positive, this indicates an increase in difficulties around performing tasks, which may suggest a decrease in a Survivor's psychosocial functionality.*

Step 3: Interpret the Score and Inform Action Planning

Once you have calculated the change over time score for an individual woman or older adolescent girl, determine the level of change in the scores: if the difference between the scores is a small, medium, or large change and if the score suggests an increase (positive) or decrease (negative) in difficulties performing tasks. Based on the testing conducted in Jordan and Kenya, the following rule of thumb is suggested:

Level of change	Difference between scores (2nd score MINUS 1st score)
Small	0 to +0.17
	0 to -0.17
Medium	+0.18 to +0.66
	- 0.18 to -0.66
Large	0.67 and up
	-0.67 and lower

The change-over-time score in the example above is -1.9. This suggests that the Survivor has experienced a large decrease in difficulties when performing tasks.

Then, interpret the results and use them to support an individual survivor, and inform the next steps of the case management process. Use the "Change-Over-Time Interpretation Table: Psychosocial Functionality Scale" below to interpret the change-over-time scores and what actions could be taken as a caseworker based on a Survivor's change-over-time score.

How to use the "Change-Over-Time Interpretation Table: Psychosocial Functionality Scale":

1 Find the baseline score in the first column

2 Within the grouping of the baseline score, find the Change Over Time score in the second column

a. Note if the change over time score is a positive or negative number

3 Read across the corresponding row to identify the analysis of the change over time score and how to interpret this.

4 Find the recommended Action Codes in the final column and refer to the "Key for Action Plan Coding: Psychosocial Functionality Scale" table for recommended actions to take with the Survivor.

Remember: Along with using the change-over-time score to inform action planning, also review the most recent score. What does the most recent score tell you about the Survivor's current psychosocial functioning? Use both the most recent one-time score and the change-over-time score to help inform the next steps in the case management process.

Change-Over-Time Interpretation Table: Psychosocial Functionality Scale

Change Over Time	Analysis	Interpretation	Action Planning*
Baseline Score and Context **0–1** *When the Scale was first administered, the Survivor was experiencing little to no difficulty accomplishing tasks.*			
Small Change: 0 to -0.17	Since then, there has been little change or a small decrease in difficulties performing tasks.	The Survivor has continued to do well - and even slightly improve - since the first administration of the Scale.	A B D
Small Change: 0 to +0.17	Since then, there has been little change or a slight increase in difficulties performing tasks.	The Survivor has mostly stayed steady, though there is a slight decrease in their psychosocial functionality.	A B C
Medium Change: -0.18 to -0.66	Since then, there has been a moderate decrease in a Survivor's experience of felt stigma.	With the support of GBV case management, the Survivor's perceived and internalized experiences of stigma have steadily decreased, and their outcomes continue to improve.	A D
Medium Change: +0.18 to +0.66	Since then, there has been a moderate increase in difficulties performing tasks.	Despite the support of GBV case management, the Survivor's psychosocial functionality has steadily worsened, and over time they are experiencing more difficulties performing tasks.	B C F
Large Change: -0.67 and lower	Since then, there has been a significant decrease in difficulties when performing tasks.	The Survivor has flourished with the support of GBV case management, and their psychosocial functioning continues to improve.	A D
Large Change: +0.67 and higher	Since then, there has been a significant increase in difficulties when performing tasks.	Despite GBV case management and the Survivor initially feeling little to no difficulty when accomplishing tasks, the Survivor has experienced deteriorating psychosocial functioning.	B C E F

*Refer to the "Key for Action Plan Coding: Psychosocial Functionality Scale" below to identify potential actions to support individual women and girls.

Change Over Time	Analysis	Interpretation	Action Planning*
Baseline Score and Context **1–1.5** *When the Scale was first administered, the Survivor was experiencing minimal and sometimes moderate amounts of difficulty accomplishing tasks.*			
Small Change: 0 to -0.17	Since then, there has been little change or a small decrease in difficulties performing tasks.	The Survivor has continued to experience minimal and occasionally moderate amounts of difficulty in accomplishing tasks since the first administration of the Scale, with a slight improvement of their psychosocial functionality	B C
Small Change: 0 to +0.17	Since then, there has been little change or a slight increase in difficulties performing tasks.	The Survivor has continued to experience minimal and occasionally moderate amounts of difficulty in accomplishing tasks since the first administration of the Scale, with a slight decrease in their psychosocial functionality.	B C F
Medium Change: -0.18 to -0.66	Since then, there has been a moderate decrease in a Survivor's experience of felt stigma.	With the support of GBV case management, the Survivor's perceived and internalized felt stigma has steadily decreased, and they continue to experience less stigma.	A B D
Medium Change: +0.18 to +0.66	Since then, there has been a moderate increase in difficulties performing tasks.	Despite the support of GBV case management, the Survivor's psychosocial functionality has steadily worsened from an already minimal or moderate number of difficulties performing tasks, and over time they are experiencing more difficulties.	B C E F
Large Change: -0.67 and lower	Since then, there has been a significant decrease in difficulties when performing tasks.	The Survivor's psychosocial functioning has improved with the support of GBV case management, and despite experiencing minimal to moderate amounts of difficulties performing tasks at the first administration of the Scale, they are now experiencing even fewer difficulties.	A B D
Large Change: +0.67 and higher	Since then, there has been a significant increase in difficulties when performing tasks.	Despite GBV case management and the Survivor initially feeling minimal to moderate amounts of difficulty when accomplishing tasks, the Survivor has experienced deteriorating psychosocial functioning.	B C E F

