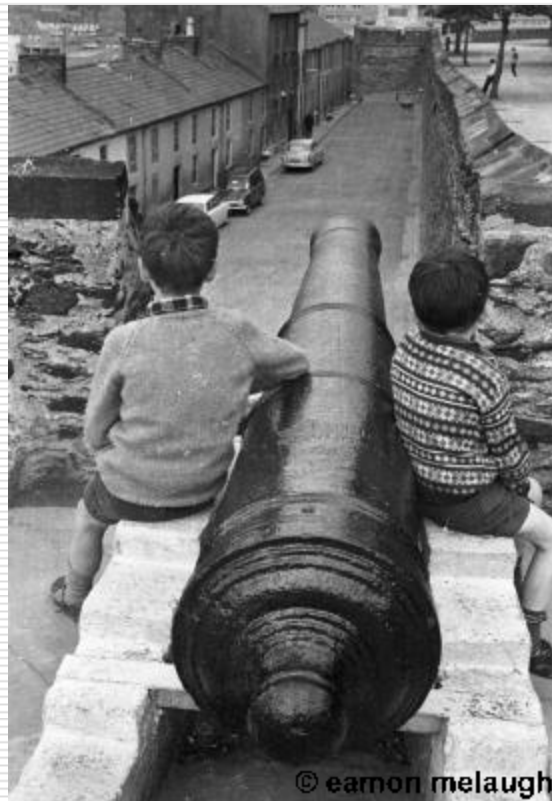




The PAVE project: Exploring effectiveness of services for people affected by violence



© eamon melaugh

Dr Karola Dillenburger

Ms Montserrat Fargas

Mrs Rym Akhonzada

PAVE Project

School of Sociology, Social Policy
and Social Work

Queen's University Belfast

The PAVE Project (People Affected by Violence) - Background

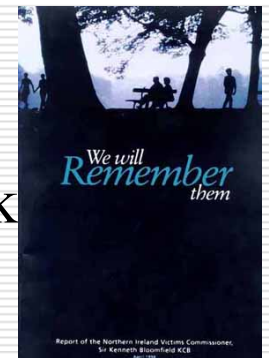


- Violence has affected most people in Northern Ireland with over 3,600 people killed and more than 40,000 injured since 1969.
 - In the 1970s, psychiatrists argued that people affected by community violence generally reacted with astonishing resilience to the continuing violence (Fraser, 1973) and early studies that showed a different picture were largely ignored.
 - In those early years of the Troubles, there was a lack of structured support for those affected.
-

Background



- Not until the 1990s, especially the Belfast Agreement in 1998, attention was paid to developing interventions and researching the actual impact of the Troubles on people of N.I.
- Victim's issues emerged as a priority in the Government's policy agenda and voluntary organisations experienced a rapid growth due to an increase of requests for help and funding resources.
- Little is known about how these voluntary groups work the actual services that they offer and its actual effects or impact on its service users.



PAVE Project



AIMS

PHASES

1. Overview & categorisation of services offered to people affected by the 'Troubles'



○ **PHASE 1:** Survey on 48 core-funded voluntary groups & categorisation of the services provided by them to those affected by community violence

2. Exploration of the effectiveness of some of the most commonly used services in regard to achieving their set aims/goals



○ **PHASE 2:** Survey on the members of some of these groups in order to evaluate the services that are availing of.

Methodology - Phase 1



- Ethical approval (OREC NI)
- Participants: 48 core-funded voluntary groups located all over Northern Ireland.
- Research tool: The *Community Services Questionnaire* (CSP), specifically designed for this phase.
- Procedure:
 - Pilot Study: 5 groups (10% of the total population)
 - Main Study: 43 Qs were sent by post to the remaining groups, follow-up telephone calls were made to those who didn't return Q after 2 weeks.



RESULTS - Phase 1



□ THE GROUPS (n = 19):

- Formed between the years 1971 and 2002, though most of them formed in 1998 onwards (n = 12).
- Majority working only with people affected by the Troubles (n = 13).
- They employed between 1 & 37 staff, some relied only on voluntary workers (n = 3).
- Most groups served between 100 & 1,000 people (n = 12), although some served less than 100 (n = 5) and one group served as many as 2,000+.



