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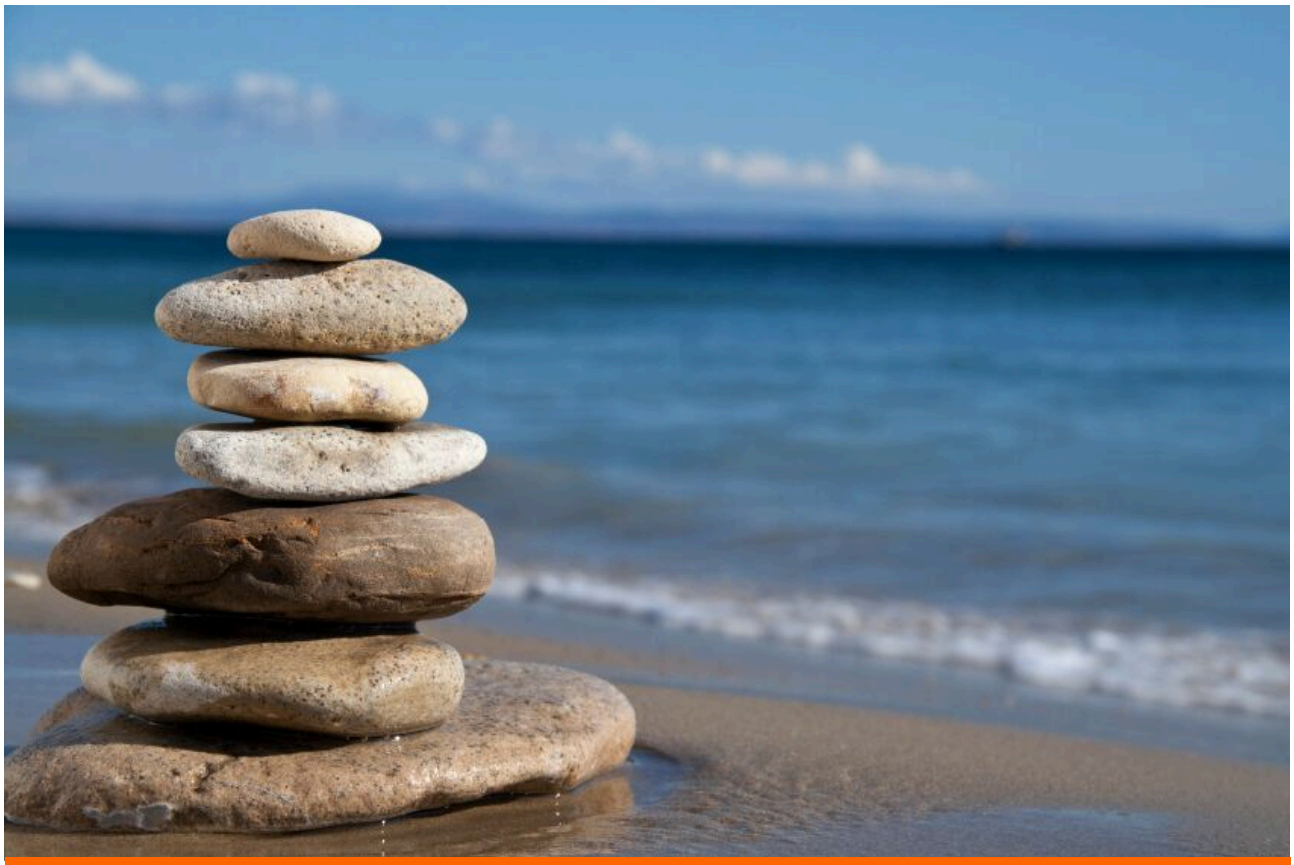

Evaluation of the Healthy Mind & Body Program

November 2014

Acknowledgements

The researcher would like to thank the women who were extremely generous in sharing their stories and experiences of the Domestic Violence Outreach Programme, which were fundamental to this evaluation. The researcher also thanks Ryde Family Services staff for their support and assistance in completing this project and all interagency partners for providing invaluable feedback.

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EXECUTIVE SUMMARY

Purpose of the evaluation

This document outlines the evaluation conducted on the Healthy Mind & Body support group, run at Ryde Family Services in West Ryde. This group is an eight-week closed support group for women who are currently experiencing domestic violence or have experienced it in the past.

The aims of the evaluation were to:

1. To provide a base-line level of evaluation with which to satisfy program funding,
2. To serve as a basis for future research and investigation to achieve a higher level of credibility,
3. To trail an ongoing evaluation approach with the view of integrating it into future groups.

Methodology

The aims of the evaluation were to address the following questions:

1. How effective is the group in meeting the needs of participants?
2. How satisfied are the participants with the program?
3. Does the program achieve its intended outcomes for participants?
4. What are the medium- to long-term impacts of the group for participants?

The evaluation was conducted through two main strategies. The first involved analysing the feedback provided by previous participants in the group and conducting retrospective interviews with past participants. The second component involved administering a pre-post questionnaire (primarily consisting of some psychological scales) for the participants attending the latest group, as well as some post-group feedback interviews.

As the majority of the information was qualitative, common themes were identified and analysed. The quantitative data collected from the pre-post questionnaire was not analysed statistically due to the low number of participants.

Findings

The results from this evaluation indicate that Healthy Mind & Body is an effective support group for the women who have experienced domestic violence. The pre- and post-group measures of the latest group indicated that the women were receiving the kids of supports that they identified to be most important. There was also evidence to suggest that the needs of the women changed throughout the group, and that these were also met. Some women identified that this group was an effective 'supplementary' therapy that complimented support received through individual counselling and personal supports. One need that was identified as unaddressed was a desire for more information surrounding parenting strategies.

The participants also indicated that they were highly satisfied with all aspects of the group. The majority of the women indicated that their perception of the group changed from the commencement to the conclusion, changing from hesitation and wariness to thankful and

enthusiastic. The aspect of most impact was the Shark Cage activity (Benstead, 2011) and the common suggested improvement was to increase the number of weeks of the group.

Finally, the pre- and post-group psychological questionnaires demonstrated evidence of trends that indicated the group was associated with decreased depression and anxiety, increased social connected, self-esteem & -efficacy and locus of control. These outcomes have been identified as the proximal outcomes that have been associated with long-term positive outcomes for women (Kim & Gray, 2008; Bybee & Sullivan, 2002; Tutty, Bidgood & Rothery, 1996).

Limitations of the evaluation

This evaluation was conducted in order to establish trends, as there was no control group and a small sample size was used. The data gathered on participants was also only gathered on women who have completed the group, introducing the potential for selection bias into the results. Finally, this research was not conducted by a professional, instead being completed by a student on placement.

About the evaluation

Ryde Family Services requested this evaluation as the program's first formal evaluation. The findings of this evaluation were intended to be used to establish the effectiveness of the group and for future funding applications.

It was conducted between August and November in 2014 and was primarily conducted by a University of Sydney postgraduate student as part of a placement for the degree of Masters of Social Work (Qualifying), with the ongoing consultation of Healthy Mind & Body group facilitators, Ryde Family Services staff, and academics from the University of Sydney.

Any questions regarding this report should be addressed to Ryde Family Services on (02) 9334 0111 or admin@thenortherncentre.org.au.

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INTRODUCTION

This evaluation of the Healthy Mind & Body support group was requested by Ryde Family Services in order to meet EIPP Children & Families funding requirements. The evaluation project was conducted by a student of the University of Sydney as part of a placement for the Masters of Social Work (Qualifying).

This evaluation has been designed for three main purposes:

- To provide a base-line level of evaluation with which to satisfy program funding,
- To serve as a basis for future research and investigation to achieve a higher level of credibility,
- To trial an ongoing evaluation approach with the view of integrating it into future groups.