Change Over Time	Analysis	Interpretation	Action Planning*
Baseline Score and Context **1.5–2.25** *When the Scale was first administered, the Survivor was experiencing moderate to significant difficulties in accomplishing at least some tasks.*			
Small Change: 0 to -0.17	Since then, there has been little change or a small decrease in difficulties performing tasks.	The Survivor has continued to experience moderate to significant amounts of difficulty in accomplishing tasks since the first administration of the Scale. There is little to no improvement.	B C E F
Small Change: 0 to +0.17	Since then, there has been little change or a slight increase in difficulties performing tasks.	The Survivor has continued to experience moderate to significant amounts of difficulty in accomplishing tasks since the first administration of the Scale. There is a slight decrease in their psychosocial wellbeing.	B C E F
Medium Change: -0.18 to -0.66	Since then, there has been a moderate decrease in a Survivor's experience of felt stigma.	With the support of GBV case management, the Survivor's perceived and internalized felt stigma has steadily decreased and they continue to experience less felt stigma. However, since they started at a higher level of perceived and internalized felt stigma, this means they may still need additional support.	A B C
Medium Change: +0.18 to +0.66	Since then, there has been a moderate increase in difficulties performing tasks.	Despite the support of GBV case management, the Survivor's psychosocial functionality has steadily worsened from an already moderate to significant amount of difficulties performing tasks, and over time they are experiencing more difficulties. This means they may need additional and specialized support.	B C E F
Large Change: -0.67 and lower	Since then, there has been a significant decrease in difficulties when performing tasks.	The Survivor's psychosocial functioning has significantly improved with the support of GBV case management. However, since they started at a higher level of difficulty performing tasks, this means they may still need additional support.	A B D
Large Change: +0.67 and higher	Since then, there has been a significant increase in difficulties when performing tasks.	Despite GBV case management and the Survivor initially feeling moderate to significant amounts of difficulty when accomplishing tasks, the Survivor continues to experience significant deterioration of psychosocial functioning. This means they may need additional and specialized support.	B C E F

Change Over Time	Analysis	Interpretation	Action Planning*
Baseline Score and Context **2.25–4** *When the Scale was first administered, the Survivor was experiencing significant difficulties in accomplishing tasks, and may often not be able to carry these tasks out at all.*			
Small Change: 0 to -0.17	Since then, there has been little change or a small decrease in difficulties performing tasks.	The Survivor has continued to experience significant amounts of difficulty in accomplishing tasks since the first administration of the Scale. There is little to no improvement.	B C E F
Small Change: 0 to +0.17	Since then, there has been little change or a slight increase in difficulties performing tasks.	The Survivor has continued to experience significant amounts of difficulty in accomplishing tasks since the first administration of the Scale. There is no improvement, and there may be further deterioration of psychosocial functionality.	B C E F
Medium Change: -0.18 to -0.66	Since then, there has been a moderate decrease in difficulties performing tasks.	With the support of GBV case management, the Survivor's psychosocial functionality has steadily improved, and they continue to experience fewer difficulties performing tasks. However, since they started at a significant level of difficulty performing tasks, this means they may still need additional support.	A B C
Medium Change: +0.18 to +0.66	Since then, there has been a moderate increase in difficulties performing tasks.	Despite the support of GBV case management, the Survivor's psychosocial functionality has steadily worsened from an already significant amount of difficulties performing tasks, and over time they are experiencing more difficulties. This means they may need additional and specialized support.	B C E F
Large Change: -0.67 and lower	Since then, there has been a significant decrease in difficulties when performing tasks.	The Survivor's psychosocial functioning has significantly improved with the support of GBV case management. However, since they started at a significant level of difficulty performing tasks, this means they may still need additional support.	A B C D
Large Change: +0.67 and higher	Since then, there has been a significant increase in difficulties when performing tasks.	Despite GBV case management and the Survivor initially feeling significant amounts of difficulty when accomplishing tasks, the Survivor continues to experience significant deterioration of psychosocial functioning. This means they may need additional and specialized support.	B C E F

Key for Action Plan Coding: Psychosocial Functionality Scale

Code	Action
A	This could be an opportunity to further empower the Survivor to deal with long-term trauma, such as planning how to implement and prioritize self-care. Revisit the safety plan and help the Survivor understand the importance of staying safe and healthy.
B	You can use this as an opportunity to work with the Survivor to revisit the action plan and re-prioritize tasks to focus on.
C	Check whether the Survivor indicated that specific items in the questionnaire were more difficult to carry out (for example, if she indicated that one item is 'very difficult') and ask the Survivor if these 'more difficult' items should be the focus of her action plan. Ask the Survivor her ideas to make these tasks less difficult and what small steps she can focus on to help support her improved wellbeing.
D	The change-over-time result may indicate that the Survivor may be ready to end the case management process. Ask the Survivor how she feels about closing her case, if there are other plans she has for her future, and if she would like support in developing a new action plan that she could use outside of case management. You can also discuss with your case management supervisor to determine the next steps for case closure.
E	It may be advisable to discuss this case with your case management supervisor to get additional advice on how to support the Survivor as she may have specialized needs, such as specialized MHPSS.
F	Consider potential referral pathways for specialized needs based on the tasks that the Survivor has difficulty performing.

