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## Symposium

Working with experiences of domestic abuse: practice considerations

# Paper 4: Evaluation of a model of counselling for domestic abuse

19<sup>th</sup> and 20<sup>th</sup> May 2023

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# Introduction to the evaluation

Laura Viliardos

# Background

- Mental health issues and link to domestic abuse well reported (Coker et al., 2005; McLaughlin et al., 2012; McManus, 2022)
- No accepted best practice for working with those individuals (Ramsay et al., 2005; Hameed, 2020)
- Some evidence that general practice counselling approach not effective (Seeley & Plunkett, 2002; Farmer et al., 2013; WHO, 2022)
- Some evidence that current domestic abuse services are predominantly accessed by white women (ONS, 2022a)
- Client based research created a model of practice (Roddy, 2014)
- Roddy and Gabriel (2019) competency framework created
- Establishment of Domestic Abuse Counselling Service in 2019 at the University of Salford
  - training based on established model and competency framework
  - non-gendered approach, working with abuse experiences as they affected the individual
- Non-gendered approach to marketing to attract as wide a population as possible
- Broad recruitment of counsellors showed their diversity to clients on website



# Basis of evaluation

- Currently the service sees around 60 clients per week
- Client demographic data is collected through online form and during assessment
- Clients are assessed prior to being allocated a counsellor
  - Assessment assesses complexity
  - Allocation based on counsellor experience and competency
- Data collected on a sessional basis where possible, using CORE-10, GAD-7 and PHQ-9. Beginning and ending data used here
- An anonymised sample of client completion data (over 9 months from the start of data collection) was cleaned and analysed
- Key elements of analysis
  - Diversity of population seen in the centre
  - Change in clients as a result of therapy
  - Comparison with IAPT data

# Findings

Jeannette Roddy

# Table 1: Referral and completion\* by gender

	Female	Male	Not stated
<b>Self-referral (N=144)</b>	<b>61% (N=88)</b>	<b>31% (N=45)</b>	<b>8% (N=11)</b>
<b>Completed counselling (N=50)</b>	<b>56% (N=29)</b>	<b>32% (N=16)</b>	<b>12% (N=6)</b>

<b>ONS (2022b)</b>	<b>Female 70.8%</b>	<b>Male 29.2%</b>
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\* Completed with full data set. 55% of clients self-referring did not attend the first counselling session. 35% of clients attended at least 4 sessions, almost 80% of those starting counselling.

# Table 2: Outcomes by gender

	Core-10		GAD-7		PHQ-9	
	25 women, 15 men		29 women, 16 men			
	Begin	End	Begin	End	Begin	End
Female	19.6 (6.9)	15.5 (6.4)	14.4 (4.1)	10.6(4.2)	15.8 (5.5)	12.2 (6.2)
Male	20.6 (8.3)	14.1 (9.5)	14.5 (4.4)	7.5 (6.1)	15.8 (6.6)	8.2 (6.5)

11-14	mild psychological distress		6-10	moderate			5-9 mild	
15-19	Moderate psychological distress		11-14	moderately severe			10-14 moderate	
20-24	moderate-severe psychological distress		15-21	severe anxiety			15-19 moderate severe	
10 or less	sub-clinical		0-5	mild anxiety			>19 severe	

# Table 3: Comparison of identified ethnicity of clients at self-referral compared with completing\* counselling

	White British	Pakistani	Other White	Other ethnicities <5%	Not stated
<b>Self-referral (N=144)</b>	<b>63% (N=91)</b>	<b>8% (N=11)</b>	<b>4% (N=6)</b>	<b>17% (N=25)</b>	<b>8% (N=11)</b>
<b>Completed counselling (N=50)</b>	<b>66% (N=33)</b>	<b>6% (N=3)</b>	<b>6% (N=3)</b>	<b>12% (N=6)</b>	<b>10% (N=5)</b>

	White British	Pakistani	White other	Other
<b>ONS (2021)</b>	<b>81.7%</b>	<b>1.4%</b>	<b>6.1%</b>	<b>10.8%</b>

\* Completed with full data set. 55% of client self-referring did not attend first session



# Table 4: Outcomes by ethnicity

	Core-10		GAD-7		PHQ-9	
	Begin	End	Begin	End	Begin	End
White British (29 Core, 33 other)	20.1 (7.4)	15.0 (7.4)	14.3 (4.1)	9.6 (5.9)	15.9 (5.6)	10.9 (7.0)
Other ethnicity (12)	18.8 (8.5)	13.9 (9.2)	14.4 (5.8)	8.4 (5.7)	15.4 (6.7)	9.5 (5.9)

