Oasis Understanding Trauma Programme Evaluation

REPORT

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Contents

Acknowledgements

This report is the work of members of staff from the School of Psychology, Liverpool John Moores University; with the collaboration of Oasis Domestic Abuse Service. The aim was to explore the impact of the Understanding Trauma Programme on women who have taken part.

The Evaluation Team would like to thank Kent County Council who provided funding for the evaluation. The content of this report is the product of the Evaluation Research Team and not of Kent County Council.

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Understanding Trauma Programme Evaluation

Executive Summary

Introduction

Domestic abuse is a major public health and clinical concern which is experienced by 1 in 4 women and 1 in 7 men in England during their lifetime. The term 'domestic abuse' refers to a continuum of behaviour and can be physical, sexual, psychological, or financial, and almost always involves coercive control. We know that 2 women a week in the UK are killed by their partner or ex-partner, and another 2 women a week die by suicide in an attempt to escape the abuse. Demand on domestic abuse helplines increased by 22% in the year ending March 2021, although this does not necessarily indicate a rise in victim numbers and could instead highlight an increase in abuse severity and a lack of available coping mechanisms and specialised support. Oasis Domestic Abuse Service is a charity set up to help people experiencing domestic abuse in Kent. It opened it's first refuge in 1994, and offers services to adults and children both in refuge and in the community across East Kent, Medway and North Kent. Services include refuge and safe accommodation, group programmes, counselling, mentoring and training for professionals. Oasis delivers the Understanding Trauma Programme to survivors of domestic abuse who are now in a place of recovery, using trained facilitators experienced in working with trauma-informed principles. There is a real gap in service provision in this area in the UK. This evaluation aimed to examine the impact of the Understanding Trauma Programme over the pilot of this service.

Evaluation Data was collected from 30 women who were referred to the Understanding Trauma Programme between February 2022 - April 2022. Sociodemographic information was collected along with trauma symptoms, coping self-efficacy, suicide, self harm, and mental wellbeing, which were used pre and post programme to measure change. Mental wellbeing was assessed using the Warwick-Edinburgh Mental Wellbeing Scale which was developed to enable the measuring of mental wellbeing for the evaluation of projects and programmes. The client was asked to respond to these measures using rating scales, with all questionnaires being completed online. This information was supplemented with qualitative data generated through in-depth interviews with facilitators and clients which explored their experiences of the programme and its delivery.

Impact of the Understanding Trauma Programme

Coping For the women who completed pre and post questionnaires (n=11) all experienced a significant positive change in their coping self efficacy. There was a statistically significant increase in coping scores following completion of the programme.

Mental Wellbeing For the women who completed pre and post questionnaires (n=11) all experienced a significant positive change in their mental wellbeing. There was a statistically significant increase in wellbeing scores following completion of the programme.

Recommendations This evaluation has highlighted the effectiveness of the Understanding Trauma Programme in improving coping and mental wellbeing in survivors of domestic abuse. Findings suggest that this is a useful programme which demonstrates benefits to clients. It was also demonstrated that this programme worked well with the necessary online delivery mode due to Covid-19, however safety concerns should be considered when deciding on future mode of delivery. Key areas for improvement include extending the training provided to facilitators, and making the content and materials more accessible to clients with diverse needs. Based on the findings of this evaluation, we would recommend that the Understanding Trauma programme developed by Oasis Domestic Abuse Service would be suitable to be delivered more widely, and believe it fills an important gap in service provision for survivors of domestic abuse.

1. Introduction

Domestic abuse is a major public health and clinical concern which is experienced by 1 in 4 women and 1 in 7 men in England during their lifetime (Office for National Statistics, 2021). The term 'domestic abuse' refers to a continuum of behaviour and can involve physical, sexual, psychological, financial, and/or verbal abuse (Iverson, Shenk, & Fruzzetti, 2009). It almost always includes coercive control, which is now considered a crime in the UK. In the most severe cases, it can result in rape and even homicide (Dodd, 2009). Although both genders can experience domestic abuse, the impact on health is greater among women, as they are more likely to be repeatedly victimised (Walby & Towers, 2017; Walby & Allen, 2004) and even killed by their abusers (Kivisto, 2015). Demand on domestic abuse helplines increased by 22% in the year ending March 2021, although this does not necessarily indicate a rise in victim numbers and could instead highlight an increase in abuse severity and a lack of available coping mechanisms and specialised support (Office for National Statistics, 2021).

