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Learning from Adult Survivors of Sexual Violence and their Experiences of Counselling

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Acknowledgements

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Executive Summary

Introduction

This research was funded by Lloyds Bank Foundation for England and Wales. It aimed to further understand – by eliciting the views of male and female adults who use New Pathways (NP) counselling services - the counselling experience. Participants' thoughts on the content and delivery of a new Diploma in Trauma Counselling were also sought. The findings from this research will inform future service provision and are of relevance to both policy and practice. The research was undertaken in 3 stages. At each stage, ethical approval was granted by the Research Ethics Committee at Hillary Rodham Clinton School of Law, Swansea University. NP counselling clients were invited to: take part in initial focus groups in a range of locations across Wales (n=9); complete a self-administered questionnaire (n=43); and finally, to participate in individual interviews (n=7). The key findings are presented here. A more detailed account may be found in the final report.

Key Findings

Accessing support from NP: Why now?

> 'It [the abuse] was seeping through and overwhelming. It had felt safely contained in a chest but then it started seeping through. I felt, what's the point of everything? That took me to counselling. Thankfully this was here [NP]'.

Many participants had clearly reached crisis point before accessing NP and this was a consistent – and concerning - feature of their narratives. They referred to a range of 'push' factors which resulted in their seeking support, including: being 'unable to cope'; feeling unable to manage 'flashbacks'; having 'constant memories of the abuse'; and 'suicidal thoughts'. Others, too, recalled feeling 'overwhelmed'; experiencing 'a breakdown'; reaching a 'low point'; feeling 'lost'; and 'needing help to enable [them] to live in a world with men'.

What did participants want from NP at the point of access?

- Someone to listen
- Help with coping mechanisms
- To learn 'how to live with' the abuse experienced
- Reassurance and 'peace of mind'

Waiting for counselling

Having accessed NP, the majority of respondents (34 out of 43 who completed a questionnaire) were placed on the waiting list for counselling. The length of time spent on the waiting list ranged from less than one month, through to 24 months. Two respondents waited less than a month; 11 waited between 6 and 12 months; and 12 between 18 and 24 months. The remaining participants could not recall how long they had waited. While participants

were clearly aware of the funding constraints on the NP service, having to wait for counselling proved an issue for many, with the need for some form of contact from NP while waiting, often being highlighted.

Twenty three out of 34 respondents placed on the waiting list, received an assessment. The majority of those (19 out of 23) found the assessment helpful, citing the sense of hope and reassurance it engendered. Seventeen of those who completed a questionnaire recalled receiving the NP 'Self-help booklet for survivors of sexual abuse' at the point of referral, which 12 participants found useful. Participants valued this as an additional source of guidance and support.

What was most helpful in counselling?

> 'Somebody to hear my story. I needed someone who'd just kindly listen – emotionally holding my hand; not judging'.

The 43 participants who completed a questionnaire were asked to rate, on a 5 point scale - where 1 was 'extremely unhelpful' and 5, 'extremely helpful' – what they found most helpful or unhelpful in counselling. Table 1 illustrates the 10 most often cited responses.

Table 1: What was most helpful in counselling?

Extremely helpful? (N=43)	**No. participants**
Being listened to	41
Not being judged	41
Being believed	40
Counsellor's capacity to listen/respond	39
Being able to say what I wanted	37
Relationship with counsellor	35
Feeling safe	35
Gender of counsellor	32
Counsellor's knowledge of sexual abuse	30
Educational element of counselling	29

Please note: multiple responses were provided for this question.

Developing the Diploma in Trauma Counselling: Reflecting on content

Participants cited the following as being the most important components of future training:

- an understanding of trauma
- the development of listening skills
- coping skills for counsellors

- an understanding of the impact of abuse, including self-harm; mental health issues; and a fear of touching one's own children, particularly during bathing.
- an understanding of: the need for a flexible approach; different forms of abuse; abusers and their strategies; safeguarding; grounding techniques; and the potential for a power imbalance between client and counsellor.

Knowledge on completing the Diploma: What should counsellors know?

> 'People and life is messy and complicated. Trauma comes in all shapes and there is no right or wrong. Everyone is individual – so they have individual needs. [Counsellors should understand] the many layers to trauma and pain'.

Participants' responses on the knowledge which should be attained by counsellors on completion of the Diploma, are presented in Table 2. An understanding of the impact of sexual violence and trauma were most often cited here.

Table 2: What should counsellors know on completion of the Diploma?

	No. participants
(N=43)	
Impact of sexual violence	9
Understanding of trauma	7
Recovery (and techniques to aid)	4
Types of abuse	4
Domestic violence	3
How to communicate	3
How to listen	3
Understanding of body language	2
How to respond to individual need	2
Mindfulness	2

Please note: multiple responses were provided for this question.

Shaping delivery of the Diploma

> 'A mix of service user and trainer is a 2 way learning process. If the counsellors/trainers don't get the input from the service users they may be unable to improve their service in future'.

Many participants (29 out of 43 who completed a questionnaire) were of the view that the new Diploma should be delivered by both trainers who are experienced counsellors and service users. Some, however, urged caution on this, as articulated here:

'Service user input could be useful. However, as a service user it would depend on where I was with my counselling and how this input could be 'managed' maybe – with correct provisions and safeguards'.

What makes a good counsellor?

'A good listener. Someone who, over the months of counselling, still remembers details of past weeks and can demonstrate after several weeks that bits and bobs that you have told them, they remember'.

Unsurprisingly, given their response as to what they found most helpful in counselling, the ability to listen was cited as of particular importance in a counsellor, as illustrated in Table 3. Also key, were: a sound knowledge base, specific to sexual violence; and a non-judgemental approach.

Table 3: What makes a good counsellor?

(N=43)	**No. of participants**
Ability to listen	23
Knowledge of topic	14
Non-judgemental approach	10
Empathy	7
Ability to build good relationships	5
Understanding	5
Good communication skills	4
Kind	4
Believes clients	3
Previous life experience	3

Please note: multiple responses were provided for this question.

Learning from Survivors: Where next?

Survivors have much to contribute to the effective delivery of counselling services, and to the recruitment and training of counsellors. This research has shed light on issues which have received little attention to date: survivors' experiences of sexual violence counselling; and their thoughts on the content and delivery of training – in this case, a new Diploma in Trauma Counselling. The contributions so powerfully made by survivors during the course of this study will inform the existing knowledge base and have implications for policy and practice within Wales and beyond.

It is troubling to note that many of those who participated in this research had clearly reached crisis point before accessing NP. The impact of this delay on well-being and the nature of the barriers which inhibit access to services warrant further, more detailed consideration. It is also concerning that having reached NP, so many then had to wait so long for counselling.

The need for some form of contact from the service while waiting, was highlighted by many participants. In response to this – and as a result of Welsh Government funding – NP have recently recruited two Client Engagement and Well-Being Officers. These new, additional posts will be a welcome move forward in addressing some of the issues raised in this study with regard to the waiting list for counselling.

Some 32 out of 43 participants who completed a questionnaire cited the gender of the counsellor as an 'extremely helpful' aspect of their counselling experience, with some expressing a distinct preference for females. Of interest, however, is that some female clients made the point that having a male counsellor enabled a sense of trust in males: trust that had previously been eroded by their experience of sexual violence; and a male participant noted that he would have felt uncomfortable with a male counsellor. This warrants further examination.

Future directions

There is some progress to be made yet in providing counselling services which are accessible and which effectively meet need. This study makes some contribution to the latter, given that the views of male and female survivors who participated in the research will directly inform the development of a new Diploma in Trauma Counselling. The issue of accessibility, however, warrants more detailed consideration. Moreover, there are a number of other areas which future research could also usefully focus on, namely:

- the barriers which inhibit survivors from seeking support
- the views of a larger sample of male survivors on counselling
- the impact of the gender of the counsellor on clients
- the impact of involvement in research on counselling clients

1.Introduction

This research was funded by Lloyds Bank Foundation for England and Wales. It was undertaken in Wales with the support and participation of male and female adult counselling clients receiving services from New Pathways (NP), as a result of experiencing sexual violence in childhood and/or as an adult. NP is a third sector organisation which covers South, Mid and West Wales. It was established in 1993 as a Help-Line for women affected by rape and child sexual abuse (CSA). Since then, it has grown to a point where there are almost 4,000 referrals into the services NP provide each year for women, men, and children and young people who have been affected by rape, sexual abuse or trauma. Those services include, for example: adult counselling for rape and CSA (the service with which this research is concerned); children's counselling; the Family Member Support Group; the Outlook Project, for those who are, or have been, involved in the Criminal Justice System (CJS) and are affected by trauma; Human Trafficking/Child Sexual Exploitation (CSE) Advocates as part of the Liberate Project; the provision and management of 6 Sexual Assault Referral Centres (SARCs); and Independent Sexual Violence Advocate (ISVA) Services.

The research reported here builds on existing knowledge through its emphasis on male and female clients' experiences of sexual violence counselling; and their views on the content and delivery of a new Diploma in Trauma Counselling: experiences and views which have previously been paid little research attention. The study employed a mixed-methods approach (Creswell 2003), and was undertaken in 3 stages. At each stage, ethical approval was granted by the Research Ethics Committee at Hillary Rodham Clinton School of Law, Swansea University. NP counselling clients were invited to: take part in initial focus groups in a range of locations across Wales (n=9); complete a self-administered questionnaire (n=43); and finally, to participate in individual interviews (n=7). It should be noted that some of those who took part in the initial focus groups also completed a questionnaire and engaged in an individual interview. Further details on the methods employed to undertake the study and on the research sample, may be found in the Methodology section of the report. The data collected are presented here and are also drawn on in other materials used to disseminate the research findings.

The research focus was firmly on service user engagement and participation; and on feedback drawn from their personal experience of counselling. In placing emphasis on the voice of male and female NP clients - and the 'meaning' of counselling to them - the aim is to inform the development of services which more effectively meet need. Their voice permeates this report.

Putting sexual violence in context

Sexual violence is: 'a common and serious public health problem' (WHO 2002: 174), which is experienced by a significant number of adults and children on a global level (Du Mont et al. 2013). Stoltenburgh et al. (2011), for example, estimate that 18% of girls and 7.6% of boys have experienced CSA. Evidence suggests that the majority of children (72%) do not disclose abuse in childhood, and 31% have not told by the time they reach adulthood (Cawson et al. 2000). Intra-familial abuse remains particularly well-hidden, with only 1 in 8 cases reported (CCE 2015). Other evidence indicates that 23% of women and 3% of men experience sexual assault as an adult; and that 5% of women and 0.4% of men experience rape: many tell no-one (HM Government 2007).

The Crime Survey for England and Wales (CSEW) - a face-to-face victimization survey of residents in households – sheds further light on sexual offences experienced. The most recent CSEW data (ONS 2018a) indicate that in the previous 12 months, there were 700,000 victims of sexual assault aged 16-59 years. In terms of gender, 560,000 victims were female and 140,000 male. Women were 4 times as likely to be victimized as men (ONS 2018b). This is in line with much of the evidence on sexual violence, which indicates that females are more likely to be victims. The majority of assaults were not reported, and the offences did not come to the attention of the Criminal Justice System (CJS): fewer than 1 in 5 victims of rape/assault by penetration reported, with embarrassment most often cited as the reason for that. Other evidence, too, supports this finding, with the following factors also cited as inhibiting reporting: a belief that the police would not be able to help; a perception that the offence was too trivial and thus not worth reporting; or that it was a private or family matter (MOJ/Home Office and ONS 2013).