RESULTS - Phase 1



□ SERVICE USERS:

- An estimated n. of 5,000-6,000 people used the services of the respondent groups.
- Majority were females although most groups (n=16) served men as well.
- Age group: between 18 & 64.
- The majority were bereaved relatives (parents or widowed), some were physically injured or disabled and intimidated.
- Majority were referred by personal referral.

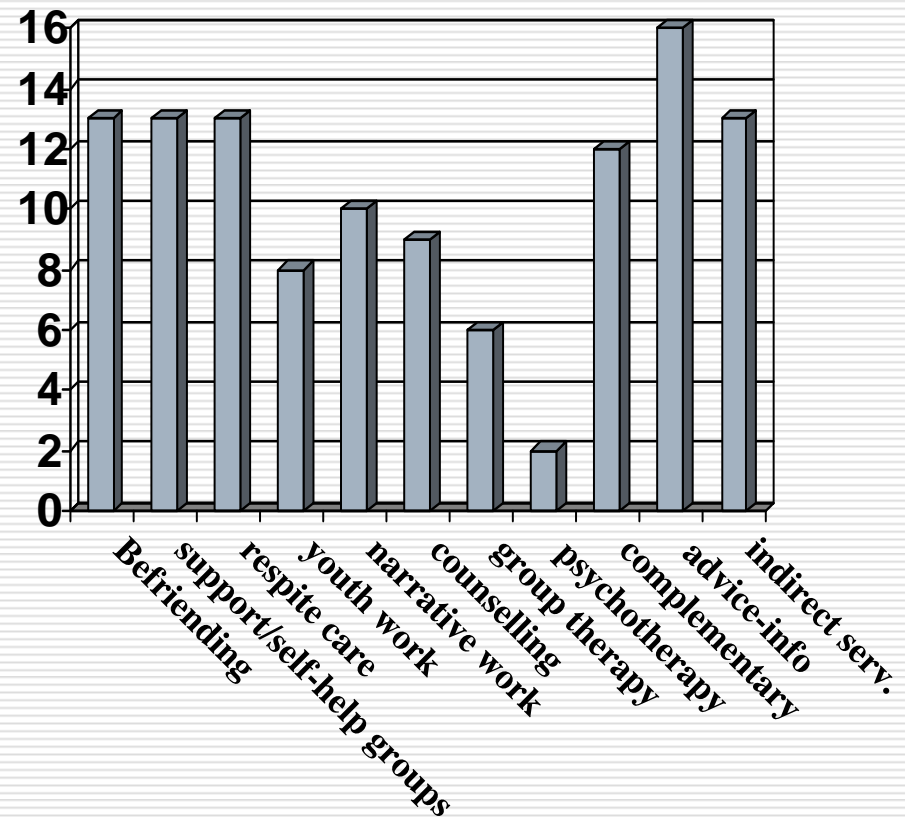


RESULTS - Phase 1



□ SERVICES:

- Most frequently used services were advice and information, befriending, support groups, respite care, indirect services and complementary therapies.
- Fewer groups offered structured therapeutic services (psychotherapy or group therapy).



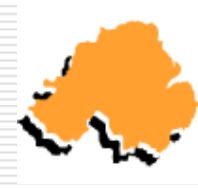
RESULTS - Phase 1



□ SELECTION OF SERVICE USERS:

- Selection / eligibility criteria for service users (n = 13)
- 8 groups wanted to include other areas
- Most of the groups (n=14) did evaluate their work
- 11 groups were willing to participate in the second phase.





Categorisation of services

Community-based service



Befriending

Support / self-help groups

Respite care / time out

Youth work

Narrative work

Psychology-based services

Psychotherapy

Group Therapy

Counselling

Philosophy-based services

Complementary Therapies



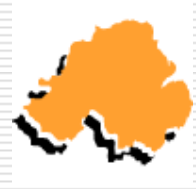
Education-based services

Advice and information

Indirect services



Methodology - Phase 2



- Ethical approval
- Participants: service users of the voluntary groups surveyed in phase 1
- Research tool: Consent sheet, cover questionnaire, GHQ-30, BDI-II, & PDS.
- Procedure: visits to groups or Qs sent by post. Initial assessment and effectiveness assessment after 3 months.



