Evaluation of Bravehearts' Therapeutic Services

Client outcomes: Final Report

Bravehearts
Educate Empower Protect Our Kids

October 2021

ABN: 41 496 913 890

Suggested citation:
Bravehearts Foundation (2021). *Evaluation of Bravehearts Therapeutic Services: Client Outcomes. Final report*. Arundel [Qld]: Bravehearts Foundation.

For further information:
Bravehearts Foundation Limited
PO Box 575
Arundel BC, Qld 4214

Executive Summary

Child sexual assault and exploitation is associated with a range of often detrimental and interrelated outcomes. Bravehearts' multidisciplinary counselling service has been providing specialist therapeutic support to victims/survivors of child sexual assault and exploitation, children and young people at risk of sexual harm, and non-offending family members, for over two decades.

As part of a commitment to best therapeutic practice, Bravehearts has conducted several informal, small-scale reviews of its therapeutic service, however an in-depth evaluation of the impact of the service had not been conducted.

The aim of this current evaluation is specifically to:

1. Understand levels of client symptomology and functioning at commencement of counselling for two distinct client groups (child and adolescent clients – referred to as child clients throughout this report; and adult clients).

2. Examine changes in client symptomology and functioning from commencement to completion of counselling for these client groups.

3. Understand perceptions of Bravehearts' therapeutic services and related outcomes for child and adult clients.

Methodology

Data was collated for clients who have engaged with Bravehearts therapeutic service during the period February 2016 – July 2021 (adult clients: 18 years and above, n=759; child clients: 3-17 years, n=1,000).

Several data sources have been utilised:

- Demographic and intake data recorded at initial contact
- Intake assessment undertaken at initial session with therapist
- Engagement and disengagement data recorded by therapist
- Outcome Rating Scale (ORS) and Child Outcome Rating Scale (CORS), administered at commencement and completion of counselling
- Clinical assessment measures, also administered at commencement and completion of counselling, including:
    - Post Traumatic Symptom Disorder Checklist (PCL-5)
    - Trauma Symptom Checklist for Young Children
    - Trauma Symptom Checklist for Children
- Feedback survey

Results

Client Baseline Wellbeing

Most adult clients fell below the clinical cut-off on the ORS scale upon commencement of counselling, indicating generally low levels of wellbeing. Scores on the PCL-5 showed a significant level of trauma symptomology among adult counselling clients, with 71% scoring above the clinical cut-off.

Most child clients fell below the clinical cut-off relevant to their age group on the ORS or CORS at commencement of counselling, again indicating generally low levels of wellbeing. Scores on the TSCYC and the TSCC also showed considerable levels of trauma symptomology among child clients. Approximately 50-60% of clients aged 3-12 years and 15-40% of clients aged 8-17 years scored clinically significant levels of symptomology across the six domains of the TSCYC and TSCC respectively.

Client Outcomes

Overall, the majority of adult and child clients either showed positive outcomes on the ORS/CORS, indicating improvement in wellbeing over the course of counselling, or showed no change in their ORS/CORS scores, but had already shown higher levels of wellbeing at their baseline assessment.

Although only a small number of adult clients completed the PCL-5 at both commencement and completion of counselling, 67% showed a clinically significant improvement in their scores on the PCL-5 at completion of counselling.

Similarly, low numbers of child clients completed the TSCYC and TSCC at both commencement and completion of counselling. Approximately 30-50% of children

aged 3-12 years maintained normal scores from initial to final sessions within each trauma domain of the TSCYC; a further 25-30% showed a clinically significant improvement across time on each trauma domain. While a large majority of young people aged 8-17 years obtained normal scores on the TSCC at both their initial and final sessions, approximately 20% showed clinically significant improvements in the domains of depression, anxiety, post-traumatic stress, and dissociation at completion of counselling.

Feedback Survey

Of those who have completed the feedback survey, most adult clients and parents and guardians of child clients reported positive outcomes from counselling. Most parents/guardians also reported that they had seen either a slight or large positive change in their child's behaviour, general outlook, overall wellbeing, close relationships, and wider social relationships because of their engagement in counselling and provided positive feedback regarding the professionalism of the therapeutic staff and the quality of the service they received.

Table of Contents

List of Tables

List of Figures

Introduction

Bravehearts' counselling service provides specialist therapeutic services and support to children, young people and non-offending family members impacted by child sexual assault and exploitation. While internal assessment of the therapeutic program is an ongoing commitment for the organisation and a small-scale review of Bravehearts therapeutic service was conducted in 2006, an in-depth evaluation of the counselling program and outcomes for clients has not been completed. The current evaluation enables a more complete understanding of the effectiveness of the therapeutic service and will ensure that Bravehearts' service provision continues to be evidence based, encompassing a best-practice approach.

Bravehearts' Therapeutic Approach

Bravehearts' counselling service consists of psychologists, social workers and counsellors who specialise in working with survivors, their friends and family members, using evidence-based therapy to support survivors of child sexual assault and exploitation, and to reduce its effects. Bravehearts therapists provide counselling to children and young people who have experienced, or may be at risk of experiencing, child sexual assault. Additionally, until January 2018, Bravehearts therapists provided counselling services to adults who reported a history of child sexual assault or exploitation.

Bravehearts uses a systemic approach when working with people who have experienced or may be at risk of experiencing child sexual assault and exploitation. Clinicians may work with one member of the family, or the entire family or other support networks, at various stages in the therapy process.

Children and young people who experience trauma can exhibit a variety of trauma symptoms including but not limited to; sadness, anxiety, anger, sexual behaviour problems, deliberate self-harm, withdrawal and isolation, eating problems, sleeping difficulties, somatic concerns, cognitive problems, behavioural difficulties at home and/or school, and social difficulties. When working with a young person, the effects of the child sexual assault or exploitation can be wide-reaching and can create unhealthy family dynamics and vicarious trauma symptoms for other members of the family. Therefore, it's imperative that the child is not seen in isolation, and that wherever possible, other support systems or mechanisms are included.

Bravehearts therapeutic services also have a preventative focus and work with children and families identified as 'at risk' of experiencing child sexual assault. As such, clinical intervention can also include the use of Bravehearts' educational Personal Safety Program that is based around the Bravehearts character Ditto.

Bravehearts therapists work with parents to educate them about personal safety, the impacts of child sexual assault and exploitation, as well as understanding offenders and their behaviour. Additionally, parent support is provided to manage the impacts of grief and loss, support with parenting children who have been sexually assaulted, supporting parenting with children who are engaging in problem sexualised behaviour or managing the impacts of sexual assault or exploitation within their family system.

In adults who have experienced sexual assault or exploitation, common presentations include depression, anxiety, anger, personality disorders, emotion regulation problems, relationship difficulties, parenting difficulties, and post-traumatic stress disorder symptoms. These issues are often longstanding for many of adult clients, and their presentation to therapy may be many years since the event and since their first disclosure, or it could be the first time that the impacts of childhood sexual assault are being identified and addressed.

Bravehearts' therapists provide a holistic approach to therapy that is:

- client-focused, with a family systems approach
- individually tailored
- consultative and collaborative
- evidence-based
- preventative
- strengths-focused, and

- involves the client's family and wider support systems.

Therapeutic specialists at Bravehearts assist the client to heal from the effects of traumatic experiences in the best way possible for them. This can include one-on-one counselling, family counselling and support, parent-child therapy, parent education, and group therapy.

People who have experienced trauma due to sexual assault or exploitation can develop a range of presenting symptoms and difficulties. No two people who have experienced the same assault will present in the same manner, and often the severity of the trauma may not be proportional to its effects; some people who have experienced prolonged trauma may present with fewer difficulties than those who have experienced a single-incident trauma, and the reverse can also be true. For this reason, Bravehearts does not propose one treatment as being effective over another, and therapists utilise a range of treatment methods as appropriate for the client.

Client Data Collection

Data is routinely collected from therapeutic services clients throughout their engagement with the service, using a range of clinical and non-clinical measures. Therapists collect data on a routine basis to inform treatment planning, and to monitor client progress. This research incorporates the collation of that data from all clients who have provided consent for their information to be used for research purposes (or had consent provided for them, in the case of children). Several data sources are utilised, including:

- Demographic and intake data recorded at initial contact
- Intake assessment undertaken at initial session with therapist
- Engagement and disengagement data recorded by therapist
- Outcome Rating Scale (ORS), administered to clients at commencement and completion of counselling
- Clinical assessment measures, also administered at commencement and completion of counselling, including:
    - Trauma Symptom Checklist for Young Children
    - Trauma Symptom Checklist for Children
    - Post Traumatic Symptom Disorder Checklist (PCL-5) - adult counselling clients.

Research Aims

The aim of this research is to evaluate the effectiveness of Bravehearts' therapeutic services. The specific objectives of this research project are to:

1. Understand levels of client symptomology and functioning at commencement of counselling for two distinct client groups: child and adolescent clients – referred to as child clients throughout this report; and adult clients (client analysis)

2. Examine changes in client symptomology and functioning from commencement to completion of counselling for these client groups (outcome analysis)

3. Understand perceptions of Bravehearts' therapeutic services and related outcomes for child and adult clients (feedback survey).

This evaluation provides an in-depth understanding of the effectiveness of the therapeutic service, and will ensure that Bravehearts' service provision continues to be best-practice and evidence-based, to provide the best possible outcomes for clients and their families.

Ethics

The project was reviewed by Bellberry Human Research Ethics Committee and approved in accordance with the National Statement on Ethical Conduct in Human Research (2007) incorporating all updates (reference number: 2018-08-652).

Method

Participants

Client and outcome analysis

All clients, including child, adolescent, and adult clients, who have engaged in Bravehearts' therapeutic service during the period February 2016 – July 2021, and who have provided consent for their information to be used for research purposes, are included in the current research. Analysis of research consent rates during the data collection period showed that consent was provided for 69.0% of adult clients and 72.1% of child clients.

Demographic, intake, and assessment data has been extracted for all consenting clients and included in analyses. During the period February 2016 – July 2021, data was extracted for n=759 adults (18 years and above), and n=1,000 child (3-17 years) clients. During this period, several clients re-engaged with the service, and provided research consent for each discrete engagement. Twenty adult clients engaged and consented to research twice during the period, and one adult client engaged and consented to research three times. Additionally, 24 child clients engaged and had research consent provided for them twice during the period, and two child clients engaged and had consent provided three times. Demographic data will therefore be based on the total number of clients (n=759 adults; n=1,000 children), while session and outcome data will be based on number of engagements (n=781 adult client engagements; n=1,028 child client engagements).

Adult clients are further segregated for the purposes of this report into three adult client groups: counselling clients (those who engaged with Bravehearts counselling for their own childhood experience of sexual assault or exploitation; n=75 clients, n=77 engagements); parent support clients (those who engaged with Bravehearts for parent support and/or education, in association with a child who had been sexually assaulted, was displaying problem sexual behaviour, or was at risk of sexual assault or exploitation; n=600 clients, n=615 engagements); and counselling + parent support clients (those who engaged for parent support and/or education AND reported their own history of child sexual assault or exploitation; n=84 clients, n=89 engagements). Clients who engage in parent support may be parents or any other guardian of the child client, including kinship and foster carers.

Child clients are further segregated for the purposes of this report into four child client groups, according to their reason for engagement with Bravehearts: child sexual assault (CSA, those who have experienced or are suspected to have experienced child sexual assault or exploitation; n=547 clients, n=568 engagements); sexual behaviour problems (SBP, those who are displaying problem sexual behaviour; n=106 clients, n=106 engagements); CSA and SBP (those child clients who have experienced or are suspected to have experienced child sexual assault and who are also displaying problem sexual behaviour; n=218 clients, n=225 engagements); and other child clients (those who are engaged with Bravehearts for another reason; e.g. risk of child sexual assault, or having a sibling who has experienced sexual assault; n=129 clients, n=129 engagements). While Bravehearts counselling services see all children and siblings aged up to 17 years who have experienced or are at risk of CSA, those who are showing problem sexual behaviours are only seen up to the age of 13 years. Any adolescent aged 13 years or over and who is showing harmful sexual behaviours is referred to Bravehearts' specialist therapy service, Turning Corners.

Feedback survey

All adult clients and parents of child clients who disengaged from the therapeutic service during the period December 2019 – July 2021 were sent an invitation to participate in an online feedback questionnaire. As part of the regular internal counselling feedback process, clients are contacted in the weeks following their disengagement and invited to participate in the online survey. During the period December 2019 – July 2021, n=202 invitations were sent via email or SMS to families who had recently disengaged from the service, and n=53 completed surveys were returned (response rate of 26.2%).