Police recorded crime data represent the number of notifiable crimes reported to, and recorded by, the police. These data point to consistent increases in the number of sexual offences year on year in England and Wales. Indeed, the number of police recorded sexual offences has almost tripled since year ending March 2013; and is at its highest level since the introduction of the National Crime Recording Standard in April 2002 (ONS 2018b). Non-recent offences - those which took place more than 12 months before they were recorded - accounted for 26% of the total number of sexual offences recorded during year ending March 2018. This has been a consistent pattern over the last 5 years (ibid.). For year ending September 2018, police recorded crime data denote: a 14% increase on the previous year in the number of sexual offences (158,162); a 16% increase in the number of rapes (56,698); and a 13% increase in the number of other sexual offences (101,464). The majority of rapes were perpetrated against females over the age of 16 (37,369): the figure for males was 2,609. A total of 7,560 rapes were recorded against females under the age of 16; and 5,551 against those under the age of 13. The corresponding figures for males were: 936 and 2,673 respectively (ONS 2018a).

The increase in police recorded crime has been attributed, in part, to improvements resulting from a number of inspection reports (see, for example, HMIC 2014) which highlighted deficiencies in the recording and investigation of sexual offences. Moreover, increased levels of reporting are attributed to a range of factors, including: heightened awareness of sexual violence and its impact, resulting from social media campaigns; high profile cases which have received much press coverage, for example, the so-called 'Yewtree effect', resulting from the Jimmy Savile case; and the establishment of the Independent Inquiry into Child Sexual Abuse (Smith et al. 2015). While the rise in reporting levels is, of course, a welcome move forward, the impact on organisations which support survivors of sexual violence is considerable, with an increase in the numbers accessing – and having to wait for – services which are often insufficiently resourced to meet increasing need (APPG 2018).

Aims and objectives of the research

This research was undertaken against that background of increasing need and limited resources. With a growing client base, there remains a dearth of evidence about effective models of therapeutic intervention for victims of sexual violence. Thus, the aim here is to further develop understanding – by eliciting the views of adults who use NP counselling services – of the counselling experience. In focusing on the sharing of knowledge and experience, and the adoption of an evidence-based approach, the outcome will be an

understanding of 'what works' for clients, and 'what's needed'. The findings will be used to inform practice, and also the shape and content of a new Diploma in Trauma Counselling: unique to the field. The Diploma will strengthen service provision through its emphasis on the development of knowledge and skills in working specifically with sexual violence, domestic abuse and other associated trauma. It will be developed in-house by the NP Training Department, and will be accredited through the Counselling & Psychotherapy Central Awarding Body (CPCAB): a UK awarding body managed by professional counsellors, trainers and supervisors. The course will sit on Group 4 of the National Training Framework for Wales, to support the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015).

As part of the Diploma, students will be given placement opportunities within NP and other domestic abuse and sexual violence agencies, thus strengthening service delivery and contributing to a reduction in ever-increasing waiting lists. The course will also be delivered in areas where historically there have been few or no specialist services, due, in part, to a lack of counselling courses at Universities and colleges in those areas. The subsequent dearth of local trained counsellors – and difficulties experienced in recruiting trained staff - in areas such as Mid-Wales, has had a considerable impact on survivors of sexual violence. In introducing the new Diploma, the aim is to address this inequity in access to services.

Taken together, the research makes a contribution on a number of levels: to the form of future specialist services for victims of rape and abuse in Wales and beyond; to the commissioning of services; and the development of policies which underpin the support victims receive.

The research questions

The following research questions were addressed during the course of the study:

- What are survivors' experiences of counselling? (What do they find helpful and/or unhelpful?)
- What content should be included in the new Diploma in Trauma Counselling? (What should counsellors know on completion of the Diploma?)
- How should the Diploma be delivered?
- What characteristics are required in a counsellor? (What makes a 'good counsellor'?)

Data relating to each of the research questions are located in the Research Findings section of the report. In the section which follows, the existing literature on the topic is reviewed, with the aim of further contextualising the contribution of this research to the existing knowledge base.

2. Literature Review

Introduction

In this section of the report, the focus is on the existing knowledge base in relation to counselling/therapeutic intervention with those who have experienced sexual violence; and in particular, clients' views of the services provided. The aim, in undertaking a literature review, is to provide a 'framework for establishing the importance' of a study (Denney and Tewksbury 2013: 218). In embarking on the literature review for this project, emphasis was placed on the direction previous research had taken; and on establishing what was known and not known about the topic. This section of the report is presented in two parts: in Part 1, the review process is considered; and in Part 2, the emphasis is on the existing literature.

Part 1: The process

With regard to process, a review of the available literature on child sexual (CSA) and rape, was undertaken at the outset, with a specific emphasis on counselling/therapeutic intervention. The review commenced with a search through the Swansea University iFind Research system, using selected search terms related to the area of enquiry. The following electronic databases were then searched: ASSIA; IBSS: Scopus; Proquest; PsychInfo; and CINAHL. The emphasis was on accessing the most recent evidence available – including that published up to 2017 - in order to identify gaps in current knowledge. It should be noted that this is not an exhaustive account of the evidence on the topic of sexual violence, Rather, the intention here is to highlight research direction and emphasis. Attention should be drawn too, to the fact that it is likely that other literature will have become available outside the search period.

During the course of the literature review, Boolean logic was employed in the use of a range of search terms (and Boolean operators AND, OR and NOT), including for example:

victims OR survivors AND child sexual abuse

victims OR survivors AND rape

rape OR sexual violence AND counselling

victims OR survivors of rape AND/OR child sexual abuse AND perceptions of/experiences of counselling

victims…AND counselling AND effectiveness

clients AND perceptions OR experiences of AND counselling OR therapy

Sources of relevance included the following peer-reviewed journals, for example: Journal of Child Sexual Abuse; Journal of Mental Health Counselling; Journal of Interpersonal Violence; Journal of College Student Psychotherapy; Clinical Social Work Journal; Family & Community Health; Journal of Counselling and Development; British Journal of Guidance and Counselling; Counselling Psychology Quarterly; Counselling and Psychotherapy Research; Journal of Family Violence; Sexual Abuse: A Journal of Research and Treatment.

Part 2: The literature

Child sexual abuse and rape: the existing evidence

The existing evidence on CSA and rape is considered first as a means of contextualising this review. There is a considerable body of evidence on CSA and rape, much of which focuses on females as victims and males as perpetrators. In much of the research, CSA and rape are subsumed under the heading sexual violence. Over many years now, there has been considerable research emphasis on understanding the prevalence of CSA (Brown et al. 2011; Pereda et al. 2009); and the diverse, complex nature of its impact (Allnock et al. 2009; Browne and Finkelhor 1986; Fergusson et al. 2013; Finkelhor et al. 1990; Wilcox et al. 2004), including the economic cost of recovery (Julich et al. 2013).

Recent years have also seen increased attention paid to the issue of disclosure of CSA (Alaggia 2004; Collin-Vezina et al. 2015; Fontes and Plummer 2010; O'Leary et al. 2010; Staller and Nelson-Gardell 2005), albeit most often, as it relates to female victims (Easton 2013); and also the barriers to reporting rape (see, for example, Sable et al. 2006). Of course, one of the challenges in researching sexual violence is that much is never reported or disclosed. In Wolitzky-Taylor et al.'s US based study (2011), for example, only 16% of women reported to police. Researchers' focus on the impact of rape and sexual assault on victims/survivors has once again mainly been on adult females: (see Banyard et al. 2011; Elklit and Shevlin 2011; Kapur and Windish 2011; Zinzow et al. 2011). There has also been some focus on attitudes to rape victims, with an emphasis on gender and professional status (White and Robinson Kurpius 1999), and 'rape victim blaming' (van der Bruggen and Grubb 2014).

Increased attention has been paid too, to victims'/survivors' experiences of sexual violence and their perceptions of the support they received. In an on-line survey of almost 400 survivors in the UK, Smith et al. (2015) explored the experiences of adult survivors of child sexual abuse in relation to a range of support services, including counselling. Brooks and Burman (2017), for example, explored victim perspectives on rape and advocacy support. Moreover, in a small-scale, qualitative, clinic-based study in Brazil, dos Reis et al. (2016) focused on the impact and experience of sexual violence for 11 women. In another small-scale study by Sigad (2015), experiences of abuse and neglect were explored through the 'voices' of 20 abused adolescent girls in Israel. It is interesting to note that older women's experience of sexual violence has featured less in the literature, with the focus usually on younger female victims. Scriver's (2013) work is therefore of value, due to its emphasis on older women and sexual violence: and in particular, on recognising and supporting survivors. There, the focus is on Rape Crisis Centre service users in Ireland: on demographics; disclosure; and reporting.

Male victims/survivors

Sexual violence against males has received less attention than that perpetrated against females (Javaid 2016). In recent decades, however, there has been an increasing emphasis on male victims/survivors, as evidenced in research which has explored issues relating to impact (Durham 2003; Mezey and King 1998; Walker et al. 2005); sexual identity (Gill and Tutty 1997); male use of Sexual Assault Treatment Services (Du Mont et al. 2013), and counselling (Monk-Turner and Light 2010); voluntary agencies' responses to, and attitudes toward male rape (Javaid 2016); and the 'fears and futures' of 'boy victims' of CSA engaged in

counselling (Foster 2017). Yet others have focused on re-victimisation in males (Aosved et al. 2011); military sexual trauma (Allard et al. 2011; Hoyt et al. 2011); prison rape (Knowles 1999; O'Donnell 2004); and the prevalence and consequences of adult sexual assault of males (Peterson et al. 2011). While this increasing recognition of the sexual victimisation of males is to be welcomed, this population remains: 'notably under-researched' (Du Mont et al. 2013: 2678).

Evaluation of services for victims/survivors

In recent years, there has been some emphasis on the evaluation of services for victims of sexual violence. Campbell et al. (2011), for example, adopted a mixed-methods approach to evaluate a community intervention for sexual assault survivors. Moreover, Robinson and Hudson (2011), focused on two 'approaches' to supporting victims of rape in the UK. Here, the strengths and weaknesses of SARCs and voluntary sector organisations such as Rape Crisis, were examined. In one of the: 'few empirical studies of the impact of sexual assault services on those who receive them', Wasco et al. (2004: 252) undertook a state-wide evaluation of services for rape survivors in the US.

The impact of working with victims/survivors

There is a considerable body of evidence on the impact on – or vicarious trauma experienced by - professionals working with victims/survivors. McCann and Pearlman (1990) put forward a framework for understanding the psychological effects of working with victims, and some have examined the effects of such trauma on trauma workers (Pearlman and MacIan 1995). More recently, others have explored the issue as it relates to various professional populations, including social workers (Choi 2011); counsellors (Baird and Jenkins 2003; Jenkins et al. 2011); forensic nurses (Maier 2011); and telephone counsellors who work in trauma-related fields (Dunkley and Whelan 2006). Of note, is that the latter, for example, highlighted: 'deficits in training on vicarious traumatisation' (p.466); and the need to enhance 'the quality of supervision' (p.467).

There has been some research emphasis on therapists who work specifically with survivors of sexual violence (see, for example, Chouliaira et al. 2009; Kadambi and Truscott (2008); Trippany et al. 2003); and those who work with sexual violence, cancer and in general practice (Kadambi and Truscott 2004). Some attention has also been paid to the prevention of vicarious trauma (see, for example, Harrison and Westwood (2009); and Trippany et al. (2004)).

