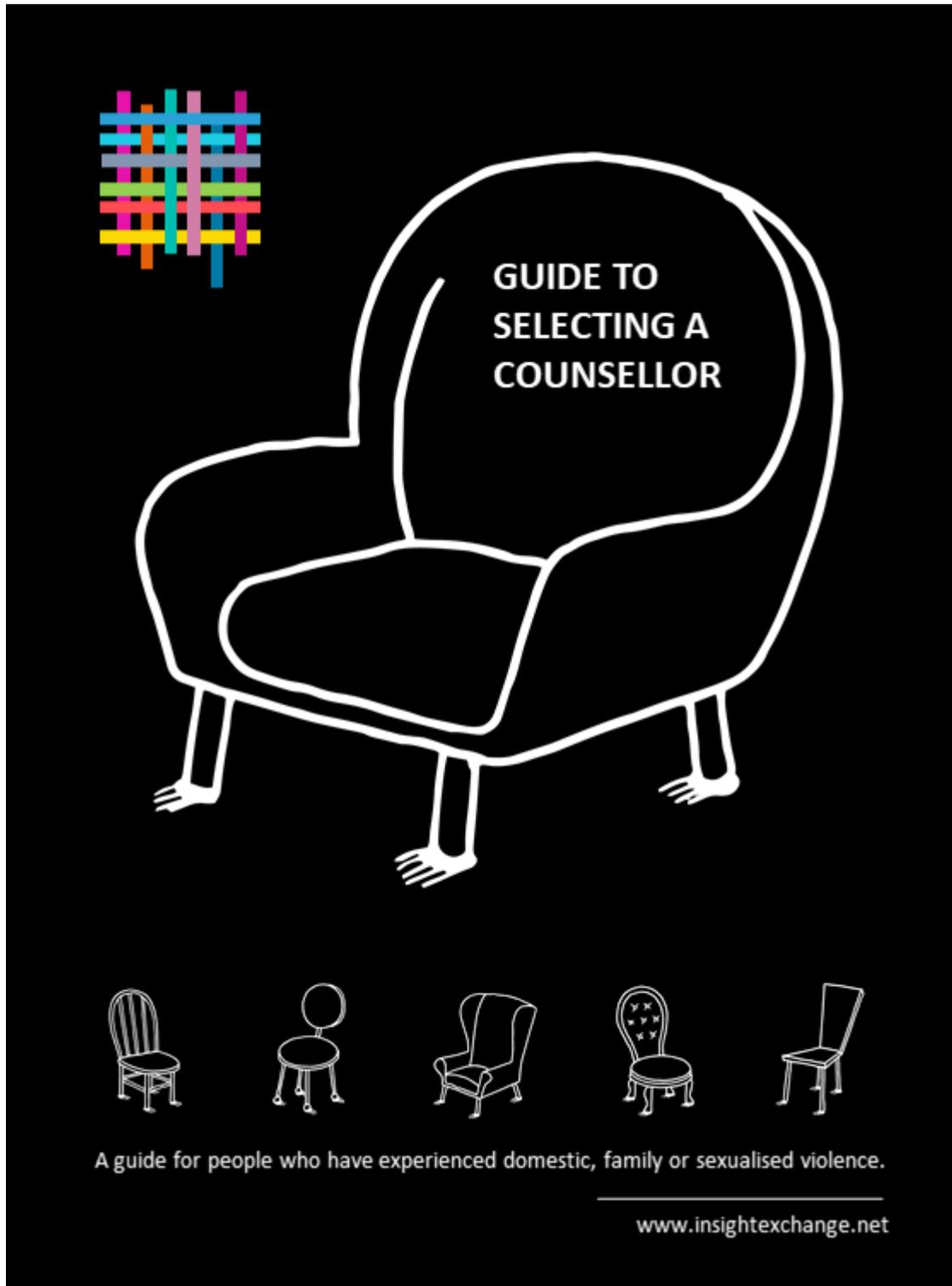


# Guide to selecting a counsellor – Feedback report

A report on feedback received and applied to the 2nd edition of Insight Exchange's *Guide to selecting a counsellor*.



# INSIGHT EXCHANGE

**Insight Exchange** centres on the expertise of people with lived experience of domestic and family violence and gives voice to these experiences. It is designed to inform and strengthen social, service and systemic responses to domestic and family violence.

[Domestic Violence Service Management](#) in collaboration with Dr Linda Coates and Dr Allan Wade from the [Centre for Response-Based Practice](#), Canada.

Insight Exchange is governed by Domestic Violence Service Management, a registered Australian charity (ABN 26 165 400 635).

For more information visit [www.insightexchange.net](http://www.insightexchange.net)

Insight Exchange is sustained by generous donations from individuals and a silent donor, for the benefit of many.



We acknowledge the Traditional Custodians of the land on which our work and services operate and pay our respects to Elders past and present. We extend this respect to all First Nations peoples across the country and the world.

We acknowledge that the sovereignty of this land was never ceded. Always was, always will be Aboriginal land.



Insight Exchange upholds Tino Rangatiratanga in partnership with Māori – the generations who have gone before, and the generations yet to come. We extend this respect to all Indigenous peoples. We acknowledge sovereignty was never ceded.

## Thanks

We would like to thank the individuals with lived experience of domestic, family and sexualised violence and responders for their involvement to shape and refine the next edition of this guide.

© 2022 Insight Exchange

Illustrations: © 2022 Guy Downes

This feedback report is hosted on [www.insightexchange.net](http://www.insightexchange.net) (includes quick-exit button).

