**Good Practice in Action 116**
Fact Sheet

# Working with domestic abuse within the counselling professions

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# Context

This resource is one of a suite prepared by BACP to enable members to engage with the BACP *Ethical Framework for the Counselling Professions* in respect of working with domestic abuse.

## Using Fact Sheet resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. Resources are not contractually binding on members, but are intended to support practitioners by providing information, and offering questions and observations practitioners may need to ask themselves as they make ethical decisions within their practice in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consultation with a suitably qualified and experienced legal or other relevant practitioner.

The terms 'practitioner' and 'counselling related services' are used here generically to include the practice of counselling, psychotherapy, coaching and pastoral care. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

# 1 Introduction

This Fact Sheet provides a brief introduction to working with domestic abuse. Whilst it contains much information, there are limitations as to what a resource of this nature can cover on a subject of such magnitude. Throughout however, there are many signposts to additional useful resources, helpful organisations and further development and training.

BACP practitioners are committed to the principle of non-maleficence (*Ethical Framework*, Principle 5) and therefore need to be aware of possible risks to clients. Domestic abuse can kill, and any intervention has the potential to increase risk. Disclosures around domestic abuse can be made at any time throughout a person's therapy and the issue may not be picked up at initial assessment. The consequences of uninformed practice can be extremely dangerous, but are often invisible to the practitioner, occurring away from the safety of the therapy room.

Whilst this resource alone will not equip practitioners with the knowledge and skills necessary to work in this challenging area, it will hopefully help those from different modalities assess their current knowledge, understanding, skill sets and identify areas to increase expertise.

When working with domestic abuse, competencies should include the ability to recognise the issue and to know when a client should be referred to more appropriate support. A competency framework systematically developed by Roddy and Gabriel (2019) highlights high level and wide-ranging counselling skills, specialist knowledge and describes specific personal characteristics required when working in this area (see sections 8 and 9).

In addition to the *Ethical Framework for the counselling professions* (2018), several Good Practice in Action resources are mentioned, and these can be accessed at www.bacp.co.uk/gpia.

Please note some of the material may be challenging, particularly for those who have a personal connection with the subject.

# 2 Understanding domestic abuse (DA)

Domestic abuse (DA) is defined as:

'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional.' (Home Office, 2016).

There are many types of coercive and controlling behaviours (see section 2.2) some clearly dangerous. Others might appear harmless on their own but must be understood in context as part of an abusive pattern.

## 2.1 Different forms

DA can take many forms, the most common being:

- **Physical**
- **Sexual**
- **Psychological**
- **Emotional**
- **Economic**
- **Technological**
- **Harassment and stalking**
- **Honour-based violence**
- **Forced marriage**
- **Female genital mutilation (FGM).** See Good Practice in Action 092.

For more information see www.womensaid.org.uk/information-support/what-is-domestic-abuse.

Other common forms are less frequently recognised but important for practitioners to understand:

- **Spiritual:** forcing or preventing religious practices, ridiculing beliefs or using a twisted and weaponised version of the victim/survivor's spiritual beliefs in order to gain and maintain control or to encourage them to stay in an abusive relationship (Dhillon Keane, 2018; Aghtaie et al, 2020)

- **Post-separation abuse** includes all forms of abuse. Commonly, the perpetrator will manipulate child contact arrangements and/or the family court system in order to continue the abuse.

Practitioners working with DA should be familiar with the Duluth model, which describes how each type of abuse is part of a strategy to exert power and control over the victim. This is demonstrated in the *Power and Control Wheel*, which is subject to copyright although an informative video can be found at www.theduluthmodel.org/wheels.

Incidents of abuse are often interspersed with periods of loving behaviour, creating a cycle of abuse, leading some professionals, and occasionally, the victim/survivor to believe that the perpetrator has changed. This cycle can lead to traumatic bonding; through the shifting behaviour, the victim/survivor develops a strong emotional attachment with the perpetrator (see section 2.6).

## 2.2 Language

Although the term 'domestic violence' is still commonly used, 'domestic abuse' (DA) is used here as it includes non-physical forms of abuse.

In therapeutic settings, these terms should only be used when it is safe. In the presence of a potential perpetrator, this language could put the victim at increased risk, even if the perpetrator's behaviour in the therapy room appears safe.

Blaming the abused person is a common element of DA so using the phrases 'perpetrated domestic abuse' or 'subjected to domestic abuse' rather than 'in an abusive relationship' is important.

Some professionals avoid the word 'victim' as it has connotations of powerlessness (sometimes preferring 'survivor'). However, it can be helpful for some clients to explore their journey from victim to survivor. In therapy, it is most helpful for clients to identify which, if any, label applies to them.