Counselling: effectiveness and clients' perceptions

Much research attention has focused on establishing the effectiveness of counselling, in a range of contexts, for example, particularly in relation to smoking cessation (Borland et al. 2001; Engels et al. 2014; Gilbert and Sutton 2006; Rasmussen 2013; Skov-Ettrup et al. 2016). Others have examined the efficacy of telephone-based counselling for improving the quality of life among middle-aged women (Lee et al. 2014); group counselling, focusing on depression in the elderly (Salehi 2013); motion sickness counselling (Dobie and May 1995); and counselling based on play therapy with physically abused children (Alkareem and Dawoud 2015).

Evidence has also been forthcoming on clients' perceptions of the effectiveness of counselling in a variety of other settings, including, for example, drug counselling (Edwards and Loeb 2011); and drug and alcohol counselling (Gossop et al. 2006). Others have explored clients' perceptions of: 'helpful' (Paulson et al. 1999) and 'hindering' experiences in counselling (Henkelman and Paulson 2006); family therapy (Singer 2005); prison-based relationship counselling (Meek 2011); counselling among an elderly population in Singapore (Mathews 2016); counselling for suicide (Paulson and Worth 2002); genetic counselling (Collins et al. 2001; Davey et al. 2005; Morris et al. 2015); the process of counselling in New Zealand (Manthei 2007); and change during longer-term counselling (Jinks 1999). Moreover, Muslim women's experience of counselling (Shafi 1998); and young people's perceptions of a youth counselling service (Le Surf and Lynch 1999) have also been explored.

Counselling and sexual violence

There has been some emphasis on therapeutic work with those who have experienced sexual violence (see, for example, Hensley 2002). However, less is known of the views of those in receipt of services on their effectiveness. Indeed, much of the evidence which is available tends to emanate from the views of professionals as opposed to survivors (Smith et al. 2015); or takes the form of a literature review (see Sloan et al. (2011)). Vallance (2004), for example, explored counsellors' perceptions of the impact of counselling supervision on clients. Moreover, Sloan et al.'s (2011) review focused on the efficacy of group treatment for trauma survivors. Findings indicate that group work can prove effective with trauma victims but is no more effective than other ways of working; for example, it appeared less effective in all-male groups, and groups which focus on specific trauma such as CSA. Some have focused on survivors, however. Hensley (2002), for example, examined treatment and intervention issues in mental health counselling with female rape survivors – in particular, their responses to rape; and the nature of the assault etc. Moreover, Artime and Bucholz (2016) focused on treatment for sexual assault survivors in an educational environment - University Counselling Centres.

Others have focused on the impact of Rape Crisis Counselling: see, for example, Westmorland and Alderson (2013); and Christian counselling (Fouque and Glachan 2000). The latter examined the impact of Christian counselling on adult sexual abuse survivors. Of interest here, is that a number of factors were highlighted as resulting in negative perceptions: namely, emphasis on prayer and Scripture; the counsellor having different goals to the client, and being 'directive', 'powerful' and 'controlling'. While Dale et al.'s (1998) focus was on clients' perceptions of the efficacy of counselling in adults who had been abused as children, others, have focused on specific forms of child sexual abuse: see, for example, Morrill (2014) who examined the consequences and counselling considerations relating to sibling abuse. Moreover, Chouliara et al. (2012) explored the perspectives of adult survivors of CSA on psychotherapy/counselling services by means of a systematic review of the available evidence. Of note here, is that Chouliara et al. – at the point of writing - were able to identify only 9 research studies since 1980 which focused on survivors' perspectives of counselling; and only 2 of those were UK-based.

Having explored the literature on the topic, in the next section of the report, attention shifts to the methods employed in undertaking the research.

3. Methodology

Introduction

This research study is characterised by a mixed methods approach (Creswell 2003) and involved male and female adult NP counselling clients who had experienced rape and/or child sexual abuse. Data were collected in 3 stages, by means of: 3 focus groups; a self-administered questionnaire; and individual follow-up interviews. The number and gender of those who participated at each stage of the process are detailed in Table 3.1 below. It should be noted that some of those who took part in the initial focus groups, also completed a questionnaire and engaged in an individual interview. The initial focus groups informed the design of the questionnaire. The closed-ended questions in the questionnaire enabled the collection of quantitative data; and open-ended questions elicited further detail. Individual interviews then provided an opportunity to further explore issues highlighted in questionnaire responses.

The research sample

The research sample was drawn from several sites across Wales from which NP provide therapeutic services. Table 3.1 includes details of those who participated at each stage of the study. Prior to the commencement of the field work – and where appropriate – NP counsellors engaged in conversations with their clients about the project, which was advertised at each of the NP offices, using posters, for example. All those who expressed an interest in the research were provided with full information about the project by means of an informed consent form (please see the Appendix for a copy of all forms and measures employed during the course of the study).

Table 3.1: Research participants

	Focus groups	Questionnaire	Individual interviews
No. participating	9	43	7
Gender:			
Male	2	7	1
Female	7	33	6
Other		1	

Please note: information on the gender of participants completing the questionnaire was missing in 2 cases.

A total of 9 NP clients participated in 3 focus groups in a range of locations throughout Wales, at the outset of the study; 43 completed a questionnaire; and 7 took part in individual interviews: again in a range of geographical locations. Those who participated in the research ranged in age from 20 to 62 years. Participants were predominantly female. This is perhaps unsurprising, given: the research evidence which indicates that males who have experienced sexual violence remain a hidden population (Du Mont et al. 2013); the nature of the service provided by NP; and NPs experience that adult male victims are less likely to access support services.

Stage 1: The focus groups

Focus groups are commonly used in qualitative research to elicit information about the perceptions of a small group of individuals on a range of issues (Kitzinger and Barbour 1999). Indeed, Kress and Shoffner (2007: 189) argue that focus groups are: an 'effective means of understanding…clients' needs and experiences in counselling'. During December 2017 and January 2018, 3 focus groups were undertaken with male and female adult NP clients in NP offices in geographical locations across Wales. A total of 9 participants were involved in the focus groups; and each focus group lasted for approximately two hours. A member of NP staff facilitated the group and hand-written contemporaneous notes were taken of responses to focus group questions by the report author, who provided academic oversight of the project.

Focus group data were analysed thematically and the findings informed the next stage of the data collection process: questionnaire design.

Stage 2: The questionnaire

The second stage of the research involved self-administered questionnaires which were completed between May and July 2018. A total of 43 NP clients completed a questionnaire. Table 3.2 includes the number of participants from each counselling area.

Table 3.2: Questionnaire responses

Counselling area **N=43**	**Number of participants**
South Wales	31
West Wales	8
Mid Wales	1
Information missing	3

As already noted, the questionnaire contained closed and open-ended questions, in order that as much data as possible might be collected. Of note, were the unusually detailed responses participants provided to the latter. These are testament to service users' commitment to the research and their willingness to contribute in order to help others: a motivation so often evident in written form and also verbally. For this, we are truly grateful.

Copies of the questionnaire – along with an informed consent form - were made available in the reception area of each NP office; and a 'post-box' was provided in the same area to enable the return of completed questionnaires. A 'quiet space' was made available for participants to complete the questionnaire, if required. If participants chose to complete the questionnaire at a location other than NP offices, they were advised of a two week cut-off date for return. A study identification number was allocated to those who completed a questionnaire. Closed-ended questions were coded prior to data entry into the Statistical Package for the Social Sciences (SPSS), to enable data analysis. Responses to open-ended questions were analysed thematically. With regard to reporting findings from this stage of the research, quantitative data are presented in the form of descriptive statistics; qualitative responses are reported thematically.

Stage 3: Follow-up individual interviews

All those who completed a questionnaire at Stage 2 of the research, were asked to indicate on the questionnaire whether they would be interested in participating in individual interviews; and if so, to provide a contact number to enable the interview to be scheduled at a convenient time. Those who indicated that this would be of interest to them, were then contacted by NP staff and a date for interview was arranged. Fifteen out of a total of 43 clients who completed a questionnaire expressed an interest in participating in an individual interview. Eight of those 15 clients were either later unavailable or could not be contacted. Subsequently, a total of 7 interviews were undertaken (5 individual face-to-face interviews and 2 telephone interviews); 6 participants were female and 1 male.

The individual interviews were undertaken during the period September 2018 to February 2019. No personal identifying information was included on the interview guide other than a study identification number which had already been allocated to participants who completed a questionnaire. The study ID enabled follow-up on questionnaire response at interview, and the collection of more detailed information on specific issues. Thus, previously completed questionnaires were referred to during the course of each interview, in order that questionnaire responses could be probed and further data elicited.

Each interview lasted for approximately 40 minutes. Once more, a member of NP staff served as interviewer and contemporaneous notes were taken by the report author. Interviewees were informed of: the duration of the interview; its form and content; and the note-taking process, prior to the interview by means of the informed consent form. In order to meet the needs of some NP clients, a small number of interviews (2) were undertaken over the telephone. The process and format accorded with that of the face-to-face interviews. Each telephone interview lasted approximately 40 minutes, and was undertaken over 'speakerphone', with contemporaneous notes again being taken of responses. Clients were informed of: the duration of the interview; its form and content; and the note-taking process, prior to the interview by means of the informed consent form. The form was mailed to the client for signature, with a SAE enclosed for return to NP prior to interview.

On the day of interview, and immediately before the interview commenced, checks were made to establish that the client was in a 'safe space', in a risk-free environment. A pre-interview 'checklist' was drawn on which outlined the content of the pre-interview telephone conversation around the assessment of risk, a strategy commonly adopted in telephone counselling with clients. Responses to the open-ended questions included in the interview guide were analysed thematically. Closed-ended responses were analysed by means of SPSS.

Ethical issues:

As already noted, at each stage of the project, ethical approval was granted by the Research Ethics Committee at Hillary Rodham Clinton School of Law, Swansea University.

The research was undertaken in line with the ethical guidelines set out in the British Society of Criminology's (BSC) Statement of Ethics (2015). With regard to participants, the emphasis was upon: minimizing harm and stress resulting from the research; ensuring that their dignity and autonomy was preserved, and their privacy protected; ensuring that they were fully informed about the research, and that their participation was voluntary and based

on informed consent principles; and assuring confidentiality, while making clear its limitations (BSC 2015).

The concept of informed consent was central to the study design and all those who demonstrated an interest in participating – through their counsellors, for example - were provided with full information about the project (by means of an informed consent form), in order that they were able to make an informed choice as to whether to take part. As part of that process, they were informed of their right to withdraw from the research at any time, without penalty. The informed consent form was signed and dated by participants, and also by the NP Training and Research Manager. Participants were also provided with a debrief form following their participation in the research. This included details of whom they should contact if they had any queries about the research; and also whom they should contact if they required support following their participation in the study. (This information was also included in the informed consent form).

The limitations of confidentiality were made explicit to all those who participated in the research. In particular, it was made clear that the information provided by participants would remain confidential, unless information was disclosed which indicated that another individual might be at risk of harm. All participants were guaranteed anonymity. In the second stage of the study, participants were allocated a study identification number, and all contributions have been anonymised during the reporting/publication phase. Moreover, any details which might identify participants have been removed.

All information relating to the study has been stored securely at Swansea University, in line with the University's strict requirements for storing confidential data, the Data Protection Act 1998 and General Data Protection Regulation (GDPR). Any identifying information, for example, consent forms, were held separately from other documents relating to the study. At each stage of the process, data were entered into – and stored on - a password-protected computer.