11-14	mild psychological distress	6-10	moderate	5-9	mild
15-19	Moderate psychological distress	11-14	moderately severe	10-14	moderate
20-24	moderate-severe psychological distress	15-21	severe anxiety	15-19	moderate severe
10 or less	sub-clinical	0-5	mild anxiety	>19	severe

# Table 5: Comparison of identified sexuality of clients at self-referral compared with completing\* counselling

	Heterosexual	LGB	Other	Not stated
<b>Self-referral (N=144)</b>	<b>49% (N=71)</b>	<b>6% (N=8)</b>	<b>1% (N=1)</b>	<b>44% (N=64)</b>
<b>Completed counselling (N=50)</b>	<b>66% (N=33)</b>	<b>10% (N=5)</b>	<b>2% (N=1)</b>	<b>22% (N=11)</b>

An estimated 3.1% of the population identify as LGB (ONS, 2022c).

Note the large number of clients not providing data and then not engaging with counselling

\* Completed with full data set. 55% of client self-referring did not attend first session

# Table 6: Outcomes by sexuality\*

	Core-10		GAD-7		PHQ-9	
	Begin	End	Begin	End	Begin	End
Heterosexual (N=32 core, 33 other)	19.6 (8.2)	15.0 (7.9)	14.7 (4.6)	9.1 (5.6)	15.9 (6.3)	10.4 (6.7)
LGBT++ (N=5 core, 6 other)	20.2 (6.7)	15.0 (9.2)	13.5 (2.2)	11.0 (8.0)	17.0 (2.7)	10.7 (8.5)

11-14	mild psychological distress	6-10	moderate	5-9	mild
15-19	Moderate psychological distress	11-14	moderately severe	10-14	moderate
20-24	moderate-severe psychological distress	15-21	severe anxiety	15-19	moderate severe
10 or less	sub-clinical	0-5	mild anxiety	>19	severe

\*Excluding those not stated

# Comparison of client data above clinical threshold with IAPT (2020) PTSD clients

*Table 7 - Outcome measures for the domestic abuse service September 2021-June 2022 (for clients above clinical threshold)*

Clinic	Core-10 (38 clients)	Gad-7 (44 clients)	PHQ-9 (44 clients)
At session 1	20.6 (SD 7.0)	15.1 (SD 3.8)	17.0 (SD 4.6)
At ending session	15.3 (SD 7.7)	10.2 (SD 5.4)	11.5 (SD 6.5)

*Table 8 - Outcome measures for PTSD clients, IAPT service 2019-20*

Clinic	Core-10	Gad-7	PHQ-9
At session 1		15.6 (SD 4.4)	17.3 (SD 5.6)
At ending session		10.1 (SD 6.5)	11.2 (SD 7.6)



# Equality, diversity and inclusion

- The data shows a more diverse group of people access DACS than recorded in government statistics for other support organisations
- Outcomes are reasonably consistent across all client groups
- Online nature of the service can mean inequality for those without access to broadband or long-call telephone access
- Now in-person offered, but this restricts access to those who can afford, and have the time, to travel
- Perhaps it is difficult for this (or any) counselling service to be fully inclusive due to the resourcing, cost and safety implications of home visits and meeting different requirements of different client groups




# Research limitations

- In keeping with other service evaluations
  - The reduction in clients even before assessment means the client group are self-selecting
  - Not all clients complete data which may introduce bias into reported findings
- Not all clients want support with well-being, depression and anxiety
  - Criminal justice/family court systems;
  - Processing experiences (whilst emotionally well)
  - Post-traumatic growth may be a more useful measure



# Summary of findings

- Marketing the service to everyone irrespective of background appears to attract a diverse client group
- The loss of clients from self-referral to beginning counselling is concerning, and may be related to data collection – further research is required
- The average level of presenting psychological distress measures seen in clients is
  - higher than reported in the general psychological wellbeing service IAPT
  - high irrespective of gender, sexuality or ethnicity
- Measures of psychological distress after counselling appear reasonably consistent across all client groups, showing good levels of reliable change
- Analysis of a much larger dataset would be useful to confirm these findings
- Additional research to identify helpful aspects of online work would be useful (underway)
- Overall, the conceptual approach, training and model of practice used in DACS shows promise in delivering counselling to people who have experienced domestic abuse

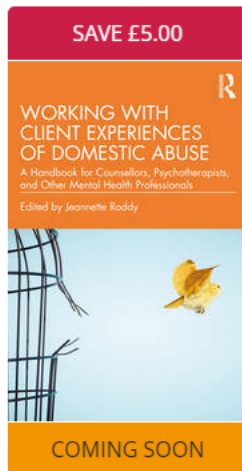
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Edited By Jeannette Roddy

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