## Contents

Data about victim-survivors accessing types of support .....	4
About professional codes and guidelines .....	4
A sample of signposting to counselling.....	5
About the <i>Guide to selecting a counsellor</i> .....	6
Executive summary .....	7
Who gave feedback?.....	8
Responses to the sections of content.....	9
Summary of changes applied in response to the feedback.....	10
Ideas shared about how to get the guide to counsellors .....	11
Ideas shared about how to get the guide to people thinking about participating in counselling....	12
Appendices.....	13
Appendix A .....	13
Appendix B .....	16
Appendix C .....	17
Appendix D.....	19
Appendix E .....	20
Appendix F .....	21
Explore our resources: <i>Foundations</i> and <i>Foundations Applied</i> .....	24

## Data about victim-survivors accessing types of support

The Australian Institute of Health and Welfare (AIHW) report features data about ‘Victims who sought help, advice or support after their most recent incident of sexual assault’:<sup>1</sup>

*“There are many formal and informal supports which may be used by people who experience sexual assault, including family and friends, health professionals and helplines. Information on how victims seek help can assist understanding and improvement of response strategies and provide information on the extent of under-reporting of sexual assault incidents in data collected as a by-product of service delivery. Data on advice or support (help) sought and received, after the most recent experience of sexual assault is available from the ABS Personal Safety Survey (PSS) which collects information on the experiences of violence for women and men in Australia.*

*“The AIHW visualisation of this data shows 26.6% of females and males who sought advice or support from a counsellor, support worker or helpline after their most recent incident of sexual assault by a male perpetrator in the last 10 years.”*

## About professional codes and guidelines

Counsellors can be bound by different ‘professional codes’, guidelines and legislation.

Not all counsellors have the same qualifications, nor registered as a member of a professional organisation. The professional status, codes, guidelines, legislative requirements and responsibilities of a counsellor can vary. This can make a big difference to your rights to privacy and confidentiality and their responsibilities as a counsellor.

Information about codes of ethics and guidelines are available online from the relevant professional organisations:

- Australian Health Practitioner Regulation Agency (AHPRA): [www.ahpra.gov.au](http://www.ahpra.gov.au) (only registered health professionals are regulated by the Australian Health Practitioner Regulation Agency)
- Australian Psychological Society: [www.psychology.org.au](http://www.psychology.org.au)
- Australian Association of Social Workers: [www.aasw.asn.au](http://www.aasw.asn.au)
- Psychotherapy and Counselling Federation of Australia: [www.pacfa.org.au](http://www.pacfa.org.au)
- The Australian Counselling Association: [www.theaca.net.au](http://www.theaca.net.au)
- Australian Institute of Family Therapists: [www.aaft.asn.au](http://www.aaft.asn.au).

If you think the code of practice has been breached, you can make a complaint.

The degree to which the above codes of ethics and guidelines are violence-informed is unclear.

It is also unclear how well the professionals – who are trained in and reliant on these codes – are supported to understand and respond to people experiencing, using or responding to domestic and family violence.

---

<sup>1</sup> Australian Institute of Health and Welfare (2021) Family, domestic and sexual violence data in Australia, AIHW, Australian Government, accessed 16 December 2021. <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-data/contents/what-services-or-supports-do-those-who-have-experienced-family-domestic-and-sexual-violence-use/victims-who-sought-help-advice-or-support-after-their-most-recent-incident-of-sexual-assault>

## A sample of signposting to counselling

Every sector is a *possible* door to information and support for victim-survivors of DFSV. Because safety and communication are inextricably linked, victim-survivors rely on the quality of our public facing communication, and this includes website content and user experience. They rely on websites to be informing, affirming and safe to browse. Victim-survivors may only browse the website but never contact or use the organisation directly, however we cannot underestimate the immediate and enduring value of our communication.

Insight Exchange initiated a **No Hidden Door** project to auditing the effectiveness of websites ('doors') to information and support to gauge their effectiveness against insights provided by victim-survivors with lived experience. Overall, the audit results reveal that the opportunity to uplift communication across multiple aspects of the ecosystem is vast and urgent. Clearer communication from the existing response system will support informed choice, safer passage and visibility for support-seekers. This uplift will also support responding friends and family, and responders who make referrals.

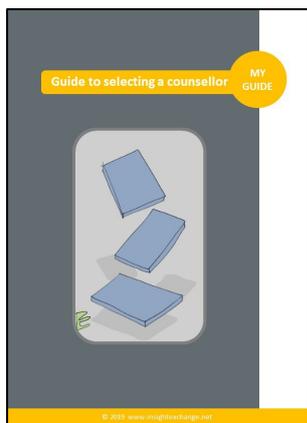
Between October and December 2021, Insight Exchange **audited 200+ websites in Australia and New Zealand** to check website communication against criteria based on its work with victim-survivors and the ecosystem of 'connection points' or 'doors' to information that are currently available to victim-survivors of domestic, family and sexualised violence. The No Hidden Door project audit explored 5 industry-specific websites and reported on the findings of each. Overall, the audit included 9 police websites, 77 support service websites (a sample drawn from the support services that key Insight Exchange materials point to), 28 NSW Health websites, 77 Employee Assistance Program (EAP) websites and 12 Association websites. The full reports are published on the Insight Exchange website <https://www.insightexchange.net/no-hidden-door/>.

The *No Hidden Door* project revealed the following examples of communication specific to counselling:

Police websites	Support Services Websites	EAP Websites	NSW Health Websites	Association Websites
5 of the 9 police websites signposted to victims of crime counselling	39 of the 77 Support Services communicated that they offer counselling services and	49 of the 77 EAPs communicated that they offer counselling services	10 of the 28 NSW Health websites communicated that they offer counselling services	1 of the 12 Association websites communicated that they offer counselling services
	42 of the 77 Support Services signposted to counselling services	37 of the 77 EAPs signposted to counselling services	12 of the 28 NSW Health websites signposted to counselling services	3 of the 12 Association websites signposted to counselling services

The combined data reveals that 99 of the 200+ websites audited communicate that the organisation/service provides counselling and 99 of the 200+ websites signpost to counselling.

## About the *Guide to selecting a counsellor*



In mid-2018, DVSM released *Guide to selecting a counsellor* (1st edition) as a resource for people experiencing domestic and family violence who may seek to speak with a counsellor.

The resource was made available on the Insight Exchange website but not actively highlighted or distributed with any prominence or investment. Overall downloads since publishing the 1st edition were 209 in total (November 2018 – January 2022). This represents direct downloads only (excludes where the resource may be locally hosted and used).