Initial Assessment - RESULTS



Description of the participants (n=50)

□ Socio-demographic characteristics:

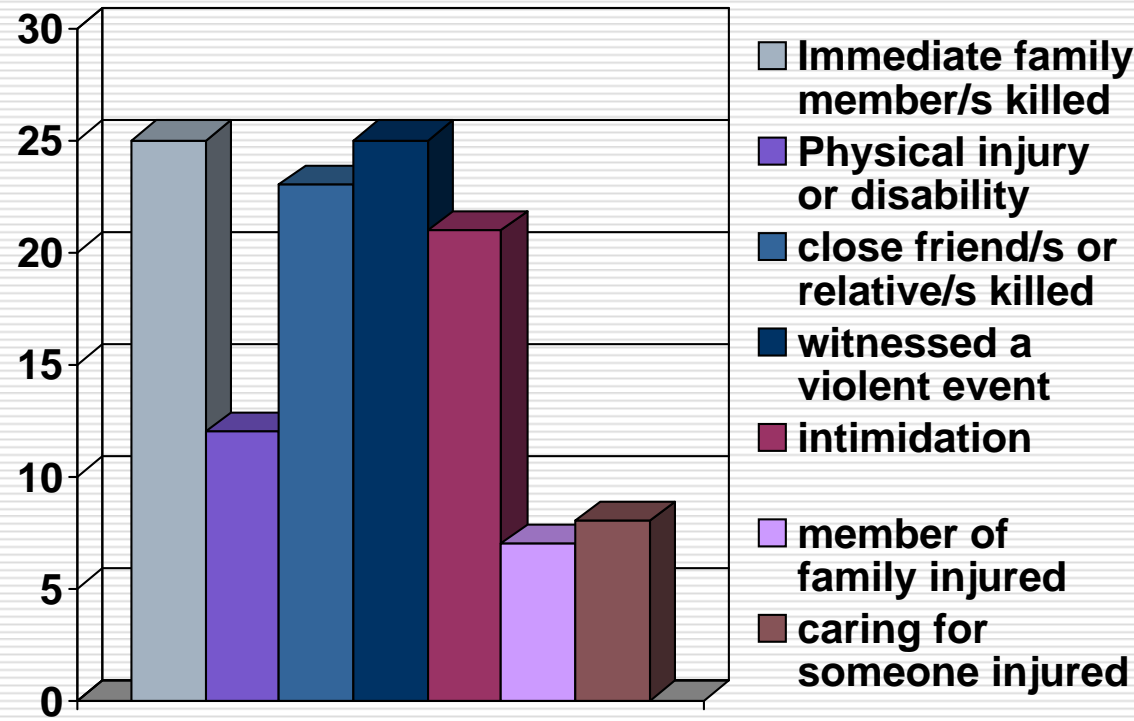
- 35 women and 15 men;
- Aged over 50 (27), between 30 & 50 (20) & under 30 (3);
- 16 living in inner city; 1 in the outskirts; 16 in a small town; 17 in the country;
- 17 in paid employment;
- Self-perceived state of health: good - 13 ; fair - 25 ; poor - 12





Description of the participants

□ How they had been affected:



■ 64% had been affected in more than 1 way.