The 'data protection principles' laid out in the Data Protection Act (1998) (GOV.UK 2014) have been adhered to. Thus, data collected will be:

- used fairly and lawfully
- used for limited, specifically stated purposes
- used in a way that is adequate, relevant and not excessive
- accurate
- kept for no longer than is absolutely necessary
- handled according to people's data protection rights
- kept safe and secure
- not transferred outside the UK without adequate protection

Mitigating harm:

This research focuses on extremely sensitive and emotive issues and the sample includes individuals who have experienced sexual violence, either as adults or children. Given this, the potential for involvement in research to result in further harm to participants; and the strategies which might be adopted to mitigate such harm, warrant some consideration. Bringing together survivors of sexual violence to discuss their experience of counselling in a focus group setting presents considerable challenges, not least, because those survivors are

often unaccustomed to telling their stories to others. Indeed, they are more likely to have been inhibited from doing so by a range of barriers on both a societal and personal level. In this study, the potential impact of the research on service users was a central feature of the planning process and much thought was given as to how – in the initial stages - the focus groups could be safely facilitated. With this in mind, at the outset of each group principles of working were set out, in order to facilitate an environment within which all felt safe to contribute, and in which:

- personal details of abuse were not disclosed – as a means of limiting the harm to others of hearing such accounts
- confidentiality was ensured, by an emphasis on non-disclosure to others outside the group
- focus group members were alert to – and cared for - the feelings of others
- group members felt safe to speak out if they were offended or found something upsetting
- there was emphasis on the importance of self-care

Having made an informed choice to participate in the focus groups, it was clear that some participants valued the opportunity to connect with those who had also experienced sexual violence, where previously they had felt isolated; and to share their experiences of counselling. Others, however, found it difficult to express their views, and also to listen to other survivors. In those cases, support was provided by NP staff during and following the focus group. The differential impact of research of this nature on survivors warrants careful consideration and in reflecting on our experience, we hope to inform others who may be undertaking research in this area in the future.

Undertaking research on sensitive topics is fraught with challenges, including those related to the provision of support for participants following their involvement in research (Dickson-Swift et al. 2006; 2008). However, NP led this project, and the participants were all adults who were receiving therapeutic intervention from the service. NP counsellors made clinically informed decisions as to whether it was appropriate to introduce the research to their clients, and facilitate their participation. Thus, they had access to trained counsellors whom they knew well, and who were in a position to offer support as needed, at each stage of the research process.

The impact of undertaking research on sensitive topics is recognized as sometimes resulting in distress for researchers, who may feel 'emotionally and physically drained' (Dickson-Swift et al., 2006: 858). Given the sensitive nature of this research, during each stage of the study, much consideration was given to the impact of participants' stories on both the report author and the NP staff member involved in the fieldwork. In Stage 3, for example, (the individual interviews), much thought was given to the scheduling of interviews; and as a result, sufficient breaks were built into the interview timetable to allow for some consideration of the data collected and time to debrief. This strategy enabled the creation of a 'safe' space for reflection, and is one which works well in mitigating the potential 'harm' which may result from exposure to narratives on sexual violence. The process of debriefing also featured at the culmination of each focus group.

Limitations of the research

There are, of course, a number of limitations to this research which are worth noting, not least, the small sample size. It is a 'snapshot' of a particular population at a particular point in time. However, its strengths lie in its examination of the detailed accounts of participants – including males – in receipt of counselling services; and its emphasis on their views of those services and on the shape of future service provision. While an increasing body of research has focused on the views of service users across a range of services and settings, less attention has been paid to the voices of survivors of sexual violence. This study addresses that gap in knowledge and thus contributes to understanding of issues which are of relevance to a population which by virtue of the nature of its victimisation, is often hidden and difficult to access.

In the next section of the report – the Research Findings - we hear from survivors about their journey through counselling, and the meaning of that to them, beginning with their decision to access support. We also later hear their views on the content and delivery of the new Diploma in Trauma Counselling.

4. Research Findings

Introduction

The research findings presented in this section of the report are drawn from data collected from male and female adult NP counselling clients who had experienced rape and/or child sexual abuse, by means of: 3 focus groups involving 9 participants; 43 completed questionnaires; and 7 individual follow-up interviews. The data collected are presented here in two parts, often in the form of anonymised quotes. In Part 1, some light is shed on: how clients accessed NP; why they did so; what they wanted from NP at the point of access; and their views on the wait for counselling, the assessment process, and the NP self-help booklet. These data provide the contextual background to participants' experience of counselling, and what they found most helpful as part of that intervention. In Part 2, the focus is on participants' views on: the content and delivery of the new Diploma in Trauma Counselling; and the acquired knowledge and characteristics of trained counsellors.

Part 1: The counselling experience

Accessing support from NP: Why now?

> I couldn't cope with my problems alone. It got too much. I lost myself for a while.

Seventeen out of a total of 43 participants who completed the questionnaire, had accessed NP through health services, in particular through their GP. Other routes into the service included the police; mental health services; Victim Support; other counselling and support services; self-referral; and organisations such as the Samaritans.

Sexual violence can have a devastating effect on victims, many of whom neither disclose abuse, nor seek support (HM Government 2007; 2016). The extent to which so many of those who participated in this research had reached crisis point prior to accessing NP was a consistent – and concerning - feature of their narratives. They referred to a range of 'push' factors which resulted in their eventually seeking help, often many years after experiencing sexual victimisation. These included being 'unable to cope'; feeling unable to manage 'flashbacks', and having 'constant memories of the abuse'. Some, like this participant, recalled experiencing: 'suicidal thoughts - it was the worst place I'd been in my life'.

For another, the sense that they were at 'breaking' point and felt 'overwhelmed', led to the seeking of support:

> I was breaking – I felt overwhelmed and couldn't trust myself to keep myself safe. I was having night terrors. I dreaded sleep: sleep was awful - it was where everything played out. That's what brought me here. It [the abuse] was seeping through and overwhelming. It had felt safely contained in a chest but then it started seeping through. I felt, what's the point of everything? That took me to counselling. Thankfully this was here [NP].

Others too, referred to experiencing 'a breakdown'; reaching a 'low point'; feeling 'lost'; and 'needing help to enable [them] to live in a world with men'. In many cases, the sense of isolation and trauma experienced by participants was palpable:

> I was a complete wreck. I had a breakdown. I had anxiety and nobody understood. The trauma seemed to go on for so long. I couldn't get over it.

Silencing is a powerful component of sexual victimisation: there are a number of dynamics at play here, not least, the negative perceptions of others which can inhibit the extent to which survivors access support (Logan et al. 2005). This participant explained that reaching the point when family were grown up, resulted in the realisation that they didn't 'have to live with [the abuse]' any longer. Rather, they felt that they now had the space to seek help, whereas previously they did not have the 'courage' to speak out:

> I should've done it years before. My children were much older and it was time. I thought: I don't have to live with this anymore – there are other options. The children didn't need me so much. I didn't have to hold it together anymore. Before, I didn't have the courage to come out.

What participants wanted from NP at the point they accessed the service

I knew I didn't want to die. I wanted to forget what happened to me as a child. I wanted to learn how to live with it.

A number of recurring themes were evident in participants' accounts of what they wanted from NP at the point of accessing the service, as illustrated in the quotes which follow. Some simply wanted someone to listen to their 'story' without judging them:

> Somebody to hear my story. I needed someone who'd just kindly listen – emotionally holding my hand; not judging.

Others, like the participant above who wanted 'to learn how to live with' their abuse, and this male participant, were looking for help with coping mechanisms:

> I wanted something to help me switch off - to put it in the box like it was before, to help me cope.

Moreover, some sought understanding and reassurance about the future:

> I needed someone to understand and reassure me that I'd be alright one day.

Many victims/survivors experience a deep sense of shame and guilt as a result of the sexual violence they experience (Logan et al. 2005). This participant accessed NP as part of their search for some 'peace of mind' that they were not to blame for their own abuse:

> I needed peace of mind I think, to realise it wasn't my fault or wasn't anything that I'd done.

Waiting for counselling

> [I needed] communication that I was still on the list and moving up the list and not simply forgotten.

Those who have experienced sexual violence often encounter limited access to counselling services due to lengthy waiting lists (Smith et al. 2015). Under the Ending Violence Against Women and Girls Strategy (HM Government 2016: 6), emphasis was placed on: 'the need to ensure that victims are able to access the services they need, when they need them'. Having accessed NP, the majority of respondents in this study (34 out of 43 who completed a questionnaire) were then placed on the waiting list for counselling. The length of time spent on the waiting list, ranged from less than one month, through to 24 months. A small number of participants (2) recalled waiting less than a month for counselling. However, 11 waited between 6 and 12 months; and a further 12, between 18 and 24 months. The remaining participants could not recall how long they had waited.

While participants were clearly aware of the funding constraints on the NP service, unsurprisingly, having to wait for counselling proved an issue for many, as in the case of the male participant cited in the above quote, who – like so many others - was concerned that he had been 'forgotten'. Survivors most often highlighted the need for more communication whilst on the waiting list in the form of an email, text or telephone conversation, for example, from: 'someone who knows about sexual violence'. Above all, it appears that they were seeking reassurance that 'someone's there', and that they were 'still on the system', having taken the step of accessing support:

> There's too much of a waiting list. It's too long to wait. It [NP] needs to be further funded. There should be a shorter waiting list – need to train more staff. You need further contact when you're on the waiting list – it was me chasing it up all the time. Not knowing is very hard. You're in suspension all the time. Your mind plays tricks and you think you're obviously not worth helping then. Help or access to a 'go-between' to help with times that are hard to cope with, instead of being left hanging, so to speak, to still cope with issues on my own. A phone call after a while - as reassurance – would be helpful [while on the waiting list]. Otherwise, you feel you've been forgotten about. I've been abused and let down all my life, so it's nice to know there's someone you can trust.
>
> A text or a phone call – just to say you're on the list and you're not forgotten or lost in the paperwork. That would have been enough for me – you're important to us; you're still on the system; and you're going to get help.

Some participants made other suggestions as to how the wait might be made more tolerable. One, for example, was of the view that home visits might help with the wait for counselling:

> Home visits. Volunteers would be really good – to talk to those who haven't had counselling while they're waiting.

Another suggested that some contact with a group at NP might help, as a means of providing an 'anchor':

> Some form of communication – a group you can check in with once a month or once a week. Something to prove there's still an anchor there. That's what counselling gave me – an anchor.

The assessment: process and perceptions

> I found the assessment very helpful, comfortable, reassuring, and [was] relieved to speak to someone who understands.

Twenty three out of 34 respondents placed on the waiting list, received an assessment. At NP, these assessments are undertaken by clinical assessors (CAs). There is some geographical variation in the extent to which clients have access to such assessments – due to funding constraints – and they are currently available in only 3 NP offices across Wales. However, all clients are assessed at the point at which they first meet their counsellor (under 'New Pathways Counselling: First Assessment' process). By that time, there may have been changes in clients' situations which are recorded as part of the subsequent assessment process, along with the four goals which clients would like to achieve with the help of counselling.

With regard to the process undertaken by CAs, when a new referral is made, client details are uploaded onto Oasis. The CA will then access the information on the Oasis Initial Referral database and will aim to contact new clients within a 2 week period. Ideally, clients should be attending an assessment within one month of being contacted by a CA. At assessment, a shortened 10 item version of the CORE-OM (Clinical Outcomes in Routine Evaluation) – the CORE 10 - is used as a screening tool and outcome measure. This tool is widely used in the evaluation of counselling and psychological therapies in the UK and scoring is based on the following items: anxiety; depression; trauma; physical problems; functioning – day to day, close relationships, social relationships; and risk to self. At NP, clients are allocated a counsellor who is trained at an appropriate level to meet their needs, based on their CORE 10 score. They are informed of the length of the waiting list and the counselling procedure: namely, how they will be contacted; how many sessions will be offered; and what they might expect from the counselling process, including its benefits.