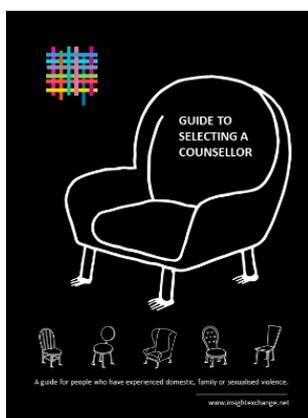
In 2021, the Insight Exchange team reflected on how counselling examples shared with us by people with lived experience of domestic, family and sexualised violence (DFSV), showed mixed perceptions and experiences of counselling.

Many responders and referrers consider the opportunity to access counselling to be a wanted and/or possible option for victim-survivors. However, many victim-survivors of DFSV may not want to, or may not have access to counselling. If a victim-survivor of domestic violence accesses counselling, they rely on the counsellor to be violence-informed in their responses. The guide is designed to support the selection of the counsellor and to discern the value and safety of the counselling experience.



In late 2021 we developed a draft 2nd edition of the *Guide to selecting a counsellor*. We invited consultation responses from people with lived experience of domestic, family and sexualised violence; and from responders who work in counselling or who refer victim-survivors to counselling.

We provided consultees with the draft 2nd version, accompanied by survey questions to invite and provide feedback against the content sections. The adjacent design was used in the consultation version.



In early 2022 we produced the final 2nd edition using the draft consultation version, with applied feedback and an adjusted approach to design. We engaged collaborating illustrator and animator Guy Downes to support the use of engaging, accessible visuals to keep the resource in a black-and-white format.

### Ongoing feedback

We continue to welcome feedback to improve future editions. The ongoing invitation to provide feedback is made available in the guide and on the Insight Exchange website: [www.insightexchange.net](http://www.insightexchange.net)

## Feedback report

### Executive summary

- This feedback report is based on 21 individual responses to the draft consultation version of the guide. All respondents identified as responding from Australia. Feedback was provided between November – December 2021.
- Responses were anonymous and respondents self-selected to identify as responding from one or more perspectives of experience, including lived experience of domestic, family and sexualised violence, and/or professional experience in referring to or working in counselling-related roles.
- Overall, the feedback results indicated respondents valued each of the sections of content. No respondents described any section as unhelpful. At most, 1 of the 21 respondents described the content in three sections as ‘already broadly known and accessible elsewhere’. The majority of responses from the 21 respondents described the content as either ‘not broadly known and not easily accessible elsewhere’ or stated that the content (whether new or not in some parts) was useful to include. A full table of results is on [page 9](#). In addition to the feedback provided, some respondents provided additional qualitative comments that were not limited to the content sections.
- Every comment, excluding comments on typography, has been included and responded to in the appendices of this report.
- Thirteen (13) of the 21 respondents provided ideas on how to get the guide to counsellors. Fourteen (14) of the 21 respondents provided ideas on ideas of how to get this guide to people thinking about participating in counselling.
- Feedback from the 1st and 2nd edition consultation drafts, and insights from ongoing Insight Exchange work, have been used to inform the development of the published 2nd edition.

## Who gave feedback?

The survey was deliberately designed to allow anonymity from responders so that they could:

- respond personally from lived experiences (childhood/adult) and/or
- respond professionally (any role/any context)
- engage openly without concern for their individual reputation or employer organisation.

A total of 21 responses were received. All respondents identified as responding from Australia.

All of the responses (excluding typos) are included and are responded to. Responses explain what action or inaction we took in response to the feedback. The reason for any inaction is explained.

Below is a table outlining how the 21 respondents identified themselves in response to this question. Respondents could identify with one or more description:

"I am responding to this survey as the following: (tick one or more)"	# and % of respondents	
has experienced domestic and family violence and/or sexualised violence	4 of 21 (19.05%)	
has experienced domestic and family violence and/or sexualised violence and have accessed counselling	3 of 21 (14.29%)	
is a counsellor/therapist working in helplines (government or non-government funded)	2 of 21 (9.52%)	
is a counsellor/therapist working in government or NGO-funded counselling services	8 of 21 (38.10%)	
is a counsellor/therapist working in Employee Assistance Programs (EAPS) or equivalent	5 of 21 (23.81%)	
is a clinical supervisor of counsellor/therapist	6 of 21 (28.57%)	
is a trainer of counsellors/therapists	4 of 21 (19.05%)	
is working in a role that signposts people who are experiencing DFSV to counsellors	3 of 21 (14.29%)	

Three (3) respondents answered, 'none of the above' and no respondents selected 'prefer not to say'. One of the 21 respondents provided an additional three-page document of feedback. This feedback has been included in the report within the relevant section reviewed.

Two (2) of the 21 respondents did not consent to their de-identified comments (in-part or in-full) being used to improve future versions of the *Guide to selecting a counsellor* and to support related Insight Exchange initiatives. These respondents did not provide qualitative comments, therefore no qualitative comments are excluded from this report.

## Responses to the sections of content

Content sections ⇒ ⇓ Response summary	What is domestic and family violence informed counselling?	Tips on deciding on a counsellor	What will happen in the counselling sessions?	After Counselling	Counselling Kit
Content is unhelpful	0	0	0	0	0
Content is already broadly known and accessible elsewhere	0	0	1	1	1
Content is not broadly known and is not easily accessible elsewhere	1	2	1	2	1
Content is new to me in some parts and useful to include in guide	2	7	6	6	8
Content is not new to me but useful to include in guide	10	8	6	7	5
<b>Number of respondents providing quality comments about this section</b>	<b>8</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>5</b>