This report primarily focuses on the details and findings of this evaluation, including a close examination of the participants from the most recent group, as well as a summary from feedback collected from previous groups.

The author gives permission for the organisation to utilise this information and repurpose any of the content as they find appropriate.

THE PROGRAM: HEALTHY MIND & BODY

Group specifics

Healthy Mind & Body is a support group for women who have experienced or are currently experiencing domestic violence. It is a closed group and has eight weekly two hour sessions. To date, all groups (five in total) have been co-facilitated by the group founder and another qualified counsellor. There have been no more than 10 women in the group at one time.

The direction of the group is relatively unstructured, with the direction for each group being determined by the group members. There are a broad list of topic areas that the facilitator may draw upon to commence a session, however this is susceptible to change depending upon the needs of the group members each week. These topics include:

1. **Healthy self-esteem, involves:**
   This topic involves exploring the concept of self-esteem and recognising any attitudes that are held by the women in the group, as well as the relationship between self-care, selfishness, and selflessness. There is also an aim to increasing individual self-awareness and creating a realistic impression of oneself.
2. **Healthy boundaries**
   This topic involves a focus on relationships and aims to address the question 'why does this keep happening to me?' It involves identifying appropriate boundaries, recognising when these boundaries have been crossed, and knowing appropriate means of responding.
3. **Healthy communication**
   This topic involves practicing assertive and effective communication strategies. It aims to build confidence in communication, particularly in regards to expressing one's ideas and feelings.
4. **Healthy relationships**
   This topic involves exploring the difference between healthy and unhealthy relationships and the impact each type of relationship can have upon an individual. There is also some psychoeducation surrounding the domestic violence cycle and co-dependence.
5. **Healthy Steps**
   This topic focuses on making healthy change in one's life. It has a focus on assisting the women to identify their goals for their life and start them on the path of reaching these.
6. **Healthy Endings**
   This topic is done in the final week and has a strong focus on how to say goodbyes in a way that is healthy and positive. It gives the women an opportunity to share with one another the ways in which the group in general and some individual women have impacted upon their growth and development.

The group is held in a private room at the organisation and childcare is provided for children of all ages.

Participant eligibility

This program is available for women who have experienced or are currently experiencing any kind of domestic or interpersonal violence. There is no discrimination between the types of violence experienced by each women, and it can occur in any type of interpersonal relationship (e.g. intimate or familial relationships). Commitment to the group is entirely voluntary and is delivered in English. The main method of referral is from within the organisation, other local community services and organisations, and self-referral.

Program aims

The key outcomes for this group are:

1. To increase self-confidence and self-esteem
2. To reduce social isolation and increase social connectedness
3. To reduce anxiety and depression

Many domestic violence support groups have a strong focus on education and safety planning, however the strength in this approach is found in the ownership of the group to guide the direction of the discussion and activity. Thus, while information on domestic violence is discussed, this is not a core focus of the group.

Drawing upon Sullivan's (2011) acronym JARS (Justice-Autonomy-Restoration-Safety), *Healthy Mind & Body* has a focus on the Autonomy and Restoration components, through re-establishing self-determination of the women participants and restoring their emotional wellbeing.

Theoretical basis

The group is established upon Irvin Yalom's existential humanistic approach to group psychotherapy (Yalom & Leszcz, 2008). This approach to group therapy has a strong focus on the 'here and now', encouraging women to recognize their own behaviours, experiment with new ones, and to receive and offer interpersonal support. This group also draws upon feminist, human rights, and empowerment frameworks and resources to support the women.

Development of the group

Healthy Mind & Body (HMB) was originally developed in 2010 to provide support to individuals with mild to moderate mental health concerns who had experienced long-term unemployment. The aims of the group were to reduce the barriers to employment through increasing self-esteem and confidence, decreasing anxiety, and increasing social support. This group ran for twelve weeks and was available for anyone over the age of 18. It was designed to have a flexible agenda with some of the themes centring on self-esteem, relationships, and communication.

In 2013, the format of this group was repurposed to fill a service gap for women who experience domestic violence within the Northern Sydney District. It was redeveloped to be part of Ryde Family Services' Domestic Violence Outreach Project (DVOP). The aims of this group remained constant, however information on domestic violence was added.

Organisational context

Ryde Family Services was established in 1982 to provide support to the families in Ryde and Hunters Hill local government areas. The organisation is funded by Family and Community Services under the Early Intervention and Placement Prevention Program (EIPP, Child and Family Support and Youth and Family Support) and provides free early intervention support to families with at least one dependent under the age of 18 years who live in the Ryde, Hunters Hill and Ku-ring-gai Local Government Areas (LGAs). The service's day to day operations are overseen by an Executive Manager who reports to the Management Committee, made up of local volunteers.

The organization provides free services, such as counselling, case management, advice and early intervention support to families and individuals who are facing a range of parenting issues or life stressors. The service also provides a range of parenting programs and support groups, particularly for children, primary carers, and women experiencing domestic violence.

The Domestic Violence Outreach Project was run by Ryde Family Services to provide case management and support group for women and their children who experienced domestic violence (either currently or in the past). It was initiated to fill a service gap in the Northern Sydney District and was funded by a grant provided by CatholicCare Broken Bay Diocese. The overall aim of the project was for women and children to live in a home free of violence, have access to appropriate services and support, and feel empowered to make decisions about their lives. *Healthy Mind & Body* was originally run as part of this program, along with a creative therapy group for children who have experienced violence in the home.

METHODOLOGY

Research questions

This evaluation was designed to assess the impact of the Healthy Mind & Body support group for the participants. It aimed to address the following questions:

Q1 How effective is the group in meeting the needs of participants?

Q2 How satisfied are the participants with the program?

Q3 Does the program achieve its intended outcomes for participants?

Q4 What are the medium- to long-term impacts of the group for participants?

Evaluation components

In order to adequately address the evaluation questions, this evaluation was split into two components. The first focused on the experience of the women who had participated in any of the past groups, including their general feedback and any medium- to long-term impacts that they have experienced as a result of the program. The second component focused on the women participating in the latest group, and involved a pre-post assessment, as well as the opportunity to provide general feedback. More information on each of these aspects has been included below.

Part 1 – Previous participant feedback

Part 1A – Feedback forms

Since its conception, the facilitators of the Healthy Mind & Body group have administered a brief feedback survey at the conclusion of each group, either during the final session or at a follow up individual appointment. This survey was designed to ascertain individual attitudes towards:

- the group in general (i.e. most/least helpful aspects and any suggestions for change)
- the facilitators (i.e. level of competency and perceived support received from them)
- the practical elements (i.e. venue, times, childcare)
- changes in attitude (i.e. parenting ability and general confidence)

This data was primarily qualitative in nature, with few questions requiring women to indicate their agreement with a statement on a simple scale. A copy of the survey can be found in Appendix B.

The feedback collected through these surveys was analysed for the current evaluation to ascertain a picture of the success and impact of previous groups.

Part 1B – exploratory interviews

In addition to the feedback already provided, selected past participants were also invited to take part in an interview. The purpose of this interview was to not only ascertain any medium- to long-term impacts experienced by participants, but also to see whether attitudes and

emotions towards their experience change over time. There is suggestion in the literature that delayed feedback for domestic violence groups (i.e. feedback after six months to a year) provides more truthful feedback than when collected immediately after group completion (Sullivan, 2001).

In order to invite participants, a list of suitable participants was provided by the group facilitators, who had a knowledge of their current situation and their level of safety. These women were contacted via telephone and were invited to participate in a face-to-face interview at the office of the organisation. The interviews were semi-structured and were recorded and transcribed where consent was provided by the participant. During the evaluation process, an email version of the interview was created due to the inability of some participants to attend a face-to-face interview. This was emailed to the participants and returned via email or mail. A copy of the questions included in the face-to-face and email interviews can be found in Appendix C.