Measures

Client and outcome analysis

Several data sources are utilised, including:

- *Demographic and intake data:* During the initial contact with the service, demographic and intake data are collected for each client and recorded on their profile in Bravehearts' client database (managed by the Infoxchange Service Record System; SRS). Demographic and intake data include:
  - Date of birth (from which age at intake is calculated)
  - Gender
  - Country of birth
  - ATSI status
  - Child sexual assault and exploitation details
  - Presence of any child sexual behaviour problems
  - Presence or risk of child sexual assault and exploitation.
- *Intake assessment:* An initial intake session is conducted with the therapist and the adult client or parent/guardian of child clients. At this session, consent forms are signed, and background information is collected, including:
  - Reason for referral to/engagement with Bravehearts (qualitative)
  - Presenting issues (qualitative)
  - Checklist of Concerns, and Child Checklist of Concerns. The Checklist of Concerns (adults) is a 63-item checklist that asks clients to mark each of the issues or concerns that apply to them at the time of completion. The Checklist comprises seven scales, including emotional concerns (22 items, e.g., excessive worry), behavioural concerns (12 items, e.g., addiction issues), cognitive concerns (9 items, e.g., flashbacks), interpersonal concerns (9 items, e.g., marital/partner conflict), physical concerns (4 items, e.g., fatigue or low energy), sleeping and eating concerns (4 items, e.g., nightmares), and "other" concerns (4 items, e.g., financial). The Child Checklist of Concerns is a similar 51-item checklist that asks parents or guardians of child clients to mark each of the issues or concerns that have applied to their child in the last month. The Checklist comprises seven scales, including behavioural concerns (19 items, e.g., defiance), emotional concerns (13 items, e.g., excessive worry), cognitive concerns (4 items, e.g., difficulty concentrating), physical concerns (4 items, e.g., speech and language difficulties), sleeping (3 items, e.g., nightmares), eating (2 items, e.g., eating too much or too little), and social concerns (5 items, e.g., difficulty making friends).
- *Engagement data:* Number of sessions attended, as well as reasons for disengagement, are taken from therapists' notes recorded within each clients' profile on SRS.
- *Outcome Rating Scale (ORS):* The Outcome Rating Scale is a measure that is widely used as a guide for therapists in tailoring treatment and identifying effective treatment approaches (Miller and Duncan, 2000). The version for adults (ORS), which is considered valid for adolescents and adults from 13 years of age, and children (CORS), considered valid for children aged 6-12 years, both include 4 items, which ask clients to rate how they are currently feeling overall, individually, interpersonally, and socially, on a 10-point Likert scale (with 1 meaning low levels of wellbeing and 10 meaning high levels of wellbeing). A total score is calculated by summing across the four scales. Clients are asked to complete the ORS/CORS at their first counselling session, and then every four sessions following this, as well as at the final session.
- *Clinical assessment measures*, also administered at commencement and completion of counselling, including:
  - Post Traumatic Symptom Disorder Checklist for DSM-5 (PCL-5): The PCL-5 (Weathers, Litz, Keane, et al., 2013) is a measure developed to screen adults for PTSD and is used to monitor symptom change during and after treatment. The PCL-5 is a 20-item self-report measure that assesses 20 symptoms of PTSD on a 0-4 scale according to the degree to which they were bothered by each in the past month: "Not at all," "A little bit," Moderately," "Quite a bit," and "Extremely." The PCL-5 is administered to adult counselling clients.

- Trauma Symptom Checklist for Young Children (TSCYC): The TSCYC (Briere, 2005) is a trauma measure for young children aged 3-12 years who have been exposed to traumatic events. The TSCYC is a 90-item caretaker-report measure. Caretakers rate each of 90 symptoms on a four-point scale according to how frequently the symptom occurred in the previous month. Items relate to two validity scales (Response Level and Atypical Response) and 6 clinical scales: Anxiety, Depression, Anger/Aggression, Posttraumatic Stress, Dissociation, and Sexual Concerns.
- Trauma Symptom Checklist for Children (TSCC): The TSCC (Briere, 1996) is a 54-item self-report measure of post-traumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events. The TSCC includes two validity scales (Under-response and Hyper-response), and six clinical scales: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns.

Feedback survey

Bravehearts routinely collects feedback from adult clients and parents of child clients following engagement with the therapeutic service, via an online questionnaire. For the current evaluation, the online questionnaire was expanded and for this research includes items assessing:

- Key demographics (gender, age, background), number of sessions attended, and primary reason for disengagement, for both self and child(ren)
- Personal outcomes (if attended for adult counselling or parent support) – respondents are asked to:
  - rate the degree to which they achieved (a) positive outcomes, and (b) goals they had at commencement, on a 5-point scale (strongly disagree to strongly agree)
  - rate the degree to which they have observed any personal changes because of counselling or parent support, in regard to behaviour, general outlook, overall wellbeing, close relationships, and wider social relationships, on a 5-point scale (large negative change to large positive change)
  - describe any other personal changes (qualitative).
- Child outcomes (parents can respond for one child – the child who attended most recently - or for multiple children) – parents are asked to:
  - rate the degree to which their child(ren) achieved (a) positive outcomes, and (b) goals they had at commencement, on a 5-point scale (strongly disagree to strongly agree)
  - rate the degree to which they have observed any changes in their child(ren) because of counselling, in regard to behaviour, general outlook, overall wellbeing, close relationships, and wider social relationships, on a 5-point scale (large negative change to large positive change)
  - describe any other changes observed in their child(ren) (qualitative).
- Overall perceptions of service – respondents are asked to:
  - rate the counselling service provided by Bravehearts on a 5-point scale (very poor to excellent)
  - indicate whether they would seek out Bravehearts' counselling service again if the need arose
  - describe what they believe works well about the counselling service (qualitative)
  - describe what they believe could be improved about the counselling service (qualitative).

Procedure

Client and outcome analysis

This evaluation research incorporates the collation of data from all child, parent and adult clients of Bravehearts' therapeutic services, who have provided research consent associated with their involvement in the counselling service (or had consent provided for them, in the case of children) during the period February 2016 - July 2021.

Following contact with or referral to Bravehearts for engagement in counselling, an initial intake session is held with the

therapist and adult clients/parents or guardians of child clients. At this session, consent forms are signed, and background information is collected. During the intake session, adult clients and parents/guardians are provided with an information sheet outlining how the information they provide throughout their/their child's engagement may be used for research purposes. The therapist introduces the research information sheet and ensures the clients' understanding, prior to inviting them to sign an attached consent form. All adult clients and parents of child clients can provide or decline consent for themselves and/or each of their children.

Consent forms are uploaded on clients' SRS profiles, and a checkbox within this profile is used to record whether consent has been provided for each client. The researchers have extracted all relevant data for each consenting adult/parent and child client during the period February 2016 – July 2021. All data is de-identified (with a 6-digit ID number linking each client to their SRS profile) and entered into a database for adult/parent clients or for child clients.

Feedback survey

All adult clients and parents and guardians of child clients representing families who disengage from counselling during the period December 2019 – July 2021 were contacted and invited to participate in the anonymous online feedback survey.

Once a client's SRS profile has been closed off by their therapist, an email (or SMS if an email address has not been provided by the client) is sent to the client or parent/guardian, inviting them to take part in the evaluation research and to provide their feedback about Bravehearts' counselling service. A link provided in the email/SMS takes the participant to a LimeSurvey page, on which participants are provided further information about the survey and the wider evaluation research. Participants are informed that completion of the online survey indicates their consent for participation.

Results

Client analysis

To meet Aim 1 of this research (understanding levels of client symptomology and functioning at commencement of counselling), analysis focuses on, for adults (including parents) and child clients:

- Client demographics
- Number of therapy sessions attended, and the proportion "completed" (as opposed to disengaged for other reasons)
- Baseline level of symptomology and functioning, including proportions of clients falling below identified clinical cut-off points for the various clinical assessment measures.

Adults

Table 1 provides details of adult client demographic and engagement data, according to client type. For those clients who engaged multiple times during the evaluation period, age is calculated at initial engagement. Table 2 presents the Top 10 reported issues of concern, according to client type.

Table 1. Adult client demographics and engagement

	COUNSELLING	COUNSELLING + PARENT SUPPORT	PARENT SUPPORT	*ALL ADULT CLIENTS*
***Total number clients** (%)*	*75 (9.9)*	*84 (11.1)*	*600 (79.1)*	*759 (100)*
Sex				
Male: n (%)	24 (32.0)	5 (6.0)	70 (11.7)	*99 (13.0)*
Female: n (%)	51 (68.0)	79 (94.0)	530 (88.3)	*660 (87.0)*
Age in years: Mean (range)	40.0 (18-72)	35.8 (21-54)	38.0 (21-78)	*37.9 (18-78)*
Born in Australia: n (%)	62 (97.0)	70 (90.9)	472 (86.0)	*604 (87.5)*
Identifies as ATSI: n (%)	3 (4.5)	9 (11.3)	40 (7.2)	*52 (7.4)*
Sessions attended: Mean (range)*^	11.5 (1-73)	9.7 (1-110)	6.4 (1-44)	*7.4 (1-110)*
Disengaged at completion: n (%)*	18 (23.4)	26 (30.2)	173 (30.9)	*217 (30.1)*

**Based on number of engagements (n=781)*
^Includes only closed clients who attended min. 1 session beyond intake (n=539)

Table 2. Top 10 issues of concern reported by adults on Checklist of Concern, by client type

COUNSELLING (% reporting concern)	COUNSELLING + PARENT SUPPORT (% reporting concern)	PARENT SUPPORT (% reporting concern)	*ALL ADULT CLIENTS (% reporting concern)*
Experienced abuse or trauma (78.3)	Guilt (66.7)	Fatigue (60.0)	*Fatigue (63.6)*
Anxiety (75.4)	Experienced abuse or trauma (63.3)	Stress (60.0)	*Stress (60.6)*
Depression (75.4)	Flashbacks (63.3)	Anxiety (54.5)	*Anxiety (61.0)*
Fatigue (73.9)	Reliving past traumatic events (63.3)	Guilt (48.5)	*Guilt (54.2)*
Panic or anxiety episodes (73.9)	Anxiety (63.3)	Difficulty falling/staying asleep (44.2)	*Experienced abuse or trauma (52.7)*
Flashbacks (68.1)	Head, stomach aches (63.3)	Change in sleep patterns (43.6)	*Difficulty falling/staying asleep (50.0)*
Avoiding people or places (68.1)	Fatigue (60.0)	Head, stomach aches (40.6)	*Depression (49.6)*
Difficulty concentrating (68.1)	Panic or anxiety episodes (58.6)	Excessive worry (40.6)	*Change in sleep patterns (49.2)*
Low self-worth; Nervous/ tension (66.7)	Depression; Stress; Eating issues (56.7)	Experienced abuse or trauma (40.0)	*Panic or anxiety episodes (49.0)*

Note: Checklist of Concern is not completed by all adult clients. Checklist was completed at n=69 (90%) counselling engagements, n=29 (33%) counselling + parent support engagements, and n=165 (27%) parent support engagements.

Table 3 presents the baseline ORS and PCL-5 results for adult clients, according to client type, alongside the proportion of each client falling above and below clinical cut-off points. For adults aged 18 years and over completing the ORS, the clinical cut-off is a score of 25, with scores below 25 being considered a lower level of client wellbeing (Miller, 2012). For adults completing the PCL-5, the clinical cut-off is a score of 33, with scores above 33 being indicative of significant trauma symptoms and a potential PTSD diagnosis (Weathers et al., 2013).

Table 3. Baseline ORS and PCL-5 results, by client type

	COUNSELLING	COUNSELLING + PARENT SUPPORT	PARENT SUPPORT	*ALL ADULT CLIENTS*
ORS: Mean (range)	21.1 (7-40)	23.1 (7-37)	24.6 (9-40)	*24.0 (7-40)*
ORS: % below clinical cut-off (lower wellbeing)	63.3	54.9	52.9	*54.4*
PCL-5: Mean (range)	49.2 (17-83)	-	-	-
PCL-5: % above cut-off (sig. trauma symptoms)	71.0	-	-	-

**Note low numbers of completion: The ORS and PCL-5 were not completed by all adult clients. At commencement of counselling, the ORS was completed at n=49 (64%) counselling engagements, n=51 (57%) counselling + parent support engagements, and n=306 (n=50%) parent support engagements. The PCL-5 was completed at n=31 (40%) counselling engagements.*

Children

Table 4 provides details of child client demographic and engagement data, according to the reason for engagement with Bravehearts. For those clients who engaged multiple times during the evaluation period, age is calculated at initial engagement.

Table 5, meanwhile, presents the Top 10 issues of concern among child clients reported by parents or guardians, according to the child's reason for engagement with Bravehearts.