## Summary of changes applied in response to the feedback

1. Improved consistency to reader-centric questions and tense.
2. Change in graphics to make the majority of the design in black-and-white aesthetic and adjusted format from square to A5. Use of commissioned illustrations by Guy Downes to humanise and destigmatise participation in counselling.
3. Refined content section headers:
  - A. Understanding Violence and Abuse**
    - a. Explanation about 'What is domestic and family violence?' moved earlier to this section.
    - b. Interchangeable use of violence and abuse used in this section name and throughout.
    - c. Bolstered scope and description of violence-informed practices that are reader-centric, supporting reflection of experience.
    - d. Inclusion of signalling that some counsellors use screener/assessment tools.
  - B. Supporting Safety**
    - a. This is a new distinct section header. Content that appeared later has been brought forward to here. My Dignity (a resource for people who have experienced sexualised violence) is included alongside My Safety Kit as a possible reflection resource.
    - b. Follow My Lead (an awareness raising resource for people responding) is included in this section as a possible resource to share with a counsellor.
    - c. Extended couples-counselling content for people who may have already started in couples counselling.
  - C. Supporting Access**
    - a. This is a new distinct section header.
    - b. Missing content has been populated and examples of what some counsellors have done to support safety are included to model the option may be possible.
    - c. content about access has been adjusted to be reader-centric questions.
  - D. Before Counselling**
    - a. This is a new distinct section.
    - b. Therapy-centred language minimised.
  - E. During Counselling**
    - a. Reflective questions for reader are made more prominent and accessible at the front of the chapter. The tone and layout mirror the reflective questions used in section 1.
    - b. Visuals tie together the beginning, during, end of sessions.
    - c. Reflective questions feature again (different set) in the middle of this section as some people may be attending a high volume of sessions or attending sessions over a long period of time.
    - d. Inclusion of 'tips between sessions' to validate and support reflection between sessions.
  - F. After Counselling**
  - G. Support Services**
    - a. Content about support services tightened to retain focus.
4. The 'Counsellor Kit' section was removed. Despite positive feedback to the content in the Counsellor Kit, it added too much length to the resource and confused the purpose.

## Ideas shared about how to get the guide to counsellors

Thirteen (13) respondents answered this question (multiple answers are separated out):

- I'm a social worker in NSW so I'd suggest via
  - Victims Services counsellors
  - social work departments in hospitals
  - VAN services in LHDs
- media
- email networks, physical mail to larger clinics
- promote through:
  - victim services
  - legal services
  - community legal centres
  - neighbourhood centres
- not sure, but would be good to reach psychology clinics/psychologists in private practice
- booklet – great to provide to trainee counsellors/psychologists via uni courses
- maybe you could send to clinic managers who would forward onto any counsellors on their books
- dissemination via utilising professional linked networks and national professional membership organisations
- peak bodies
- service providers
- via all the listed professional bodies and via learning institutions who teach FV and via regional PSAs in Victoria
- not sure
- providing it to training organisations so they can refer to it in training and provide it to participants of the training
- have it as downloadable on your website
- mail out to keen counselling services
- associations or industry bodies to have copies available.

## Ideas shared about how to get the guide to people thinking about participating in counselling

Fourteen (14) respondents answered this question (multiple answers are separated out):

- via CP services – FaCS and CPUs in major hospitals
- sexual assault services in hospitals
- emergency departments in hospitals
- Aboriginal health services
- sexual health services
- media
- break it up into smaller guides
- widespread across women DV specialist services, women's health services/counselling services
- promoting on social media and through peak bodies
- send to mainstream local health districts & GPs
- 1800RESPECT and agencies such as these – WDV CAS, DFV NGOs, RA etc
- perhaps place at participating chemists and also doctors' surgeries if an area has a higher domestic violence rate
- leave in staff rooms. Links through wellbeing portals (club intranet)
- utilising professional referral resources along the person's pathway journey
- library, playgroups, service providers online
- social media platforms and targeted organisations in service-provider industries
- doctors who are writing MHCP or other referrals
- police detectives and DVLOs who refer people to counselling
- have it available as a hard copy at GPs/medical centres/libraries/community centres/health facilities
- EAPs, workplaces to have them on-hand if they feel some of their staff may need counselling.

## Appendices

Responses to the sections of content. The feedback is displayed in a table with the comment provided and the response to the comment in the adjacent column. Where the respondent made more than one point in their comment, each point is presented as a distinct comment in a distinct row.

### Appendix A

Content section: What is domestic/family violence-informed counselling? Eight (8) of the 21 respondents provided comments:

Feedback	Our Response/Application
Page 8 – section D. Would it be helpful to talk about situations where both people may have used violence, but usually one is more violent, more frightening etc?	Suggestion not applied directly, however section content re-written to use difference scope and tense.
Page 12 – Should this info about couples counselling come earlier?	Applied: Content moved earlier. Press article about couples counselling added to give external voice to issue.
Updated current research info is valid required in all areas	Referencing is in place where required.
I think it's important to state that many helping professionals don't screen for DFV in the first place so often their interventions are directed towards the symptoms of an abusive relationship such as anxiety and depression versus the real core issue. In turn, this means the counsellor can unintentionally miss the context, invalidate the client and an opportunity to provide support to someone who may not ask for help again. There are some good client examples that reflect these concerns. Furthermore, in some cases the client doesn't even know what they're experiencing is DFV so the counsellor needs to always screen for DFV. At our centre, we see many clients who've been to see a psychologist first. They were given CBT interventions for depression and anxiety or told it was “a relationship issue” – both very unhelpful and avoidable if they were screened for DFV in the first place. Screening should be an important part of DFV informed counselling.	Suggestion not applied directly, however we do support counselee (reader) with reflection resources to support their self-assessment about DFV.  As screening is the responsibility of the counsellor, not the counselee, the suggestion is a great point to consider and emphasise for counsellor guidance.
Although the content is useful, I wonder if the level of detail and or amount of words matches the readership.	Applied: Content trimmed throughout and chapters and sequence refined.
I think this content is too focused on response-based practice. Very few counsellors are trained in RBP. 90% of counsellors would not meet all of the criteria outlined here. For example, few counsellors would think about exploring with the	Applied: Section content rewritten and summary of key changes are points 3.A (a-d) [see <a href="#">page 10</a> ].