Part 2 – Current group evaluation

This component focused entirely on the participants in the latest Healthy Mind & Body group (September-October 2014) and involved a pre-post group questionnaire and a post-group feedback component. The main purpose of this component was to obtain an objective measurement of group impact upon participants by administering a pre-post group assessment. Participants were also given the opportunity to provide general feedback on the group, as well as the evaluation aspects.

Each of these women attended a pre-group interview, which was designed to establish appropriate expectations for the group, explain the purpose of the evaluative elements, and – if permission was given – to administer the initial pre-group questionnaire. These interviews occurred between two weeks and two days before group commencement.

Part 2A – scales and Expected outcomes

All participants for the current Healthy Mind & Body group were asked to complete a pre-post group questionnaire. This questionnaire was made up of two main components: a collection of psychological scales and some questions based upon the participants' current situation.

The purpose of including these scales in this evaluation was to provide a reliable pre-post measurement of impact upon the participants in a variety of psychological dimensions. It was determined that the most effective and reliable way to achieve this would be through the use of well-established psychological scales. Based upon a brief review of the literature and the expected outcomes of the group, it was decided that the dimensions to be measured would be self-esteem, self-efficacy, depression, anxiety, and social connectedness.

There is also some evidence in the literature that links locus of control (LOC) with domestic violence, namely that women with higher internal LOC are more like to leave their abusive relationships (Kim & Gray, 2008). Other studies on support groups have found an increased internal locus of control post-group (Tutty, Bidgood & Rothery, 1993). Therefore, it was decided that this would also be included to assess the extent to which this was the case for participants.

With this in mind, the scales selected for the final questionnaire included:

- the Depression Anxiety Stress Scale (DASS) short-form,
- the Rosenberg Self-Esteem Scale (RSES),
- the General Self-Efficacy Scale (GSE),
- the Interpersonal Support Evaluation List (ISEL) short-form
- the Internality, Powerful Others and Chance scale (IPC)

These particular scales were all selected based upon their reliability and the small number of items (in order to decrease the time that the women spent completing the questionnaire). Although the IPC scale is much longer than preferred, it was selected over other LOC scales due to the division of external aspect of the dimension into Powerful Others and Chance. All of the scales required respondents to indicate their agreement with a personal statement through the use of a 4-point Likert scale. The average time for completing this was between 10 and 25 minutes. Information on the reliability coefficients and the development of these scales can be found in Appendix C.

These questionnaires were completed both pre- and post-group, and thus some hypotheses were made based upon the outcome of the scales. From pre-group to post-group testing, it was predicted that:

1. Scores of depression, anxiety and stress would all decrease.
2. Scores on the Appraisal, Tangible, and Belonging Support subscales of the ISEL would all increase.
3. Scores on the RSES and GSE would both increase.
4. Scores on the internal subscale of the IPC would increase.

In the pre-group questionnaire, participants were asked two questions about their expectations for the group: what were they hoping to get out of the group and to what extent did they hope the group could help them. They were also asked two questions regarding the relationship in which they experience the abuse: were they experiencing violence in their relationship at the time of the questionnaire and to what extent they feared their partner). These questions were then repeated in the post-group questionnaire and the difference analysed.

As these questions were exploratory in nature, no predictions were made as to their potential outcome. It is worth noting that it is unrealistic for domestic violence programs to expect all eligible participants to leave their abusive relationships immediately (Sullivan, 2001).

Part 2B – post-group feedback survey

A brief face-to-face semi-structured interview was undertaken following the completion of the post-group questionnaire in order to collect general group feedback, as well as feedback on the evaluative components. This feedback was very similar to the feedback surveys provided to previous groups. A copy of all the questions and scales included in the pre-group and post-group questionnaires can be found in Appendix D.

Ethical considerations

As with any evaluation or research that involves women who have experienced domestic violence, there are many ethical considerations that were carefully considered in designing this evaluation. The design of this project was done in consultation with the group facilitator, who is also the organisation's primary domestic violence caseworker, to ensure that all aspects of the evaluation were safe, appropriate, and respectful. Some of the most important considerations are included below.

Safety

In domestic violence evaluation and research, safety of participants must be the primary priority (Sullivan & Cain, 2004). In all aspects of the evaluation, the safety of the women was always carefully considered and no actions were taken that could have placed a woman at risk of harm. The evaluator received training surrounding safe interviewing and communication techniques when involved with women who are experiencing abuse. All evaluation participation and associated administration was done at the organisation's premises to ensure that it was conducted at a private and safe location. Finally, pre-group interviews were conducted with each women involved in the latest group to ascertain her situation and her associated needs.

Voluntary informed consent & confidentiality

For the women who participated in the latest group or the retrospective interviews, written consent for participation was obtained. The purpose of the evaluation and what it may be used for was clearly communicated to all participants, and they were assured that their information would be de-identified and de-identifiable in this report. It was assumed that participants who were being interviewed would not give permission to have the interview recorded (and stored in a safe location) or their words quoted in a de-identified manner in this report unless it was specifically otherwise stated. Participants were assured that any feedback provided on the effectiveness of the group would be shared with the facilitators in a de-identified and de-identifiable manner.

Participants were also assured that they had full ability to decline participation in the evaluation. For the latest group participants, in the event in which they wished to not participate in the evaluation elements, this individual would have been asked to take part in a following group. If necessary, this individual would be able to access counselling and casework where needed. For those out of the RFS catchment area, all care would have been taken to ensure that woman received support.

For the women who provided feedback for their participation in a previous group, consent was obtained at the time as part as their participation in the group. The provision of feedback was not a compulsory element of group involvement.

Risk of pathologising participants

The use of psychological scales for women who experience domestic violence is highly contested, as some academics argue that it places women at risk of being pathologised and can contribute to victim-blaming practises (Sullivan, 2001). The use of psychological scales

have been used in other support group evaluations (Abel, 2000; Tutty, Bidgood & Rothery, 1996) in order to collect large amounts of standardised data. Thus, the inclusion of psychological scales in the current evaluation and the way the results were analysed was carefully considered.

It was made evident to all women who participated in the latest group evaluation that the scales were used to identify the impact of the group and would not be used to 'diagnose' or assess their state of mental health. The participants were also asked for their feedback on their participation in the evaluation, including completing the scales and questionnaires, in order to ascertain their comfort level.

FINDINGS

Demographic & group data

Demographic information

The demographic information of participants was collected at the time of the group. This information can be found in Table 1 on the following page, divided into demographic data for participants and non-participants. For this evaluation, women who attended more than one session were considered as participants, whereas any women who registered for the group and didn't attend or only attended one sessions were considered as non-participants.

Worth noting is the noticeable difference between participants and non-participants in the domain of language spoken at home. A total of 24% (n = 9) of participants indicated that they spoke a language other than English at home, however this percentage increased to 44% (n = 8) for non-participants. A chi-squared analysis revealed that this represents a significant difference (χ^2 = 5.6279, p = 0.0177, sig. at $p < 0.05$).

There appeared to be no other significant differences between participants and non-participants in regards to age (not sig., t = 0.3294, p = 0.7441), marital status (not sig., χ^2 = 2.6608, p = 0.6161), residential location (not sig., χ^2 = 0.333, p = 0.5639), or number of children (not sig., χ^2 = 2.2901, p = 0.6826).

Group statistics

Since its inception in 2013, Healthy Mind & Body has been run a total of five times, including the latest group that was run in September-October 2014. During this time, a total of 55 women have registered to attend at least one of the five groups (some women registered for a second when she was unable to commit to the first).