Table 4. Child client demographics and engagement

	CHILD SEXUAL ASSAULT (CSA)	SEXUAL BEHAVIOUR PROBLEMS (SBP)	CSA + SBP	OTHER	*ALL CHILD CLIENTS*
***Total number clients** (%)*	*547 (54.7)*	*106 (10.6)*	*218 (21.8)*	*129 (12.9)*	*1000 (100)*
Sex					
Male: n (%)	148 (27.1)	69 (65.1)	104 (47.7)	71 (55.0)	*392 (39.2)*
Female: n (%)	399 (72.9)	37 (34.9)	114 (52.3)	58 (45.0)	*608 (60.8)*
Age in years: Mean (range)	9.4 (3-17)	7.8 (3-13)*	7.5 (3-17)	8.9 (3-17)	*8.8 (3-17)*
Born in Australia: n (%)	476 (97.0)	92 (95.8)	196 (97.0)	108 (88.5)	*872 (95.8)*
Identifies as ATSI: n (%)	60 (11.3)	17 (16.8)	23 (11.0)	23 (18.1)	*123 (12.7)*
Sessions attended: Mean (range)**^	9.2 (1-46)	8.0 (1-39)	10.0 (1-39)	6.5 (1-23)	*9.0 (1-46)*
Disengaged at completion: n (%)**	168 (33.6)	29 (30.2)	74 (36.3)	34 (27.9)	*305 (33.1)*

**Note: Bravehearts therapeutic service only engages clients aged up to 13 years who are showing sexual behaviour problems. Clients aged over 13 years who are displaying sexual behaviour problems are referred to Bravehearts' specialist service, Turning Corners.*
***Based on number of engagements (n=1,028)*
^Includes only closed clients who attended min. 1 session beyond intake (n=539)

Table 5. Top 10 issues of concern reported by parents on the Child Checklist of Concern, by reason for child engagement

CSA (% reporting concern)	SBP (% reporting concern)	CSA + SBP (% reporting concern)	OTHER (% reporting concern)	*ALL CHILD CLIENTS (% reporting concern)*
Easily upset (61.2)	Easily upset (64.3)	Defiance (66.3)	Easily upset (56.8)	*Easily upset (62.0)*
Anxiety or nervousness (52.0)	Anger outbursts (63.1)	Easily upset (65.1)	Anger outbursts (45.9)	*Anger outbursts (54.1)*
Anger outbursts (50.4)	Defiance (59.5)	Anger outbursts (62.8)	Temper tantrums (44.6)	*Defiance (51.8)*
Defiance (46.9)	Difficulty concentrating (56.0)	Temper tantrums (61.6)	Defiance (39.2)	*Anxiety or nervousness (50.1)*
Difficulty concentrating (46.5)	Impulsiveness (54.8)	Anxiety or nervousness (59.9)	Difficulty concentrating (31.5)	*Temper tantrums (49.0)*
Mood swings (46.2)	Temper tantrums (53.6)	Impulsiveness (55.8)	Anxiety or nervousness (29.7)	*Difficulty concentrating (48.0)*
Difficulty falling asleep (45.5)	Difficulty following instructions (47.6)	Restlessness (55.8)	Clings to parents (25.7)	*Difficulty falling asleep (43.7)*
Temper tantrums (43.9)	Mood swings (45.2)	Difficulty concentrating (55.0)	Impulsiveness; Destructive (24.3)	*Mood swings (43.4)*
Nightmares; Clings to parents (39.5)	Difficulty falling asleep (45.2)	Clings to parents (49.4)	Difficulty falling asleep; Difficulty following instructions (24.3)	*Restlessness (41.1)*

Note: Checklist of Concern is not completed for all child clients. Checklist was completed at n= 446 (79%) engagements for CSA, n=84 (79%) engagements for SBP, n=172 (76%) engagements for CSA and SBP, and n=74 (57%) engagements for other reasons.

Table 6 presents the baseline ORS and CORS, TSCYC and TSCC results for child clients, according to reason for engagement, alongside the proportion of each client falling above and below clinical cut-off points. For children aged 6-12 who self-report on the CORS, the clinical cut-off is a score of 32, with scores below 32 being considered a lower level of client wellbeing. For children aged 13-17 years completing the ORS, the clinical cut-off is a score of 28, with scores below 28 being considered a lower level of client wellbeing.

For the TSCYC, a *t* score of 70 or above is considered clinically significant, for each trauma domain. For the TSCC, a *t* score of 65 or above is considered clinically significant, for each trauma domain.

Table 6. Baseline ORS and CORS, TSCC and TSCYC results, by reason for engagement

	CSA	SBP	CSA + SBP	OTHER	*ALL CHILD CLIENTS*
CORS; child 6-12 years: Mean (range)	28.9 (8-40)	31.4 (8-40)	28.9 (4-40)	31.4 (13-40)	*29.5 (4-40)*
CORS; child 6-12 years: % below cut-off	62.8	59.5	57.0	52.6	*60.1*
ORS; child 13-17 years: Mean (range)	23.1 (10-38)	-	25.2 (12-36)	26.0 (11-34)	*23.6 (10-38)*
ORS; child 13-17 years: % below cut-off	71.6	-	55.6	62.5	69.0
TSCYC Anxiety: Mean *t* score (% clinically sig. or subclinical)	71.5 (63.3)	58.7 (33.3)	74.5 (69.7)	59.2 (47.2)	*69.7 (60.1)*
TSCYC Depression: Mean *t* score (% clinically sig. or subclinical)	68.6 (50.6)	59.9 (33.3)	72.2 (64.3)	61.2 (30.6)	*67.9 (50.4)*
TSCYC Anger: Mean *t* score (% clinically sig. or subclinical)	64.8 (43.0)	67.2 (49.1)	73.8 (63.4)	61.8 (33.3)	*67.1 (48.2)*
TSCYC Posttraumatic stress: Mean *t* score (% clinically sig. or subclinical)	74.4 (63.3)	63.7 (36.8)	82.0 (77.7)	62.1 (44.5)	*74.1 (62.5)*
TSCYC Dissociation: Mean *t* score (% clinically sig. or subclinical)	63.5 (39.2)	61.6 (37.3)	69.8 (56.2)	55.5 (22.2)	*64.2 (41.9)*
TSCYC Sexual concerns: Mean *t* score (% clinically sig. or subclinical)	68.4 (44.4)	68.0 (49.0)	81.6 (70.3)	55.5 (16.7)	*70.6 (49.3)*
TSCC Anxiety: Mean *t* score (% clinically sig.)	61.9 (44.1)	57.8 (50.0)*	56.9(28.0)	61.4 (33.3)*	*60.7(40.6)*
TSCC Depression: Mean *t* score (% clinically sig.)	59.2 (40.9)	53.6 (50.0)*	58.9 (28.0)	59.6 (22.2)*	*58.9 (37.6)*
TSCC Anger: Mean *t* score (% clinically sig.)	54.5 (17.2)	50.2 (0)*	53.4 (8.0)	53.3 (11.1)*	*54.0 (14.3)*
TSCC Posttraumatic stress: Mean *t* score (% clinically sig.)	59.4 (34.4)	56.2 (33.3)*	56.2 (24.0)	60.3 (22.2)*	*58.7 (31.6)*
TSCC Dissociation: Mean *t* score (% clinically sig.)	59.4 (35.5)	58.0 (33.3)*	56.9 (24.0)	58.5 (25.0)*	*58.7 (32.6)*
TSCC Sexual concerns: Mean *t* score (% clinically sig.)	59.8 (25.8)	44.8 (0)*	62.6 (26.3)	52.3 (25.0)*	*59.4 (24.5)*

The ORS/CORS, TSCYC (for clients aged 3-12 years), and TSCC (for clients aged 8-16 years) were not completed by or for all child clients.
At commencement of counselling, the ORS/CORS was completed at n=268 (47%) engagements for CSA, n=42 (40%) engagements for SBP, n=88 (39%) engagements for CSA and SBP, and n=46 (36%) engagements for other reasons.
At commencement of counselling, a valid TSCYC was completed for n=237 (54%) client engagements at 3-12 years for CSA, n=51 (49%) client engagements at 3-12 years for SBP, n=112 (55%) client engagements at 3-12 years for CSA and SBP, and n=36 (33%) client engagements at 3-12 years for other reasons.
**At commencement of counselling, a valid TSCC was completed for n=93 (25%) client engagements at 8-16 years for CSA, n=6 (10%) client engagements at 8-16 years for SBP, n=25 (26%) client engagements at 8-16 years for CSA and SBP, and n=9 (11%) client engagements at 8-16 years for other reasons.*

Outcome analysis

In order to meet Aim 2 of this research (examining changes in client symptomology and functioning from commencement to completion of counselling), the proportion of clients for whom baseline and follow up assessments have been completed is identified, and baseline and follow up ORS and clinical assessment measure data has been analysed to determine changes in symptomology and functioning for the adults, parents and child clients.

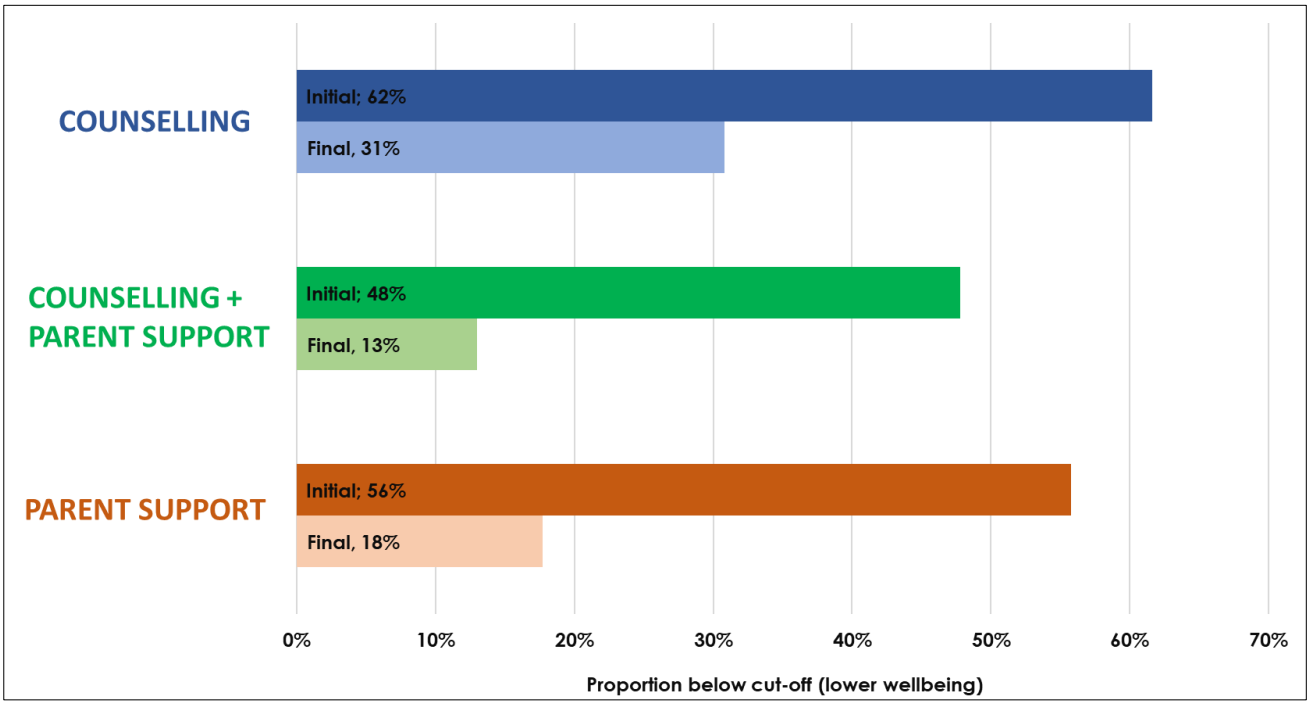
Adults

Outcome Rating Scale (ORS)

In total, an ORS was completed at both initial and final counselling sessions for N=162 (20.7%) adult client engagements. When looking by adult client type, baseline and follow up ORS questionnaires were completed for n=26 (33.8%) counselling engagements, n=23 (25.8%) counselling + parent support engagements, and n=113 (18.4%) parent support engagements.

For adults aged 18 years and over completing the ORS, the clinical cut-off is a score of 25, with scores below 25 being considered a lower level of client wellbeing (Miller, 2012). Figure 1 shows the proportion of adult client engagements for which an ORS was completed at baseline and follow up, at which the client fell below the clinical cut-off score of 25 at each time point, by client type.