Risk assessment is key at this point, with emphasis on the following potential risks: suicidal ideation, dangerous behaviour, and history of self-harm. External threats to the client are also considered, for example, in the form of an abusive relationship or the threat posed by a perpetrator of sexual violence as a result of their access to children. Of course, safeguarding procedures are in place to address such threats through inter-agency working. At this point too, new clients receive details of organisations, helplines, and coping strategies along with other information which may prove relevant, including the additional services provided by NP: namely, ISVAs, SARCs or the LIBERATE project.

In this study, the majority of participants who received an assessment (19 out of 23) found the assessment helpful, and some articulated how that help manifested itself. Once more, reassurance featured in responses. Hope is 'foundational to counselling practice' (Larsen and Stege 2012: 45) - it enables the envisioning of a future in which clients want to be involved. Participants in this study referred, in particular, to the sense of relief and 'hope' which the assessment process instilled, and the positive impact of that, as in the case of this male client:

> I found the assessment very reassuring and helpful. It gave me some hope.

and also others:

> [The assessment was] very helpful – it gave me hope to keep going after such a long wait. [It] made me feel more confident in my needs being addressed.

> [It] gave me hope. There was light at the end of the tunnel. I was able to have patience to wait for an appointment.

For this male participant, the assessment usefully demonstrated that they needed help and also that they were ready to engage with that:

> Yes, the assessment showed me I needed help but also that I was ready to deal with the issues.

However, the wait for counselling following assessment proved challenging for many, as articulated by this male:

> The assessment was helpful in itself but finding out how much longer I had to wait for therapy was difficult.

The 'self-help booklet' – a source of support?

> [It was] helpful – it gave me guidance to hang on.

The NP 'Self-help booklet for survivors of sexual abuse' is forwarded to new clients on referral into the service. It contains information on child sexual abuse; grooming; perpetrators and victims. There is also a focus on the effects of abuse, in particular, intrusive memories; fear and anxiety; relationship difficulties; and sexual problems. Overall, the emphasis is on recovery and there are a number of exercises listed to enable the management of flashbacks, intrusive thoughts, anxiety and panic attacks, through grounding techniques, for example. Details of organisations providing additional sources of support are also included in the booklet, alongside suggested reading around the topic.

Seventeen of those who completed a questionnaire recalled receiving the self-help booklet, which 12 participants found useful. Some, however, referred to being so traumatised that they simply could not remember what information they had received at the point of referral. For this participant, the value of the booklet lay in the guidance it provided, which could be shared with family:

> Yes – the booklet was helpful to carry around and to show loved ones.

For this male participant, the emphasis on managing and understanding the impact of sexual violence proved useful:

> It taught me different ways to deal with things and looking at it from different perspectives.

Moreover, in this case, the booklet helped address the sense of isolation experienced and was an indication that the participant was no longer 'alone':

> Very helpful. I wasn't alone any more. I didn't know what was available until I read the booklet.

For some, the self-help booklet has functioned as a continual source of support, providing 'extra help outside counselling sessions'. This male survivor, for example, recalled how he often draws on it at times of stress:

> Yes – I often turn to it when I'm stressed.

However, one participant found the information it contained 'limited', having already accessed much of what it contained:

> [It contained] very limited information. I had already found it all online.

Counselling: What was most helpful?

I needed a listener because it was a story I hadn't told.

As already noted in section 2 of the report, there is much literature on the views of service users on generic forms of counselling. Less is known, however, of the views of those who are in receipt of more specialist counselling services in relation to their sexual victimisation. Thus, this research makes a useful contribution to the existing evidence base by shedding light on an area which has received limited attention to date.

In this study, the 43 participants who completed a questionnaire were asked to rate, on a 5 point scale - where 1 was 'extremely unhelpful' and 5, 'extremely helpful' – what they found most helpful or unhelpful in counselling. Table 4.1 illustrates the 10 most often cited 'extremely helpful' aspects of counselling.

Table 4.1: What was 'extremely helpful' in counselling?

N=43

Extremely helpful?	**No. participants**
Being listened to	41
Not being judged	41
Being believed	40
Counsellor's capacity to listen/respond	39
Being able to say what I wanted	37
Relationship with counsellor	35
Feeling safe	35
Gender of counsellor	32
Counsellor's knowledge of sexual abuse	30
Educational element of counselling	29

Above all, participants found being listened to; not being judged; and being believed most helpful in counselling. In some cases - and as illustrated by the above quote - listening was important, because it was a 'story' which had not previously been 'told'. For others, counselling provided an opportunity to 'speak' in a safe space, having previously been silenced and 'deeply ashamed':

> I like coming here because I can speak a lot and didn't like speaking to anyone before, ever.

> It just clicked and felt right with [counsellor]. For the first time ever, I felt safe and that I wasn't going to be judged. [X] made me make myself feel safe – there was no judging; her/his voice was even all the time; s/he knew what to say and how to bring me out. I found it difficult to speak and wasn't dealing with it. S/he said things I couldn't even think. Things I was deeply ashamed about - I couldn't say them, s/he could. The filth and disgust – s/he took that away somehow. Being able to speak and not being judged in any way [was helpful].

Being listened to and not being judged were clearly key elements in counselling for this participant, too. Again, implicit in this narrative is the sense of guilt which inhibited telling; along with the positive impact of the counsellor's response:

> The fact that I wasn't judged [was helpful]. I kept things to myself all those years because I was thinking it was my fault. No matter what I said, it didn't phase the counsellor. S/he [counsellor] was wonderful. The way s/he listened and explained things in a way I could understand. The listening was brilliant.

Perpetrators often invest much energy in convincing children that if they do tell of the abuse they experience, they will not be believed. Indeed, abusive relationships are often carefully manipulated in order to silence victims (Durham 2003; Roberts and Vanstone 2014). Given this, it is unsurprising that for some of the adult participants in this study, the knowledge that they were believed by counsellors, proved crucial:

> I thought I wouldn't be believed. Being believed is important.

Some referred to the positive impact of the educational elements of counselling, which enabled them to understand their own behaviour:

> My counsellor also drew attention to behaviours I hadn't recognized. It's [counselling] partly about healing work and partly about educating clients about normal behaviour: that helps you find a way out of it.

as was also the case for this male participant:

> My counsellor helped me understand things about myself that I didn't know. [X] helped me understand my behaviour.

Others, drew on strategies learnt, which helped 'in between counselling':

> I learnt how to relax more – mindfulness. I learnt to concentrate a lot more; to talk to myself – reassure myself; be kind to yourself; learn to love yourself more. I learnt from what the counsellor told me and use that. It works in between counselling. When negative thoughts come in, they help.

For this respondent, the process of 'looking at the abuse in detail' – although painful - resulted in a positive outcome and a lessening of self-blame:

> My counsellor was brilliant. S/he explained in a way that I could understand that s/he was going to look at what happened [the abuse] in detail. It was hard to look at the abuse – it was painful but it helped. It was very hard and painful but I'm now a lot more at ease and at peace. My anger's just gone. It's obvious that abuse counselling was needed. I feel more at peace and relaxed now. I needed confirmation that it wasn't my fault; that there was nothing I'd done to make them abuse me; that there is a life out there afterwards. It [counselling] put everything in perspective.

Having consistent access to the same counsellor - with whom he had built a relationship - was important for this male participant; as was the 'small talk' engaged in prior to counselling, which had a 'settling' effect:

> Seeing the same person is important. Availability. I don't want to say the same thing over to a new person…Small talk is important and useful before the session – it makes you feel at ease. [X] made me feel settled – s/he checked on the temperature in the room, whether I needed water etc. before the session.

Thirty two out of 43 participants cited the gender of the counsellor as an 'extremely helpful' feature of their counselling experience, with some expressing a distinct preference for females:

> I think having female to female is better as women open up easier, to get on with counsellor.

However, there also appeared to be other conflicting views on the gender of a counsellor which warrant consideration. While one male felt that he 'wouldn't have spoken to a male

counsellor', for these female participants, there was some recognition that having a male counsellor might result in a positive impact:

> I couldn't be in a room with a man before I met [counsellor]. In the long run, having a male counsellor did more for me than a female would. [X] was the first male I trusted. It was one of the biggest turning points for me in trusting men.

> I've had 3 male counsellors but the gender didn't bother me. It makes you realise that not all men are like that.

The transformative nature of counselling

My counsellor saved my life!

Consistent with Smith et al.'s (2015) findings on counselling provision, participants' views of the service provided by NP were extremely positive. Indeed, their narratives were characterised by an emphasis on the transformative impact of counselling. There was, for example, consistent reference to 'change'; a sense of feeling equipped to 'move forward'; and reaching an understanding of oneself, as illustrated by the quotes below. For this male participant, a specific counselling session proved influential:

> Counselling (and one session in particular) changed my life. It changed my perception of who I was in relation to the abuser.

Others, too, spoke of the means by which counselling enabled 'change':

> My counsellor was amazing and gave me the 'tools' to enable myself to move forward.

> [My counsellor] was very patient with me and did what I thought was impossible – got me to recognise my emotions and talk about them. I was raised to ignore feelings and never even try to open up about stuff that's happened.

> My counsellor recognized my strengths. S/he was the best counsellor I've seen. I could connect with her/him and s/he knew how to respond.

> I want my life back and counselling gave me an opportunity to make aims and clean things up that wouldn't get dirty again (like a dirty car). Like a filing cabinet – I could put it away and re-look at things. [There was] somewhere to put blame. It's the hardest thing I've done – so much hard work. It was an opportunity to air concerns – the fear of doing it to somebody else. It's a complete safe space – it all belonged in that room. [My counsellor] was adaptable – s/he knew how much I really wanted [to make progress] and would bend mountains to make it happen. It can be doom and gloom but when we achieved something in a session there was a celebration. We need more [counsellors like X] – s/he's my guardian angel. I don't recognize the person I was [a year ago] and that's from coming here.

Having explored participants' experience of counselling – including its transformative effect - attention now shifts to their views on the development of the proposed Diploma in Trauma Counselling and its content and delivery.

Part 2: Developing the new Diploma in Trauma Counselling

In this section of the report, the emphasis is on survivors' thoughts on training content and delivery; and on 'what makes a good counsellor'. It opens with their views on the most important elements of training.

What should be included in training?

> Coping skills [for counsellors]. They're normal people and can burn out. There should be a first aid course for counsellors. Some of the things counsellors hear, no-one should ever hear.

Those in receipt of counselling are well-placed to inform the future shape and delivery of training, and often value involvement in research as a means of helping others (Campbell and Adams 2009). This was true of participants in this study, who – based on their own experience - were clear as to the most important components of the new Diploma, namely:

- an understanding of trauma
- the development of listening skills
- coping skills for counsellors
- an understanding of the impact of abuse, including self-harm; mental health issues; and a fear of touching one's own children, particularly during bathing.
- an understanding of: the need for a flexible approach; different forms of abuse; abusers and their strategies; safeguarding; grounding techniques; and the potential for a power imbalance between client and counsellor.

For this participant – and also many others - an understanding and non-judgemental approach, and the development of good listening skills are crucial aspects of training:

> [There is a] need for understanding; listening; being non-judgemental.

Others, too, also referred to the importance of listening skills, along with the building of a sense of trust that stories of abuse would not be 'shared' and would be managed appropriately:

> Listening skills. [Counsellor] knew what I was trying to say and put it into words. Sometimes it was horrible language [relating to sexual activity]. I couldn't equate that with me as a [child]. Once that conversation was had, I could say the words and I was out. People need to be extremely ethical. It's above private – it goes way beyond that. They'd have to be trusted implicitly. If any knowledge is shared, it could be devastating for people. Counsellors need to know how to deal with what they hear.