For each group, registration numbers ranged between 7 and 15, with the average being 11 women per group. Of the total number of women who registered for these groups, 67% (n = 37) attended more than one session. For the purposes of this evaluation, women who registered for the group, but did not attend or only attended one session, were considered as non-participants. Thus, the average rate of participation per group ranged between 46% and 90%, with an average rate of 65%.

TABLE 1. Demographic information for all women who registered to attend a Healthy Mind & Body group (n = 55).

		Participants *Attended more than one session (n = 37)*	**Non-participants** *Attended only one session or less (n = 18)*
AGE	**Range**	20 to 54 years of age	**Range**: 27 to 48 years of age
	Average	38 years	37 years
	Unknown	38% (*n* = 14)	44% (*n* = 8)
MARITAL STATUS	**Married**	30% (*n* = 11)	17% (*n* = 3)
	Separated	27% (*n* = 10)	22% (*n* = 4)
	Divorced	11% (*n* = 4)	17% (*n* = 3)
	Single	8% (*n* = 3)	0%
	Defacto	3% (*n* = 1)	0%
	Unknown	21% (*n* = 8)	44% (*n* = 8)
RESIDENTIAL LOCATION	**Within area***	84% (*n* = 31)	83% (*n* = 15)
	Out of area*	11% (*n* = 4)	6% (*n* = 1)
	Unknown	5% (*n* = 2)	11% (*n* = 2)
NO. OF CHILDREN	**4+**	16% (*n* = 6)	21% (*n* = 4)
	3	8% (*n* = 3)	6% (*n* = 1)
	2	30% (*n* = 11)	28% (*n* = 5)
	1	38% (*n* = 14)	28% (*n* = 5)
	0	3% (*n* = 1**)	11% (*n* = 2)
	Unknown	5% (*n* = 2)	6% (*n* = 1)
LANGUAGE SPOKEN AT HOME	**English**	73% (*n* = 27)	28% (*n* = 5)
	Other	24% (*n* = 9) Arabic, Choil, Hausa, Indian, Spanish	44% (*n* = 8)
	Unknown	3% (*n* = 1)	28% (*n* = 5)

**In accordance with Ryde Family Services' catchment area.*
***It is worth noting that this client was pregnant at the time of the group and gave birth soon after the group's conclusion.*

Part 1 – Previous participant feedback

Part 1a – Feedback forms

Of the 28 women who participated in a previous Healthy Mind & Body group, 26 women completed the group feedback survey at the completion of the group. Of these 26, just over half (54%) identified themselves.

As the majority of the data gathered through this survey was qualitative and already had been viewed by the organisation, the current evaluation aimed to provide a brief overview of the feedback and identify common themes in relation to the research questions.

Common themes

Social connectedness and support

A common theme reported through the feedback was the importance of social connectedness and support. Just over half (56%) of the women identified different aspects of social connectedness/support to be what they considered to be 'most helpful' for them in their experience of Healthy Mind & Body.

Overall, these women described receiving the most out of the group through a closely integrated relationship between sharing one's experiences, making connections with others, sharing of knowledge. In many cases, it was the presence of two or more of these factors that had such an impression on them. When asked what the most helpful aspect of the group was, one woman indicated that it was *"having women that understood what I was going through, what I was feeling, and supporting me regardless"*, while another indicated that it was the ability to *"share openly about my experiences to everyone and know they understand everything I'm saying."*

The nature of these interactions were also important, with many women making note of the non-judgemental and respectful attitude within the group. For some women, this facilitated their ability to share their story and feel supported by the other women, and ultimately to effectively participate in the group. One woman expressed that she found the most helpful aspects to be the "*understanding and sensitivity between individuals… There was mutual respect and friendliness. We learnt from each other and no one was judgemental."*

Personal development and growth

Just as important as the theme of social connection was the ability for the women to work on their own personal development and growth, with 62% (*n* = 15) of respondents indicating that this was most helpful.

Some of these women were focused on their own personal growth, identifying feeling empowered and increasing in self-confidence as what was most beneficial about the group. Some women expressed that it was simply the opportunity to focus on themselves that was most helpful.

Other women indicated that it was learning more about their rights and the nature of domestic violence that was most helpful. One woman identified that the most helpful aspect

was *"knowing my rights as a woman, knowing the difference between self-care and being selfish. … Knowing you having nothing to do with the domestic violence cycle"*.

Finally, some women were cognisant of goals that they had set when they began, and identified that they were able to achieve these through the course of the group.

Group aspects

Topics & activities

The 'Healthy Boundaries' topic was identified by 85% of respondents as having a large impact upon them. All of these women specifically identified the 'Shark Cage' activity (Benstead, 2011) as having the strongest impact upon them: this activity is designed specifically for women who have experienced abuse and provides a metaphor through which women can strengthen their understanding of personal boundaries and recognise when these are being crossed. Just under a fifth (15%) of these women also indicated that the activity exploring the Women's Bill of Rights had a large impact upon them as well.

'Healthy Relationships' was identified as the second most useful topic, with 39% of respondents indicating that it was one of the most useful or helpful aspects. Within this topic, 56% of these women identified the information and resources on domestic violence as being most helpful. After this, learning about healthy relationships (44%) and information on co-dependency (22%) were also useful topics.

The facilitators

A strong majority of respondents indicated being satisfied and even impressed by the facilitators. When asked directly, all respondents indicated that they found the facilitators to be *Quite a Lot* or *Extremely* engaging on a four point scale. Unprompted, half the respondents (50%) also identified that they found the facilitators to be responsive, explaining that the facilitators adeptly identified and provided for their needs, allowed the women to express themselves and to be heard, and empowered them to make changes and take action. Other characteristics identified by the respondents indicated that they found the facilitators to be supportive, respectful, effective communicators, knowledgeable, patient, compassionate, and understanding. One participant identified that they were *"always given the opportunity to speak, express ourselves freely".*

Practical elements

All respondents indicated that they found the practical elements of the group – namely the venue, time, and childcare – as the highest in a three point scale.

Suggestions for change

The most common suggestion for change provided by the respondents was in regards to the duration of the group. Just over half the women who provided suggestions for change indicated that they would like either longer sessions, more sessions or both.

There were also some suggestions for other topics for inclusion, including more information and resources on parenting skills and developing practical skills for intimate relationships. There was also the suggestion for providing information on services available for women in domestic violence situations.

Part 2b. Exploratory interviews

Of the women who completed the Healthy Mind & Body group, only two attended a face-to-face interview. Three other women who were unable to make an interview expressed a desire to contribute, and thus they requested to complete the interview through another means. Due to various commitments in the women's lives (including caring for children and work commitments), it was decided that email was the best medium for this. Two of the three women who requested this option returned responses. Thus, in total there were four participants involved in this component of the evaluation. Two of these women were from the same group, however the other two were from separate groups.

Ongoing impacts

All of the women who were interviewed provided similar feedback in regards to what was most beneficial about the group: the social connectedness and personal growth experienced through the group was reported to have a large impact on them. However, these women also indicated that they still considered the group to have a large and positive impact on their personal growth and their social connections.

Personal growth and development

In terms of personal growth, all of the women reported feeling stronger and more confident today due to their participation in the group. Two women expressed utilising the skills and information they had picked up in the group to work on their current relationships: whereas one felt more confident to make positive decisions in relationships, the other indicated that she is now able to express herself effectively within her relationship.

Some women indicated that the group had developed in them a confidence, which was continuing to positively impact each aspect of their lives. Whilst one women identified that she was now a more confident and caring friend and mother, another said that she is a stronger woman now that she has *"found her voice"*.

All of the women mentioned Healthy Mind & Body as being part of their journey to self-discovery, which was not yet complete. One woman indicated that she was able to implement what she learnt in the group in the relationships she had made since she had finished, and, as a result, she was more equipped to make positive choices in her relationships. When summing up the experience of the group, another participant expressed that it was *"emotionally fulfilling, soul-repairing, and insightful"*.