Figure 1: Proportion scoring below ORS cut-off at initial and final sessions, adult clients

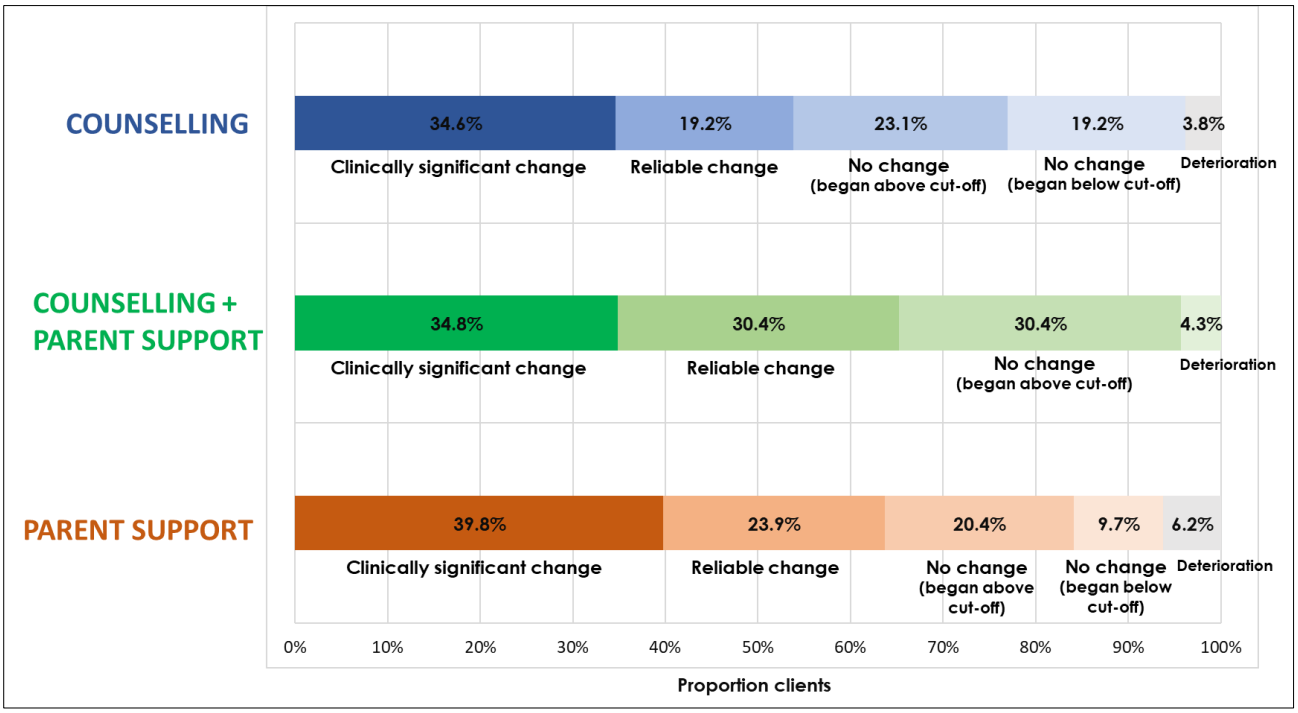


Miller (2012) has described the criterion for significant and reliable change on the ORS. According to Miller (2012):

- Clinically significant change: 5-point or more improvement from pre-treatment score AND crossed the cut-off score (from below 25 to 25 or above)
- Reliable change: 5-point or more improvement from pre-treatment score (does not cross the cut-off score)
- Reliable deterioration: 5- point or more decrease from pre-treatment score.
- No change: Less than 5-point change from pre-treatment score.

Figure 2 shows the proportion of adult clients who completed an initial and final ORS who fall into each change category, according to client type.

Figure 2. Adult client change on ORS



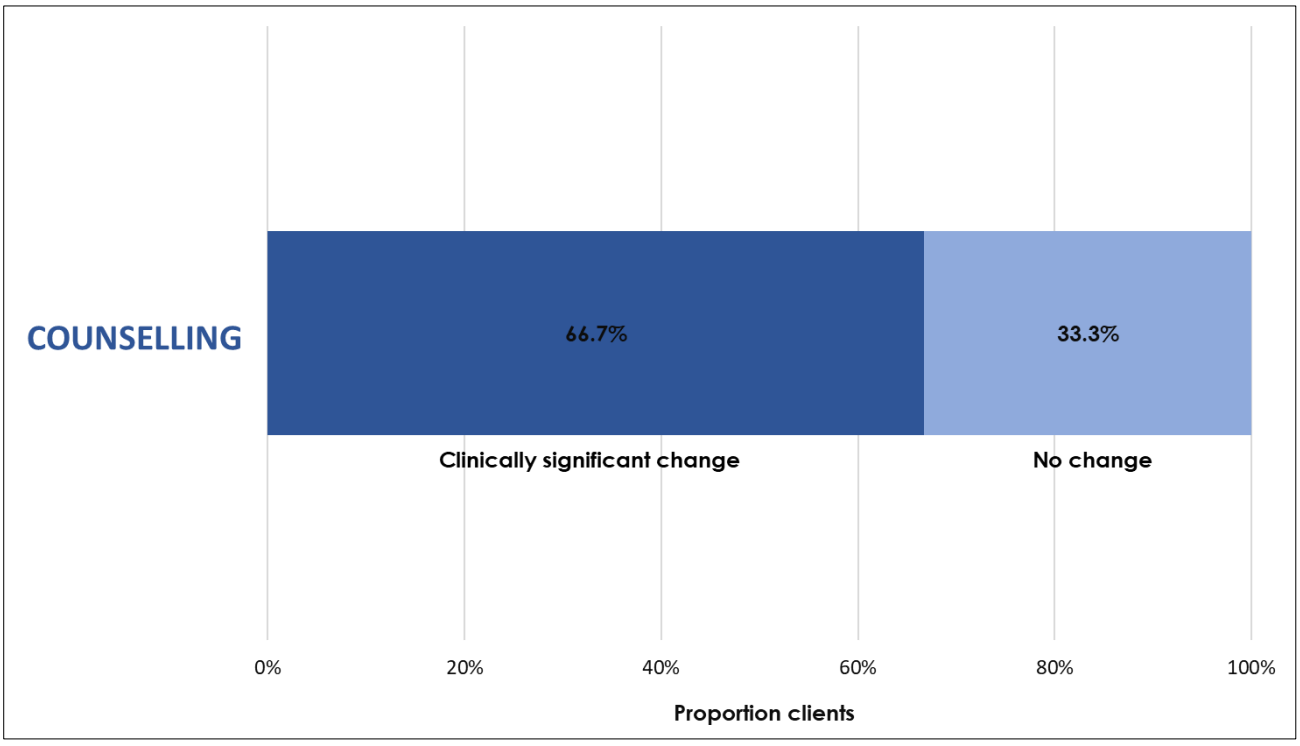
Post Traumatic Symptom Disorder Checklist for DSM-5 (PCL-5)

In total, N=9 (12%) adult counselling clients completed the PCL-5 at one of their first counselling sessions as well as again towards the end of their counselling engagement.

According to Weathers et al. (2013), change scores for the PCL-5 have not yet been determined, but it is expected that the cut-off scores for reliable and clinically significant change will be in a similar range to that of the PCL for DSM-IV. For this earlier scale, a 5 to 10-point change represents reliable change (i.e., change not due to chance) and a change of more than 10 points represents clinically significant change. These categories are therefore used for the current analysis.

Figure 3 shows the proportion of adult counselling clients falling into each change category (note that n is small at n=9).

Figure 3. Adult client change on PCL-5



Children

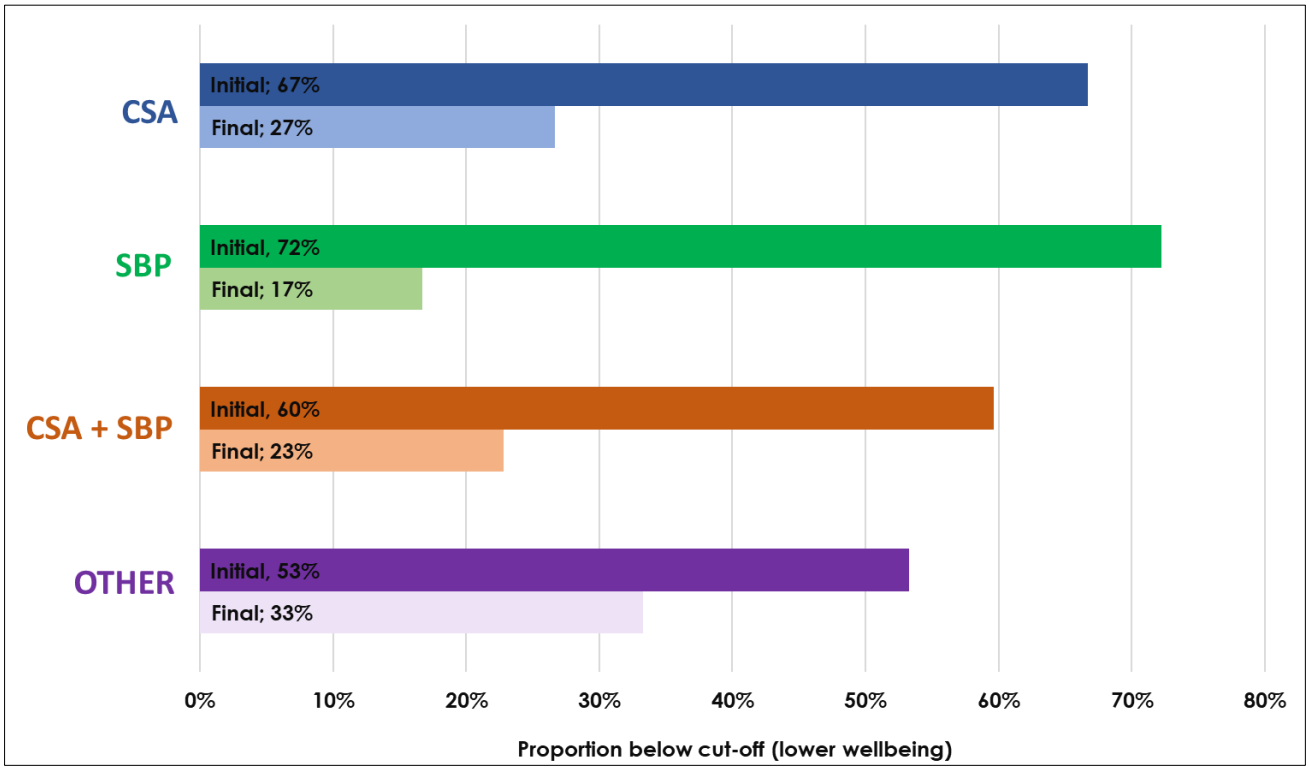
Outcome Rating Scale (ORS) and Child Outcome Rating Scale (CORS)

In total, an ORS was completed at both initial and final counselling sessions for N=240 (23.3%) child client engagements. When looking by reason for engagement, baseline and follow up ORS questionnaires were completed for n=150 (26.4%) clients engaging for CSA, n=18 (17.0%) clients engaging for SBP, n=57 (25.3%) clients engaging for both CSA and SBP, and n=15 (11.6%) clients engaging for other reasons.

For children aged 6-12 who self-report on the CORS, the clinical cut-off is a score of 32, with scores below 32 being considered a lower level of client wellbeing. For children aged 13-17 years completing the ORS, the clinical cut-off is a score of 28, with scores below 28 being considered a lower level of client wellbeing.

Figure 4 shows the proportion of child client engagements for which an ORS was completed at baseline and follow up, at which the client fell below the clinical cut-off score for their age group at each time point, by reason for engagement.

Figure 4: Proportion scoring below ORS/CORS cut-off at initial and final sessions, child clients

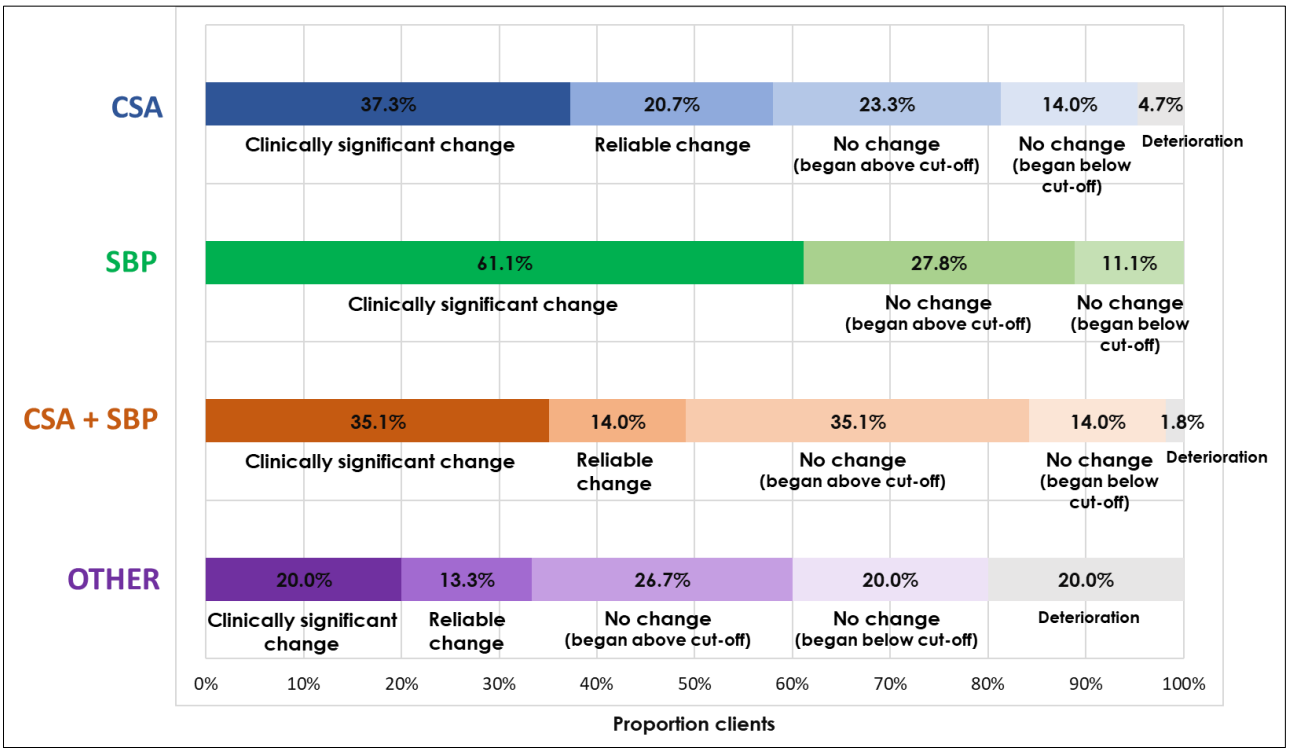


Miller (2012) has described the criterion for significant and reliable change on the ORS and CORS. According to Miller (2012):

- Clinically significant change: 5-point or more improvement from pre-treatment score AND crossed the cut-off score (from below 32, to 32 or above for children aged 6-12 years; from below 28, to 28 or above for children aged 13-17 years) Reliable change: 5-point or more improvement from pre-treatment score (does not cross the cut-off score)
- Reliable deterioration: 5-point or more decrease from pre-treatment score.
- No change: Less than 5-point change from pre-treatment score.