Survivors of domestic abuse represent a distinct patient group with specific needs due to the complexity of their trauma (Pitt et al., 2020), which is likely to have occurred repeatedly and increased in severity over time. Domestic abuse is associated with numerous mental health consequences, including post-traumatic stress disorder (PTSD), depression, anxiety, psychiatric distress, social adjustment problems, and increased suicide risk (Bowland, Edmond, & Fallot, 2012; Iverson et al., 2009). This is in addition to profound physical injuries such as cuts, bruises, broken bones and internal injuries (Dodd, 2009), resulting in increased use of health services and vast social and economic costs (Szilassy, 2021). Given the widespread nature of domestic abuse, there is a sparsity of empirical evidence addressing the efficacy of therapeutic approaches for survivors. Various behavioural models have been discussed within the literature, including supportive, psychodynamic and cognitive behavioural approaches (Foy, Eriksson & Trice, 2001); however, a consensus is yet to be reached regarding which model is most effective for survivors of domestic abuse. Whilst the National Institute for Health and Care Excellence (NICE, 2018) guidance recommends individual trauma-focused cognitive behavioural therapy and eye movement desensitisation and reprocessing (EMDR) as evidence-based treatment options for those experiencing PTSD, it has been argued that survivors of domestic abuse may experience barriers to accessing trauma-focused support, due to factors such as poverty, lack of social support, parenting stress, and ongoing contact with the perpetrator of their abuse via child contact making it difficult to engage with long-term exposure work (Pitt et al., 2020).

Despite the overall lack of empirical evidence addressing the efficacy of therapeutic interventions for survivors of domestic abuse, it is apparent that group interventions may offer a cost-effective and acceptable alternative to individual therapy (Dodd et al., 2009; Foy et al., 2001) with its own benefits including validation, normalisation, problem solving and trust building (Iverson et al., 2009). Limited research has also suggested the utility of

interventions that enhance social support, emotion regulation and self-validation for survivors of domestic abuse (Iverson et al., 2009). Due to the distinct lack of research in this area, it is important to evaluate new interventions for women who have been subjected to domestic abuse.

Oasis Domestic Abuse Service is a charity which delivers services to people experiencing domestic abuse in Kent, which started in 1994 when it opened its first refuge. Today, Oasis delivers services to adults and children both in refuge and in the community across East Kent, Medway, and North Kent, and are now joined with their sister organisation, Choices Domestic Abuse Service. Oasis receives referrals from individuals, as well as from Police and Social Services. Oasis takes a client centred, recovery focused approach, and delivers a range of interventions and services, including group support programmes, such as their Understanding Trauma Programme. The Understanding Trauma Programme is a 6-week psychoeducational programme for survivors of domestic abuse which has been developed to explore trauma. It consists of 6 workshops.

Understanding Trauma Programme

The Understanding Trauma Programme is a 6-week psychoeducational programme for survivors of domestic abuse which has been developed to explore trauma. It consists of 6 workshops, each two hours long. The programme helps participants to better understand the trauma they have experienced, whilst gaining insight into practical approaches to coping with their mental health and trauma, and improving their wellbeing.

The programme content covers 19 elements; celebrating survival, affirmations, exploring trauma, calming the brain, understanding the brain, tolerance, emotional trauma triggers, trauma, pain and psycho-somatic reactions, core beliefs, automatic negative thoughts, boundaries, compassion, empathy, mindfulness, luck, self care, drama, goals and post traumatic growth. Workshops use a mixture of handouts, videos, models and theories, to help communicate the content to participants in the most accessible way.

Nine programmes were delivered during the period of the pilot. All of these were conducted online due to Covid-19 restrictions.

The purpose of this report was to evaluate the Understanding Trauma Programme. The main aims were to:

1) Evaluate a new programme for survivors of domestic abuse

2) Examine the effectiveness, acceptability and impact of the Understanding Trauma project.

2. Method

Design: A mixed-methods approach was used for this study. A range of quantitative and qualitative data was collected and analysed to evidence the impact of the Understanding Trauma programme.