Social connectedness

There was an equal split between participants who had maintained contact with the women in their group and those who had not. Out of the two who had, one of them explained that her group still meets regularly over coffee to provide ongoing support and friendship to one another. Another women indicated that she has maintained contact with only a few women from her group, but has a close relationship has developed not only between the women but also between the children from each family.

In contrast, another of the women wished she had maintained contact with the other participants and in retrospect, wished that she had built up a stronger relationship with the other participants.

Changing perspectives

Two of the women interviewed also indicated that they experienced a dramatic change in perspective through participation in the group. One woman indicated that through her referral to the group helped her acknowledge that she was in an abusive relationship:

> *"I didn't realise I was a victim of domestic violence. But when I was talking to my counsellor she said 'you should look into that course – you've been in a really mentally abusive relationship'. And I realised that, yes, I had been in that situation. Maybe I was in denial, but that lady helped me realise what was going on in my life. I didn't realise that before."*

Another women expressed that her opinion of the group changed dramatically from beginning to end. She explained that her attitude towards the group began as curious, but reluctant to *"dwell on her problems"*, however this changed into seeing the group as a worthwhile activity that had a large impact upon her life.

Part 2 – Current group evaluation

This component of the evaluation was only conducted with those registered to take part in the group commencing in September 2014 (*n* = 11). All of these women completed the pre-group questionnaire, however only nine of them attended more than one session (two women did not attend at all). The post-group questionnaire was only completed by five women, as three women were unable to attend the post-group interview.

Demographic data and basic information

This group appeared to be relatively representative of the larger group of participants. The ages of the women ranged from 24 to 54 years of age (average of 40 years) with the majority of women (78%) living within the service area of RFS. Three of the women identified that they were still in their abusive relationships at the time of the group, while four had already left their partners and two separated either immediately before or during the group. All but one women had at least one child, however the other woman was pregnant at the time of attending the group. There was a range of cultural backgrounds represented in the group, including Australian, English, Scottish, Polish, Lebanese, Singaporean, and Chinese. The majority of the women had been referred from within the service, however three were referred from local child support services, and one was self-referred as a previous client of the service.

Part 2A – Pre-post questionnaire

Scales

There were mixed results produced by difference between pre- and post-group questionnaires. Due to the small amount of data, it was impossible to identify any statistically significant changes in these dimensions, however some potential trends were identified for investigation in future evaluation. Table 2 depicts the scores in relation to the associated hypotheses.

Table 3 shows the average score and range of each of the scales, along with a comparison of scores with and without one of the participants. This participant was recognised as a potential outlier due to consistently obtaining scores in the opposite direction of the other participants.

TABLE 2. Results for pre-post questionnaire scales in relation to the hypothesised outcomes.

Scale		No. of participants that followed this trend (*n* = 5)
1.	Decrease in scores on the Depression subscale of the DASS.	4
	Decrease in scores on the Anxiety subscale of the DASS.	3
	Decrease in scores on the Stress subscale of the DASS.	3
2.	Increase in scores on the Appraisal subscale on the ISEL.	2
	Increase in scores on the Belonging subscale on the ISEL.	3
	Increase in scores on the Tangible subscale on the ISEL.	3
3.	Increase in scores of Self-Esteem on the RSES.	4
	Increase in scores of Self-Efficacy on the GSE.	4
	Increase in scores of on the Internality subscale on the IPC.	3

An interested and unpredicted outcome was found in the Powerful Others subscale of the IPC. The majority of participants (*n* = 4) demonstrated a dramatic decrease in these scores when compared to the Chance and Internality subscales. There is little in the literature as to why this may be the case.

TABLE 3. Results for pre-post questionnaire scales. In the first column all results are shown, whereas the second column shows the results minus one potential outlying participant.

Scale		Difference (*n* = 5)		Difference (*n* = 4)	
		Average	**Range**	**Average**	**Range**
Depression Anxiety Stress Scale	**Depression**	-4	-9 to 2	-6*	-9 to -1*
	Anxiety	-1	-5 to 3	-2	-5 to 3
	Stress	-3	-6 to 2	-4	-6 to 0*
Interpersonal Support Evaluation List	**Appraisal**	0	-1 to 2	1	0 to 2
	Belonging	1	-1 to 4	1	-1 to 4
	Tangible	0	-4 to 4	1	-4 to 4
Rosenberg Self-Esteem Scale	**Self-Esteem**	4	-3 to 9	6*	0 to 7*
Internality, Powerful Others, Chance scale	**Internality**	2	-9 to 14	5*	-2 to 14*
	Powerful Others	-12	-20 to 2	-16*	-20 to -8*
	Chance	-5	-14 to 6	-6	-14 to 6
General Self-Efficacy	**Self-Efficacy**	3	-1 to 7	4	1 to 7*

**Notates a difference of 2 or points.*

Current experience & group expectations

A comparison of the pre-post group questionnaire indicated that the needs of participants were met and there was a general decrease in fear of the perpetrator.

Table 4 identifies the percentage of participants who either expressed a hope of receiving that type of help for the group and/or felt that they received that type of help through participation in the group. Prior to the group, the most common need for participating in the group was to *Understand myself better*, with all nine women identifying with this option. This was closely followed by the need for *Support to make changes in my life*, with eight of the women identifying with this. A pre-post group comparison reveals that these women not only received the help they were expecting, but they also received the other potential forms of help as well. The expected amount the group would help them also increased from pre- to post-group by an average of 1.5 points (range of 0 to 3).

There was also an indication that fear towards the perpetrator decreased by at least a point on average (range of 0 to -2.5). It is important to note that this measure was only valid for four participants, as one participant did not provide an answer.

Table 4. Expected help as identified by participants prior to group commencement and perceived help identified by participants post-group.

Type of help	Expected help % (*n* = 9)	Perceived help % (n = 5)
Understand/Understood myself better	100	100
Support to make some changes in my life	89	100
Talk/ed to other people who understand my experience	67	100
Feel/Felt better about myself	67	100
Hear/Heard what other women have done	67	100
Feel/Felt more hopeful about my life	67	100
Help with issues relating to my children	67	100
Learn/t about domestic violence	59	100

Part 2B – Feedback survey

As with the pre-post questionnaire, only just over half of participants (*n* = 5) participated in this component of the evaluation. Although this number did not provide much detail in terms of the scales, much information was obtained in regards to how the group impacted the women and what was most/least useful.

Themes

Confidence & Self-discovery

One of the strongest themes seen through the interviews was an increase in confidence in oneself and one's decision making ability. There was an increased trust in and commitment to past decisions – the confidence that those decisions were trustworthy and capable. The women also expressed a stronger confidence in being able to face future difficulties and challenges, particularly with parenting.

Many of the women discussed freedom in 'getting to know themselves again'. The group facilitated them to 'find' themselves through being challenged to recognise their strengths. For some women, it gave them the opportunity to resolve conflicting opinions held between themselves and others. It gave them the opportunity to recognise their own autonomy and what they want in life – recognising that they were an autonomous individual and beginning on their path that they can continue to travel on in the future.

Being able to practice new skills and ideas within the group context was also expressed to be useful and increased their confidence in their own lives. All the women felt comfortable to contribute in a way in which they felt comfortable and supported. They also recognised that their experience, knowledge and growth had an impact on the other women in the group. Their interactions in the group helped them learn more about themselves and some women also expressed surprise at their capabilities with certain actions and contributions.

Social Support

There was a strong theme of social support throughout the group. The first aspect of this was that the group provided a kind of general social support. Many of the women reported feeling less isolated due to their participation in the group. Having the opportunity to hear others' stories that were so similar to one's own was important. It was not only this, but also the opportunity to hear of women in similar circumstances who were from different backgrounds was important.

