

# **The health, mental health and well-being benefits of accessing Rape Crisis counselling**

## **Executive summary**

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### **Introduction**

- Rape Crisis Centres have provided support to survivors of rape and other forms of sexual violence in England and Wales since the late 1970s. However, the last decade has seen sustained funding difficulties and there is little research to demonstrate their impact (particularly on outcomes).
- This action research project developed and piloted a tool called the ‘Taking Back Control’ tool that measures the impact of Rape Crisis counselling over time. As far as we can tell, this is the first study of its kind.

### **Development of the ‘Taking Back Control’ tool**

- The tool was developed through: an international literature review; interviews with Rape Crisis managers and staff; interviews with funders and commissioners; documentary analysis of relevant government policy; review of existing measures and tools. Once the first draft was written, meetings were held with Rape Crisis Centres for feedback and the second draft was ready for piloting.

### **Administration of the ‘taking back control’ tool**

- The Taking Back Control tool consisted of 15 statements (e.g. I use self harm to help me cope with my feelings), which the Rape Crisis client was asked to state how much they agreed or disagreed with. A standard Likert scale was used with five response categories.
- Five Rape Crisis Centres agreed to pilot the tool with all new clients. The tool (in the form of a paper questionnaire) was administered by the client’s counsellor, either on week one or two, and then repeated every six weeks until the end of counselling. The data was inputted onto a centralised web-based database by the Centres. The Centres all had access to their own data, and the research team had access to all data.
- It was made clear to clients that non-participation in the study would not affect their access to counselling in any way. No clients’ names or other identifiable data was entered onto the database or otherwise passed to the research team.

## Results

- 260 clients completed at least one questionnaire. This data showed that the most frequent symptom experienced was flashbacks: 83% strongly/agreed with the statement ‘I have ‘flashbacks’ about what happened’. Other statements with over 50% strongly/agreement were: ‘I feel depressed’, ‘I have panic attacks’, ‘I over-eat, under-eat, or use food as a means of control’, and strongly/disagreement with ‘I feel empowered and in control of my life’. The least likely to be recorded as symptoms were ‘I use non-prescribed drugs ... to help me cope’ (although this may be related to a reluctance to admit to criminal behaviour) and I use self-harm to help me cope with my feelings (although at 20% - one in five – this is clearly still a much higher incidence than in the general population).
- 87 clients completed at least two questionnaires. This allowed us to measure change from their first compared with their last data collection point. The most change was made in relation to the statement ‘I feel empowered and in control of my life’, where 61% strongly/disagreed at the first data collection point compared to 31% at the last data collection point. Hence, around half of the clients who initially strongly/disagreed no longer did so by the end of the data collection. Large shifts were also seen in relation to ‘I have ‘flashbacks’ about what happened’ and ‘I have panic attacks’. Overall, some degree of positive change was seen for all measures, although this was small for ‘I use non-prescribed drugs ... to help me cope’ (which again may be linked to problems measuring illegal behaviours). The change for ‘I use self harm to help me cope with my feelings’ appeared small on first sight, however this is partly due to the small number initially reporting it as a symptom – at the first data collection point this was 15/87 and by the last this was down to just 6/87 – less than half reporting it as a symptom than did originally. The same cannot be said for the other statement with a small percentage change: ‘I over-eat, under-eat, or use food as a means of control went down from 57% to 47%, a difference of 50/87 to 41/87.

## Moving on – conclusions from the pilot

- At the time of the final interviews, two of the five Rape Crisis Centres were still using an adapted version of the ‘Taking Back Control’ tool. Examples of its usefulness were given in relation to: training, writing funding applications, completing funding monitoring forms, and in meetings with funders/commissioners. Even those who had decided not continue using it were able to list benefits of involvement in the pilot, for example that it had changed the way their organisation collected data.

- We are very grateful to Northern Rock Foundation for funding this research.
- Suggested citation: Westmarland, N., Alderson, S. and Kirkham, L. (2012) *The health, mental health and well-being benefits of Rape Crisis Counselling*, Durham: Durham University and Northern Rock Foundation.
- Copies of the revised ‘Taking Back Control’ scale are available from: [nicole.westmarland@durham.ac.uk](mailto:nicole.westmarland@durham.ac.uk)