## 2.3 Prevalence

In the UK, one in four women and one in six men experience DA in their lifetime. In the year ending March 2020, 1.6 million women and 757,000 men experienced DA (ONS, 2020). In 2019, 1,316,800 DA incidents were reported to the police, a report every 30 seconds (ONS 2019) and every week, over two women are killed by a partner or ex-partner (ONS, 2019). In a study by Refuge (2018), 3.1% of their clients had made at least one suicide attempt because of DA and Walby (2004) showed that three to 10 female victims/survivors took their life each week. Just over 10% of male victims/survivors have considered taking their life (www.mankind.org.uk). During the Covid-19 crisis, abuse and deaths arising from abuse have spiked significantly (Ingala-Smith, 2020), and greater numbers of survivors have sought support (Davidge, 2020).

## 2.4 The law

Domestic abuse (DA) can take many forms, as described in 2.1 above. Often those affected by DA may be fearful or reluctant for other reasons to report the abuse to police or to other relevant authorities, but some knowledge of the law, and of their rights, and of the legal and practical protections open to them may be helpful.

Counselling practitioners are required by the *Ethical Framework* (BACP 2018) to work within their professional competence and qualifications. The law is complex, and can be a minefield, and each case has to be considered on its own facts and merits - so it is recommended that clients are advised (and where necessary helped) to consult with a suitably qualified and legal advisor with experience in the legal field of DA and criminal law practice. Many law firms, and charitable legal organisations provide access to free advice sessions. If practitioners feel in need of legal advice, they should also seek it from an appropriately qualified legal advisor, and many professional insurance schemes include legal advice.

However, practitioners will also need to have some basic familiarity with DA law and protection orders, which can find be found at www.rightsofwomen.org.uk.

Many forms of DA behaviours are potentially punishable on conviction as criminal offences, for example such offences might include homicide (murder, attempted murder, manslaughter, etc); assaults of various severity (including assaults occasioning grievous bodily harm); sexual offences against adults and children; harassment; stalking, etc. Non-fatal strangulation now constitutes a criminal assault, and became a specific criminal offence in June 2022. Coercive control is included in the Serious Crimes Act 2015, and in 2018, Scotland recognised DA as a crime. In England and Wales, the Domestic Abuse Act 2021 recognises post-separation and economic abuse, and introduces changes such as protection orders.

You can read about the new legislation at: www.legislation.gov.uk/ukpga/2021/17/contents with a summary and www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet.

At the time of writing, the statutory guidance for the DA Act 2021 is yet to be published.

Some clients may be involved in criminal or family courts. If practitioners are asked to provide case notes, evidence or reports, or to support clients before appearing as witnesses or complainants in court, the following GPiA resources may be helpful:

- Record keeping – 066, 067 and 068
- Sharing records with clients, legal professionals, and courts – 069
- Writing reports for courts and giving evidence in court – 083
- Pre-trial therapy – 070 and 098 (to be revised when new CPS guidance is published)
- Coroner's Court inquests and confidentiality beyond death – 060.

After death resulting from DA, practitioners are often required to give evidence to a multi-agency 'Domestic Homicide Review' (DHR), the purpose of which is to understand where there are lessons to be learned and to make recommendations. Practitioners may be asked to provide records and explain therapeutic choices. In this situation, they should consult with a supervisor, appropriate legal professional or BACP ethics officers (www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub). Keeping accurate records is a professional commitment (*Ethical Framework*, Good Practice, point 15) but particularly important in these instances.

## 2.5 Risk factors

Practitioners should be familiar with factors that increase risk of DA, including:

- **Ending the relationship** – death arising from DA are most likely in the weeks after leaving
- **Pregnancy** – physical abuse often starts or escalates during pregnancy (Safelives, 2019)
- **Control, stalking and harassment** – often minimised, these are signs of high risk (Monkton-Smith, 2019).

For information about other risk factors see: https://reducingtherisk.org.uk

Risk assessment tools have limitations. A victim/survivor may be at high risk with no previous physical violence, and their fear should always be taken seriously, bearing in mind that some clients will normalise and therefore underestimate risk. Common reference tools include:

- DASH (domestic abuse, stalking and harassment) www.dashriskchecklist.co.uk/dash. Practitioners require training to use DASH but reading it gives useful insight into common risk factors
- DART app (domestic abuse reference tool) (Monkton Smith, 2017).