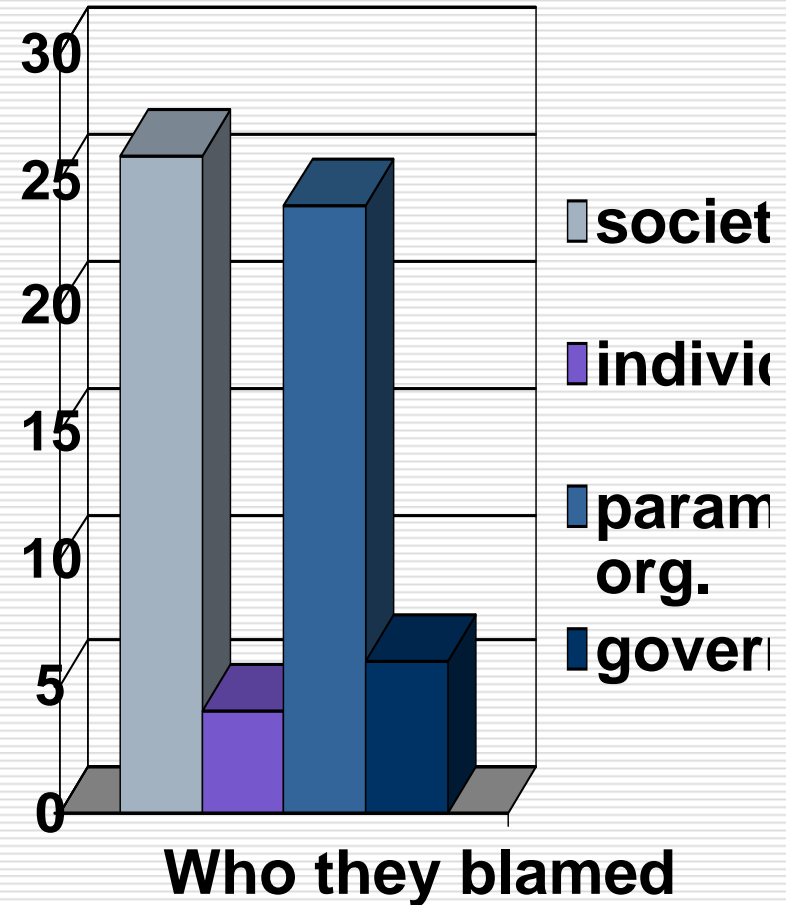
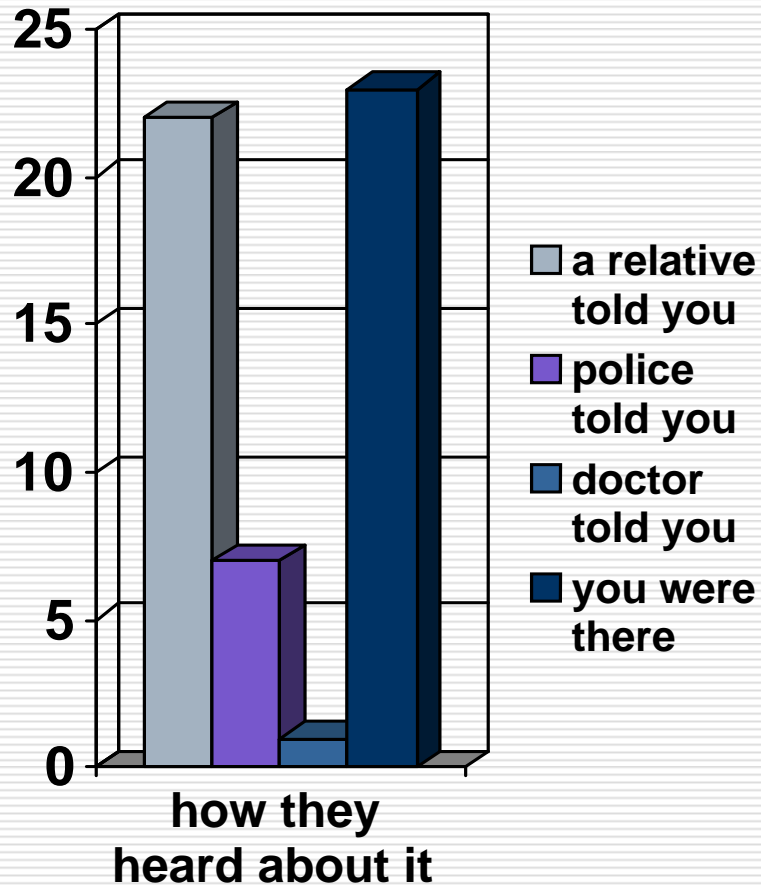
Description of the participants



- These traumatic events happened mostly between 9 & 5 years ago (12), more than 20 years ago (5), and different times starting in the 70s (5).
- Most common reactions were shock, fear and sadness.
- Most participants worried that this might happen (39).
- Most of them believed they coped fairly well (31), some, badly (12), and a few, well (4).
- Most of them reported somebody helped them to cope (28), being mostly family, support groups and friends.
- Most of them believed their religious views helped them to cope (34).