Fouque and Glachan (2000), in their examination of the impact of Christian counselling on adult sexual abuse survivors, highlighted a number of factors as resulting in negative perceptions: including the counsellor being 'directive', 'powerful' and 'controlling'. Of note, is that there was some reference in this study to the potential for a power imbalance in the counsellor/client relationship; and the need to recognise and mitigate that through enabling the client to feel in 'control', as evident in the narratives of these male participants:

> They should treat clients as equal – the power balance is important. It should be a collaborative and not a directive approach.
>
> [X] didn't rush – it was more down to me. [X] didn't push. It was important to talk about what I wanted to talk about. That gave me control.

In this case, the 'sharing of power', along with the counsellor's transparent and non-patronising approach had a positive impact which should be reflected on in training:

> There was no: 'I know more than you; I'm higher than you or above you'. There was a sharing of power. [X] had a transparent approach and told me why s/he was doing something. [X] was open and patient in a way that wasn't patronizing.

Those who work with vulnerable populations can sometimes be exposed to vicarious traumatization resulting from direct exposure to victimization narratives (McCann and Pearlman, 1990). Thus, considerable emphasis has been placed on the impact on professionals of working with victims in the counselling field (see, for example, Dunkley and Whelan, 2006; Trippany et al. 2003). Of interest, is that many participants in this study demonstrated an awareness of the potentially negative impact of their stories on others, and expressed concern about that. Indeed, the need to include coping skills as a component of future training for counsellors was often highlighted, as was the need for counsellors to demonstrate 'strength' in the face of difficult to hear accounts of abuse:

> They [counsellors] need to be strong people. I needed people stronger than I was. They have to stay strong when they hear people's stories – they need to have a mental strength.

What should they know? Counsellors' knowledge on completion of the Diploma

> People and life is messy and complicated. Trauma comes in all shapes and there is no right or wrong. Everyone is individual – so they have individual needs. [Counsellors need to understand] the many layers to trauma and pain.

Participants were asked what specific knowledge should be evident in counsellors on completion of the Diploma: the 10 most often cited responses are listed in Table 4.2.

Table 4.2: What should counsellors know on completion of the Diploma?

	No. of responses
Impact of sexual violence	9
Understanding of trauma	7
Recovery (and techniques to aid)	6
Types of abuse	4
Domestic violence	3
How to communicate	3
How to listen	3
Understanding of body language	2
How to respond to individual need	2
Mindfulness	2

Please note: multiple responses were provided here.

Most often referred to, was the need for an understanding of the diverse nature of the impact of sexual violence - including self-harm, suicidal thoughts, and the 'power held by the abuser' - and the normality of some experiences. A thorough knowledge of all forms of abuse, their impact and the resulting trauma was clearly of importance to participants:

> [They need to know] how a person is traumatised by their experience of any sexual crime. They need to understand the impact of sexual violence. People see it as nothing. It's not nothing.

> [They need to know about] all forms of physical, sexual, mental, verbal and emotional abuse. I have been through all of them and had to cope with it on my own for many years. More people need to know and understand what these forms of abuse do to people.

> Knowing that what clients' experience is normal, for example, the fear of abusing following abuse. How the brain works or what's going on in terms of reactions. Your body becomes a weapon after it happens – it hurts. You think you're mad, bonkers.

This male participant also referred to a fear of abusing and of having physical contact with a child during routine care-taking activities; and to the impact of sexual violence on sexual behaviour, in the form of: 'an addiction to sex':

> Knowledge of the impact of child sexual abuse, in particular, the potential for victims/survivors to be bullied; to engage in substance misuse, for example, alcohol; to engage in stealing; to develop an addiction to sex; and for the experience of sexual violence in childhood to impact on later parenting – through over-protectiveness, or a fear of physical contact with a child, for example, through bathing.

Developing an understanding of perpetrators, including their strategies and motivations should be a central feature of the Diploma, according to some:

> They should be taught about all the bad people out there. How it happens. It would be good for counsellors to speak to abusers themselves – to get into their heads, understand what kicks they get. Understand them.

For this male survivor, knowledge of the 'power' dynamic evident in the perpetration of sexual violence - and the impact of that - is needed:

> A better understanding of the power held by the abuser [is needed] and how it affects the victim.

The need for counsellors to 'know what they're talking about' is of importance, as is knowledge of how recovery might be aided through the use of a range of 'techniques', including those engendering 'calm' and 'permission to be outraged':

> Clear understanding of types of abuse and techniques of how to help [is needed].

> Different strategies for channelling negativity. Having a variety of different techniques to teach clients that can help with bad feelings but to also offer them all. And expose the client to as many as possible so they can find ones that work for them.

> Being able to calm the person. Show them how to breathe. How to calm themselves and listen.

> Calm is important, because you get outraged. [Counsellor] was outraged but in a calm way. There's that balance – no drama. This is not your fault and it's not right. I was given permission to be outraged: it's their fault not mine.

Communication skills, too, are important, in particular, knowing 'how to communicate on all levels to all people'; and understanding the importance of difference in approach:

> Mainly how to talk to a victim (survivor) of abuse. Everyone expresses it differently. Some people need someone to be blunt whereas others may not be able to handle that.

Shaping delivery of the Diploma

> A mix of service user and trainer is a 2 way learning process. If the counsellors/trainers don't get the input from the service users they may be unable to improve their service in future.

Many of those who participated in this research (29 out of 43 who completed a questionnaire) – like the male participant cited above - were of the view that the new Diploma should be delivered by both trainers who are experienced counsellors, and service users; and were clear as to why this would result in the most effective model of delivery:

> I believe input from both sides is very useful, as things can be seen from both perspectives then. So, enabling a greater service all round. It needs to be delivered at a range of levels depending on understanding, by someone with experience of harm.
>
> Someone who's been there themselves would be useful. That's the only way you can totally empathise.
>
> By people who've been through counselling – depending on how they are – and counsellors. Counsellor and client together might be good. It's important to be able to sit in the client's seat. Everybody has different experiences – they're all individual. It's important to include those in training.

According to these participants, however, some caution is needed on this:

> Service user input could be useful. However, as a service user it would depend on where I was with my counselling and how this input could be 'managed' maybe – with correct provisions and safeguards. Giving students sessions from behind a screen [would be helpful].
>
> Service users? They may be too emotionally involved or connected. They may be asking: is it too close to me? If service-users, they need to be ok in themselves and over it. The advantage of service-users is that they get it. Some sort of group with service-users may work [as a teaching aide].

Moreover, this male participant clearly had reservations about service-user input:

> Trainee counsellors could look at case files (with consent). I don't think it's for service users to talk to a group of trainees. I would be uncomfortable with that.

What makes a good counsellor?

> Someone who listens carefully and remembers well.

Unsurprisingly, given participants' response as to what they found most helpful in counselling, the ability to listen was cited as of particular importance in a counsellor, and

came through consistently in the data. Also key, were: a sound knowledge base; and a non-judgemental approach. Table 4.3 illustrates the 10 most often cited responses to the question: what makes a good counsellor?

Table 4.3: What makes a good counsellor?

	No. of responses
Ability to listen	23
Knowledge of topic	14
Non-judgemental approach	10
Empathy	7
Ability to build good relationships	5
Understanding	5
Good communication skills	4
Kind	4
Believes clients	3
Previous life experience	3

Please note: multiple responses were provided here.

For this participant - and so many others - the capacity to listen (and also to remember) is crucial in a good counsellor:

> A good listener. Someone who, over the months of counselling, still remembers details of past weeks and can demonstrate after several weeks that bits and bobs that you have told them, they remember.

Specific knowledge of sexual violence is also important:

> It's made a big difference to me coming to an agency that's experienced in sexual violence. Because they're trained and experienced in that, they know how people feel and how to help.

Indeed, here, the sense that a counsellor is knowledgeable engenders a feeling of much needed safety:

> They must have a wealth of knowledge [about abuse] that can be used. I feel secure and safe here. To feel that as a service-user is massive because you never feel safe [having been sexually victimized].

The shape and form of others' responses to hearing of abuse can have a significant impact on victims/survivors, with non-supportive responses impacting negatively on recovery (Feiring, Taska, and Lewis, 2002; Fontes and Plummer, 2010). For these participants, a non-judgemental approach is crucial in a counsellor, characterised by the absence of 'disgust' and 'shock' at hearing clients' stories:

> Someone who is non-judgemental. I don't want to see that look of disgust on their face.

> The facial response to hearing clients' stories of abuse is important. 'That face' has put me back years – it's pity and disgust. It's part of the reason I trusted [counsellor] – s/he didn't have 'that face'.

For this male participant, a compassionate response as opposed to pity, is of importance:

> If I'd felt sympathy I wouldn't have turned up for the next session – I felt compassion. Pity doesn't help.

Moreover, for others, some evidence of 'shared experience' 'makes a good counsellor':

> Someone that has (if possible) a shared experience or knowledge of how it feels in similar scenarios.

> Life experience is important, so that they can relate to you. Qualifications are OK but if they don't have life experience, that's no good. There's a connection then, when they can empathise with what you've been through. You can't teach empathy. You need to know and have experience.

> Someone who possibly has previous life experience, as I believe that someone who has had issues themselves can make better, more sincere, counsellors as they know, or at least, have a good idea of where you're coming from.

For this participant, building a relationship with a counsellor is grounded in the sense in which that individual is 'human' and honest: traits of particular importance, given this survivor's – and others' – watchfulness following abuse:

> [Counsellors need to] be themselves; acknowledge when they make a mistake. To be human. Real people – you don't get trust with perfect people. If you keep talking about your faults and you're in front of an angel, that's not good. If the counsellor isn't honest, the victim will see that, because victims of rape and CSA are always watching out for someone who might hurt them.

Having explored survivors' perceptions of counselling and their views on training content and delivery, in the section which follows, there is some reflection on the impact of the research; its potential 'reach'; and future directions.

5. Learning from Survivors: Where Next?

> You don't want someone doing it [counselling] for a paid job who doesn't really care. You need someone who wants to do the job. You can tell the difference.

This research has shed light on issues which have received little attention to date: survivors' experiences of sexual violence counselling; and their thoughts on the content and delivery of training – in this case, a new Diploma in Trauma Counselling. The contributions so powerfully made by survivors during the course of this study will inform the existing knowledge base and have implications for policy and practice within Wales and beyond. We have heard from participants why they accessed support from NP, and what they wanted from the service at that point; and their thoughts on the assessment process and the NP self-help booklet. Participants found being listened to; not being judged; and being believed as the most helpful elements of counselling. On counsellors' knowledge following training, the impact of abuse; an understanding of trauma, and recovery (and techniques to aid that); and different types of abuse, featured most often in responses. Moreover, the ability to listen; knowledge of the topic of sexual violence; and a non-judgemental approach marked out a good counsellor.

It is troubling to note that many of those who participated in this research had clearly reached crisis point before accessing NP. The impact of this delay on well-being and the nature of the barriers which inhibit access to services warrant further, more detailed consideration. It is also concerning that having reached NP, so many then had to wait so long for counselling. The need for some form of contact from the service while waiting, was highlighted by many participants. In response to this – and as a result of Welsh Government funding – NP have recently recruited 2 Client Well-Being and Engagement Officers. These new, additional posts will be a welcome move forward in addressing some of the issues raised in this study with regard to the waiting list for counselling.