Methods: Pre and post data was collected for trauma symptoms, coping, suicide, self harm, and mental wellbeing to allow us to determine if there were improvements in these aspects following the programme. Socio demographic information was also collected, to enable us to explore if there were any differences in any of these measures across different groups of people, and if so, to control for this when examining the impact of the programme.

Interviews were conducted with programme facilitators and also with service users to explore their experiences of the programme, and identify areas of strength and areas for improvement.

Participants: Quantitative data was collected from a cohort of women taking part in the Understanding Trauma programme during the pilot period. Nine groups were conducted. Forty-one participants attended the programme, with 23 continuing until completion.

For the quantitative survey, there was therefore a 73% response rate at the beginning of the programme, and a 50% response rate on completion of the programme. Although the numbers may seem small, it is important to remember that a small sample overall was involved in the programme, and a survey response rate of 50% or higher is considered excellent in most circumstances. Survey response rates in the 5% to 30% range are far more typical. This illustrates that participants in the survey likely had high levels of motivation to complete it.

Ten facilitators were involved in delivering the programme. Participants in the programme had already attended at least one other course run by Oasis Domestic Abuse Service.

Qualitative data was elicited through five in-depth interviews with facilitators and participants. (carried out April-May 2022). Interviews explored their experiences of the programme, it's content and delivery.

Procedure for quantitative data collection: Demographic data was collected from the participants who took part in the evaluation study via an online survey. We also assessed the outcomes below at the beginning of the Programme, and again on completion of the programme.

Trauma symptoms – measured by the Trauma Symptom Checklist (Elliott & Briere, 1992). This is a 40-item self-report measure consisting of six subscales: anxiety, depression, dissociation, sexual abuse trauma index, sexual problems, and sleep disturbance, as well as a total score. We also recorded the number of trauma symptoms reported by each participant. The measure evaluates symptomatology in adults associated with traumatic experiences, and measures aspects of posttraumatic stress and other symptoms clusters found in traumatised individuals. Each item is rated according to its frequency over the previous two weeks, using

a 4 point scale ranging from 'never' (0) to 'often' (3). Example items include 'headaches', 'loneliness', 'nightmares', and ' trouble controlling your temper'. A higher score indicates higher levels of trauma.

Coping Self Efficacy - measured by the Domestic Violence Coping Self-Efficacy measure (DV-CSE) (Benight, Harding-Taylor, Midboe & Durham, 2004). This is a 30-item self-report measure. Items ask about the participants' ability to cope in different ways such as "managing my house, food, clothes, and medical needs", and "trusting anyone" and "dealing with feelings of sadness". Participants were asked to rate how well they felt they could cope with each item on a 5 point scale from "not at all capable" (0) to "totally capable" (4). Individual items are summed for a total score, with higher scores indicating greater coping self-efficacy.

Suicidality -2 items from the General Mental Health Distress Scale (GMDS; Dennis, White, Titus & Unsicker, 2007) were used to assess suicidal ideation and suicide attempts. Participants were asked whether they had thought about ending their lives or committing suicide recently and whether they have attempted to commit suicide over the previous few weeks. Participants answer yes or no for each item.

Self Harm - Participants were asked whether they had thought about hurting themselves recently and whether they had hurt themselves. Participants answer yes or no for each item.

Mental Wellbeing – measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al, 2007). This measure was developed to measure mental wellbeing and for the evaluation of projects, programmes and policies which aim to improve mental wellbeing. It has 14 items, with 5 response categories summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. Higher scores indicate better mental wellbeing.

Quantitative data analysis: To examine client outcomes repeated measures general linear models were used to compare pre and post treatment data. Magnitude of effect sizes (r) were established using the Cohen criteria for r of 0.1 = small effect, 0.3 = medium effect and 0.5 large effect. Chi Square tests of independence were used to examine relationships among categorical variables . Levels of deprivation were determined using participant postcodes and the government Indices of Multiple Deprivation (IMD). The index of IMD score ranged between 1 = most deprived and 10 = least deprived. Scores of 1-5 indicate the most deprived areas and scores of 6-10 the least deprived areas.