Feedback	Our Response/Application
<p>victim-survivor how the perpetrator suppresses her resistance ... maybe I am being too pessimistic here. I just think the bar is set a bit too high in terms of what DFV-informed counselling means. Some of the criteria here are essential. But taken as a whole, it feels like this section is saying in effect 'if the counsellor isn't informed by the principles and practices that IE focuses on, then it's not DFV informed, and you consider very carefully about whether to keep seeing that counsellor'. This is tricky, because these principles also of course come from the lived experience stories. But the language used to make sense of these lived experience stories comes at how RBP ideas interface with these experiences. I don't think there needs to be too much peeling back here of the criteria. But I feel for this guide it could be useful to ask sensitive skilled practitioners who have not been exposed to IE's resources or to RBP what their criteria would be for victim-survivors to look for in a DFV-informed counsellor, and for this guide to be influenced by perspectives outside of RPB. For example, the list on page 30 in the left hand column is really pertinent to the whole issue of whether the counselling is DFV informed – I think this type of list, even though it doesn't come specifically from RBP, is just as important as criteria arising specifically from RBP. Similarly, the dot point list on the left hand column page 33. This is influenced by RBP ideas, but doesn't feel as though it's focused too tightly within RBP – it's again a bit more of a 'general' list that's still RBP informed to a moderate extent, but is also applicable for other counselling orientations/for practitioners who have not been exposed to RBP ideas.</p>	<p>Reflective questions amplified points 3. (a-d) [see <a href="#">page 10</a>].</p>
<p>Response based work is becoming more known however in the counsellor community it is not hugely held knowledge however important to have in the guide so that the uptake occurs in the counselling workforce. Use of appropriate language and messaging is important and well done in this document.</p>	<p>Applied: See response above.</p>
<p>Being someone who has never sought counselling I found it useful to know/understand that I am in a position to question the counsellor on their skills and knowledge of DV. Pg. 11 – Social Responders. I believe will be very useful for victims who haven't had the opportunity to talk about their abuse or disclose to anyone, having an understanding that social responders</p>	<p>Applied: Valued content retained. Added to page 11 social responses of violence-informed counsellor include asking about institutional responses.</p>

Feedback	Our Response/Application
<p>heavily impact their thoughts about what is going is usually a 'lightbulb' moment.</p> <p>Pg. 12 – Couples Counselling – Questions related to how they would feel if their partner was in the room are very helpful. I believe some would go to couples counselling but not be able to be honest meaning they never get the proper counselling they need and it's just another tool of control for the perpetrator.</p>	
<p>These are really complex questions for someone considering counselling. A reader may not be able to answer these questions and it could be a big deterrent to seeking help if they don't know the answers to these. While it also talks about upholding dignity, safety and resistance, a lot of survivors of domestic violence don't see themselves as doing this.</p> <p>I do appreciate that there is an explanation underneath about how it can feel unclear (p7) but given resistance is the theme it actually takes time for this to be internalised. i.e. 'I'm not coping', 'I never feel safe', 'I just let it happen'.</p>	<p>Applied: Introductory text has been refined. Section content rewritten and summary of key changes are points 3.A (a-d) [see <a href="#">page 10</a>].</p>
<p>Rather than referring to agency and careful choices, it could be as simple as 'recognising that violence is a choice' or that 'losing control is a myth'.</p>	<p>Applied: Section content rewritten and summary of key changes are points 3.A (a-d) [see <a href="#">page 10</a>].</p>
<p>It's helpful to recognise that abuse usually has a cycle or a pattern, however it talks about resistance again, and also in bold says 'clarify who is responsible' – what if this phrase was dropped completely?</p>	<p>Applied: Section content rewritten and summary of key changes are points 3.A (a-d) [see <a href="#">page 10</a>].</p>
<p>Rather than 'unilateral' and 'minimising self-blame', a simple reframe could be 'It's between people but not a mutual act. This is not your fault.' Minimising self-blame comes across as a clinical statement to me. It's not your fault could be in bold.</p>	<p>Applied: Section content rewritten and summary of key changes are points 3.A (a-d) [see <a href="#">page 10</a>].</p>
<p>While I can appreciate the reference of social responders and the explanation below, this term comes across as a little confusing to me; while in the scheme of things it comes across as a minor complaint, when people are looking at resources like these it can be quite overwhelming.</p>	<p>Applied: Section content rewritten and summary of key changes are points 3.A (a-d) [see <a href="#">page 10</a>].</p>
<p>Appreciate the note about couples counselling. This has been brought to my attention frequently for couples in DV relationships. I also appreciate the note around 'fixing', the questions, and the dot points.</p>	<p>No change requested/specified.</p>

Feedback	Our Response/Application
I haven't seen this resource anywhere and yet it feels very important to read.	No change requested/specified.
With p15 around how the person using violence might get in the way of counselling. I wonder if it's also useful to note the possibility of checking bank statements, medical records (with GPs), or listening in if the survivor is using telehealth.	Suggestion not applied: Billing is addressed in Safety page.  Applied: They may try to obtain your medical records from the GP or try to listen in (directly or through other devices) to your telehealth (or equivalent) sessions.

