



Supporting domestic abuse survivors with Counselling and CBT

Counselling and Cognitive Behaviour Therapy (CBT) are playing an ever more important role in the services the Wish Centre provides as a Lancashire-based specialist domestic violence and abuse service. In this article we explore in a little more depth how these two specialist interventions can make a difference to the lives of our survivors.

We are a registered charity, providing crisis support and recovery services to victims, perpetrators and children and are Blackburn with Darwen Council's commissioned DVA service, and Lancashire County Council's commissioned provider for perpetrator services. We have been operating for over 30 years.

The demand for services is high and in 2019/20 we dealt with almost 3,300 referrals of whom almost 600 were high-risk cases with over 19,500 Helpline calls. Since 1989 the Wish Centre has supported a new client every 30 minutes in every working day since we formed. The experience of Covid-19 over the last year has only added to the pressures.

As Rebekah Wilson (the Centre's Communications Officer and Volunteer Co-ordinator) explained:

"Over time we have built up a comprehensive package of support services so that we can respond to the needs of those who are referred to us for assistance or those who self-refer."

Depending on what those circumstances are, this can be crisis support for those fleeing from abuse; for their children who may be affected by their experiences of abuse at home; a place in refuge; and also, services which aim to address the behaviour of perpetrators themselves. In short, we offer a holistic "whole family approach".

A lot of this support is practical. Providing crisis support with accommodation in our refuge; risk assessment; safety planning; liaising with a whole range of other professional services from GPs and schools to benefit entitlements and social housing.

"These are all great and of course essential", Rebekah added. "But what victims also need is in-depth, personalised psychological support – to overcome the mental trauma they have gone through. This can be a massive obstacle to recovery which needs addressing before they can truly move on and rebuild their lives. That's where Counselling and CBT come in and are making such a difference at the Centre."

Domestic abuse counselling and CBT therapies represent powerful tools for helping victims remain safe and heal in the long term. In both cases, the therapy helps treat the underlying psychological trauma which can be deeply damaging, working with the victim to acquire essential understanding, information, and skills to rebuild their lives. There is no prescriptive moment when they must be applied but tend to step in when the immediate danger has passed and the victim is safe. On a cautionary note, overloading a client with yet more professionals needs to be avoided though – choosing the right time is important.

The damage and its consequences to the wellbeing of a client don't stop and go away simply because the immediate abuse has been removed and addressed. The provision of a physical refuge, safety in the home, being supported and reassured in taking the practical steps for a reorganised and safe life are vital. But on their own don't necessarily solve the deeper, long-term psychological difficulties that victims are left with.

Why is this?

To understand it we need to look more closely at how the experience of sustained abuse, often taking place over many years, can wreck a victim's mental outlook and ability to heal properly and move on.

Kathryn Wright, who has supported the Wish Centre as a qualified counsellor, explains:

"The need is based on the fact that the victim may be technically safe but her feelings of feeling unsafe persist long after the immediate abuse and can be a significant barrier to moving on. It's the result of how our minds respond to trauma and the fight/flight instinct which doesn't just switch itself off. Feelings of high levels of anxiety persist."

Psychoeducation is a way out of this, providing information and support to victims so that they are able to better understand and cope with their trauma and feelings; to understand again the reality of what is safe, and what is unsafe; and give them renewed confidence in their ability, powers of judgement and decision-making.

Building back confidence plays a huge part in this process. Abuse undermines victims' ability and confidence in their own decision-making – they are not sure any more about what's safe and what isn't; their self-esteem is low; and they don't trust themselves to make the right decisions on other things – large or small – that they come up against in their lives, going forward. This can lead to panic attacks, feeling trapped and withdrawing further into themselves. Moving on from refuge, for example, when they are at the point of moving on can fill them with fear and dread.

Frustrations can mount up. They don't trust themselves to choose the right partner next time. Often after an abusive controlling relationship, counselling can introduce them to understanding power and control dynamics and what a good relationship looks like.

"After an abusive relationship, victims just want to move on and get a good life. But it's not always that easy for them and they get frustrated. Combined with a heavy dose of guilt and shame, they even self-blame, thinking they should be over this by now.", added Kathryn.
"We give them the tools to do this. The knowledge, information and skills. Psychoeducation is the way out of this."

Cognitive Behaviour Therapy also makes a significant contribution, empowering victims, helping them to develop skills and liberating them to deal with their issues. Tracy Holt is a trainee CBT therapist and has been on specialist placement with the Wish Centre, supporting clients. She explained:

"CBT is characterised by being very active, with the client getting actively involved, looking at how their thoughts and emotions link to behaviour and using an appropriate model. It's about the client taking an active part in their own treatment – we really want the client effectively to be their own therapist."

CBT is evidence-based with strict protocols. Different models are possible for different diagnoses of depression, anxiety, phobias, substance misuse. Both Kathryn and Tracy commented how DVA cases were typically defined by complex PTSD with multiple incidents lying behind. Domestic abuse victims tend to have many years of negative experiences to unravel which are deeply entrenched in their psyche. In receiving therapy, this is often the first time in many years that victims have been able to get relief and address these deeply embedded issues. As Tracy added:

“Survivors often find this revelation to be hugely emotional and upsetting. They’ve come to believe that it’s all been their own fault, a view reinforced by the coercive control of their perpetrator. It begins to dawn on them that they’ve actually been living a nightmare and had forgotten what feeling normal and healthy is actually like.”

Reflecting the Wish Centre’s holistic “whole family approach” and its expanding work with perpetrators, Tracy has also been taking perpetrator referrals for CBT and sees this very positively as a way of breaking the repeating cycle of abusive behaviour.

Rebekah Wilson confirmed how valuable these therapies are for DVA clients and like Kathryn and Tracy, would like to see more educational work for victims going forward, sharing with them the options of CBT and Counselling so that they can better understand their own mental health and aid their own recovery.

“A good part of the message and value is that both therapies are empowering,” concluded Rebekah. *“They help clients to develop vitally important skills, tools and understanding - liberating them to deal with their issues. They add immense value to our offer as a specialist DV service at the Wish Centre.”*

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