Interpretation in Practice: Using Psychosocial Functionality Change-Over-Time Scores to Inform Action Planning

Now that we know how to calculate, analyze, and interpret a change-over-time Scale score, let's use the example above to illustrate how this works in practice.

- **Baseline Score:** 2.8
- **Endline/Most Recent Score:** 0.9
- **Change-Over-Time Score:** -1.9

The endline/most recent Psychosocial Functionality score is 0.9, and the change-over-time is -1.9 (Figure 2). Using the "Change-Over-Time Interpretation Table: Psychosocial Functionality Scale" (above), we know the Survivor started off the case management process experiencing significant difficulties in accomplishing tasks and may often not have been able to carry those tasks out at all. Since the first administration of the Scale, there has been a large decrease in difficulties when performing tasks. The Survivor's psychosocial functioning has significantly improved with the support of GBV case management. However, since they started at a significant level of difficulty performing tasks, this means they may still need additional support.

Use this information, the "Change-Over-Time Interpretation Table", the "Key for Action Plan Coding: Psychosocial Functionality", your qualitative understanding of the case, and the individual Survivors' needs and preferences to determine next steps. For example, recommended actions moving forward may include:

- **Action A:** This could be an opportunity to further empower the Survivor to deal with long-term trauma, such as planning how to implement and prioritize self-care. Revisit the safety plan and help the Survivor understand the importance of staying safe and healthy.
- **Action B:** You can use this as an opportunity to work with the Survivor to revisit the action plan and re-prioritize tasks to focus on.
- **Action C:** Check whether the Survivor indicated that specific items in the questionnaire were more difficult to carry out (for example, if she indicated that one item is 'very difficult') and ask the Survivor if these 'more difficult' items should be the focus of her action plan. Ask the Survivor her ideas to make these tasks less difficult and what small steps she can focus on to help support her improved wellbeing.
    - In this example (Figure 2), the Survivor responded that she is having a moderate amount of difficulty "learning new skills". This is noteworthy because it stands out when compared to the other responses, as it is the only one ranked higher than little to no difficulty. Additionally, in the baseline survey (Figure 1), learning new skills was rated as challenging for the Survivor. This could suggest that her psychosocial functionality is struggling to improve when it comes to this task. Work with the Survivor to understand why this particular task still feels challenging and how they want to prioritize this in their follow-up action plan.
        - Remember, just because this task may still be somewhat challenging, it does not mean that learning a new skill is the most important task for the Survivor. Ensure a Survivor-centered approach to the action plan and empower the Survivor to identify their personal priorities.
- **Action D:** The change-over-time result may indicate that the Survivor may be ready to end the case management process. Ask the Survivor how she feels about closing her case, if there are other plans she has for her future, and if she would like support in developing a new action plan that she could use outside of case management. You can also discuss with your case management supervisor to determine the next steps for case closure.

Measuring the impact of case management over time and knowing whether or not a Survivor's psychosocial functionality is improving alongside their baseline provides valuable insight into the progress of a Survivor and can help guide the case management process to best support the Survivor's immediate needs.

3 Conclusion

When data is collected, it must be effectively utilized. The GBV Case Management Outcome Scales provide a critical opportunity to understand how GBV case management services impact survivors and how programming can be improved.

The collection, organization, and interpretation of survey scores from the Psychosocial Functionality Scale and Felt Stigma Scale are vital for informing individual GBV case management and enhancing programs. By calculating scores and tracking change-over-time results, caseworkers can deliver individualized, data-driven, survivor-centered care to women and girls who, despite the challenges, barriers, and risks, choose to seek support through GBV case management services after experiencing GBV. Collecting and analyzing baseline, endline, and change-over-time scores across programs enable survivor-centered programmatic decision-making.

Utilize the interpretation tables within this guidance document as a starting point to inform action planning and programmatic decisions, while also contextualizing these interpretations and integrating additional data sources, such as safety audits and case file reviews. This approach ensures a holistic understanding of survivors' needs and challenges.

By following these steps and utilizing the tools provided, you can better support the psychosocial health and wellbeing of survivors, ultimately contributing to more effective and responsive program delivery. Understanding the outcomes of GBV case management is not only important for improving services but also for ensuring that survivors receive the comprehensive care and support they deserve. This commitment to informed and survivor-centered case management is crucial for fostering empowerment and recovery among survivors, thereby reinforcing the impact and effectiveness of GBV programs.

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