## Appendix B

Content section: Tips on deciding on a counsellor. Three (3) of the 21 respondents provided comments:

Feedback	Our Response/Application
Page 17 – include brief comment on what to do if you think the code has been breached – or cross reference to section about complaints (page 33).	Applied: If you think the code of practice has been breached, you can make a complaint – see p15
Telehealth services may aid people living in regional/rural areas.	Applied: Reference to phone and online options was in place. Telehealth (or equivalent) now added as a specific example.
This is great content! I wonder if the safely contacting me page (p.25) should go earlier in this section, to prioritise it?	Applied: Content moved forward into dedicated section 'Supporting Safety'.
Particularly like phrasing of 'whatever you feel safe and feel comfortable with' and 'understand a bit about your world'.	No change requested/specified.
The categories on physical access, regional/rural, sexual identity and gender diversity and interpreter are brilliant. I've never seen this before and yet it's incredibly valuable information.	No change requested/specified.
Sexual identity and gender diversity: while these are great questions, they are definitely complex. I wonder if instead there could be questions such as What education have you received about my identities? What's your experience working with LGBTQIA+ individuals?	Applied: These two questions have been added. The original questions are retained. Readers can use what resonates and is most useful to them.
Not sure what it means where it says, 'If the counsellor is are concerned', if this was intentional (p24). I'm curious if it's worth clarifying confidentiality in more detail, as while this is correct, people who see counsellors while in a DV relationship are often unsafe anyway. A big deterrent for seeing help can	Applied: We have not defined confidentiality but retained the statement that the counsellor should clarify (also stated again in the 'first session' section). Statement added to indicate there is not one rule everywhere:

<b>Feedback</b>	<b>Our Response/Application</b>
also be 'they'll tell someone' or concerns about their therapist breaking confidentiality even if it is not the case.	Applied: The counsellor should clarify confidentiality, which may vary depending on the state or territory you live in, and the type of service or arrangement you've chosen. You can ask about this before you decide to start sessions, and at any time in sessions.
In the options/affordability page it might be worth defining the terms between a counsellor, psychologist or social worker.	Suggestion not applied: Roles and qualifications are not always distinct or under distinct fee structures. The different roles (by title only) are introduced at the front of the resource – the same role might have different functions within different services/programs.
A health care/concession card and private health can also assist with covering costs.	Applied: A healthcare card, concession card and/or private health insurance may also assist you with covering costs.
Potentially nit-picking here, but although I appreciate the different colours, I would prefer not choosing red; peach would be warmer.	Resolved through overall change in design aesthetic.
Touching on suitable methods of contact is excellent (specifically mentioning things such as billing!); although you've written 'may send post'.	No change requested/specified.

## Appendix C

Content section: What will happen in the counselling sessions? Seven (7) of the 21 respondents provided comments:

<b>Feedback</b>	<b>Our Response/Application</b>
Page 30 – how does the session start – include a comment about outlining how the service operates, note taking and confidentiality. These are important to include and good for the client to be aware of.	Applied: The counsellor should outline how the service operates, and explain note-taking and confidentiality.
Page 31 – what do we talk about? include a para on "do I have to talk in detail about what's happened?" This often puts people off coming to counselling as they expect they will spend a lot of time revisiting traumatic material. This shouldn't be done until later in counselling and only if the client wants to.	Applied: This is addressed in the introduction and reflective questions.
DFV counsellors will often ask questions about the safety and wellbeing of the woman & her children and as far as possible try to empower her to make her own decisions. However ... sometimes DFV counsellors do formal assessments to determine level of risk of physical harm (e.g., DVSAT) and liaise with other services such as WDVCASS to try to maximise safety when a high risk of physical	Suggestion not applied: Mandatory reporter responsibilities already named in the report. Duty of care and support relating to mandatory reporting is the responsibility of the counsellor to communicate and nuances will vary per state and territory.

Feedback	Our Response/Application
<p>harm is indicated (as per DVSA). Sometimes DFV counsellors also have to make child protection reports and these can have negative impacts on the therapeutic relationship. Experienced DFV counsellors will communicate with you about the safety of children/duty of care responsibilities from the outset of counselling and discuss their concerns in a respectful, transparent way. In the instance when a child protection report must be done, DFV counsellors will still aim to preserve/maintain the therapeutic relationship, attend to any rupture, ensure the perpetrator is held accountable and continue to support you.</p>	<p>The guide is about a broad range of counsellors not DV counsellors only.</p> <p>Suggestion applied (in part): Screeners/assessment tools signalled early in the resource (see other related feedback).</p>
<p>Information missing: What if the couple arrive to a joint counselling session. What will happen? Would be helpful to include something in this section about ensuring safety.</p>	<p>Applied: New content inserted following the couples counselling section.</p>
<p>I think it's the way the content is deconstructed into plain language. No need to source in other places.</p>	<p>No change requested/specified.</p>
<p>Very important content. The one thing that strikes me, however, is that this section doesn't speak to the reality that depending on the victim-survivor's situation, the counsellor might be looking to use a formal risk assessment tool during the session – e.g. might want to ask a number of questions to explore risk, might be focusing on risk assessment and risk management. Again this depends on what 'counselling' means for this guide, but the reality is that some DFV-informed practitioners will be aware of their jurisdiction-supported/specific common risk assessment framework/tools and might use them to get a sense of seriousness and immanency of risk ... I just think this should be visible in this section?</p>	<p>Applied: New content early signalling possibility (not promise) of screening/assessment tools being used. Some counsellors may ask about your safety and whether you are experiencing violence and abuse. Sometimes counsellors use 'screener' or 'assessment' tools with structured questions so that they can understand your situation and safety needs. The counsellor should explain when they are using tools and the purpose of the tools so that you are aware of what is going on.</p>
<p>P.33 of document – "during counselling" – the tips for saying something – suggestions are a bit wordy and may require a level of confidence/courage in an unequal professional relationship that the person doesn't yet have. I would suggest something like "this isn't helpful" ... " I am not sure why we are talking about this" ... " I need a break" ... "can we talk about xxxxx instead". For "ending session" I would recommend tips for what to say is " I would like to stop now" ... "I need to leave" ... "this is not ok for me" ...</p>	<p>Applied: Language suggested is used to replace the language in place.</p>
<p>P.34/35 – to know if counselling is working section I would suggest including that safety is being addressed or that you are experiencing more safety as a result of attending counselling. Safety</p>	<p>Applied: These two bullet points added to existing list:</p> <ul style="list-style-type: none"> <li>• increased safety to talk</li> </ul>

Feedback	Our Response/Application
can be emotional, social and physical in these terms.	<ul style="list-style-type: none"> <li>increased sense of safety between sessions (safety can be emotional, social, physical and more).</li> </ul>
This section feels the easiest to read and understand, with really useful information. Even the phrase of 'chit chat' is friendlier.	No change requested/specified.
Counselling isn't actually time limited (p39), however it is in the case of MHCPs or EAP providers.	Applied (in part): Clarification added via generic comment about time limited and non-time limited sessions vary per provider/service.
Is it worth having questions such as 'Have you worked with people in abusive relationships before?'	Suggestion not applied: We avoid the use of the term 'abusive relationships' because it personifies the relationship and disappears the abuser. We try to say 'partner using abuse' (or something similar to this) to keep the perpetrator of violence in view and minimise inference of mutualisation. Working with people who have or are experiencing violence is not always a proxy for how much the person understands and is informed about violence. Other questions about training and understanding seek to address this.
While there is direction around feedback and the option to stop seeing a therapist, there doesn't seem to be reflection on how that might not be the therapist for you.	Suggestion not applied: Option of not the right fit and starting again with someone else are already included.