Figure 5 shows the proportion of child clients falling into each change category, according to their reason for engagement.

Figure 5. Child client change on ORS/CORS



Trauma Symptom Checklist for Young Children (TSCYC)

In total, parents/guardians of N=110 (12.9%) children aged 3-12 years completed a valid TSCYC at their child's initial and final counselling sessions. When looking by reason for engagement, an initial and final TSCYC was completed for n=60 (13.7%) clients aged 3-12 who were engaging for CSA, n=12 (11.4%) clients aged 3-12 who were engaging for SBP, n=31(15.2%) clients aged 3-12 who were engaging for both CSA and SBP, and n=7 (6.4%) clients aged 3-12 who were engaging for other reasons. Due to the small numbers of clients engaging for SBP and other reasons, analysis of change on TSCYC scores was conducted across all child clients aged 3-12 years.

Figure 6 shows the proportion of clients aged 3-12 years with a valid initial and final TSCYC who: scored within a clinically significant or subclinical range on each domain of the TSCYC at the initial session; and scored within a clinically significant or subclinical range on each domain at the final session.

Figure 7, meanwhile, shows change at the individual client level; specifically, the proportion of clients aged 3-12 years with a valid initial and final TSCYC who: improved (scored in a clinically significant or subclinical range at initial session and scored normally at final session); remained in a normal score range from initial to final session; remained at a clinically significant or subclinical level from initial to final session; and deteriorated (scored normally at initial session and in a clinically significant or subclinical range at final session); for each trauma domain on the TSCYC.

Figure 6: Proportion of child clients scoring in the clinically significant or subclinical range on each domain of the TSCYC, initial and final sessions

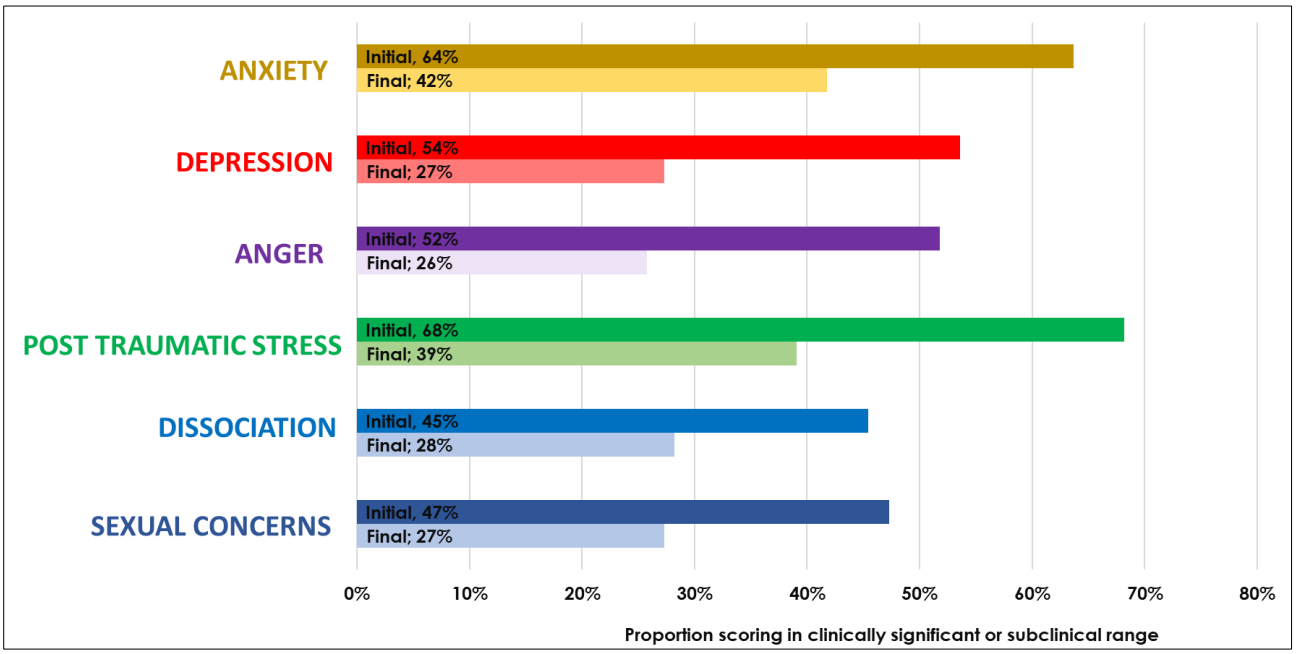
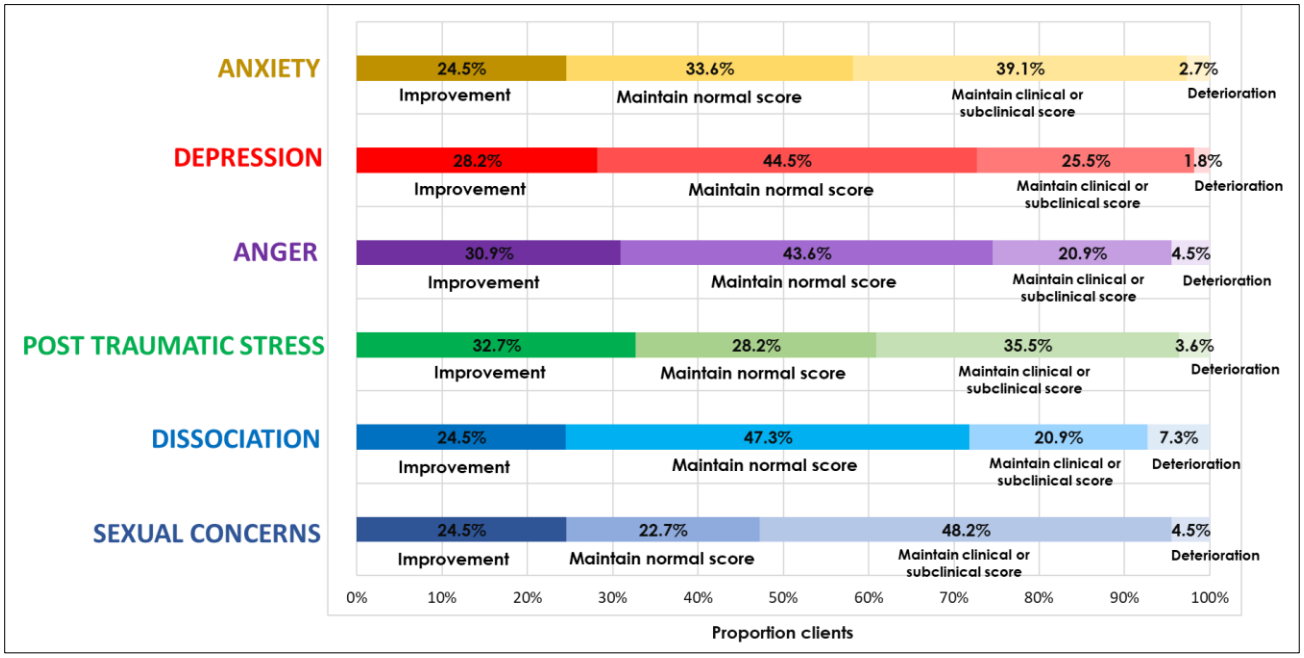


Figure 7. Client change on the TSCYC; children aged 3-12 years



Trauma Symptom Checklist for Children (TSCC)

In total, N=39 (6.5%) children aged 8-17 years self-completed the TSCC at their initial and final counselling sessions. When looking by reason for engagement, an initial and final TSCC was completed by n=30 (8.1%) clients aged 8-17 who were engaging for CSA, n=2 (3.4%) clients aged 8-17 who were engaging for SBP, n=6 (6.3%) clients aged 8-17 who were engaging for both CSA and SBP, and n=1 (1.3%) clients aged 8-17 who were engaging for other reasons. Due to the small numbers of clients engaging for SBP and other reasons, analysis of change on TSCC scores was conducted across all child clients aged 8-17 years.

Figure 8 shows the proportion of clients aged 8-17 years with a valid initial and final TSCC

who: scored within a clinically significant range on each domain of the TSCC at the initial session; and scored within a clinically significant range on each domain at the final session.

Figure 8: Proportion of child clients scoring in the clinically significant range on each domain of the TSCC, initial and final sessions

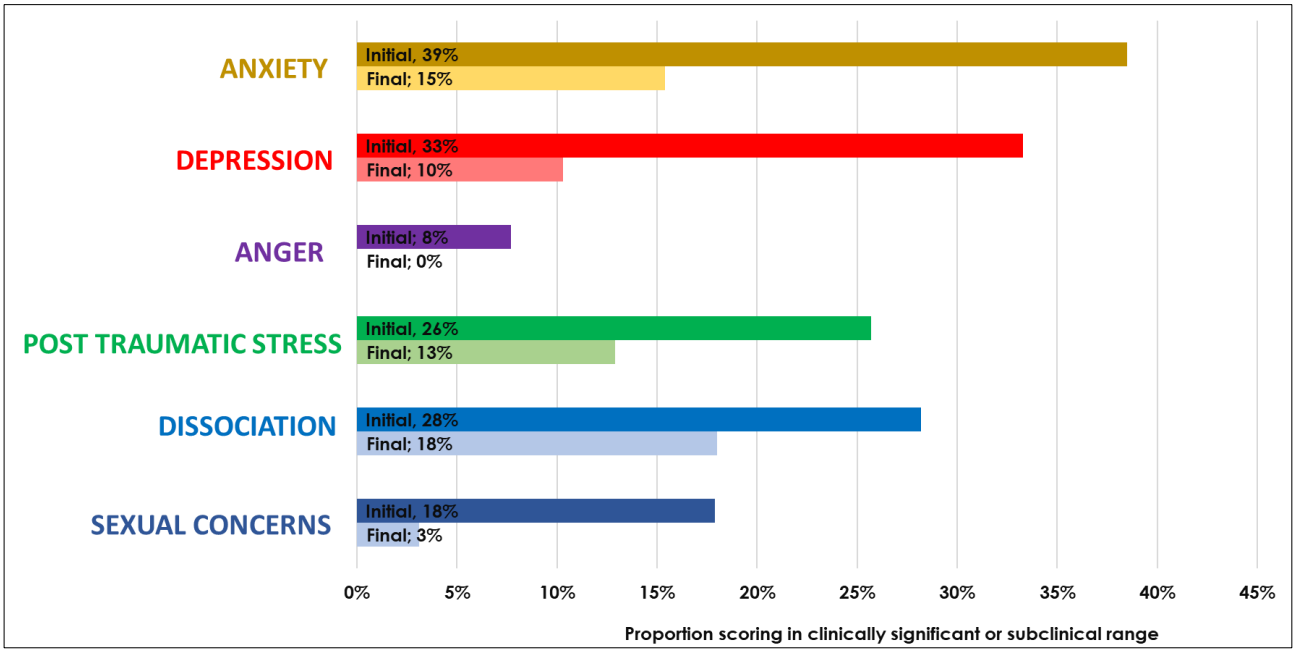
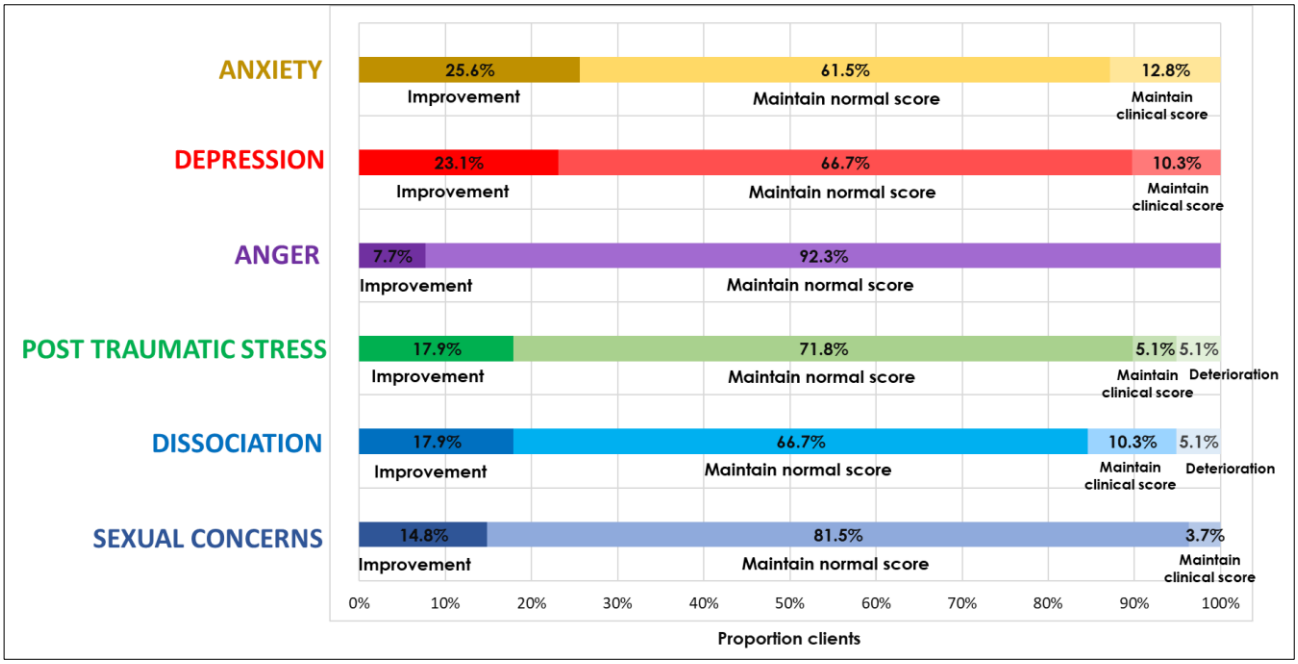