Procedure for qualitative data collection: Prior to the interviews all participants provided verbal consent. Gatekeeper consent was received from Oasis prior to data collection from the facilitators. Written consent was also gained from all facilitators and participants who took part. Semi-structured interview schedules were used to elicit discussions about the design, implementation, content and delivery of the Understanding Trauma programme. Researchers experienced in qualitative methods conducted one-to-one interviews. The interviews and

discussions lasted around 45 minutes. In addition, feedback forms were collected for 3 of the 9 groups. Open comments and responses are included in the qualitative analysis.

Qualitative data analysis: Thematic analysis was used to analyse the interview transcripts and was selected as an appropriate method for examining the interview data because it provides a way of getting close to the data and developing a deeper appreciation of the content (Braun & Clarke, 2006). All data transcripts were checked for errors by listening back to the audio-recording and reading the transcripts simultaneously. Jennifer Chopra (JC) and Laura Sambrook (LS) conducted the interviews and listened back to the audio-recorded interviews to become familiar with the whole data set. Written comments from the feedback forms were also included for analysis. JC conducted analysis of the anonymised transcripts and comments that have been used within this report.

Ethical Approval: Ethical approval was granted by the Liverpool John Moores University Research Ethics Committee and implied consent was gained for participants taking part in the survey, and written consent and verbal consent was gained for everyone who took part in the interviews.

3. Findings

3.1 Women taking part in the Understanding Trauma programme

Over the pilot period 41 participants took part in 9 programmes, and 22 completed the programme. Of these, 30 participants completed the initial evaluation survey at the beginning of the programme, and 11 took part on completion.

The mean age was 42 years (range 26-64 years).

Table 1: Demographics characteristics

Demographic	**N (%) (N=30)**
Ethnicity	
White British	25 (83%)
Other ethnicity	5 (17%)
Employment Status	
Employed	16 (53%)
Unemployed	11 (37%)
Student	2 (7%)
Retired	1 (3%)
Deprivation (IMD)	
Most deprived areas	16 (62%)
Least deprived areas	11 (38%)
Missing information	3

Socio-Demographic data

Table 1 shows the demographic characteristics of the women taking part in the programme. The majority were White British and employed. The majority of women were from areas classed as being the most deprived (an index of IMD score of 1 or 2). The IMD is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOA)). It is a combined measure of deprivation based on a total of 37 separate indicators that have been grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area. Every LSOA in England is given a score for each of the domains and a combined score for the overall index. This score is used to rank all the LSOAs in England from the most deprived to the least deprived, allowing users to identify how deprived areas are relative to others.

The findings show no significant differences or associations across these socio-demographic factors on any of the outcomes, suggesting that the programme was just as effective for women regardless of their ethnicity, employment status, or level of deprivation.

3.2 Impact of the Understanding Trauma Programme

Table 2: Outcome scores at the beginning and end of the programme.

Outcome	**Beginning of programme (N=30)**	**End of programme (N=11)**
Trauma Symptoms (Mean)		
Dissociation	7.77	6.27
Anxiety	18.33	3.80
Depression	8.23	1.91
Sleep disturbance	13.80	11.55
Sexual problems	8.33	8.72
Sexual abuse trauma	19.53	17.09
Overall Trauma Symptom Score	76.00	65.72
Number of trauma symptoms reported	23.07	19.18
Suicidality & Self Harm (N, %)		
Suicidal ideation	3 (10%)	0
Suicide attempts	0	0
Thoughts of self harm	15 (50%)	5 (45%)
Self harm	9 (30%)	2 (18%)
Coping (Mean)		
Total Coping Self Efficacy	97.93	119.55
Mental Wellbeing (Mean)		
Total Mental Wellbeing	45.07	54.63

It can be seen from Table 2 that the trauma symptom scores did reduce upon completion of the programme for the majority of the subscales, for the total score, and for the number of trauma symptoms reported. However, these reductions were not statistically significant (p=.26).

We can also see a reduction in suicidal ideation, thoughts of self harm, and self harm behaviours. This was statistically significant. We can not obtain significance figures for suicidal ideations or attempts, as there are no cases on completion of the programme to compare it to. However, thoughts of self harm were significantly reduced (χ^2 (1, n=11) = 7.54, p=.006, phi = .83) with a large effect size, and self harm behaviours were also significantly reduced (χ^2 (1, n=11) = 11.00, p=.001, phi = 1.00) with a large effect size.

