



'It's time we improved post-domestic abuse support'

Lack of specialist training means that people who have experienced domestic abuse have poor experiences within general counselling, says **Jeannette Roddy**

Around 20% of the population in the UK is likely to experience domestic abuse within their adult lifetime.¹ As a society we are becoming much more aware of what domestic abuse is, and of its prevalence in all types of intimate partner and family relationships, partly due to more informed coverage by the media in the news, and also in films, TV dramas and novels. There is greater awareness that not all abusive relationships are physically threatening - some involve financial, sexual, emotional and psychological abuse, or coercive and controlling behaviour.

What's often still overlooked, however, is the lasting mental health impact of domestic abuse. Both adults and children involved can be affected for years after the relationship ends. When they do seek help, it may not be obvious that specialist domestic abuse support is needed, and the counselling they receive may not be adequate for their needs. This is often the case where the abuse experienced was not physical.

Research has shown that people who have experienced domestic abuse are more likely to experience higher rates of depression, anxiety,

post-traumatic stress and suicidal ideation than the general population.^{2,3,4} This suggests that they are likely to seek counselling and that most therapists at some point during their working lives will work with a client who has experienced domestic abuse, even those who are not specialist practitioners.

Yet despite calls to fund research to establish evidence-based practice in mental health treatment for this client group, there has been no research funding allocated by the Government.^{5,6} Instead, research funding has focused on the prevention of future episodes of domestic abuse rather than mental health support for the millions of survivors. General funding for domestic abuse is primarily directed at supporting the safety of women and children, such as funding advocates to support people through the court system.

Government mental health funding appears to be allocated mainly to general mental health services, despite evidence over the past 20 years suggesting that general services can feel unhelpful to clients and may result in retraumatisation.^{7,8} This is not intended as a criticism of those in general practice but as a recognition that the way clients present after

experiencing domestic abuse can be quite different to any other client group, needing specialist care and understanding.

Specialism

My interest in this topic is driven by my experience of working as a trainee counsellor at a local agency offering support for domestic abuse. While the agency gave us extensive training in its method of counselling for domestic abuse prior to starting client work, it was based on the views of the author of the training rather than the experiences of the service users. This motivated me to undertake my PhD research with both female and male clients who had received counselling after experiencing domestic abuse, to determine what was helpful.⁹ This research found that a range of skills, knowledge and personal characteristics are required of counsellors to work with this client group. Theories of person-centred, cognitive behavioural and psychodynamic therapies were all helpful but at different times and in different ways during the therapy, confirming the specialist nature of the work. The model of practice was subsequently published as a competence framework for ▶

domestic abuse counselling, which is open access and available to everyone, to help to show the complexity of counselling work as well as to highlight the training needs for domestic abuse counsellors.¹⁰

Evidence

For the framework to have meaning, evidence is needed that specialist domestic abuse counselling (DAC) works with clients. In 2019, a cross-functional staff team at the University of Salford developed a training programme to support the development of trainee and qualified counsellors in DAC, using a non-gendered approach.¹¹ This enabled us to launch a DAC service in October 2019 at the university with 10 specially trained counsellors. By July 2022 the service had 20 counsellors seeing more than 60 clients per week, with a significant waiting list.

The range of referral sources to the clinic, such as from NHS Talking Therapies, GPs, domestic abuse services, national domestic abuse helplines (male and female), social services and local counselling agencies, suggests that the outside world understands the need for and benefit of specialist counsellors. Importantly, our approach also attracted a wide range of clients from all walks of life, matching the diversity shown in national domestic abuse statistics.¹² The high level of referrals was further confirmation of the need for appropriate training for practitioners working in this area.

Our analysis of client data over a nine-month period found that clients, on average, presented with moderately severe anxiety and depression, higher than would normally be expected in a general practice setting.¹² Clients left the service, on average, with symptoms having improved from moderately severe to mild to moderate after 12 sessions, suggesting that relatively inexperienced counsellors can produce good results when provided with the right training and support.¹² Feedback from people experienced in this area suggests this outcome data are very good. We also got feedback from our trainees that confirmed that they may have

struggled to engage with and support their clients without the training and supervision they had received.¹³

In an ideal world, the next step would be a randomised control trial, which would enable the DAC model to become evidence-based practice for this client group, but the lack of funding available for counselling research in general prevents this. Nevertheless, we have informal empirical research, which suggests that such training and support could be useful for counsellors in general practice.