Secondly, it provided the women the opportunity to connect with specific individuals over shared traits or experiences. Two of the women in the group shared a connection with one another surrounding challenges involving parenting. Both of these women expressed a hope in getting to know the other woman better and growing this relationship into the future. The knowledge that this relationship had the potential to grow seemed to increase their confidence in making future decisions.

Changing perceptions of the group over time

Four of the women expressed a change of opinions from the commencement of the group right through to the conclusion. At the very least, the participants indicated feeling apprehensive about what the group would involve and how much they would be expected to share their experiences and stories. All of these women described a process of relaxation as the group went on, and feeling progressively more comfortable to open themselves up to the group.

Two woman indicated that they didn't expect themselves to engage so much and were surprised at the amount that they contributed. In one particular circumstance, the woman indicated that she felt comfortable sharing *"because of the environment. The people in there they're just giving their heart. It's very truthful. It's very real."* She described attending the group as *"like taking a drug"* in that she could see that it was having dramatic impacts in her life every week. Over the course of the group, she made it a priority to attend each session:

> *"As the time went by, I felt like I was taking a drug. I came on Wednesdays, even though I had holidays, appointments. I'm thinking I'm taking a drug – its working wonders! I can't believe it! It helps. I feel more positive, more confident. It's very powerful."*

Another woman said that she committed to not talking in the first week and then found that she was able to open up over the course of the group. She attributed this to the activities and opportunities where she was able to just contribute one word, and not directly being asked how she felt straight away.

Practical elements

The facilitators

All five of the women scored the facilitators to be highest on the scale in relation to the skills measured in the end of group feedback. This included knowledgeable, respectful, engaging, non-judgemental and skilled at group management. The primary facilitator was seen to have an 'impressive' amount of knowledge of domestic violence and what each women might have been experiencing.

A common comment shared by the women was that the facilitators complimented each other well – while the primary facilitator was more vocal, energetic and encouraging, the other facilitator was seen as quieter and more insightful. The way the facilitators ran the group seemed to model effective clear and assertive communication skills.

One women expressed her gratitude to the facilitators in the following way:

> *"It's such a pleasure to meet people that actually care. You wonder what their journey is and what brought them to show such kindness. And it's a job, but it's more than a job, it's a calling. And I'm grateful for that. I often thought about that when I was sitting there, how kind that is. And sometimes if you just reach out, it's there."*

Suggestions for improvement

There were no common suggestions for improvement or change. Some of the comments made by the women were similar to those of previous groups – this was particularly the case with the concern of time (needing more/longer sessions). One woman expressed a desire to

have more time talking about one's own experience, while another would have like more activities to participate in.

One woman expressed a strong desire to see this program in schools, in order to support girls before they experience abusive relationships. She expressed that she believed this would have a two-fold impact: it would not only support anyone currently involved in domestic violence, but it would also increase awareness for individuals who had not experienced it before.

Finally, another woman suggested that she would have liked more activities and information on meditation and relaxation exercises in the last couple of sessions, however she was aware that conducting this would be heavily reliant upon the needs of the group.

Evaluation strategy

Overall, there was a common attitude that evaluation is an essential part of the development and success of any program. The fact that the organisation was conducting an evaluation on the group seemed to communicate to the women that the group (and the women by extension) were valued by the organisation.

With this in mind, all the women explained that they were happy to participate. Some women expressed a difficulty with identifying with some of the items in the scales, but said that it didn't impact their experience overall, while others expressed that completing the scales was an interesting experience as a stimulus for personal reflection and growth. One women expressed gratitude at the opportunity to provide feedback on her experience.

Finally, there was an opinion shared by all the women that the evaluation strategy would be appropriate for use in future groups.

DISCUSSION

REVISITING THE RESEARCH QUESTIONS

How effective is the group in meeting the needs of participants?

In a general sense, it appeared that the group was able to meet the needs of the women who completed the feedback forms and participated in the current evaluation.

It was fortunate that there was the possibility of identifying pre- and post-group expected and perceived support, as this indicated that these women were receiving the support they required. Not only did the women indicate that they received the help they were hoping for, they also indicated that they received all types of help available. A flaw in this system is that the women were unable to identify for themselves their own goals and what they hoped to achieve – although they were able to provide their own option if it was not included, the research indicates that this is most successful if this is made in the words of the woman herself. Future evaluations may benefit from allowing the women to also identify their own goals in their own words, and investigating the extent to which this was achieved.

Unfortunately, it was difficult to achieve this same assessment for the previous groups, as a categorical assessment of individual needs was not made prior to group commencement. However, the qualitative feedback from both parts of the research indicated that these needs were generally met.

There also appeared to be a theme of identifying changing needs through the course of the group. Through the various supportive and educational experiences available through the group, many of the women expressed identifying specific needs throughout the group – some of which were different to when they started.

There were also some participants who identified that the group provides a type of support that cannot be provided by other therapeutic or support mediums. Two of the women identified that they were seeing psychologists during the course of the group and expressed that the group was able to provide a kind of social support that the psychologist was unable to provide due to the nature of the service. Another woman expressed that while she was receiving social supports from other people in her life, the group provided an opportunity for her to explore what the 'real' world was like.

Unaddressed needs

In regards to specific needs left unaddressed, there were some participants who identified that they would have liked more information and support around parenting. Although there are parenting resources provided throughout the group and concerns with parenting are addressed, there is no set topic surrounding parenting issues. It is suggested that this is best addressed by introducing a smooth means of referral between the Healthy Mind & Body group and the numerous parenting groups offered by the organisation.

Non-participants

Of interest in addressing this question is of course addressing the needs of the women who opt-out or attend only one session. It was beyond the scope of this evaluation to ascertain the needs of these women, however understand what prevents a woman from attending and committing to the program is essential to ensuring that the program is providing best support. Tutty, Bidgood and Rothery (1996) suggest that identifying barriers to attendance or reasons for not committing can also be effective in implementing more effective screening mechanisms.

In relation to this is the imbalance between cultural differences and attendance. The results from this evaluation suggest a trend towards women who speak a language other than English at home to not attend the group. This does not automatically suggest that the group is not culturally accessible, however further investigation should be done into the barriers for these women and what prevents them from attending. Women from culturally and linguistically diverse backgrounds are of particular concern in domestic violence situations, as there is a higher chance of them being more isolated, less able to access services, more susceptible to stigma or shame from relationship breakdown, and unaware of their rights or cultural norms (Trijbetz, 2013).

Recommendations

1. Continue to identify the needs of each individual woman prior to program commencement, preferably in their own words.
2. Implement a system of referral between Healthy Mind & Body and the parenting programs.
3. Conduct further investigation into the barriers to attendance/commitment for non-participants.
4. Conduct further investigation into the relationship between commitment and language spoken at home/ cultural background.

How satisfied are participants with the program?

There is definitely a strong sense that participants are satisfied with all aspects of the program, including support received, facilitator capabilities and practical elements. This was an opinion shared by all participants from all groups.

Of particular mention is the Shark Cage activity (Benstead, 2011), which focuses around developing healthy boundaries within personal relationships. This was consistently mentioned by all women at all stages of the evaluation process.

There was also a consisted theme of changing perceptions or attitudes towards the group throughout the course of the group. Many women expressed being unsure or hesitant about attending and committed to not sharing any information about themselves. All of these women completed the group with a completely changed perspective, valuing the time they spent in the group and advocating for the positive impact the group had upon them. It is, of course, important to note that this could be due to selection bias, in that only the women that were most committed to the group would be the ones to complete the group and therefore the only ones that would complete the group feedback, or, those who were most likely to attend a post-group interview could be the ones most committed to the group.