Description of the participants





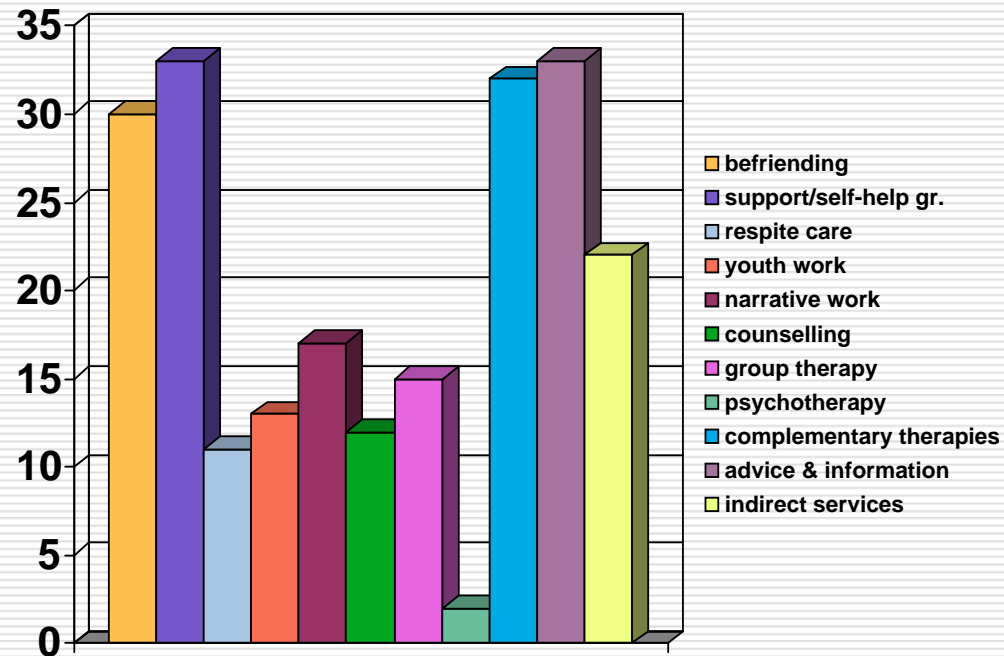
Description of the participants

□ As group members:

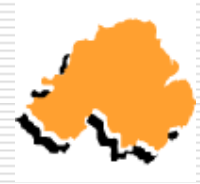
- For how long they had been in the group:

| Time | N |
|-------------------|----|
| Less than 1 year | 6 |
| 1-2 years | 11 |
| 3-5 years | 19 |
| More than 5 years | 12 |

- SERVICES they were availing of:



Psychological health



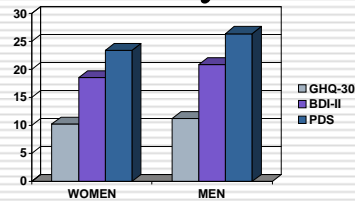
| Measures | Scores | Mean | Percentages |
|---------------|--|-------|---|
| GHQ-30 | <ul style="list-style-type: none">▪ 0-4 low levels of stress▪ 5-9 medium▪ 10-30 high▪ 5 - threshold | 10.56 | <ul style="list-style-type: none">▪ 66% scored ≥ 5 |
| BDI-II | <ul style="list-style-type: none">▪ 5-9 normal ups & downs▪ 10-18 mild to moderate▪ 19-29 moderate to severe▪ 30-63 severe depression | 19.22 | <ul style="list-style-type: none">▪ 50% scored ≥ 19 |
| PDS | <ul style="list-style-type: none">▪ 1-10 mild PTSD▪ 11-20 moderate PTSD▪ 21-35 moderate to severe▪ 36-50 severe PTSD | 24.24 | <ul style="list-style-type: none">▪ 56% scored ≥ 21▪ 24% scored ≥ 36 |



