



## You're Not Alone: An Evaluation of the Mental Health Outcomes of Therapy Groups for Abused Women

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- Thanks to the You're Not Alone group members.

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- The abuse of women by intimate partners is considered an international crisis.
- In Canada, the General Social Survey on Victimization (AuCoin, 2005) estimated that 7% of Canadian women were victimized by an intimate partner in past 5 years.
  - 27% were beaten, 25% choked, 44% were injured, 13% sought medical help.
  - 34% of abused women feared for their lives.

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- What types of counselling works best for abused women?
- Many authors propose using groups (Abel, 2000; Tutty, Bidgood & Rothery, 1996).
- Groups reduce social isolation, a significant effect of being in an abusive relationship.
- Members encourage each other, allowing women to see that their experiences and reactions to the abuse are not unique.

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- Since 1986, the Calgary Counselling Centre has offered the "You're Not Alone" therapy group.
- The groups are Informed by a narrative Australian therapist Alan Jenkins (1991) and Allan Wade's theories of resistance to violence (Wade, 1997).

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### Group Goals

- Recognize & understand abuse dynamics;
- Take responsibility for her choices;
- Start to trust her decision-making skills;
- Gain confidence in her ability to form healthy, abuse-free relationships.

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- This presentation describes the group format, the demographic characteristics of 397 women; 214 who completed group & a comparison of 165 who dropped out.
- How did the 214 group members fare at posttest as compared to pretest?

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- Groups are conducted for 14-weeks totaling 30 hours, weekly 2-hour sessions (first and last are 3-hour)
- Groups typically 6 to 12 women
- A female-male team facilitates the groups.
- The groups have both an unstructured psychotherapeutic & a structured psycho-educational component.

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- While a group “manual” is available, the leaders have the flexibility to shift topics given the need.
- Topics include:
  - Understanding male violence towards women
  - Family of origin work
  - Identifying future ideal relationships & red flags.

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#### Research Design

- The study employs a two-group comparison (completers versus non-completers) and one-group pre-test, post-test design.
- As with most research conducted in the community, it was not feasible to include a comparison group
- The measures reflect the objectives of the You’re Not Alone program. They include:

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#### Research Measures

##### Pretest Only

- Abuse of Partner Scales: Physical and Non-physical (Hudson, 1992)
- Partner Abuse Scales: Physical and Non-Physical (Hudson, 1992)
- The Trauma Symptom Checklist-40 (Elliot & Briere, 1992)

##### Pretest/Posttest

- Outcome Questionnaire (OQ-45.2) (Lambert et al., 1996)
- Rosenberg Self-Esteem
- Index of Clinical Stress (Hudson, 1992)
- Generalized Contentment Scale (Hudson, 1992)

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#### Research Participants

- 379 women referred from 1995 to the present.
- Age: 37.5 years (range of 18 to 65)
- Partner’s age: 39.9 years (range of 19 to 68)
- Relationship length: 10.1 years (range .33 to 45)
- Average income: Only 9.4% had an income of higher than \$35,000 per year).
- First Language: English 97.4%
- The majority of the women (79.8%) had children: most had one or two (45.4%):
  - 12.7% had only adult offspring

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### Referral Sources/Marital Status

- Counsellors/medical: 45.7%
- Self-referred/sent by family or friends: 43.5%
- Legal sources: 5.6%
- Child welfare: 5.4%
- Marital status at start of group:
  - Separated/ Divorced 111(45.5%)
  - Married 57 (23.4%)
  - Single/Widowed 53 (21.7%)
  - Common-law 34 (9.4%)

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### Previous Counselling: 220 (91.3%)


Psychiatric history (N=69)

- Depression/ Suicidal Ideation 46.4%
- Childhood Sexual Abuse 14.3%
- Substance/sexual addiction 10.7%
- Coping with divorce 7.1%
- Other 21.5%

- Medical Problems 29.6%
- Abuse in Family of Origin 149 (62.6%)
- Police Intervention 92 (38.5%)
- Legal Orders 77 (32%)

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### Completers vs. Non-Completers

- Answering the posttest used to determine group completion (an under-estimate).
- 214 (56.5%) completed the posttest.
- Demographic differences between completers and non-completers:
  - Income: women with higher income were more likely to complete than women with lower incomes. Pearson's Chi<sup>2</sup> =16.9, p = .000; Cramer's V = .28
  - Having a psychiatric history: Chi<sup>2</sup> = 4.9; p = .03; phi = .15

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### Scale score differences at Pretest

Completers has several more functional scores

Scale	Comp.	No-Comp.	Sign.	Eta <sup>2</sup>
Physical Abuse	8.8	12.2	.14 n.s.	
Non-physical Abuse	43.3	48.9	.12 n.s.	
Partner Physical Ab.	3.9	6.5	.04	.13
Partner Non-Phys.	14.9	27.7	.000***	.29
Trauma SCL	38.8	44.6	.19 n.s.	
Rosenberg Self-Esteem	27.5	25.5	.02*	.15
Clinical Stress	43.0	51.2	.000***	.22
Depression	40.5	46.5	.000***	.20
OQ-45	65	82	.05*	.22

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### Scores at Pretest

- Of the measures with clinical cut-offs, before the group the women self-reported scores that fell in the clinical range in: depression and OQ-45.
- TSCL-40 scores: No clinical cut-off for scale, but compared to norm groups, scores more dysfunctional.

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### Pretest/ Posttest Results

Scale	Pre	Post	Sign.	Eta <sup>2</sup>
OQ45 (n = 55)	65.3	52.9	.000	.39
Rosenberg Self-Esteem (n=151)	27.6	31	.000*	.38
Clinical Stress (n=184)	43.2	31.6	.000*	.38
Depression (n=182)	40.3	30.07	.000*	.41

All were statistically improved. The OQ-45 and Depression scales moved to below the clinical cutoffs.

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## Discussion

- The women who completed YNA made substantial improvements in all mental health symptoms.
- That the two subscales with clinical cut-off scores both also moved from the clinical to the non-clinical range is especially important.
- The women who completed group had generally more functioning scores than those who did not. This suggests finding better ways to engage women ensuring they are ready for group.

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- The group completion rate of 56% is disappointing but with high rates of PTSD symptoms at the start of the YNA program, perhaps not surprising.
- In a review of 55 outcomes studies on interventions for PTSD, dropout rates were at about 50% (Schottenbauer Glass, Aronoff, Fedick & Gray, 2008).
- Agency could address trauma more directly before group or women could continue contact with their primary therapist during the group.

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