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

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 the 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

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

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

PHASES

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

- 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

- **How they heard about it**
  - A relative told you
  - Police told you
  - Doctor told you
  - You were there

- **Who they blamed**
  - Society
  - Individual
  - Param. org.
  - Government
Description of the participants

- **As group members:**
  - For how long they had been in the group:

<table>
<thead>
<tr>
<th>Time</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>6</td>
</tr>
<tr>
<td>1-2 years</td>
<td>11</td>
</tr>
<tr>
<td>3-5 years</td>
<td>19</td>
</tr>
<tr>
<td>More than 5 years</td>
<td>12</td>
</tr>
</tbody>
</table>

- **SERVICES** they were availing of:
# Psychological health

<table>
<thead>
<tr>
<th>Measures</th>
<th>Scores</th>
<th>Mean</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQ-30</td>
<td>0-4 low levels of stress 5-9 medium 10-30 high 5 - threshold</td>
<td>10.56</td>
<td>66% scored &gt;= 5</td>
</tr>
<tr>
<td>BDI-II</td>
<td>5-9 normal ups &amp; downs 10-18 mild to moderate 19-29 moderate to severe 30-63 severe depression</td>
<td>19.22</td>
<td>50% scored &gt;= 19</td>
</tr>
<tr>
<td>PDS</td>
<td>1-10 mild PTSD 11-20 moderate PTSD 21-35 moderate to severe 36-50 severe PTSD</td>
<td>24.24</td>
<td>56% scored &gt;= 21 24% scored &gt;= 36</td>
</tr>
</tbody>
</table>
Psychological health

- Scores by sex
- Scores by age
- Scores by perceived health status
- Scores by area where they live
- Scores by period of time in the group

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

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

**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)

<table>
<thead>
<tr>
<th>Measure</th>
<th>N</th>
<th>1st A.</th>
<th>2nd A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQ-30</td>
<td>24</td>
<td>11.12 (9.4)</td>
<td>6.13 (7.4)</td>
</tr>
<tr>
<td>BDI - II</td>
<td>24</td>
<td>19.88 (12.4)</td>
<td>12.25 (10.2)</td>
</tr>
<tr>
<td>PDS</td>
<td>23</td>
<td>25.74 (16.9)</td>
<td>22.48 (12.9)</td>
</tr>
</tbody>
</table>
Psychological health by traumatic event

- Lost immediate family member: n=8
- Physically injured or disabled: n=5
- Lost close friend or relative: n=11
- Witness of violent event: n=14

- Mean scores
  - HQ - 1stA
  - HQ - 2ndA
  - DI-1stA
  - DI-2ndA
  - DS-1stA
  - DS-2ndA
## Data Analysis - Effectiveness Assessment

### Correlations

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

**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 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.