Some 32 out of 43 participants who completed a questionnaire cited the gender of the counsellor as an 'extremely helpful' aspect of their counselling experience, with some expressing a distinct preference for females. Of interest, however, is that some female clients made the point that having a male counsellor enabled a sense of trust in males: trust that had previously been eroded by their experience of sexual violence; and a male participant noted that he would have felt uncomfortable with a male counsellor. This warrants further examination.

Impact of the research and future directions

In undertaking research on sensitive topics with vulnerable populations, the potential for a negative impact on participants is considerable. At each stage of this research, the safety of our participants was our central concern. Of note, is that so many of them spoke of wanting to participate in the study in order to 'give something back'. Indeed, having been supported at a time when they often felt 'lost', their motivation was to help others in a similar position. Service providers may often be reluctant to involve survivors in research because of the potential for further harm. Where that harm is safely managed, however, the positive impact of involvement for some survivors should also be recognised.

It is our hope that our reflections on some of the challenges which may be encountered – in particular, the methodological and ethical issues - in eliciting survivors' views on current and future counselling provision, will inform others seeking to undertake similar research. Of course, our sample is small and predominantly female; and the research findings cannot be generalised. Yet, there is some potential for the work to 'speak' more widely outside NP and Wales to other service providers. In particular, survivors' insights on current service provision will have reach. Moreover, their views on the development of future provision – including the shape and content of training, its delivery, and outcome – may also be of value to those seeking to develop services.

There is some progress to be made yet in providing counselling services which are accessible and which effectively meet need. This study makes some contribution to the latter, given that the views of survivors who participated in the research will directly inform the development of a new Diploma in Trauma Counselling. The issue of accessibility, however, warrants more detailed consideration. Moreover, there are a number of other areas which future research could also usefully focus on, namely:

- the barriers which inhibit survivors from seeking support
- the views of a larger sample of male survivors on counselling
- the impact of the gender of the counsellor on clients
- the impact of involvement in research on counselling clients

Concluding thoughts

Survivors have much to contribute to the effective delivery of counselling services, and to the recruitment and training of counsellors. In the midst of stories which survivors sometimes found difficult to tell, they often spoke powerfully of the transformative nature of counselling. Here, for example, its positive impact and capacity to facilitate understanding is made clear:

> Lifted, that's the way I feel when I leave here [counselling]. It's helped me understand myself – why you're feeling like you're feeling; why you don't like yourself; that you're not mad; you are normal but you just don't feel normal. You feel horrible and the counsellor helps you not to feel like that – to forgive yourself.

The 'feelings' referred to in this narrative were also often articulated by other survivors. Indeed, the sense of self-loathing and guilt evident here, frequently characterized others' stories. That counselling can enable the management of such 'feelings' is testament to its contribution to recovery. Given this – and in the midst of a climate of increasing demand for services coupled with austerity measures - it is crucial that efforts are made to shape service provision in a way which enables access for those who need it, when they need it. Survivors can play a significant role in this.

APPENDIX

INFORMED CONSENT FORM – NEW PATHWAYS RESEARCH (FOCUS GROUPS)

New Pathways has received funding from Lloyds Bank Foundation to conduct research with adults who have used New Pathways counselling services.

The aim of the study is to is to understand more about how counselling helps people, and what they find most useful about the counselling experience. We want to learn what makes counselling useful to both improve our own counselling service, and help other agencies improve their services too.

We hope that the findings from this research will help us to develop a new Diploma in Trauma Counselling, which will lead to better trained counsellors and more counsellors being trained, in areas such as Mid Wales where we find it hard to recruit counsellors.

Dr Susan Roberts from Swansea University will be assisting with the research.

As part of the study, we are asking New Pathways counselling clients to take part in focus groups in A, B and C. These will be facilitated by Susan Roberts and Debbie Woodroffe (New Pathways Training and Counselling Services Manager). These will last for two hours.

The data will be used to inform practice; inform the development of the Diploma in Trauma Counselling; and will be included in the reports we produce.

The research is being undertaken in line with the ethical guidelines set out in the British Society of Criminology's (BSC) Statement of Ethics (2015). All those who participate in the study will be guaranteed anonymity. The information provided will remain confidential unless information is disclosed which indicates that another individual might be at risk of harm.

All information relating to the study will be stored securely at Swansea University and will only be accessed by New Pathways Training and Counselling Services Manager, Debbie Woodroffe, and Dr Susan Roberts (Swansea University). Dr Roberts will comply at all times with Swansea University's strict requirements for storing confidential data, as well as the Data Protection Act 1998 (and General Data Protection Regulation (GDPR), which will replace the former on 25th May 2018).

Please note: you may withdraw your consent to participate in the research at any stage in the process.

Please read the following statements:

- I understand the aims of the study and how it will be undertaken
- I understand that my participation is voluntary and that I can withdraw at any stage
- I understand that I do not have to answer a question if I do not feel comfortable doing so
- I understand that the information I provide will be confidential, and I understand the limitations of confidentiality
- I understand that the findings will be anonymised

If you feel that you have been fully informed about the study and on the basis of that, are happy to participate, please sign below:

Participant's signature: ……

Date:

Researcher's signature:…….

Date:

Should you have any queries about the research please contact:

Debbie Woodroffe
enquiries@newpathways.org.uk
Tel: 01685 379310

Following the research, if further support is required please contact Debbie Woodroffe in the first instance, or helpline support is available out of hours at:

Live Fear Free Helpline: 0808 8010 800
Call Helpline: 0800132737

FOCUS GROUP QUESTIONS

INTRODUCTION

Background:

How did you 'reach' NP?

Did you encounter any barriers in coming forward?

The Service:

What are your thoughts on the service provided by NP?
(Is there anything you particularly value?
How could the service be improved? Is there anything that should be done differently?)

What was helpful?

What could be improved?

Do you need any further support? What might that be?

What would have helped while you were on the waiting list?
Did you have an assessment prior to counselling? If so, did you find that helpful? How did that help?

What has made the most difference in counselling? (Counsellor/shape of counselling? Would you have liked to have had the option to engage in group work?)

The Diploma:

What, in your view, makes a good counsellor? (What characteristics do you value in a counsellor?)

Any other comments?

THANK YOU

DEBRIEF FORM FOR PARTICIPANTS – NEW PATHWAYS RESEARCH (FOCUS GROUPS)

Thank you for participating in this study, which aims to understand more about how counselling helps people, and what they find most useful about the counselling experience. Your contribution is greatly valued.

As you are aware, the research is being undertaken in line with the ethical guidelines set out in the British Society of Criminology's (BSC) Statement of Ethics (2015). All those who participate in the study are guaranteed anonymity. The information you have provided will remain confidential, unless information was disclosed which indicates that another individual might be at risk of harm.

All information relating to the study will be stored securely at Swansea University and will only be accessed by New Pathways Training and Counselling Services Manager, Debbie Woodroffe, and Dr Susan Roberts (Swansea University) who is assisting with the research. Dr Roberts will comply at all times with Swansea University's strict requirements for storing confidential data, as well as the Data Protection Act 1998 (and General Data Protection Regulation (GDPR), which will replace the former on 25th May 2018).

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THANK YOU AGAIN FOR YOUR CONTRIBUTION

NEW PATHWAYS RESEARCH
QUESTIONNAIRE: INFORMATION FOR PARTICIPANTS - INFORMED CONSENT FORM

New Pathways has received funding from Lloyds Bank Foundation to conduct research with adults who have used New Pathways counselling services.

The aim of the study is to understand more about how counselling helps people, and what they find most useful about the counselling experience. We want to learn what makes counselling useful in order to improve our own counselling service, and help other agencies improve their services too.

We hope that the findings from this research will help us to develop a new Diploma in Trauma Counselling, which will lead to better trained counsellors and more counsellors being trained, in areas such as Mid Wales where we find it hard to recruit counsellors.

Dr Susan Roberts from Swansea University is assisting with the research. As part of the study, we are asking adult New Pathways counselling clients to complete a questionnaire, which is attached. The questionnaire should take around 15-20 minutes to complete**.** The data we collect will be used to inform practice; to inform the development of the Diploma in Trauma Counselling; and will be included in the reports we produce.

The research is being undertaken in line with the ethical guidelines set out in the British Society of Criminology's (BSC) Statement of Ethics (2015). All those who participate in the study will be guaranteed anonymity. The information provided will remain confidential unless information is disclosed which indicates that another individual might be at risk of harm.

All information relating to the study will be stored securely at Swansea University and will only be accessed by New Pathways Head of Training and Research, Debbie Woodroffe, and Dr Susan Roberts (Swansea University). Dr Roberts will comply at all times with Swansea University's strict requirements for storing confidential data, as well as the Data Protection Act 1998 (and General Data Protection Regulation (GDPR), which will replace the former on 25th May 2018).

Please note: you do not have to answer a question if you do not feel comfortable doing so; and you may withdraw your consent to participate in the research at any stage in the process.

If you would like to have access to a quiet space to complete the questionnaire, please ask New Pathways staff for information on that.

When you have completed the questionnaire, please post it in the box in the reception area.

If you would prefer to take the questionnaire away to complete, please return it to New Pathways by….**RETURN DATE TO BE INSERTED HERE**

Before completing the questionnaire, please read the following statements:

- I understand the aims of the study and how it will be undertaken
- I understand that my participation is voluntary and that I can withdraw at any stage
- I understand that I do not have to answer a question if I do not feel comfortable doing so
- I understand that the information I provide will be confidential, and I understand the limitations of confidentiality
- I understand that the findings will be anonymised

If you feel that you have been fully informed about the study and on the basis of that, are happy to participate, please sign below:

Participant's signature: ……

Date: ..…….

Should you have any queries about the research, please contact:

Debbie Woodroffe
enquiries@newpathways.org.uk
Tel: 01685 379310

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MANY THANKS FOR YOUR HELP

NEW PATHWAYS:
QUESTIONNAIRE FOR <u>ADULT COUNSELLING CLIENTS</u>

1.Age?.....

2.Gender?.....

3. Which area do you receive counselling in? (For example: Cardiff/Newport?)

…….....

ACCESSING NEW PATHWAYS:

4. How did you access New Pathways?

5. Why did you access New Pathways at that particular time?

THE WAITING LIST:

6(a) Were you placed on a waiting list? YES [ ] NO [ ]

<u>IF NO, PLEASE MOVE ON TO Q10</u>

6(b) If yes, how long were you on the waiting list?

7(a) Did you have an assessment while on the waiting list? YES [ ] NO [ ]

7(b) If yes, did you find the assessment helpful or unhelpful? Please provide as much detail as possible here.

8(a) Did you receive a self-help booklet? YES [ ] NO [ ]

8(b) If yes, did you find the booklet helpful or unhelpful? Please provide as much detail as possible here.

9. Is there anything else that would have helped you while you were on the waiting list?

YOUR EXPERIENCE OF COUNSELLING:

10. Please indicate on a scale of 1-5 (by circling your response), the extent to which you have found the following to be helpful or unhelpful in counselling:

Please note:
1= extremely unhelpful; 2 = not helpful; 3 = neither helpful nor unhelpful; 4 = helpful; 5 = extremely helpful

(a)Relationship with counsellor

1 2 3 4 5

(b)Being believed

1 2 3 4 5

(c)Being listened to

1 2 3 4 5

(d)Being able to say what I wanted to say

1 2 3 4 5

(e)Not being judged

1 2 3 4 5

(f)Feeling safe

1 2 3 4 5

(g)Gender of counsellor

1 2 3 4 5

(h)Counsellor's capacity to listen/respond

1 2 3 4 5

(i)Counsellor's knowledge specific to sexual abuse

1 2 3 4 5

(j)The educational element of counselling, for example, learning grounding techniques

1 2 3 4 5

(k) Completing outcome measures

1 2 3 4 5

(l)Having counselling goals

1 2 3 4 5

(m)Having counselling in the same room every week

1 2 3 4 5

Is there anything else that you would like to add here?