Figure 9 shows change at the individual client level; specifically the proportion of clients aged 8-17 years completing initial and final TSCCs who: improved (scored in a clinically significant range at initial session and scored normally at final session); remained in a normal score range from initial to final session; remained at a clinically significant level from initial to final session; and deteriorated (scored normally at initial session and in a clinically significant range at final session); for each trauma domain on the TSCC.

Figure 9. Client change on the TSCC; children aged 8-17 years



Feedback survey

To meet Aim 3 of this research (understanding perceptions of Bravehearts' therapeutic services and related outcomes), data obtained via the online feedback survey has been analysed using descriptive statistics.

During the research period, N=53 adults returned completed online feedback surveys. Of these 53 respondents, n=7 (13.2%) reported that they had attended counselling sessions themselves, n=15 (28.3%) reported that a child in their care had attended counselling sessions, and n=31 (58.5%) reported that both they and a child in their care had attended sessions. Four respondents completed the survey for two children in their care who had attended sessions. Two additional respondents meanwhile did not complete all survey items and did not report any details of their children. This report therefore details findings for n=38 adult clients and n=48 child clients.

Adults

Table 7 provides demographic and engagement details of the N=38 adult clients who have responded to the online feedback survey.

Figure 10, meanwhile, shows adult clients' perceptions of the degree to which they believe they achieved positive outcomes through their counselling/parent support sessions, as well as the degree to which they felt they achieved the goals they had upon commencing counselling/parent support. Figure 11 shows adult clients' ratings of the degree to which they perceived changes in themselves as a result of attending counselling/parent support sessions, across 5 different domains: their behaviour, general outlook, overall wellbeing, their close relationships (e.g., partner, family), and their wider social relationships (e.g. work, friendships).

Table 7. Adult client survey respondents' demographics and engagement

	n	%
Gender		
Male	6	15.8
Female	32	84.2
Age		
18-24 years	1	2.6
25-34 years	10	26.3
35-44 years	16	42.1
45-54 years	9	23.7
55-64 years	2	5.3
Background		
Australian	27	79.4
Other	7	20.6
Aboriginal or Torres Strait Islander	1	2.6
Adult client type		
Counselling	1	2.6
Counselling + parent support	25	65.8
Parent support	12	31.6
Number sessions		
Less than 4 sessions	4	10.5
4-6 sessions	9	23.7
7-9 sessions	8	21.1
10 or more sessions	17	44.7
Reason for disengagement		
Counsellor & client agreed no more sessions necessary	20	55.6
Client's child(ren) had completed their sessions	7	19.4
Client doing much better & didn't see need to continue	3	8.3
Other	6	16.7

Figure 10. Adult client perceptions of counselling/parent support outcomes and goal achievement

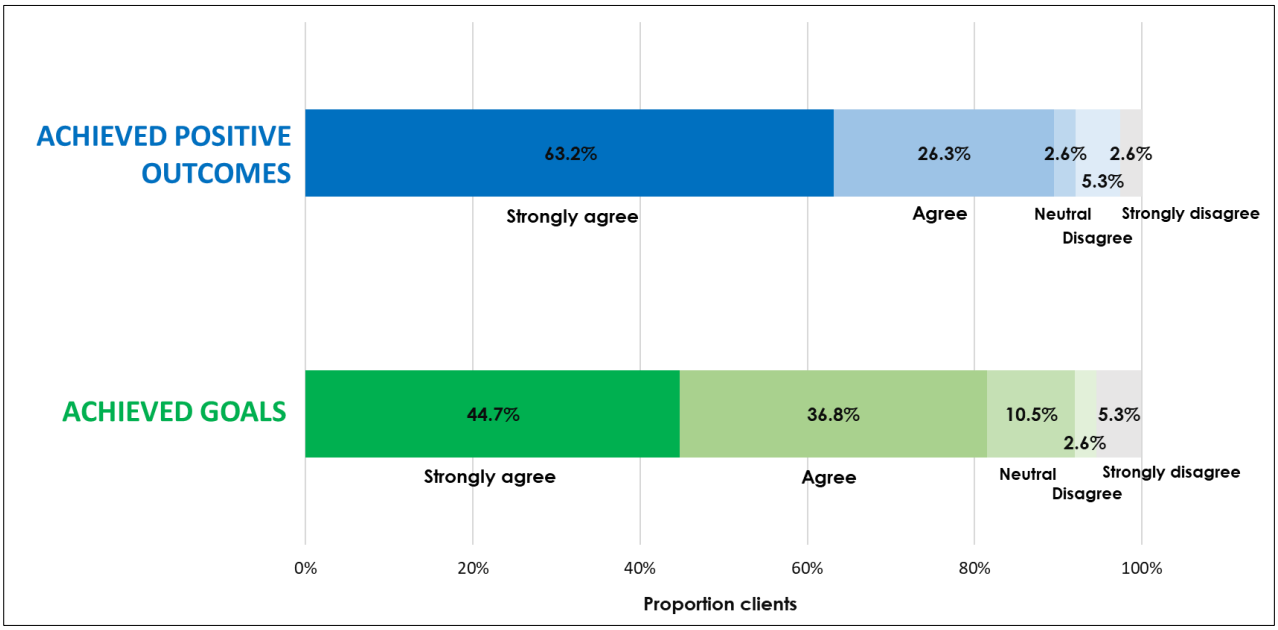
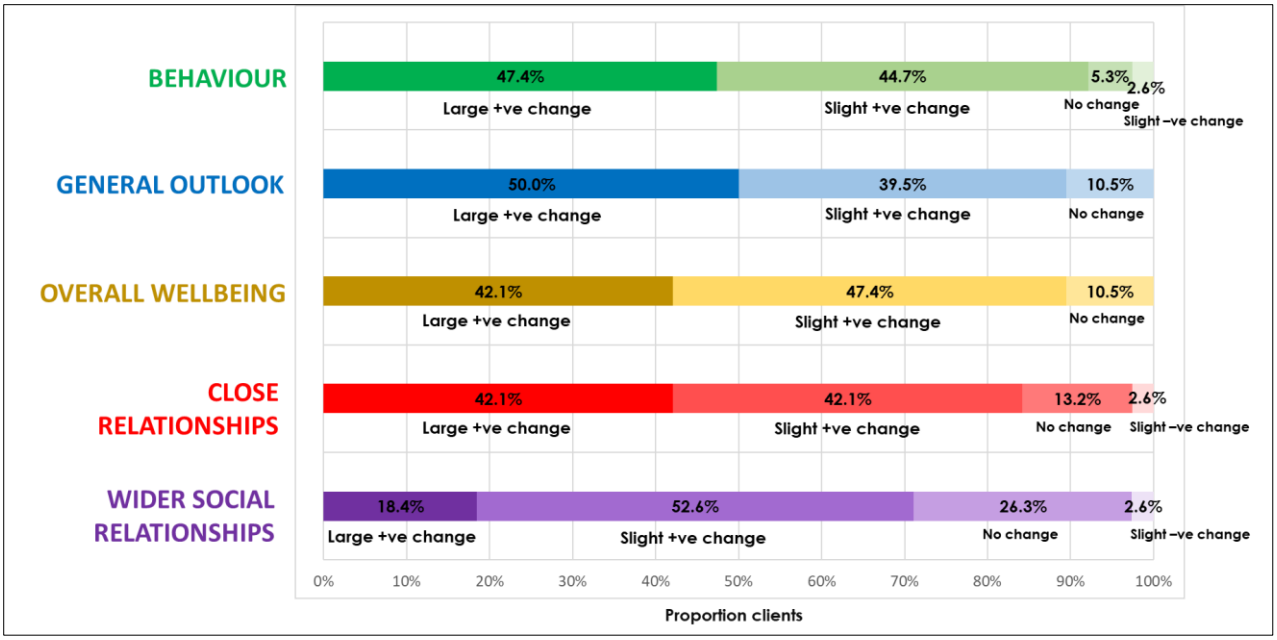


Figure 11. Adult client ratings of their own perceived changes as a result of counselling/parent support



Adult clients were also asked to describe any further changes that they had observed in themselves following their engagement in counselling or parent support at Bravehearts. Twelve participants described further changes, as outlined below:

I was able to learn and talk more about a healthy sexual behaviour. I was raised with this subject being taboo, so to help teach and change the next generation means so much just by having a better understanding and open mind to be able to talk with my parents and my children – Female, parent support client

I did Circle of Security as suggested by the Bravehearts counsellor; this has been helpful with both children's anxiety – Female, parent support client

More confidence in self as I was heard and acknowledged – Female, counselling + parent support client

Our parenting style has changed to suit our child's needs. Bravehearts diagnosed our daughter with anxiety and dissociation disorder. Rather than thinking our daughter is ignoring us and disciplining her for this we now go down to her level ask her what we would like her to do, ensuring that she sees us saying the request. She will straight away action our requests without any complaint. It was just that first time around she never heard or absorbed the information. This has been a big positive change – Female, parent support client

While all problems are not solved, we definitively gained an understanding of their complexity, expression and triggers and thereby are better prepared to deal with ongoing issues – Male, parent support client

I believe I am able to communicate with my daughter in different ways now I don't feel so overwhelmed in dealing with helping her with her emotions – Female, parent support client

No changes for me but my son has better understanding of what sexual assault is and is slightly happier to talk to me more about his feelings around being sexually assaulted – Female, parent support client

I have greater strength – Female, parent support client

More confident in trusting my instincts and backing myself up – Female, parent support client

I don't get as stressed over small things – Female, parent support client

I have become a much more confident mum – Female, parent support client

Children

Table 8 provides demographic and engagement details of the N=48 child clients who were described by parents/guardians in the feedback survey. Figure 12, meanwhile, shows parent and guardian perceptions of the degree to which they believed their child achieved positive outcomes through their counselling sessions, as well as the degree to which they believed the goals they had for their child upon commencing counselling were achieved.