There was a significant increase in coping self efficacy following the programme (F (1)= 7.88, p=.02, effect size .44) showing a medium effect size (see Figure 1)

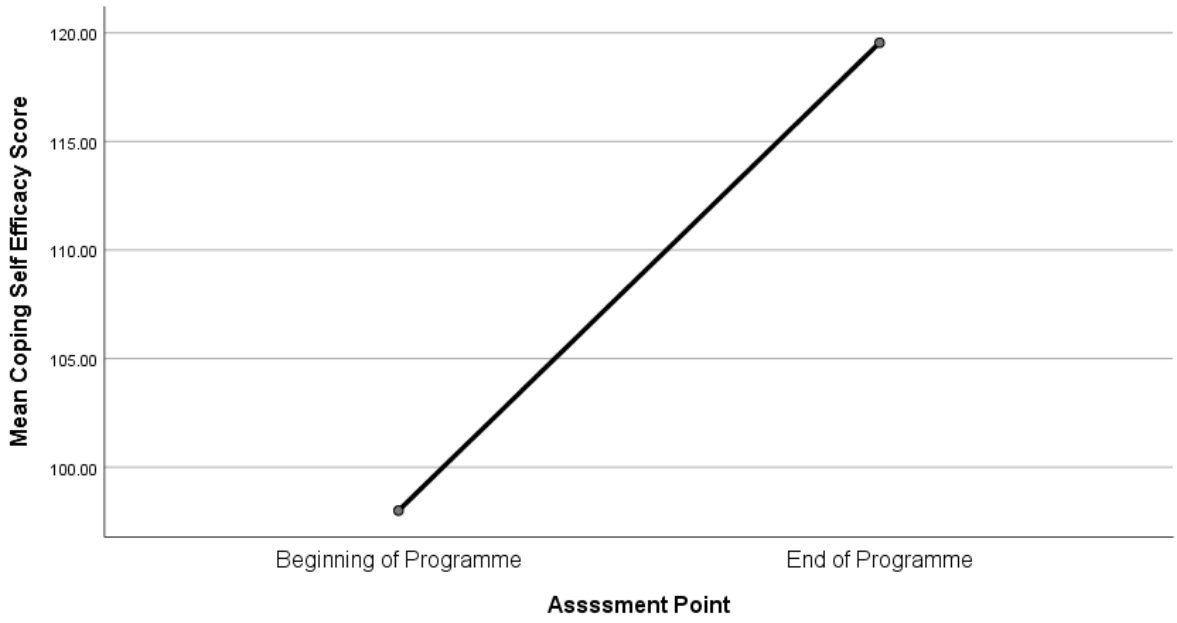

Figure 1: Mean Coping scores at beginning and end of programme

Lastly, there was a significant increase in mental wellbeing scores at the end of the programme. (F (1) = 8.48, p=.01, effect size = .46.) with a medium effect size. (see Figure 2)