## Appendix D

Content section: After Counselling. Five (5) of the 21 respondents provided comments:

Feedback	Our Response/Application
Page 39 – "Do I have to keep going to sessions?" maybe helpful to add a comment about trying again with another counsellor if this one was not a good fit.	Applied: If the counsellor doesn't feel like a 'good fit', you do not have to go back, and you may wish to try again with a different counsellor. It is up to you whether or not you want to provide direct feedback to the counsellor about this.
Clients often attend long-term counselling (over 20 sessions) to heal from DFV. In these cases, they need adequate time to prepare (minimum of 4 sessions) to end counselling as the therapeutic relationship has usually been such a significant, supportive relationship during such traumatic times. Quote on P39 "I would like next session to be my last one" wouldn't be appropriate for long term	Applied (in part): The guide allows for a broad range of counsellors and situations and has not been tailored for a specific scope or length of intensity. The quote has added an open-ended example without assumptions: 'or I would like to talk about a plan for stopping counselling sessions soon.'

Feedback	Our Response/Application
counselling client," but could be fine or short term client (6-10 weeks)	
Lots of content ... could it be streamlined?	Applied: See all changes and streamlining listed on <a href="#">page 10</a> .
While I think overall this guide might already be a bit too long, I think this section needs more work. For example, it doesn't touch upon the multiple feelings/reactions the victim-survivor might have after the first counselling session, even if the session went well – she might be exhausted after the first session, worried, surprised about what she has disclosed, relieved, she might need support from a friend to process what she had disclosed and reflected upon ... If she has the option depending on the perpetrator's controlling behaviours, it could be good for her to not have to rush off afterwards, to have some time after the first session or two to take things a bit easy in case there is a big impact ... if she has options to do so.	Applied: Tips between sessions inserted with more nuance around what might happen in and between any session not just the first.
Really useful in how to end the counselling, as I have sessions with Victim Services I feel pressured to use them all up with the current counsellor but now I know I can pause and can potentially wait for a counsellor I wanted to see but was booked out for 6 months.	No change requested/specified.

## Appendix E

Content section: Counsellors Kit. Six (6) of the 21 respondents provided comments:

Feedback	Our Response/Application
Page 42 – “sexualised violence” is used again – see my earlier comment.	Applied: Section removed from resource (see <a href="#">page 10</a> ).
Page 51 – there are a lot of useful factsheets and written info/videos on the 1800 Respect website and Our Watch YouTube channel. Also for NZ – on the NZ Ministry of Justice YouTube channel.	Applied (in part): 1800 already in Support Services Directory Directory trimmed back now that Counsellor Kit excluded.
I wonder if pg 42 should be at the start – lead with the definition.	Applied: Content moved forward to earlier in resource.
Really accessible and useful for the market. Prompts self-examination for counsellors to ensure ethical considerations intact.	Applied: Section removed from resource (see <a href="#">page 10</a> ).
I suggest deleting this section. The guide is already quite long, and my feeling is that I don't think the guide can both speak to victim-survivors and to counsellors. The Counsellors Kit really only	Applied: Section removed from resource (see <a href="#">page 10</a> ).

Feedback	Our Response/Application
signposts to some things, it doesn't really seem like a kit, it's more of a collection of some signposts, and needs more detail in its own separate guide.	
This kit is great. Widely used by people of all levels of experience as a counsellor. Love the content on contextual analysis and language matters and red flags. I would consider using a variety of pictures for red flags not necessarily only ones associated with water. Mix it up a bit.	Applied: Section removed from resource (see <a href="#">page 10</a> ).
Deb's story on p44 I think would be more effective if it was within the general guide to selecting a counsellor, not the reading specifically for counsellors.	Applied: Content moved forward to earlier in resource.
Not sure if this is the case or not but the Counsellor Kit needs to be separate to the Guide to selecting a counsellor, because the reader may be overwhelmed by this extra information.	Applied: Section removed from resource (see <a href="#">page 10</a> ).

## Appendix F

Other reflections or comments:

Feedback	Our Response/Application
Also, why is the section called – What is domestic and family violence? as far in as page 42?	Applied: Content moved forward to earlier in resource.
A great, practical resource. Layout of Q and A with so much suggested script very helpful and accessible. Great way to normalise peoples' experience.	No change requested/specified.
Amazing job. Really comprehensive. I would have liked more time to go through it more slowly and carefully but I have done as much as I can according to my work/time limit. Trauma informed principles – trust, safety, empowerment, choice, collaboration are all at the very heart of DFV informed counselling practice.	No change requested/specified.
Many of us have had a bad experience with a doctor, mechanic, sales person or counsellor. Choosing to see a counsellor is a big step for many, but it is important to not give up if one of your experiences was bad.	Applied (in part): Language such as 'you may want to consider' rather than 'not giving up' used to keep a gentle invite open and to not invalidate people who may not ever want to return to any counselling.
The document is quite long, in our fast paced world, would people have the attention to read it through from start to finish? could you add links to a video/YouTube resource library where people can listen/watch segments?	Applied: See all changes and streamlining listed on <a href="#">page 10</a> .
Links helpful and necessary for explanation and further understanding	No change requested/specified.