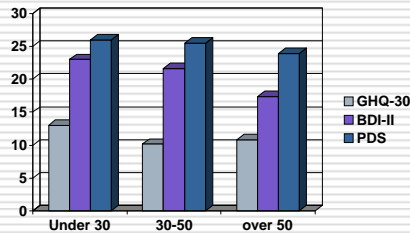


Psychological health

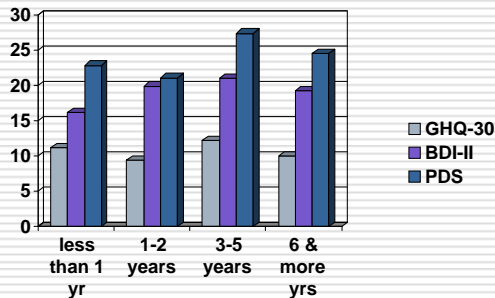
Scores by sex



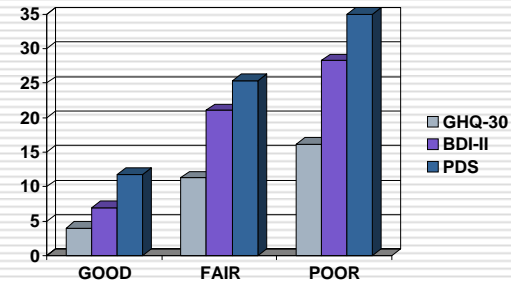
Scores by age



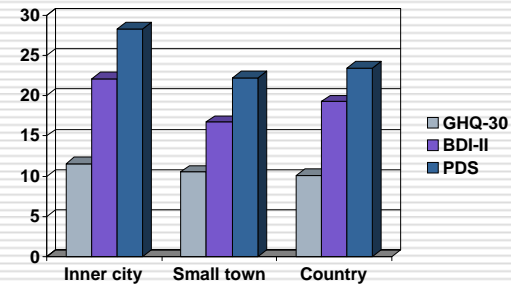
Scores by period of time in the group



Scores by perceived health status



Scores by area where they live



Psychotherapy users (N=2) scored significantly higher in all 3 Qs. The differences between availing the other services were not significant.

Data Analysis -Initial Assessment

Correlations



| | GHQ-30 | BDI-II | PDS |
|---|---------------|---------------|------------|
| Perceived state of health | 0.465** | 0.559** | 0.549** |
| How often seen the doctor | 0.330* | | 0.316* |
| Being there at the time | 0.392** | 0.413** | 0.532** |
| Having worries about money | 0.348* | 0.523** | 0.443** |
| Perceived coping status | 0.413** | 0.407** | 0.384** |
| Been affected in more than 1 way | 0.315* | 0.339* | 0.401** |
| Been injured due to the Troubles | 0.491** | 0.393** | 0.530** |
| Change in their daily life | 0.302* | 0.348* | 0.318* |
| Being a psychotherapy user | **0.406 | *0.373 | **0.323 |

**Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)



Effectiveness Assessment - RESULTS



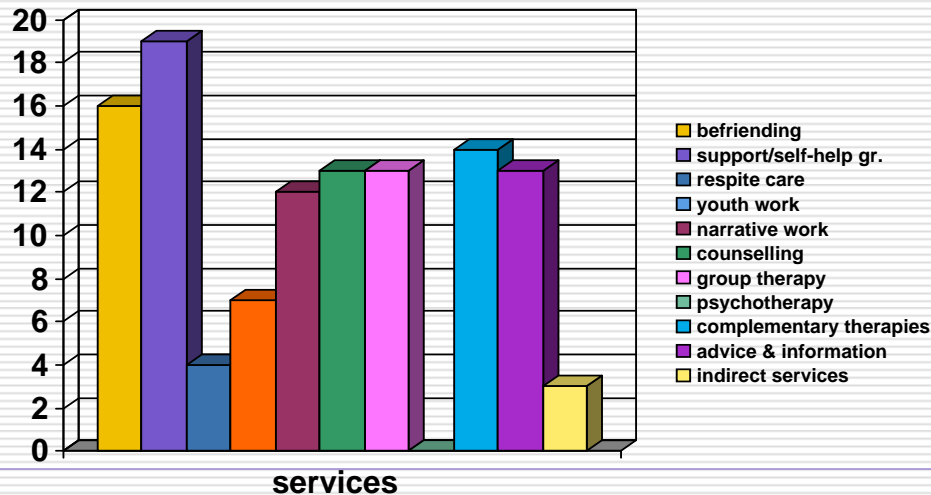
Description of the participants (n=24 out of 50)