11. Do you have any suggestions as to how your experience of counselling could have been improved?

THE DIPLOMA:

12. What topics should be included/issues covered when we develop our own Diploma in Counselling?

13. How should the Diploma be taught? For example, should there be a mix of trainer and service-user input?

14. What specific knowledge should counsellors have on completion of the Diploma?

15.What, in your view, makes a good counsellor?

Is there anything else you would like to add?

If you would like to take part in a follow-up interview, please include details of your preferred method of contact below - for example, a mobile telephone number - so that we can get in touch with you.

MANY THANKS FOR YOUR HELP

NEW PATHWAYS RESEARCH:
DEBRIEF FORM FOR PARTICIPANTS (QUESTIONNAIRE)

Many thanks for completing the questionnaire. As you are aware, New Pathways has received funding from Lloyds Bank Foundation to conduct research with adults who have used New Pathways counselling services, and your participation in this research is much appreciated. Below, you will find further details on the research, and whom you should contact if you require additional information or support following your participation.

The aim of the study is to understand more about how counselling helps people, and what they find most useful about the counselling experience. We want to learn what makes counselling useful in order to improve our own counselling service, and help other agencies improve their services too. We hope that the findings from this research will help us to develop a new Diploma in Trauma Counselling, which will lead to better trained counsellors and more counsellors being trained, in areas such as Mid Wales where we find it hard to recruit counsellors.

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Call Helpline: 0800132737

ONCE AGAIN, MANY THANKS FOR YOUR HELP

NEW PATHWAYS RESEARCH
INDIVIDUAL INTERVIEWS: INFORMATION FOR PARTICIPANTS - INFORMED CONSENT FORM

As you are aware, New Pathways has received funding from Lloyds Bank Foundation to conduct research with adults who have used New Pathways counselling services.

The aim of the study is to understand more about how counselling helps people, and what they find most useful about the counselling experience. We want to learn what makes counselling useful in order to improve our own counselling service, and help other agencies improve their services too.

We hope that the findings from this research will help us to develop a new Diploma in Trauma Counselling, which will lead to better trained counsellors and more counsellors being trained, in areas such as Mid Wales where we find it hard to recruit counsellors.

Dr Susan Roberts from Swansea University is assisting with the research. As part of the study, we are asking adult New Pathways counselling clients to participate in individual interviews. The interviews should last around 40 minutes**.** Debbie Woodroffe**,** Head of Training and Research at New Pathways will undertake the interviews, and Susan Roberts will act as note-taker.

The data we collect will be used to inform practice; to inform the development of the Diploma in Trauma Counselling; and will be included in the reports we produce. The research is being undertaken in line with the ethical guidelines set out in the British Society of Criminology's (BSC) Statement of Ethics (2015). All those who participate in the study will be guaranteed anonymity. The information provided will remain confidential unless information is disclosed which indicates that another individual might be at risk of harm.

All information relating to the study will be stored securely at Swansea University and will only be accessed by Debbie Woodroffe, and Susan Roberts. Dr Roberts will comply at all times with Swansea University's strict requirements for storing confidential data, as well as the Data Protection Act 1998 (and General Data Protection Regulation (GDPR), which replaced the former on 25th May 2018).

Please note: you do not have to answer a question if you do not feel comfortable doing so; and you may withdraw your consent to participate in the research at any stage in the process.

Please read the following statements:

- I understand the aims of the study and how it will be undertaken
- I understand that my participation is voluntary and that I can withdraw at any stage
- I understand that I do not have to answer a question if I do not feel comfortable doing so
- I understand that the information I provide will be confidential, and I understand the limitations of confidentiality
- I understand that the findings will be anonymised

If you feel that you have been fully informed about the study and on the basis of that, are happy to participate in an interview, please sign below:

Participant's signature: ……

Date: ..…….

Should you have any queries about the research following your interview, please contact:

Debbie Woodroffe
enquiries@newpathways.org.uk
Tel: 01685 379310

If further support is required, please contact Debbie Woodroffe in the first instance. Alternatively, helpline support is available out of hours at:

Live Fear Free Helpline: 0808 8010 800
Call Helpline: 0800132737

MANY THANKS FOR YOUR HELP

NEW PATHWAYS RESEARCH:
SEMI-STRUCTURED INTERVIEW GUIDE (ADULT CLIENTS)

(Note for interviewer: For each interviewee, please refer to previously completed questionnaire)

Study ID:……..

1(a) You mentioned in your questionnaire that you accessed New Pathways because…
Can you tell me a little more about that?

1(b) What did you want/need from New Pathways at that particular time?

2. What resources/form of contact would you have found useful during your wait for counselling?
(Prompt: What can we do better for people while they are on the waiting list? For example, provide electronic resources; drop-in coffee sessions; self-help booklet?)

3. Can you provide some further detail on your experience of counselling? What have you found most helpful and why? (Prompt: Refer to responses to Q10 on questionnaire).

4. Can you provide some further detail on the topics which should be included/issues covered when we develop our own Diploma in Counselling? (Prompt: Refer to response to Q12 on questionnaire).

5. Can you provide some further detail on how the Diploma should be taught? (Prompt: Refer to response to Q13 on questionnaire).

6. Can you provide some further detail on what specific knowledge counsellors should have on completion of the Diploma? (Prompt: Refer to response to Q14 on questionnaire).

7. Can you provide some further detail on what, in your view, makes a good counsellor? (Prompt: Refer to response to Q15 on questionnaire).

8. Is there anything else you would like to add?

MANY THANKS FOR YOUR HELP

NEW PATHWAYS RESEARCH:
DEBRIEF INFORMATION (INDIVIDUAL INTERVIEWS)

Thank you for participating in this study, which aims to understand more about how counselling helps people, and what they find most useful about the counselling experience. Your contribution is greatly valued.

As you are aware, the research is being undertaken in line with the ethical guidelines set out in the British Society of Criminology's (BSC) Statement of Ethics (2015). All those who participate in the study are guaranteed anonymity. The information you have provided will remain confidential, unless information was disclosed which indicates that another individual might be at risk of harm.

All information relating to the study will be stored securely at Swansea University and will only be accessed by New Pathways Head of Training and Research, Debbie Woodroffe, and Dr Susan Roberts (Swansea University) who is assisting with the research. Dr Roberts will comply at all times with Swansea University's strict requirements for storing confidential data, as well as the Data Protection Act 1998 (and General Data Protection Regulation (GDPR), which replaced the former on 25th May 2018).

Please note: you may withdraw your consent to participate in the research at any stage in the process, including after the interview.

Should you have any queries about the research following your interview, please contact:

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THANK YOU AGAIN FOR YOUR CONTRIBUTION

NEW PATHWAYS RESEARCH
TELEPHONE INTERVIEW: INFORMATION FOR PARTICIPANT - INFORMED CONSENT FORM

As you are aware, New Pathways has received funding from Lloyds Bank Foundation to conduct research with adults who have used New Pathways counselling services.

The aim of the study is to understand more about how counselling helps people, and what they find most useful about the counselling experience. We want to learn what makes counselling useful in order to improve our own counselling service, and help other agencies improve their services too.

We hope that the findings from this research will help us to develop a new Diploma in Trauma Counselling, which will lead to better trained counsellors and more counsellors being trained, in areas such as Mid Wales where we find it hard to recruit counsellors.

Dr Susan Roberts from Swansea University is assisting with the research. As part of the study, we are asking adult New Pathways counselling clients to participate in individual interviews (in your case, this will take the form of a telephone interview). The interview should last around 40 minutes**.** Debbie Woodroffe**,** Head of Training and Research at New Pathways will undertake the interview, and Susan Roberts will act as note-taker. The interview will be undertaken from the NP office in Cardiff. A room will be made available at the office for the interview, and only Debbie Woodroffe and Susan Roberts will be present in the room. During the course of the interview, the telephone will be placed on 'speakerphone' to allow for notes to be taken by Susan Roberts.

The data we collect will be used to inform practice; to inform the development of the Diploma in Trauma Counselling; and will be included in the reports we produce. The research is being undertaken in line with the ethical guidelines set out in the British Society of Criminology's (BSC) Statement of Ethics (2015). All those who participate in the study will be guaranteed anonymity. The information provided will remain confidential unless information is disclosed which indicates that another individual might be at risk of harm.

All information relating to the study will be stored securely at Swansea University and will only be accessed by Debbie Woodroffe, and Susan Roberts. All documentation will be destroyed following dissemination of the research findings by means of reports/journal articles etc. Dr Roberts will comply at all times with Swansea University's strict requirements for storing confidential data, as well as the Data Protection Act 1998 (and General Data Protection Regulation (GDPR), which replaced the former on 25th May 2018).

Please note: you do not have to answer a question if you do not feel comfortable doing so; and you may withdraw your consent to participate in the research at any stage in the process, without penalty. If you do withdraw, you will still be able to access counselling services from New Pathways.

Please read the following statements:

- I understand the aims of the study and how it will be undertaken
- I understand that my participation is voluntary and that I can withdraw at any stage
- I understand that I do not have to answer a question if I do not feel comfortable doing so
- I understand that the information I provide will be confidential, and I understand the limitations of confidentiality
- I understand that the findings will be anonymised

If you feel that you have been fully informed about the study and on the basis of that, are happy to participate in a telephone interview, please sign below:

Participant's signature: ……

Date: ..…….

Should you have any queries about the research following your interview, please contact:

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PLEASE RETURN THIS FORM IN THE STAMPED ADDRESSED ENVELOPE PROVIDED

MANY THANKS FOR YOUR HELP

New Pathways Research - Telephone Interview
Pre-interview 'checklist'

1.Introduction/Interview environment:

Some time ago, having completed a questionnaire relating to the research NP is undertaking, you expressed an interest in taking part in a follow-up individual interview. You requested that the interview be undertaken over the telephone, for the purposes of convenience. Can I first of all ask whether you are still comfortable engaging in a telephone interview?

(**If yes**) Given the nature of our forthcoming telephone 'conversation', I would first like to ensure that you are in a safe/risk-free environment. Could you please confirm that:

- you are alone in a private space, where you can't be overheard

  and

- it is safe to talk?

2. Informed consent and debrief:

(If yes to above) Remind client about the contents of the informed consent and debrief forms previously received and – in the case of the former - returned to New Pathways.

Ensure that the client has a clear understanding of the format of the interview, and that a note-taker is present. In particular, ensure that the client has information available on the contact points for support following the interview (as contained in the debrief form). If not, provide this information once more, prior to commencing the interview.

3. Establish client's preference if the telephone call is cut off at some point. Should the interviewer ring back?

4. Check whether the client has any questions.

5. Proceed with the telephone interview.

THANK YOU FOR YOUR HELP

NEW PATHWAYS RESEARCH:
DEBRIEF INFORMATION – TELEPHONE INTERVIEW

Thank you for participating in this study, which aims to understand more about how counselling helps people, and what they find most useful about the counselling experience. Your contribution is greatly valued.

As you are aware, the research is being undertaken in line with the ethical guidelines set out in the British Society of Criminology's (BSC) Statement of Ethics (2015). All those who participate in the study are guaranteed anonymity. The information you have provided will remain confidential, unless information was disclosed which indicates that another individual might be at risk of harm.

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Please note: you may withdraw your consent to participate in the research at any stage in the process, including after the telephone interview, without penalty. If you do withdraw, you will still be able to access counselling services from New Pathways.

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