Table 8. Child client demographics and engagement, as reported by parents/guardians on online feedback survey

	n	%
Gender		
Male	15	32.6
Female	31	67.4
Age		
Less than 5 years	3	6.4
5-8 years	14	29.8
9-12 years	19	40.4
13-16 years	10	21.3
17+ years	1	2.1
Background		
Australian	43	91.5
Other	4	8.5
Aboriginal or Torres Strait Islander	3	6.5
Number sessions		
Less than 4 sessions	3	6.3
4-6 sessions	9	18.8
7-9 sessions	4	8.3
10 or more sessions	32	66.7
Reason for disengagement		
Counsellor & parent agreed no more sessions necessary	35	72.9
Did not feel counselling was helping child	1	2.1
Child was doing better didn't see a need to continue	1	2.1
Funding coverage ended	1	2.1
Other commitments or pressures made it difficult to attend	1	2.1
Other	9	18.8

Figure 12. Parent/guardian perceptions of their child's counselling outcomes and goal achievement

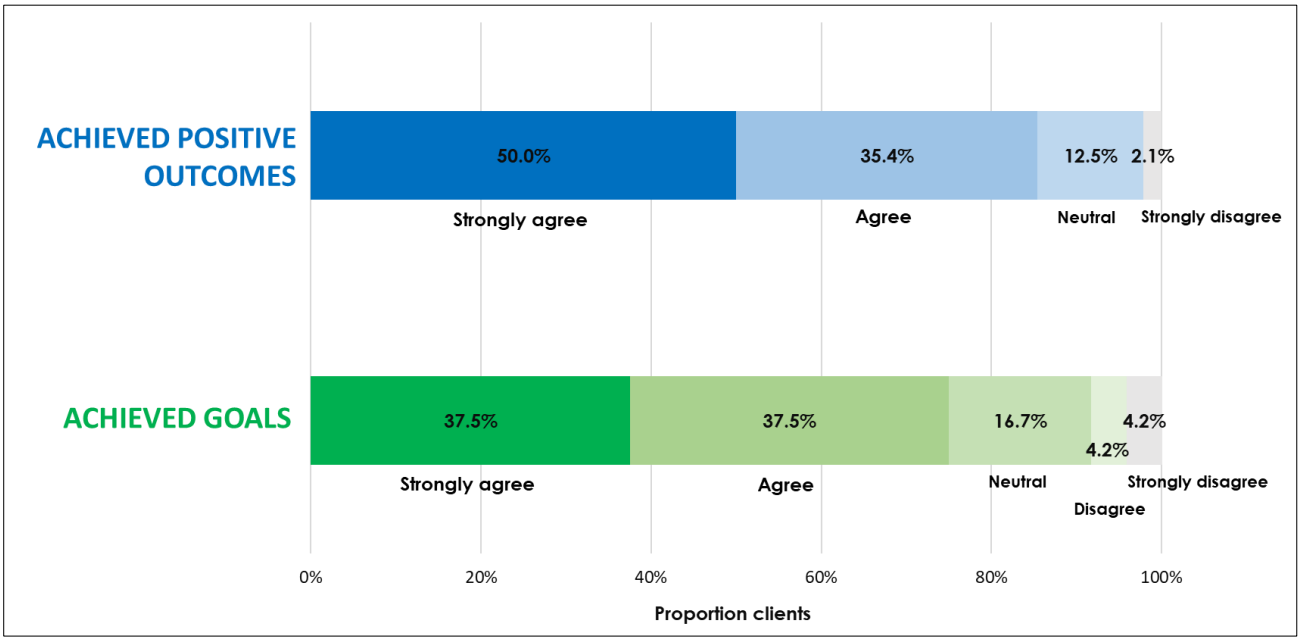
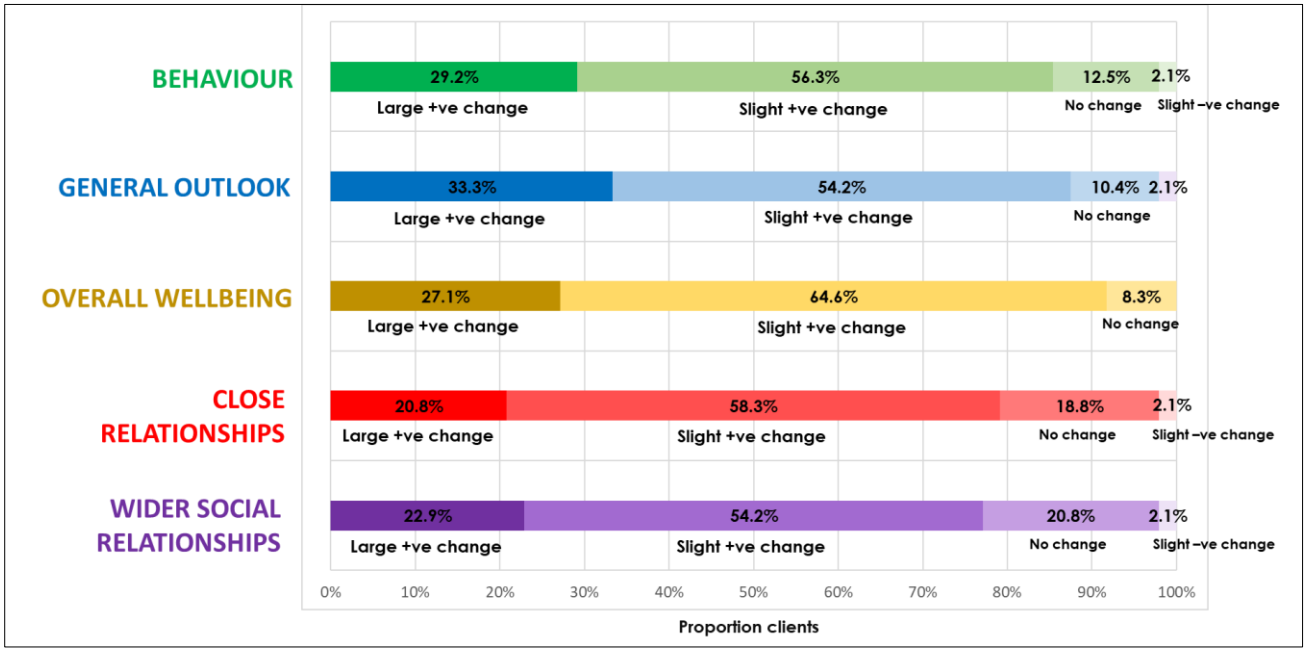


Figure 13 shows parents'/guardians' ratings of the degree to which they perceived changes in their child as a result of their child's attending counselling, across 5 different domains: their behaviour, general outlook, overall wellbeing, their close relationships (e.g. family), and their wider social relationships (e.g. school, friendships).

Figure 13. Parent/guardian ratings of changes perceived in their child as a result of counselling



Parents/guardians were also asked to describe any further changes that they had observed in their child as a result of their attending counselling at Bravehearts. Further changes were described for 13 children, as outlined below and overleaf:

Our daughter's anxiety levels have decreased as we have been taught better ways to parent her. She has been taught about how to keep her body safe which makes us more comfortable with her attending school. She is happier as a result of everything Braveheart has taught us – Mother of 5-8 year old girl

While behaviour resulting from sexual assault remains an issue (anger outbursts) our son is more aware of the problems and possible solutions which help us parents to support him and to avoid triggers – Father of 5-8 year old boy

My son is no longer angry or frustrated. And I am feeling more confident in my role as a parent – Mother of <5 year old boy

Though she did enjoy going to the therapy sessions, I saw no change in her behaviour greatly. We decided that she wasn't ready to talk about what had happened and used the sessions more on how to deal with life currently with issues arising at school. Which will hopefully improve her self-esteem – Parent of a 9-12 year old girl

Aware of personal boundaries between himself and others – Parent of <5 year old boy

Strategies to support decompression and reducing anxiety. Greater sense of self-worth – Parent of a 9-12 year old girl

Education around private parts and increased understanding of appropriate behaviours in regard to these – Parent of a 5-8 year old girl

Sense of security and safety has increased a lot – Mother of a 9-12 year old girl

My child tends to think more and ask more questions overall better ability to communicate – Mother of a 9-12 year old girl

Can control her emotions better, stand up to bullies, acknowledge safe people, our relationship is closer she talks to me about problems. Less suicidal thoughts – Mother of a 9-12 year old girl

She was able to deal with and move past the event – Mother of a 5-8 year old girl

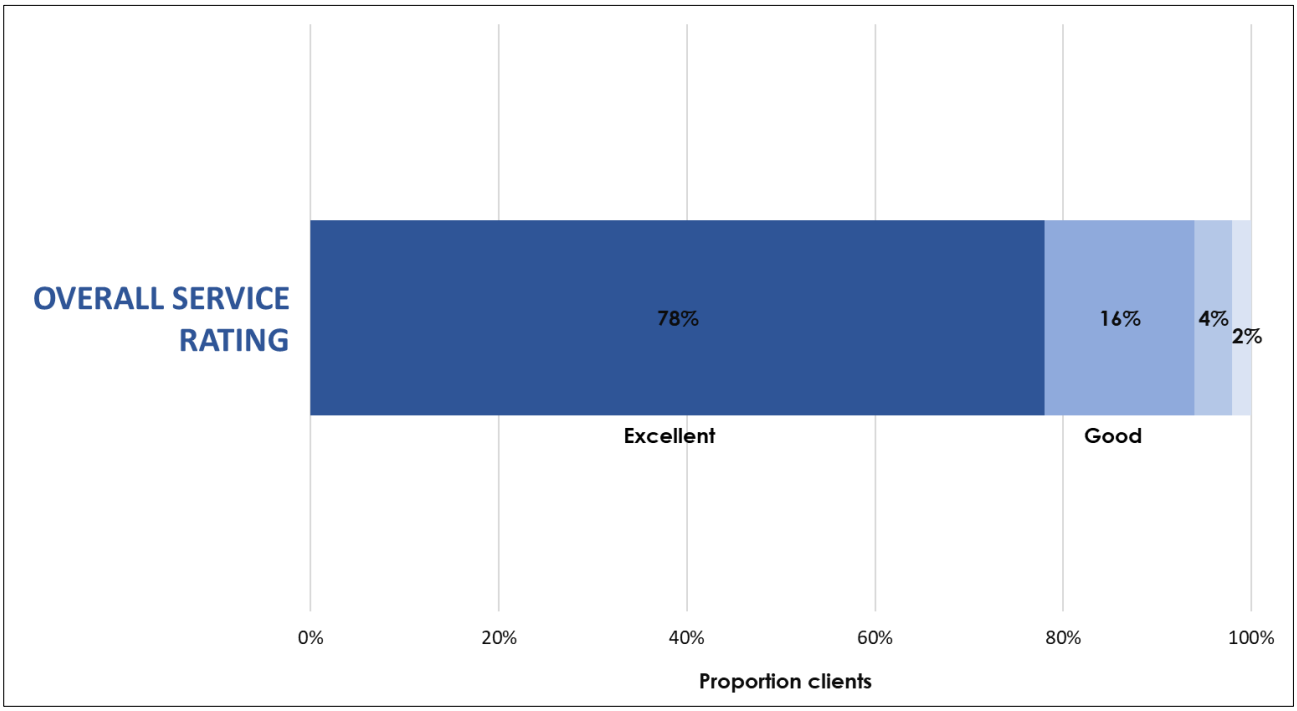
Our son is autistic; he greatly appreciated the support – Mother of a 9-12 year old boy

Overall service perceptions

Adult respondents were asked to rate the counselling service overall, and whether they would seek out Bravehearts' counselling service again should the need arise. Of the 50 adults who responded to these questions, 47 (94%) said they would seek out the service again if needed. Figure 14 shows overall service rating responses.

Respondents were finally also asked what they believe works well, and what could be improved about the counselling service at Bravehearts. Comments to both questions are shown overleaf.

Figure 14. Rating provided by adult respondents of overall counselling service (n=18)



WHAT WORKS WELL?

I liked the calmness of the practice. I like that it was a home, which would feel like a safe place for children. I liked the anonymity of the building and the parent waiting space downstairs, it was very comfortable – Parent support client

Very warm and helpful people at the service, with a lot of life wisdom and support to offer – Female, parent support client

The environment was very nice, and our counsellor was lovely. Just wish my daughter would have opened up more – Parent support client

[The therapist] was very professional, down to earth and relatable. She made me feel very comfortable when I was feeling very low. I feel she went over and above to help me and my family overcome the situation we were going through. She always listened and I never felt judged – Female counselling client

The quality and integrity of the counsellors. Even their willingness to take the sessions online during the CoVid-19 pandemic – Parent support client

Supportive and genuinely caring staff. Easy access – Male parent support client

Caring, support, knowledge – Female parent support client

I think the many years of experience and high standard of the counselling I received was what worked so well at Bravehearts – Female counselling client

[Therapist] is easy to talk to – Female counselling client

Professionalism best describes the Bravehearts approach. Every aspect of the service seems organised and methods of treatment well researched – Male parent support client

[Therapist] was an amazing counsellor and I hold great respect for her collaborative and inclusive approach, centred on the child – Parent support client

Therapists are generally kind and respectful, and children enjoy going – Female parent support client

Communication with both the parent and the client is effective as you can attend to the client's needs on a better level as you are better informed on what is going on in the counselling sessions, also able to address any new issue's that may arise – Female parent support client

Understanding of clients' needs, relationship between clients and counsellors – Female parent support client

The communication once you start seeing someone is great – Female parent support client

That they are understanding of how stressful and emotional this experience is/was – Female parent support client

It is a program that each counsellor can follow to teach children about the importance of their safety. It gives the counsellor a guideline of what to each but they can do it in their own way and whatever way works best for that child – Female parent support client

It's located in a private looking house. Provides counselling for victim and parent in one place – Female parent support client

WHAT COULD BE IMPROVED?