## 2.6 Difficulties and dangers of leaving an abusive partner

It is untrue that survivors stay with their perpetrator because they are co-dependent or have a masochistic desire to remain with them (Saunderson, 2008). There are complex challenges around leaving a perpetrator, including:

- Risk of death or serious injury
- Threats to harm children
- Threats to commit suicide
- Fears of post-separation abuse
- Financial constraints
- Lack of refuge spaces/nowhere to go
- Lack of confidence
- Exhaustion
- Traumatic bonding (see 2.1).

It is unsafe to assume the reason for staying with a perpetrator is traumatic bonding, before exploring the practical barriers and risks above.

Another misconception is that abuse will end after leaving. Post-separation abuse can be lethal. Victims/survivors should never be pressured to take action they feel is unsafe. Instead, it may be helpful to:

- provide information
- explore options
- create safety plans.

Some victims/survivors decide not to leave the relationship but create strategies to minimise risk at home.

## 2.7 Domestic abuse and gender

It is important for practitioners to understand the complex relationship between DA and gender. Gender inequality is both cause and effect (Stark, 2007). Whilst DA affects all genders it is still classed as a form of gender-based violence.

Women experience abuse in higher numbers than men. The Office of National Statistics shows over 77% female as opposed to 16% male victims in DA prosecutions but there are many cases of DA that do not come to court (ONS 2020). Women are also more likely to experience more severe or fatal abuse, higher rates of repeat victimisation (Walby and Towers, 2017) and much higher levels of coercive control (Stark, 2007).

An estimated 80% of trans and non-binary people have been subjected to DA (Scottish Transgender Alliance, 2013). Practitioners working with trans clients should be alert to the possibility of DA and be able to signpost clients to specialist support.

DA occurs in same sex relationships (see section 2.8) and: www.stonewall.org.uk/domestic-violence-and-abuse.

Male victims/survivors of DA can face barriers to support; unconscious bias may prevent practitioners from recognising abuse against men; 49% per cent of male victims/survivors (compared to 19% of females) tell no one about their abuse. ManKind and Respect's Men's Advice Line are open to men and professionals seeking advice (see www.mankind.org.uk, *Helpful organisations*).

Despite DA affecting all genders, the United Nations (UN) describes gender-based violence as 'violence that is directed against a woman because she is a woman or that affects women disproportionately' (CEDAW, 1992).

Previously, there has been confusion between data suggesting an equal gender split and evidence that women are disproportionately victimised. Johnson (2008) clarifies the issue, categorising three different kinds of violence in the home:

- **Mutual couple violence** affects men and women equally. It does not include coercive control, and power is equally balanced.
- **Intimate terrorism** (the form of DA described throughout this resource) is disproportionally perpetrated by males against females. It is the kind most commonly seen by DA agencies and refuges.
- **Reactional violence** is most commonly carried out by women against men, usually in self-defence or retaliation against having been subjected to intimate terrorism, often for many years.

## 2.8 Diverse groups

Practitioners should be aware of the intersections of oppression and abuse in minoritised groups. In some BAME communities, perpetrators may be extended family members. Some kinds of abuse like FGM, forced marriage, dowry abuse, or so-called honour-based violence can be linked to culture. BAME clients therefore may prefer practitioners from similar backgrounds (Goode-Cross and Grim, 2014). Victims/survivors with insecure immigration status face barriers accessing support, which is frequently used against them by perpetrators (Southall Black Sisters, 2020). Religious victims/survivors may experience spiritual abuse, and benefit from faith-literate support (Aghtaie et al., 2020).

More information about DA, culture and ethnicity can be found from: https://southallblacksisters.org.uk and www.riseuk.org.uk.

Half of Deaf and disabled women have experienced DA (Safe Lives,2017; AVA, 2019). Perpetrators may destroy aids or medication. Opportunities for disclosure are limited if the perpetrator is also the carer or personal assistant (see Halacre, 2020).

DA affects all ages with risks of lethal abuse underestimated in older people. (Bows, 2019). People cared for in their home or in care homes (perhaps due to age, physical or learning disabilities) can be vulnerable to abuse from professional carers and family members.

LGBT+ survivors can experience barriers accessing support; there is evidence that they are more likely to seek support informally or privately (Donovan et al. 2006) meaning statistics could underestimate actual prevalence. Sexuality can be used as a tool of abuse, for example when a person identifies as LGBT+. Sometimes, threats are made to inform employers, friends or family.

Some victims/survivors may be told they are 'not gay enough'. LGBT+ survivors are less likely to contact police and more likely to seek therapeutic support, which is problematic when practitioners have insufficient knowledge (Donovan et al 2006).