Feedback	Our Response/Application
The quotes of what people have experienced in a negative way are really useful as a check in for counsellors who may have working in the DV field for a long time.	No change requested/specified.
p.3 Reading down the page – although it's a very important list – the impact of reading down the page can perhaps make it seem as though that seeking counselling is too risky, that given the long list of things that might 'go wrong', that it's not worth the risk ... I just wonder if it's off-putting, given that by the time the reader gets to the end of page they/she has read a lot of things that could go wrong in the counselling, compared to very little text about the possible benefits of seeking counselling.	Applied: See all changes and streamlining listed on <a href="#">page 10</a> this includes tone setting adjustments.
p.6 The quote from Melissa can be read as "Phew, I didn't need to explain everything to the counsellor, she saw straight away some of the patterns of his behaviour that I know all so well, I didn't need to explain everything" or "Wow, the counsellor helped me to see patterns that I just couldn't see, she pointed out things to me that make so much sense to me now." These are two very different interpretations of this quote, and I wonder if it's clear that the quote is meant to convey the first of these interpretations, and not the second? (which is my guess as what you are hoping for with this quote).	Applied: Additional lead in sentence from Melissa's narrative now included, which resolves clearer context and intent of the quote.
p. 8 "Violence is social and interactional – it occurs between people in a specific situation or 'context.'" I don't think this is useful. I know you have the big disclaimer in the next column that this doesn't mean mutual responsibility, but this statement can still be read in many ways, some of which contradict other messages in the resource. It feels like practitioner speak.	Applied: See all changes and streamlining listed on <a href="#">page 10</a> this includes tone, tense and text adjustments.
p.13 – If a counsellor suggests this, then it's 99% likely that the counsellor is not DFV informed and is not an appropriate/safe practitioner to be doing this work. I know that you are looking to support victim-survivors to make their own choices rather than to provide definitive advice, but I also think there's a responsibility to 'tell it as it is' – if the counsellor suggests that her partner should come in for a few sessions, then the counsellor isn't a good option.	Applied: The page on couples counselling has been refined and further validated with external article naming the problem of assumptions of referrers and power imbalance undermining safety.
p.16 While my early comments about my fear that page three might frighten readers off from pursuing counselling, the type of lived experienced on page 16 is vital in my view, as it gives concrete	No change requested/specified.

Feedback	Our Response/Application
<p>examples and 'permission' for the victim-survivor to take the huge step of sacking their counsellor. Victim-survivors are in position of such little power in the counselling relationship, that vignettes like this that demonstrate victim-survivors taking the step to end a counselling relationship are so important, to say that this is ok to do.</p>	
<p>Well done! Great resource.</p>	<p>No change requested/specified.</p>
<p>Are we assuming that people know what Domestic and Family Violence is and what that looks like?</p>	<p>Applied: The What is DFV? Content is brought forward to be earlier in the resource and not assumed to be known. Early inclusion supports reflection and extra support included about My Safety Kit and My Dignity to extend invite for reflection.</p>
<p>Hyperlinks are great however if this resource is printed it might be worth including a written link. I know that printing a resource wasn't the intention, but I was thinking of accessibility here as not everyone has the capacity or safety to be reading this resource and may have a hard copy instead. Unfortunately, this also means that some use of colour will make it difficult to read, but something to consider.</p>	<p>Applied: Hyperlink and full URL supplied. Specific static QR codes inserted. Colour-contrast issues addressed.</p>
<p>There are certain phrases that are confusing/hard to understand:</p> <ul style="list-style-type: none"> <li>• 'this understanding apply at an individual level of counselling (p22)', what it means to plan/develop or review a counselling service</li> <li>• 'administrative and organisational pressure' (p35)</li> <li>• 'selecting a counsellor is contextual' (p39)</li> <li>• sequence of content (p5)</li> <li>• 'draw out agency'</li> <li>• 'unilateral', social and cultural context (p10)</li> </ul>	<p>Applied: All 6 bullet points in feedback addressed by refinement or replacement. See all changes and streamlining listed on <a href="#">page 10</a> this includes refinement of text and tense.</p>
<p>The questions are excellent and empowering. I think it would be helpful to have this spaced out in the same way you've spaced out the reflective questions on p30, or alternatively ticks rather than dots as bullet points like you've done on p23.</p>	<p>Applied: See all changes and streamlining listed on <a href="#">page 10</a> this includes tone setting adjustments and amplified reflective questions.</p>

## Explore our resources: *Foundations* and *Foundations Applied*

<https://www.insightexchange.net/foundations/>

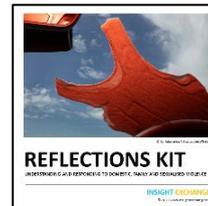
View Insight Exchange's *Foundations* and *Foundations Applied* video resources to build on your understanding of DFSV. [Contact Insight Exchange](#) for permission to use embed codes.



View and reflect on Insight Exchange's [Foundations](#) (45 minutes). Includes Auslan sign language.



View and reflect on Insight Exchange's [Foundations Applied](#) (40 minutes). Includes Auslan sign language.



The [Reflections Kit](#) collates Insight Exchange's resources featured in the *Futures Framework* suite, *Foundations* and *Foundations Applied* videos.



Insight Exchange is for all people. Insight Exchange respects the diversity of all sexualities and gender identities including but not limited to lesbian, gay, bisexual, transgender, queer, intersex and asexual + identities, as well as heterosexual and cisgender identities.

---

## INSIGHT EXCHANGE

[www.insightexchange.net](http://www.insightexchange.net)

**Using this resource:** The information contained within this resource is for general information purposes only. Insight Exchange assumes no responsibility for how the information in this resource is used. Read more about using our resources: [www.insightexchange.net/guide-using/](http://www.insightexchange.net/guide-using/)

© 2022 Insight Exchange | *Guide to selecting a counsellor – Feedback report*

**Copyright:** Insight Exchange gives permission for excerpts from this resource (excluding the cover illustration) to be photocopied or reproduced, provided that the source is clearly and properly acknowledged.