This is not a reflection on my personal sessions but the initial wait time before you get to see anyone is crazy. Obviously, there is a great need for this service and not enough people to service it. But personally, I felt the initial time straight after my event occurred would have been the most beneficial to see someone rather than having to wait weeks, by then it feels a bit like you have been left out to dry – Female parent support client

I found it hard to attend appointments at the beginning because the centre wasn't open later in the day. An appointment became available at 4pm which suited me – Female parent support client

Waiting room at Strathpine could be improved. To be more warm in feeling and welcome ice refresh paint and working air con – Parent support client

Shorter waiting list and perhaps more locations. Bravehearts working with schools regarding safe and suitable behaviours – Female parent support client

We would have preferred updates as to how long the wait would be to attend our first session. We initially made contact and then heard nothing for almost 6-8 weeks. It was only when we called that we were told how much longer it would be. Perhaps an SMS message every 2 weeks would been good to let us know we were still on the wait list. I feel that it was possible our initial enquiry may have been lost in the pile however it may have just been the wait time – Male parent support client

Having to wait for counselling because we live in the Redlands and not in Logan was very unfair – Parent support client

Just discussing closing a child's account with the parent. My daughter might not have felt comfortable or that timing was right, but she had a lot of stuff going on that would have been useful to keep going and build rapport as I am going to find it difficult to get her back to counselling. The counsellor is wonderful and went above and beyond to see her but not sure of policies around closure for a 14-year-old and parental involvement but for future clients this may be worth looking at – Parent support client

The way appts are cancelled. I called twice yesterday morning to cancel appts because we have gastro. I then received an email today saying our sessions have been ended because I didn't let them know. The message was not passed on – Female parent support clients

Bravehearts needs to be more consistent in their attendance at sessions. They're cancelling over and over and over again and it often felt like my son and I were the ones committed to the process. Ending therapy should be planned and done in a professional and respectful way. Warm referrals should be offered so children and families like mine do not end up with no support – Female parent support client

Lots of staff turnover but it is that industry I think – Female parent support client

I think it would be beneficial to have our counsellor's email so that should we need to change it would make the process easier – Parent support client

A thousand more councillors to help our broken kiddies – Parent support client

Perhaps establish a benchmark so that there are little differences between how the counsellors work – Male parent support client

Summary and Conclusions

The current research involves an in-depth evaluation of Bravehearts' therapeutic service. The specific aims of this evaluation are to: understand levels of client symptomology and functioning at commencement of counselling; examine changes in client symptomology and functioning from commencement to completion of counselling; and understand perceptions of Bravehearts' therapeutic services and related client outcomes. This final reported incorporates data obtained through Bravehearts therapeutic service for clients engaged during the period February 2016 – July 2021, and from a client feedback survey which was sent to disengaging clients from December 2019 – July 2021.

Client analysis

Analysis of client data has shown that females account for most of both adult (87%) and child clients (61%). For child clients, almost three quarters of those engaging with Bravehearts because of child sexual assault or exploitation are female (73%), while the majority of those engaging with sexual behaviour problems are male (65%). Adult clients attend on average 7 counselling sessions, and children 9 sessions; just under one third (30%) of adult clients engage until completion, while one third (33%) of child clients complete their sessions. Examination of therapist notes regarding client disengagement shows that client non-attendance over an extended period, as well as practical issues associated with attendance, are other primary reasons for client disengagement.

Commonly reported issues of concern upon engagement with Bravehearts therapeutic service differ according to reason for engagement. Unsurprisingly, adults who are engaging for counselling most commonly report their own experience of abuse or trauma as an issue of concern and are also more likely to report a greater number of concerns overall. Interestingly, alongside the experience of abuse or trauma, clients who are engaging for both their own counselling and parent support are most like to report guilt as an issue of concern. Anxiety is widely experienced by all adult clients; while counselling clients are more likely to report depression, panic episodes and flashbacks as issues of concern than are other types of adult clients.

Issues of concern differ to a lesser extent across child client types, with emotional and behavioural issues being most reported. Emotional concerns including being easily upset are widely reported by parents and guardians across all child clients, while behavioural issues including anger outbursts and defiance are more commonly reported by parents of clients engaging for sexual behaviour problems.

More than half of all adult clients fall below the clinical cut-off on the ORS scale upon commencement of counselling, indicating generally low levels of wellbeing. Notably, 63% of adult clients engaging for counselling (i.e., had their own experience of childhood sexual assault) fell below the ORS cut-off at engagement; while 55% of counselling + parent support clients and 53% of parent support clients also scored below the cut-off point at commencement of counselling. Scores on the post-traumatic stress disorder checklist (PCL-5), which is completed by adult counselling clients, showed that 71% of clients who completed this scale scored above the clinical cut-off, signifying significant experience of trauma symptoms and possible PTSD diagnoses.

Similarly, most child clients fell below the clinical cut-off relevant to their age group on the ORS or CORS at commencement of counselling, again indicating generally low levels of wellbeing. For clients aged 6-12 years completing the CORS, 60% fell below the clinical cut-off point upon engagement, and for clients aged 13-17 years completing the ORS, 69% fell below the clinical cut-off point at engagement. Scores on the Trauma Symptom Checklist and the Trauma Symptom Checklist for Young Children also showed considerable levels of trauma symptomology among child clients, with approximately 50-60% of clients aged 3-12 years showing clinically significant levels of symptomology across the six domains of the TSCYC, and approximately 15-40% of clients aged 8-17 years showing clinically significant levels of symptomology across the six domains of the TSCC.

Client outcomes

Client outcomes on the ORS were able to be assessed for 21% of adult clients (c.f. 30% who engaged to completion) and 23% of child clients (c.f. 33% who engaged to completion). Overall, most adult and child clients showed positive outcomes on the ORS, indicating improvement in wellbeing over the course of counselling. Among adults, 54% of counselling clients, 65% of counselling and parent support clients, and 64% of parent support clients showed either a clinically significant or a reliable change in ORS scores from their first to final counselling session. A further 23% of counselling clients, 30% of counselling and parent support clients, and 20% of parent support clients showed no change in their ORS scores, but had already shown higher levels of wellbeing, scoring above the cut-off point at commencement of counselling.

Among children, 58% of clients who engaged for child sexual assault, 61% of clients who engaged for sexual behaviour problems, 49% of clients who engaged for sexual assault and sexual behaviour problems, and 33% of clients who engaged for other reasons, showed either a clinically significant or a reliable change in ORS/CORS scores from their first to their final counselling session. A further 23% of clients who engaged for CSA, 28% of clients who engaged for SBP, 35% of clients who engaged for CSA and SBP, and 27% of clients who engaged for other reasons showed no change in their ORS/CORS scores, but had already shown higher levels of wellbeing, scoring above the cut-off points at commencement of counselling.

Changes in clinical assessment measures were more difficult to determine, due to lower numbers of clients completing these measures at both commencement and completion of counselling. A PCL-5 was completed at initial and final sessions by just 9 (12%) adult counselling clients, meaning that conclusions relating to change in adult post-traumatic stress symptomology are unable to be reliably made. It was found, however, that six of these nine clients showed a clinically significant improvement in their scores on the PCL-5 from commencement to completion of counselling.

Similarly, low numbers of child clients completing the TSCYC and TSCC at their first and final counselling sessions also meant that analyses were unable to be conducted according to clients' reason for engagement. Across all child clients, however, it was found that the proportion scoring at a clinically significant or subclinical level within each TSCYC or TSCC domain decreased from initial to final sessions. While approximately 30-50% of children aged 3-12 years maintained normal scores from initial to final sessions within each trauma domain of the TSCYC, a further 25-30% showed a clinically significant improvement across time on each trauma domain. Additionally, while a large majority of young people aged 8-17 years self-reporting on the TSCC obtained normal scores at both their initial and final sessions, approximately 20% showed clinically significant improvements in the domains of depression, anxiety, post-traumatic stress, and dissociation across time.

Feedback survey

During the period December 2019 – July 2021, online feedback survey responses were received from 53 participants, reporting for 38 adult and 48 child clients.

Of the 38 adult clients, 90% agreed or strongly agreed that they had achieved positive outcomes from counselling or parent support, and 82% agreed or strongly agreed that they had achieved the goals they had set at the commencement of counselling. Additionally, most adult clients reported that they had seen either a slight or large positive change in their behaviour (92%), general outlook (90%), overall wellbeing (89%), close relationships (84%), and wider social relationships (71%) as a result of their engagement in counselling or parent support. When considering additional changes brought about by counselling, many adults commented on an increased confidence and capacity in their parenting and in dealing with the behaviours of their children, alongside improvements in communication within their families.

Similarly, most parents and guardians of the 48 child clients agreed or strongly agreed that their child had achieved positive outcomes from counselling (85%), and that their child had achieved the goals they had for them at commencement of counselling (75%). Most parents/guardians also reported that they had seen either a slight or large positive change in their child's behaviour (85%), general outlook (87%), overall wellbeing (92%), close

relationships (79%), and wider social relationships (77%) because of their engagement in counselling. When considering additional changes observed in their children because of counselling, several respondents indicated that their child was more aware of their own personal safety and boundaries, and several also increased ability to regulate emotions, deal with anxieties and communicate with parents about problems and concerns.

When asked about their overall perceptions of the counselling service, more than three quarters (78%) of the adult respondents rated the service as "excellent", while a further 16% rated the service as "good". Additionally, the large majority (94%) indicated that they would seek out Bravehearts' counselling service again if needed. When asked to comment on what works well about Bravehearts' counselling service, most respondents indicated the positive attributes, including warmth, caring, integrity and professionalism, of the therapeutic staff. The safety and security of the counselling space was also mentioned as contributing to the positive experience of counselling, along with the collaborative approach taken to support and communicate openly with both children and parents throughout the counselling process.

When considering aspects of the counselling service that could be improved, most respondents commented on practical and logistic issues, including waitlists and the length of time between initial contact with the service and being able to see a counsellor, as well as the availability of appointments to fit in with work and school schedules, and the limited number of counsellors and service locations available.

Conclusion

This evaluation research makes use of both client assessment data and client feedback to determine the effectiveness of Bravehearts' counselling service. A primary strength of this research is the high research consent rate among Bravehearts' therapeutic services clients, meaning that data has been able to be extracted and analysed for large numbers of counselling clients.

Outcome analysis has been limited, however, due to relatively low numbers of clients, a) engaging in counselling to completion, and b) completing outcome and clinical assessment measures at commencement and completion of their counselling sessions. It is important to also note the potential presence of extraneous factors that are likely to impact on clients' assessment outcomes that have not been able to be measured in the current research.

It is likely, for example, that many Bravehearts' clients have co-morbid diagnoses or undiagnosed issues that are not addressed through counselling at Bravehearts, but which may be reflected in assessment outcomes. For example, a child who attends Bravehearts with a co-morbid diagnosis of ASD, ADHD or sensory processing disorders may not be expected to experience a decrease in outcome scores to a "normal" range through engagement with Bravehearts, even if their issues relating to sexual assault or exploitation are able to be addressed.

Additionally, trauma is experienced by people in various ways; a client who has experienced "single incident" trauma and who is supported by engaged parents or carers, for example, may be more responsive to treatment across a shorter timeframe than a client who is experiencing multiple, complex traumas, with whom a clinician may only work for a part of their therapeutic journey. Likewise, a client who is experiencing additional issues such as family violence, bullying, grief and loss, family breakdowns, or family law court processes, and who is simultaneously engaged with other agencies and services, may not be expected to experience a decrease in assessment scores to a "normal" range through their engagement at Bravehearts, which focuses primarily on issues relating to their experience of sexual assault and exploitation.

It has been noted throughout this report that most clients do not engage to completion of their therapy. Many families are observed to disengage when they move past the initial "crisis" stage of their experience, and other competing demands become more important. In some cases, clients may re-engage in the future, when they are ready to process their trauma, or when other corresponding and competing events, such as family law or criminal court cases, have been finalised. It may be then that further impacts are able to be made on client outcomes.

Additionally, a limitation of the clinical assessments used in the current research is their reliance on client self-report, and the corresponding potential for clients to under-report (in the case of, for example, a young person who is avoidant, minimising, or dissociative as a trauma response, or who does not feel safe at the onset of counselling to fully share their experience) or to over-report (in the case of, for example, a parent who may be influenced in their responses by their own their own trauma history).

Despite these limitations, however, this outcome data reveals positive results of both adult and child clients' engagement in Bravehearts' counselling service. Additionally, client feedback received through the online survey sent to clients following their engagement suggests both positive perceptions of Bravehearts' therapeutic service and positive perceptions of outcomes achieved through counselling, including perceived changes in both child and adult wellbeing, behaviour, and relationships. While clients comment on some practical issues associated with the service, including wait times, appointment scheduling and widespread accessibility of the service, upon seeing a counsellor these clients have positive feedback regarding the professionalism of the therapeutic staff and the quality of the service they receive.

References

Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC)*, Professional Manual. Odessa, FL: Psychological Assessment Resources.

Briere, J. (2005). *Trauma Symptom Checklist for Young Children (TSCYC)*. Odessa, FL: Psychological Assessment Resources.

Miller, S.D. (2012). *ORS/CORS Reliable Change Chart*. Retrieved from https://www.schillingcts.com/wp-content/uploads/2017/09/Scott-Miller-EnglishManual.pdf

Miller, S.D. & Duncan, B.L. (2000). *The Outcome and Session Rating Scales. The Outcome Rating Scale*. Chicago: Author

Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). *The PTSD Checklist for DSM–5 (PCL-5)*. Boston, MA: National Center for PTSD