Ongoing impacts

The few interviews conducted with past participants indicate that one's perception of participation in Healthy Mind & Body remains to have a strong impact upon individuals even six to twelve months after the group has finished. While participants identify that the social and personal impacts are strong immediately after the groups conclusion, these are still the focal points for participants after a period after the group's conclusion.

Opportunities for improvement

The most common suggestion for improvement for the group was the length of time. Many women from all groups expressed feeling that eight weeks was not enough time to receive the support as they would have liked or to get to know the women in the way that they desired. Some women expressed that even just extending the group by two to four weeks would be enough to attend to this concern. Some women indicated that they would have liked to of had more time to talk and share, thus more time each week would have been enough.

Opportunity for follow up

Those that did not create social connection during the group seemed to regret this further down the track.

Recommendations

Increase the duration of the group (either the length of each session or the number of weeks it runs for).

QUESTION 3: Does the program achieve its intended outcomes for participants?

It is important to acknowledge when addressing this research question that of upmost importance for these kinds of groups is for the women to achieve their own personal goals, due to the diversity of needs and situations that women who experience domestic violence are in. This is particularly the case with this group, as it is open both to women who are currently in an abusive relationship, as well as those who have experienced it in the past – this increases the breadth of needs that may be required by a single group. With this in mind, it is important still to measure the intended outcomes for the group to assess the extent to which the group is achieving what it is designed to achieve.

All in all, there is some evidence to suggest that the group does achieve its intended outcomes. This question was primarily addressed using the pre-post questionnaires and the psychological scales for the latest group. Due to the small number of participants and the high drop-out rate (just above 50%) it was impossible to assess whether these changes were statistically significant.

There seems to be a small amount of evidence to indicate that the first outcome is being addressed – that of increasing self-confidence and self-esteem. Four of the five participants who completed the post-group questionnaire scored higher on self-efficacy, and higher again on self-esteem. In addition, some of the qualitative feedback indicates that some of the past women also expressed that they had increased in self-esteem and self-confidence through their participation in the group.

The second outcome – reducing social isolation and increasing social connectedness – also seems to be supported. In the pre-post questionnaire, although the ISEL did increase in overall score in most cases, there was no consistent increase for any of the subscales. This could indicate that each of the women has a need for different types of social support. In their study, Tutty, Bidgood and Rothery (1993) found that a statistically significant increase in scores on the Belonging subscale, but not any of the other subscales.

The most evidence for increases in social support was found in the qualitative feedback from all groups. A majority of the women at very least indicated that the ability to meet other women who had similar experiences had a positive impact on them. For the past participants, some of the women did indicate that they had maintained relationships with at least some of the women in their group, and continued to turn to those women for support with their relationships and parenting. The past participants who did not maintain contact indicated that this was something they felt they lacked in their current situation. One of these women suggested that having the opportunity to catch up with the group six months after the group had finished would provide women who regretted not maintaining contact the opportunity to do so.

Finally, there was also some evidence to suggest that anxiety and depression is reduced through group participation. The majority of participants decreased in scores on the DAS for depression, anxiety and stress. Some of the qualitative feedback from the past participants also indicated that they felt more 'positive' about their lives.

These results are consistent with other studies that have conducted pre-post assessments with support groups for women who have experienced domestic violence. Tutty, Bidgood and Rothery (1993) found an increase in self-esteem and internal locus of control. Cox & Stoltenberg (1991) found a decrease in anxiety and depression, as well as increase in self-esteem as compared to a control group.

Identifying potential outliers

It is also important to make mention of the participant in the latest group who scored opposite to most other women in every measure. There is no evidence from the current evaluation in regards to why she has achieved this score, however it was observed that she was at a different level of acceptance to the other participants. Prochaska and Clemente's (1982) theory of Stages of Change has been adapted for women in domestic violence situations (Burman, 2003) and could be used to explore this situation. The evaluator's observations of the participant indicated that she may be at the pre-comtemplation stage, meaning that she could be minimising or denying "the source, extent, and consequences of the problem, refraining from viewing her partner in a realistic light" (Burman, 2003, p. 84), which is commonly associated with low self-esteem and self-efficacy. In order to maintain an emotional connection with the perpetrator, it is proposed that women in this stage internalise blame for incidence of violence. It is proposed that heightening her awareness of her partner's behaviour could increase the cognitive dissonance between maintaining the relationship and seeing his behaviour as abusive.

Growing the body of data

All in all, more data is required to be able to generalise the impact that the group has in these domains. In order to collect enough data, it is proposed that the organisation continue to administer these questionnaires to future participants in order to grow the body of data.

If possible, it would also be beneficial to administer these questionnaires to a 'control' group, in order to identify the extent of impact the group has upon participants. The practice of using control groups in circumstances involving domestic violence can be highly unethical, as delaying someone's treatment may place them in further danger. Sullivan (2001) proposes that the safest way to recruit a control group is to recruit women who are on the waiting list for the next available group. As long as a safety assessment is conducted prior to 'control' participation, this should be fine.

Recommendations

- Include a six-month/ one-year follow up to see how the women are going and to provide further opportunities for social connection.
- Continue to collect psychometric data on group participants.
- Collect psychometric data on 'control' group to indicate extent of group impact.

QUESTION 4: What are the medium-to long-term impacts of the group for participants?

This evaluation did not provide a breadth of detail in regards to the ongoing impact of the group. There was some evidence to suggest that the group was continuing to impact upon the actions, relationships and personal development of participants when interviewed six to twelve months after the group's conclusion.

While there isn't a great deal of evidence from the current study in regards to long-term impact, there is some evidence in the literature that some proximal outcomes are indicative of positive long-term outcomes for women who experience domestic violence (Sullivan, 2001). Parsons (2001) conducted research surrounding the factors that were most helpful for women leaving domestic violence relationships. She found that a feeling of being supported, listened to, respected and valued by group members and facilitators are associated with increased positive outcomes. As the pre-post questionnaire for the latest group indicate, these women felt that they received this kind of support from the other women. Also, acting as and having role models, receiving support and being heard are also all associated with positive outcomes.

Bagshaw et al. (2000) have also identified various factors that influenced a women's decision to leave their abusive relationships. Bagshaw et al. identified that factors that prevented women from seeking help included feeling shame or embarrassment and fearing that they would not be believed and not knowing who to contact. The interviews of past participants in the current study indicated that the group provides support and information that may counteract these barriers to help seeking.

Kim and Gray (2008) have found that women who have higher self-esteem, higher internal locus of control and lower levels of fear are more likely to leave their abusive relationships, and Bybee and Sullivan (2002) found that an increase in social connectedness/ support and access to resources is linked to increased safety over time. This evaluation indicates that this

group provides women with this kind of support, and thus that the outcomes indicated by the few interviewees may also be experienced by all the women who participate. Finally, Tutty, Bidgood and Rothery (1996) identified that groups facilitated by two leaders tend to have better outcomes for participants.

Thus, while definitive long-term outcomes were not identified in the current study, there are certain aspects which have been associated with positive long-term outcomes. If possible, this group would benefit greatly from assessing the definitive long-term outcomes experienced by participants.

Recommendations

At six-month/one-year follow ups, conduct a brief evaluation to ascertain long-term outcomes for the group.

Limitations of the evaluation

As with all research and evaluation, it is essential to acknowledge the limitations of such research. Firstly, the lack of control group and small sample size limits the ability to generalise findings to future groups. Increasing the body of data and collecting information on a control group will provide more validity to the findings.

As mentioned previously, this evaluation could be susceptible to selection bias in that it is only concerned with the data collected from women who completed the group or were able to return to participate in further evaluation activities. It was not possible at the time that the evaluation was conducted to include the women who were unable to attend or stopped attending the group. As mentioned previously, there would be great benefit in conducting an evaluation upon the barriers to attending for women and what is part of their decision not to attend.