□ Socio-demographic characteristics:

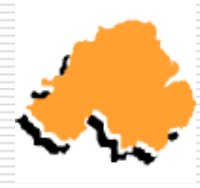
- 18 women and 6 men
- Most of them aged over 50 (13) and between 30 & 50 (10)
- The majority living in inner city (12) & some in a small town (7)



□ Services they availed of during that 3 month period:



Psychological health

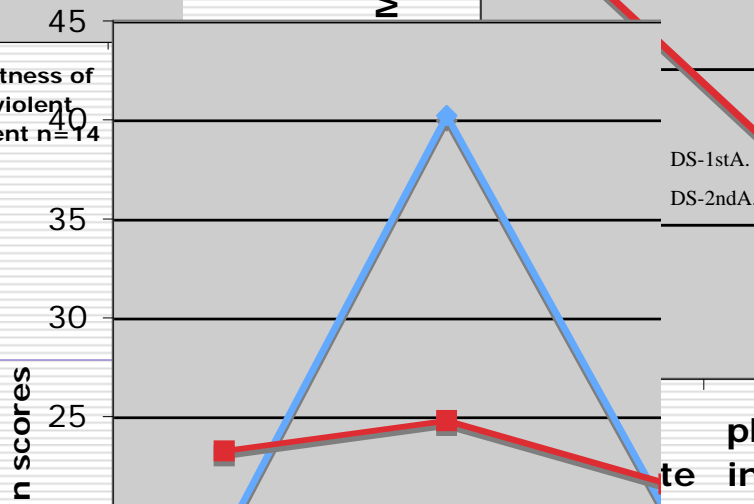
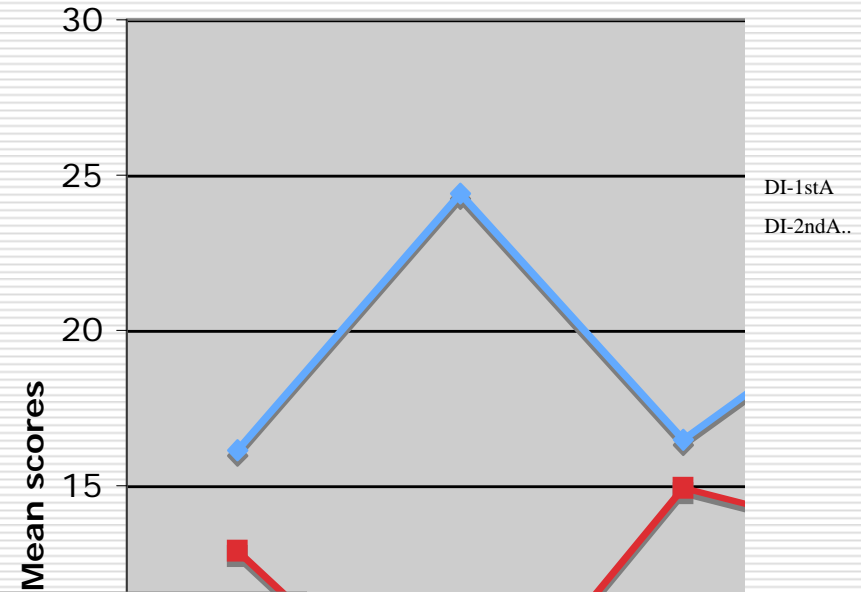
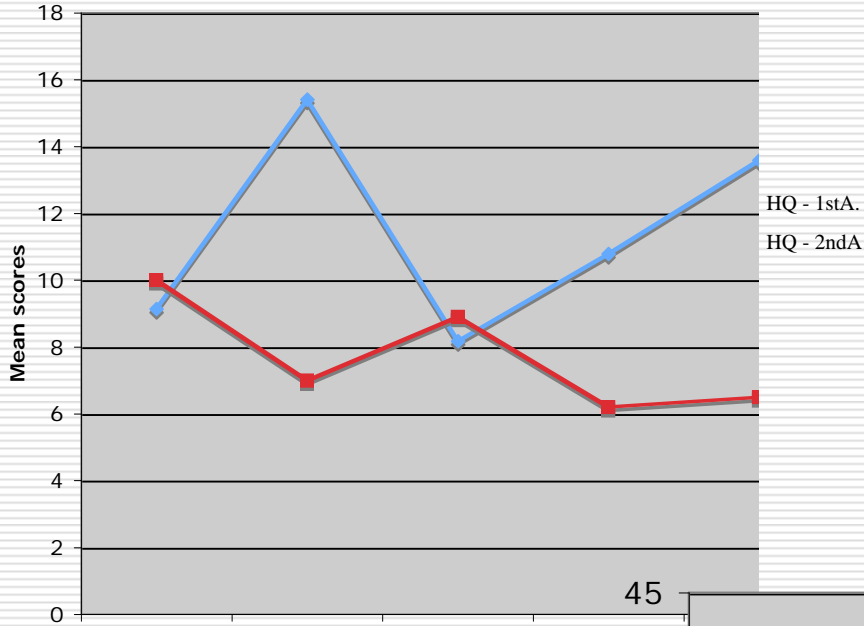
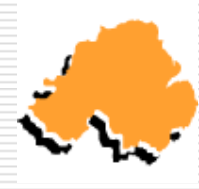