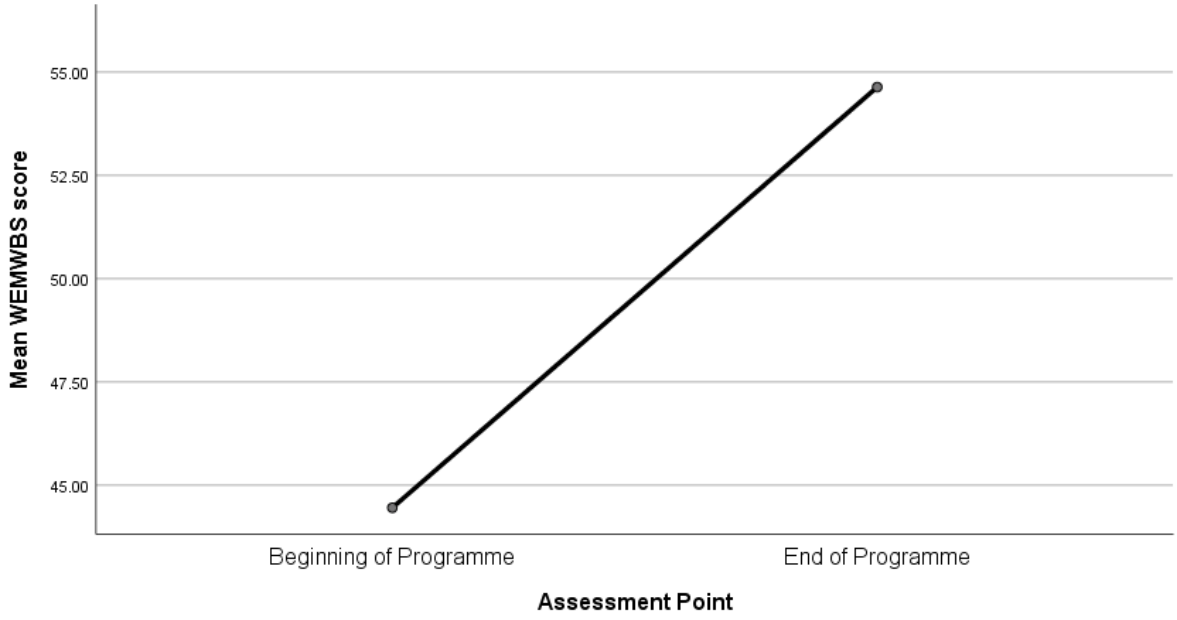

Figure 2: Mean Mental Wellbeing scores at beginning and end of programme

3.3 Qualitative findings

Following the thematic analysis process, four themes were conceptualised as reflecting the corpus of this material. The themes illustrate the views of clients and facilitators on the Understanding Trauma Programme. The first theme related to what was involved in the programme and was conceptualised as '*Resources and Content*'. The second theme identified was '*Benefits to clients'* and how the programme impacted on them. The third theme *'Role of Oasis'* related to how Oasis implemented the programme. The fourth theme '*Delivery of the programme*' discusses the online vs face to face delivery of the programme. Each of these themes are developed below.

Theme 1: *Resources and content*

Findings from the interviews with both facilitators (F) and participants (P) demonstrated that the materials and resources were viewed very positively.

> *"The resources were very well put together and very easy to understand"* (P)
>
> *"Materials were very helpful and well written"* (F)

A range of content was picked out as being very useful, with grounding techniques and affirmations being the most commonly mentioned.

> *"All the information in the sessions was really good, and the grounding techniques were excellent"* (P)

> *"The grounding techniques were all very useful and very helpful to some of our clients"* (F)

> *"It lets people know that there is recovery from the from the trauma by using the simple effective grounding techniques*. *You know, they've been using the, specifically the square breathing and rainbow grounding, that seems to have been a favourite, and the affirmations, they really loved that, and they keep using them" (F)*

Participants also talked about using these strategies regularly in their day to day life, and felt they had made a real difference to them.

> *"The learning all about myself and affirmations, that was really helpful for me, I use that every day. I read it to myself everyday."* (P)

> *"I wrote a letter to myself, so I could actually have it in writing, what I've actually been through, and how far I've come, and I keep that and read it every week. That's probably the best thing I got out of it. it's a really healing process. I think I wouldn't be the person I am today if I hadn't have done that letter, I really don't."* (P)

Some of the models and theories used in the programme were also highlighted as being very beneficial, and participants liked this aspect of the programme.

> *"I especially liked the window of tolerance, I like that. And the ring theory, that really helped me and I found it was very good. So I thought that was very beneficial."* (P)

However, conversely, Ring Theory was identified by facilitators as being potentially problematic for clients who did not have support around them;

> *"It can be quite disheartening for the clients, because so many of them are so isolated. I think it's difficult to present this (Ring Theory) to clients with a background of domestic abuse"* (F)

> "*One lady, she was cut off from her family, she was in refuge, and she found that (Ring Theory) really quite upsetting, and she just said 'I haven't got anyone at all', and she felt really sad, and we lost her from the group at that point. And that's quite a common situation that many find they feel cut off and isolated, so I think that part could be removed".* (F)

Only one part of the content was particularly mentioned as being difficult to engage with and harder to understand

> *"The one about the brain went over my head a bit, you know all the ins and outs of the brain and how it works. And I did struggle with that."* (P)

> *"The biology aspects around the brain weren't interesting, and I didn't enjoy that bit"* (P)

Facilitators agreed that some of the material seemed to be pitched a little too high for some clients, particularly those with diverse needs such as problems with literacy, language barriers, or learning difficulties