It is also important to acknowledge that, like much of the current research on domestic violence programs, this evaluation was conducted by a student on university placement for the Masters of Social Work (Qualifying). Laing (2003) acknowledges that while this is the most practical way for evaluation and research to be conducted due to staffing and resource constraints, it is important for evaluations and research to be conducted by experts and professional practitioners.

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Appendices

Appendix A: PAST Healthy Mind & Body feedback forms

Note: All questions require long-answer responses unless otherwise specified.

1. What did you find most useful about the group?
2. What did you find the least useful?
3. What topics did you find most beneficial?
4. Do you feel that attending this group has helped you to feel more confident? *(4-point Likert Scale: Not at all; A little bit; Quite a lot; Extremely)*
5. Do you feel better equipped to support your child/ren as a consequence of attending this group? *(4-point Likert Scale: Not at all; A little bit; Quite a lot; Extremely)*
6. How helpful and/or relevant were the resources and information provided in this group? *(4-point Likert Scale: Not at all; A little bit; Quite a lot; Extremely)*
7. Which handouts were the most useful?
8. Is there anything you would change, add, or delete to improve the group?
9. How engaging were the facilitators? *(4-point Likert Scale: Not at all; A little bit; Quite a lot; Extremely)*
10. Did the facilitators lead the group well? If yes, in what way?
11. Did the facilitators speak too much or not enough?
12. Is there anything the facilitators could do to improve the group?
13. How would you evaluate the following:
    a. Venue *(3-point Likert Scale: Good, Fair, Bad + Comment)*
    b. Times *(3-point Likert Scale: Good, Fair, Bad + Comment)*
    c. Childcare *(3-point Likert Scale: Good, Fair, Bad + Comment)*
14. Any other thoughts, comments, feedback, ideas for improvement?

Appendix B: Questions for past participant interviews

Before Healthy Mind & Body…

1. What lead you to join Healthy Mind & Body?
2. What were you hoping to get out of the group?

During Healthy Mind & Body…

3. How did the group support you during that time of your life?
4. What do you think was the most valuable thing about the group for you?
5. Are there any specific moments you remember as being particularly important or relevant to you?
6. Did your impression of the group change from beginning to end? If so, how?
7. Did you attend all eight sessions? If not, what are some of the reasons that you didn't/couldn't?

After healthy mind & body…

8. Do you think your participation in the group has impacted upon the person you are today? If so, how?
9. Considering the experiences you've had since the group has finished, would you suggest any changes to be made for future groups?
10. Are you still in contact with any of the women from the group? If so, in what context (e.g. catching up for coffee, bumping into each other at school)?
11. If could give one piece of advice or wisdom to a woman who is just about to begin Healthy Mind & Body, what would it be?
12. Would you recommend Healthy Mind & Body to anyone?

Final questions

13. If you could sum up Healthy Mind & Body in one idea, concept, or emotion, what would it be?
14. Is there anything else that you would like to add?

Appendix C: Information on scales used

Depression Anxiety Stress Scale (DAS), short-form

The Depression Anxiety Stress Scale was developed by the University of New South Wales (Lovibond & Lovibond, 1995) to measure somatic symptoms of depression, anxiety, and stress in the week prior to assessment. Participants are asked to rate their agreement with 42 personal statements on a four point Likert scale from *"Did not apply to me at all"* to *"Applied to me very much, or most of the time"*. The current evaluation used the 21-item short form. For each subscale, total scores range from 0 to 21, with higher scores representing more symptoms of a particular mood. This scale has previously been demonstrated as having high validity, with a Cronbach's alpha score of 0.91 for the Depression scale, 0.84 for the Anxiety scale, and 0.90 for the Stress scale (Lovibond & Lovibond, 1995).

Interpersonal Support Evaluation List (ISEL), short-form

The *Interpersonal Support Evaluation List (ISEL)* was developed by Cohen et al. (1985) to measure perceptions of social support and can be divided into four subscales: tangible support, appraisal support, self-esteem support, and belonging support. Participants are asked to rate their agreement with 40 personal statements on a four point Likert scale from *"definitely false"* to *"definitely true"*. The current evaluation used the 12-item short form, which only measures tangible, appraisal and belonging supports. Total scores range from 0 to 36 (subscale scores range from 0 to 12), with higher scores representing higher perceived social support. The short-form of this scale has been shown to have high reliability, with some studies showing an overall Cronbach's alpha of 0.83 (Payne, Andrew, Butler, Wyatt, Dubbert, & Mosley, 2012).

Rosenberg Self-Esteem Scale

The *Rosenberg Self-Esteem Scale (RSES)* was developed by Rosenberg (1965) to measure global self-worth. Participants are asked to rate their agreement with 10 personal statements on a four point Likert scale from *"strongly disagree"* to *"strongly agree"*. Total scores range from 0 to 30, wither higher scores representing higher self-esteem. This scale has previously demonstrated high reliability, with a Cronbach's alpha ranging between 0.77 to 0.88 (Blascovich & Tomaka, 1993).

Internality, Powerful Others and Chance Scale (IPC)

The *Internality, Powerful Others and Chance Scale (IPC)* is a locus of control measure developed by Levenson (1973) in order to distinguish between internal and two types of external locus of control. This scale is divided into three subscales: an internal subscale (internality) and two external subscales (powerful others and chance). Participants are asked to rate their agreement with 24 personal statements on a six point Likert scale from "strongly disagree" to "strongly agree". Scores can range from 0 to 48 for each subscale, with higher scores representing higher identification with that subscale. In the current evaluation, the six point Likert scale was reduced to four points (removing the two middle options) in order to reduce the complexity of the scale. There is some evidence to suggest that this score has high reliability, with Levenson (1973) reporting a Kuder-Richardson reliability between the mid 60s and high 70s.

General Self-Efficacy Scale

The *General Self-Efficacy Scale (GSE)* was developed by Schwarzer & Jerusalem (1995) to assess general perceived self-efficacy. Participants are asked to rate how well 10 personal statements apply to them on a four point Likert scale from "Not at all true" to "Exactly true". Scores can range from 10 to 40, with higher scores indicating higher perceived self-efficacy. This scale commonly has a Cronbach's alpha between 0.76 and 0.90 (Schwarzer & Scholz, 2000).

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Appendix E: Pre-post group questionnaire

Healthy Mind & Body Group Questionnaire

Thank you for taking the time to complete this questionnaire.
Your experiences and safety are very important to us.

Date: _____ **Name:** _____

Please circle your preferred responses unless otherwise indicated.

1. **Have you been a participant in a support group before?** YES NO
   If yes, which one? _____

2. **What is the main reason that has lead you to join this support group?**

   _____

   _____

   _____

3. **What kind of help are you looking for in this group? Tick any that apply.**
   - ☐ Talk to other people who understand my experience
   - ☐ Support to make some changes in my life
   - ☐ Hear what other women have done
   - ☐ Help with issues relating to my children
   - ☐ Other (please specify): _____
   - ☐ Feel better about myself
   - ☐ Learn about domestic violence
   - ☐ Understand myself better
   - ☐ Feel more hopeful about my life

4. **On a scale of 1-10, how much do you think this group is going to help you?**

   1 2 3 4 5 6 7 8 9 10
   (Not at all) (Extremely)

5. **Are you currently experiencing violence in your relationship?** YES NO

6. **On a scale of 1-10, how fearful are you of your partner/ex-partner?**

   1 2 3 4 5 6 7 8 9 10
   (Not at all) (Extremely)

7. **Is there anything that may prevent you from attending the full eight weeks of this group?** YES NO
   If yes, please provide details: _____

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