- Mean initial and effectiveness assessment scores on measures of PTSD, depression and general psychiatric symptomatology (with standard deviations in parentheses)

| Measure | N | 1st A. | 2nd A. |
|-----------------|----|---------------------|---------------------|
| GHQ-30 | 24 | 11.12 (9.4) | 6.13 (7.4) |
| BDI - II | 24 | 19.88 (12.4) | 12.25 (10.2) |
| PDS | 23 | 25.74 (16.9) | 22.48 (12.9) |



Psychological health by traumatic event



physically injured or lost close friend c

Data Analysis -Effectiveness Assessment

Correlations



| | GHQ dif. | BDI dif. | PDS dif. | GHQ-2A | PDS-2A |
|--|----------|----------|----------|----------|---------|
| Have lost close friend/relative | -0.489* | -0.578* | - | - | - |
| Been injured due to the T. | - | 0.561** | - | - | - |
| Geographical area of residence | -0.455* | - | -0.451* | 0.509* | - |
| Period of time with the group | -0.481* | - | - | 0.573** | - |
| Availing of more than 1 service-2nd A. | - | - | - | -0.428* | -0.481* |
| Availing of befriending - 2nd A. | - | 0.411* | 0.443* | - | - |
| Availing of support group - 2nd A. | - | - | - | -0.529** | - |
| Availing of reflexology - 2nd A. | 0.443* | 0.459* | - | -0.547** | - |

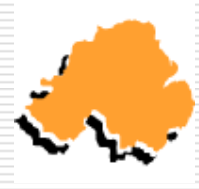
**Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)





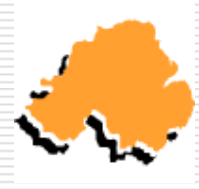
Conclusions



- Psychological health is severely affected by exposure to community violence, especially for persons who have lost a close relative, those who observed the violent incident directly, and those who have been injured themselves;
- People are not always fully aware of their own level of psychological ill-health;
- There does not seem to be a great difference in terms of gender, age, but those living in large urban areas seem more adversely affected;



Conclusions



-
- Services offered by voluntary groups are used extensively and in the long-term;
 - Psychological health seems to improve especially in first 1-2 years of services, long-term services do not seem to be more effective;
 - It seems that support groups and some complementary treatments (e.g., reflexology) may lead to an improvement;
 - This research is on-going and final conclusion will have to await the complete data set.
-