## 2.9 Children

One in seven children has lived with DA (Women's Aid Survivor's Handbook) and can experience long-term psychological effects (www.nspcc.org.uk 2020). Practitioners working with children should always be alert to the possibility of direct abuse (or abuse resulting from the direct or indirect witnessing of DA). Safeguarding procedures should be followed (see GPiA 031 and 052). Post-separation abuse commonly involves the perpetrator using co-parenting arrangements to abuse the protective parent, potentially putting children in life-threatening danger (Women's Aid, 2016).

## 2.10 Psychological effects of domestic abuse

Studies show that 95% of survivors suffer adverse effects on their mental health resulting from abuse (Women's Aid, 2014). The effects of coercive control can be more devastating than those of physical violence (Stark, 2007) with victims/survivors experiencing anxiety, depression, and suicidal thoughts (AVA, 2013).

The psychological professions have a long history of pathologising adaptive responses to abuse (Herman, 1992). Current good practice, however, understands clients' behaviour in the context of trauma responses (Taylor, 2020). See also, section 3.2.

# 3 Supporting victims/ survivors

It is common for clients to initially present with issues other than DA but recognise or make disclosures around it later in their therapy.

Others may seek therapy while experiencing psychological abuse, particularly if there is no physical abuse present, or if they do not meet the criteria from some DA frontline agencies.

Many disclosures will be of historic DA, meaning the therapy will focus on the effects of past trauma. Clients experiencing current abuse will need to focus on physical and emotional safety, and those at risk of physical abuse should be referred to appropriate support agencies (see 'Helpful organisations'). Sometimes, it will not be appropriate to start therapy until victims/survivors are physically safe.

## 3.1 Recognising abuse

As clients may not initially disclose or even recognise abuse when they present in therapy, all practitioners should have knowledge of the signs of DA; see: www.gov.uk/government/publications/domestic-abuse-recognise-the-signs.

If a practitioner suspects a client is a victim/survivor, it is vital to voice concerns and not wait for them to raise the issue. Speaking out and signposting a client to appropriate support have been shown to be lifesaving (DHR Case Analysis, 2019).

Always seek advice from a supervisor, suitable professional or DA organisation if you are unsure.

## 3.2 Trauma–informed support

Practitioners need to understand common traumatic responses to DA and be able to help clients understand their own behaviour in terms of automatic and instinctive responses such as the 'freeze, flop, friend, fight or flight' response (see https://rapecrisis.org.uk/get-help/looking-for-tools-to-help-you-cope/feelings/fight-or-flight-response).

Some traumatic responses can be misinterpreted (Van der Kolk, 2014) particularly by practitioners unfamiliar with trauma. For example, traumatised clients may struggle to keep appointments and practitioners may need to have more flexibility around missed session agreements (Saunderson, 2008).

Abused clients can be suspicious of caring support so building trust is sometimes challenging. Personal moral qualities, in particular, candour, empathy, integrity, and respect may help build trust (see Commitment points 1-6, Principles, point 5, Personal moral qualities, point 12 and Good Practice, point 12).

Anger management can be helpful for victims/survivors who may have been unable to express anger safely regarding the abuse they have experienced (Dhillon Keane, 2019).

## 3.3 Multi-agency work

It is important to be candid about boundaries and limitations of therapy. Some counselling services do not start work with clients until they have left their abuser. Practitioners should be aware when to signpost clients to alternative support.

Practitioners may work as part of a multidisciplinary support system, which might include police, DA support workers, and many others. High-risk cases may be referred to a MARAC (Multi Agency Risk Assessment Conference). For more information see www.safelives.org.uk.

# 4 Understanding perpetrators

Working with perpetrators involves specific skill sets, different from those required for survivors. Many perpetrators initially approach practitioners citing difficulties with depression and low mood, often because of relationship problems. Practitioners can play a crucial role in recognising abusive behaviour, and responding to disclosures, ensuring that perpetrators receive the right support to manage their behaviour. Perpetrators can use a range of tactics to make their abuse seem less serious, and to avoid responsibility for their choice to abuse, shifting blame to other people and factors, particularly the victim (Henning et al., 2005).

Practitioners need to be alert to attempts to manipulate them into colluding with the narrative of victim/survivor blaming, as this can be more harmful than providing no support. Offering anger management programmes unless they're part of a wider specific perpetrator programme could run the risk of colluding with the perpetrator's narrative of loss of control, which could encourage further avoidance of responsibility for their behaviour. Although perpetrators may appear to have lost control of themselves, many are still able to make choices during the abuse, for example choosing to hit their victim in areas where injuries won't be visible (Stark, 2007). Aggressive behaviour is a tool with which the perpetrator controls their victim (Bancroft, 2002).