Barriers

Although specialist counselling as part of domestic abuse frontline services is available in some areas of the UK, funding for such services tends to be restricted to what is allocated by local councils or the police and Crime Commissioner, so most areas in the UK rely on local general counselling services for such work.

Another barrier is that domestic abuse agencies are specifically tasked with supporting those individuals currently at risk to leave the relationship and go through legal processes, and to provide outreach services. While many organisations - although not all - offer groupwork such as the Freedom Programme (www.freedomprogramme.co.uk), this will often not be enough for people badly affected emotionally by the abuse. Unfortunately not all of those agencies can then offer specialist counselling.

The data suggest that women are more likely to experience high levels of physical violence, and domestic abuse agency support is invaluable in helping them to manage risk. This is reflected in the service access data published by the Government, which show that frontline services are predominantly accessed by women.¹⁴ Yet 30% of people reporting experiences of domestic abuse are men, suggesting that mental health support outside the current domestic abuse framework could be more accessible to a wider range of people.¹ Additional specialist mental health services or a wider range of trained counselling professionals

outside of frontline domestic abuse services could be invaluable in meeting the needs of this wider client group across the UK.

Training

It is possible to work with domestic abuse clients without additional training. A counsellor who has a highly developed relational style, strong core competences and the support of a good supervisor experienced in domestic abuse may well be able to work successfully with such a client over time. They may also need to explore the literature to be able to support the client better. They may also need personal therapy. Everything they learn with that client will support their work with the next client, and so on. However, attending specialist training may provide a better experience for the counsellor and the client, supporting the counsellor to help process the client's experiences quickly and effectively. Appropriate training also increases counsellor confidence and can be protective against the potentially detrimental effects of working with trauma, a benefit for both counsellor and client.¹⁵

Some domestic abuse agencies may offer counsellors their own training. This can be helpful for counsellors to understand what domestic abuse is, and to some extent how it might have affected clients. However, there are few agencies who specifically tailor the training to counselling, and this is frequently only on offer to those recruited into the agency, as was my experience all those years ago. This means that many student counsellors on placement in domestic abuse agencies must learn their trade through trial and error with clients. While this approach can provide excellent student learning, a short, specialist training programme prior to client work will create a much stronger base for the work and potentially better outcomes for clients. Specialist training helps counsellors to start the work more confidently and develop deeper and stronger skills than they might otherwise.

Counsellors can assume that they have already covered all the necessary elements in their core counsellor training. The issue is not whether the basic skills are there, it is more whether the counsellor has sufficient detailed knowledge of domestic abuse and its impact, can develop their skills to the level required for complex relational work, and has the personal characteristics needed to withstand the pressures of the work. Although it might be

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assumed that the training will be lengthy, the Dactari foundation course in DAC based on the competence framework takes only four days.

There are other general training courses available that would cover elements identified within the competence framework. The key to using these courses is to apply this general learning to the specifics of domestic abuse by first learning about domestic abuse. For counsellors whose core training has already covered some aspects of abuse and relational dynamics, it may be enough to take a few specific courses to fill in the gaps. Supervision to ensure the training is applied appropriately and sufficient learning is taken away from client sessions would also be essential.

I would also recommend that specialist monthly group supervision and on-the-day debriefing is also offered to counsellors by their workplace. This allows peer support and access to expertise often essential for people new to the work. Both of these elements would normally be offered in good counselling services.

Self-care

Counsellor self-care is essential when working with this client group.¹⁶ Listening to stories of domestic abuse can leave therapists with disturbing images, and therapists must be robust enough to listen to these stories without becoming emotionally entangled in them. Even after training counsellors will need support from experienced supervisors to embed the learning. Appropriate supervision can also help a practitioner to explore the relationship with their client and what might be going on in the room, and work through what they may have been left with after listening to client stories. Experienced supervisors can also identify if compassion fatigue might be creeping into practice and provide support with recovery.

It's also worth bearing in mind that not everyone who wants to do the work is suited to it. It's advisable to reflect on whether, even if you feel you could deal with the content of domestic abuse sessions, you would want to do so.

I believe that there is a strong case for more specialist counsellors across the UK to help all those who have experienced domestic abuse, whoever they are. A focused and structured training for this work increases counsellors' confidence and helps to produce better client outcomes. The funding focus on preventative work is not enough - we also need specialist mental health provision to support the millions of people who have survived domestic abuse but still suffer the mental health consequences. Given the lack of Government support, it would seem that it is up to counsellors to prepare themselves for the work ahead. ■



About the author

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