> *"Some information was just aimed too high for the clients…I just felt that it needed to be more in layman's terms, and that no disrespect to the clients, but in my group, they all had different needs, and I had to really spend a lot time trying to express it all in way they could understand."* (F)

> *"Some of the wording was just a little bit too much, and we might just need to bring it down a notch, so everyone can understand it. There were some bits that were very wordy"* (F)

It was suggested that a key area for improvement for the future would be to make the materials more accessible to a wider audience

> *"The materials could be done in different languages, that would be fantastic."* (F)

> *"I did just go back to Oasis and ask, is it possible for us to have that video in a narrated version, just so that if there is a client that can't read, they can still listen to the story and understand what's going on."* (F)

However, the overall view of the resources used and content of the programme was overwhelmingly positive

> *"I really did honestly think everything was so useful in that programme"* (F)

> *"I really don't think there were any negatives. It was amazing. One of the best things I've done."* (P)

> *"I couldn't fault the programme in any way"* (P)

Theme 2: *Benefits to clients*

The benefits of the programme to clients were thought to be wide ranging, with participants and facilitators identifying an increase in knowledge and understanding, increases in self confidence, and a positive impact on mental and emotional wellbeing.

> *"It gives them a lot of information and knowledge. I think it's empowering. It empowers them to take charge of themselves again, and over their own through processes. And that really helps them to move on."* (F)

"We see clients walk away with a little bit more confidence at the end of the sessions." (F)

"The benefit of it has been obvious in my family and they see such a change in me. I was less tolerant before, you know? But now I've got the grounding techniques, I can look back at the resources, and think about the stuff in the calming the brain bit. And yeah, it's made me a lot more tolerant, a lot more understanding towards others, and really I couldn't have got anything more out of it than that, that was really what I wanted." (P)

It was highlighted that the programme really helped clients to move on, and had a lot of benefits for clients. Both facilitators and participants discussed that whilst the programme is designed for survivors of domestic abuse, they felt it would work well for people with different types of trauma as well.

"I'm literally just waiting on the green light to say yes, we can do more, cause I'm quite sure just from my experience, that our clients will really benefit from this programme. I think they'll take so much out of it. It helps them move forward and it helps them understand." (F)

"I'm really looking forward and hoping that we do get the green light because ii do think it's really helpful." (F)

"I knew a lot of clients would benefit from it" (F)

"I would recommend it for anyone who had been through any kind of trauma. It's really the best thing I've done" (P)

"I'm pretty sure it's gonna help other clients , not just females that have gone through domestic abuse, but other clients that have gone through different traumatic things in their life. I just think it will help them to understand themselves. It will help them." (F)

"It really helps clients to move on. It's moving on to that repair stage, and there's not really any other programmes out there that do that" (F)

Theme 3: *Role of Oasis*

Facilitators reported that programme was very well put together, and were impressed with the range and relevance of the information it contained. Facilitators also praised Oasis for responding quickly to any minor adjustments that were needed

"Programme needed only very minor tweaks and these were done straight away. For example, there was a bit in one of the videos that could have been a bit triggering, but we raised it and it was changed quickly." (F)

"Oasis were excellent, they were really on the ball. Anything at all, the responded so quickly and just sorted it out" (F)

Facilitators also had positive comments on the training that Oasis provided to them

"The training is done really well" (F)

Although, it was raised that in some areas, the training could have went into more depth, and facilitators raised that they felt a longer training session was needed to cover everything well.

"It was very useful training but I felt the training needed to be longer so we could explore certain parts in more depth" (F)

"I felt the training was useful, but it could have been longer, and in a bit more depth. It just felt a bit rushed. It was just a lot to cover in a short space of time" (F)

"It was informative, but a bit rushed, because it's a lot of content" (F)

Theme 4: *Delivery of the programme*

This theme discussed how the programme was delivered online due to Covid-19 restrictions. Clients and facilitators felt that the programme had worked well online, and were happy that the programme could be delivered well in this way. However, some did express that their personal preference would have been to have it face-to-face.

"Doing it online is always that little bit different than doing it in the room. It was just an extra challenge to get used to doing it online. I personally just prefer to be in a room with people, but it does work online" (F)

"I like to be in a room with people, I just feel I learn better that way, and enjoy it a bit more" (P)

However, there were also clients who preferred taking part online, and found it easier and were more comfortable with this mode of delivery

"I prefer teams as it allows you to show yourself or not! and the presentation and presenters are easily seen" (P)

"Easy to access and choice of using the video if preferred." (P)

"I feel more comfortable with Teams" (P)

"Teams works very well for this" (P)

"Teams is easier" (P)

"Online gets people more involved with the conversation and more interaction" (P)

Facilitators generally agreed that it worked better for some clients online, and concluded that going forward, it would be beneficial for clients to have a choice whether to participate online or face-to-face.

"You do have clients that sometimes don't want to sit in a room with other people, they're just not comfortable, through anxieties of their own, their own self esteem and confidence, that they don't want to be in room with other people. They maybe feel self

conscious or don't like travelling. So it's good to have that flexibility with it being online." (F)

"And if you've got a client that's further away or whatever, then it just makes it more accessible to have it online. I'd like to see a choice for clients, whether they want to do it in person or online, cause different things suit different people." (F).

However, it was also raised that there were safety concerns with doing the programme online, and that it made safety planning more difficult, which is important to consider when deciding on methods of delivery for the programme.

"*Not everyone turns the camera on, so we don't know what's happening there. And even then, right now I can see you're on the screen but I don't know who's in front of you or beside you, and within domestic abuse, we just don't know if they're safe. We've had situations where the perpetrator has been in the same room, and it's just not safe. And then clients also disclose stuff, and then you need to try and phone them in the break to speak about it, and you just can't do that safety planning like you would in person."* (F)

4. Discussion

The findings show that the Understanding Trauma Programme increases clients' knowledge and understanding of trauma and provides them with practical techniques and strategies to deal with their trauma, which help to improve their coping ability and wellbeing. The quantitative data demonstrates that the programme significantly improves coping and wellbeing, as well as reducing suicidality and self-harm in this population. The qualitative data supports the benefits of the understanding the programme gives clients and the utility of the techniques and strategies which are taught, which clients report continuing to use beyond the programme end. This suggests that the programme may also provide a long term benefit to clients.

Long-term scores on the outcome measures need to be collected to see whether the improvements are sustained over time following the programme.

Very few limitations of the programme were identified. One key area for improvement would be to develop the accessibility of the materials provided for the programme to better meet a range of needs. Another would be to extend the length of time given to training facilitators to allow this to be done in more depth.

However, the findings of this report must be interpreted with caution, as it is important to note that they are based on a very small sample. Whilst this is not uncommon for pilot studies of this nature, it does limit the generalisability of the findings. Despite this, it is clear that the Understanding Trauma Programme fills a significant gap in service provision for survivors of domestic abuse.

5. Recommendations

We can conclude from these findings that the Understanding Trauma Programme delivered by Oasis Domestic Abuse Service has a positive impact on survivors of domestic abuse, and is viewed positively. This report has highlighted further areas of learning that would improve the programme further. The recommendations would be as follows:

Recommendations for the Understanding Trauma Programme and Oasis

- Review materials and resources for accessibility e.g. vision, difficulties with literacy, learning difficulties, and language barriers and suitability
- Provide longer and more in depth training for facilitators.
- Where possible, allow facilitators to adapt the programme to best suit the needs of the specific group.
- Aim to deliver the programme in person where possible.

Recommendations for monitoring and evaluation

- Collect demographic data for all women taking part in the programme and record numbers of clients at the start of programme and when completing the programme
- Continue to measure coping self efficacy, suicidal thoughts, suicide attempts, self harm and mental wellbeing, as these aspects are being improved by the programme
- Future evaluation could also include measures of resilience, flourishing (e.g. life satisfaction, positive affect, happiness), and confidence/self esteem, as these are key areas highlighted by the qualitative findings which could be objectively measured to help further understand the impact of the programme.

Conclusion

This evaluation has highlighted the effectiveness of the Understanding Trauma Programme. Despite the challenges that have arisen due to the pandemic and national lockdown, Oasis has provided an excellent programme for survivors of domestic abuse. We would recommend that Oasis use this pilot as the basis for expanding the delivery of the programme. Future research needs to assess the long-term effects of the programme in order to understand whether the effects are sustainable over a period of time following the programme.

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