The Engage Road Map (2019) found that practitioners worked most effectively when they:

- recognised abusive behaviour
- were clear that it is not acceptable
- held safety of victims/survivors and their children as paramount.

DA perpetrator programmes differ from support offered to perpetrators by therapists.

Such programmes take a psycho-educational approach, focusing on encouraging them to recognise their behaviour as abusive, take responsibility for it, and choose non-abusive alternatives. These offer support to the victims/survivors, prioritising their safety and sharing appropriate information about the perpetrator's engagement and progress with the victim/survivor or professionals working with them. For more information, see www.respectphoneline.org.uk or www.respect.uk.net/pages/109-respect-accredited-members.

## 4.1 Working safely with perpetrators

Any practitioner who suspects their client may be perpetrating DA should consider their obligations. Concerns about imminent risk to a partner, ex-partner and/or children need to be acted upon as a matter of priority. In cases where victims/survivors were murdered by their partners, analysis suggests that mental health agencies were aware of what was happening but didn't share the information (DHR Case Analysis, 2019). If a practitioner is unsure, they should seek support from an informed supervisor or professional or contact the Respect helpline for advice (see Helpful organisations).

It is usually safest for a perpetrator to engage with a Respect-accredited programme prior to engaging with therapy. Many perpetrators who complete DA prevention programmes express an interest in undertaking therapy and can do so post-completion. **Note**: that completion of a perpetrator programme does not guarantee safe behaviour.

The *Ethical Framework for the Counselling Professions* states 'we will make each client the primary focus of our attention and our work' (Good Practice, point 7). However, work with perpetrators needs to be victim/survivor-focused in order to be safe, which means that the client cannot be the practitioner's sole focus. There may be occasions when practitioners are required to prioritise the safety of the abused person above the wishes of their client (Good Practice, point 26). Safety of any practitioner is always important but particularly so with clients who have a history of violent or manipulative behaviour (see section 10).

# 5 Couple therapy

Agencies working with DA victims/survivors and perpetrators universally recommend that couple therapy is contraindicated for DA (Engage Road Map, 2019). While research shows that couples experiencing 'mutual couple violence' (see section 2.7) could benefit from couple therapy, in cases where coercive control or 'intimate terrorism' is present, couple therapy is potentially harmful (Johnson, 2008). Risks include:

- Encouraging equal responsibility for problems which colludes with the perpetrator's blaming tactics
- Witnessing the victim/survivor gain strength and confidence which can elevate risk of violence from the perpetrator
- Not being able to discuss safety planning or safeguarding in the presence of the perpetrator
- Manipulation of the couple therapist to collude with abuse and victim/survivor blaming.

Practitioners require expertise to recognise the difference between mutual couple violence and intimate terrorism. It should be stressed that control and fear, rather than violence, most effectively indicate DA. Risk assessment tools (see section 2.3) or Respect's 'Male Violence Toolkit' can be helpful, but practitioners should also consult with an experienced supervisor, suitably qualified professional or DA agency for advice.

If DA is disclosed or suspected in couple therapy, informed guidance should be sought immediately, and couple therapy should be ended as safely as possible. Risks involved in addressing abuse are considerable, although the following guidelines can help minimise risk:

- The victim/survivor and perpetrator should be seen separately for all assessments or referrals
- If abuse is disclosed or suspected, couple therapy should be ended, and each partner seen separately to investigate. If confirmed, signpost to appropriate support
- Safety is more important than complete openness when explaining to a potential perpetrator why couple therapy should end
- Never use the word 'abuse' in front of a potential perpetrator. Instead, a practitioner might identify 'behaviours which could be making home-life difficult.'
- Safety planning and victim/survivor support should never be discussed in the presence of the perpetrator.

The organisation Respect runs helplines for perpetrators and male victims/survivors. Highly trained staff assess every caller, so if a client is referred to the male victim/survivor helpline, staff will identify whether they need support managing harmful behaviour and signpost accordingly. If a perpetrator does not self-identify, it is sometimes safer to refer to the male victim/survivor helpline initially.

# 6 Safeguarding

As DA can include high-risk situations, it is essential to be well informed about safeguarding considerations. If a client is a vulnerable adult (for example if they have a disability) this will affect safeguarding issues (see GPiA 030). Practitioners working in organisations should be familiar with their safeguarding procedures. Those in private practice may benefit from discussing safeguarding with a DA-trained supervisor, colleagues or with BACP ethics officers, in anticipation of incidents (www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub). If a practitioner needs to take action, victims/survivors should, wherever possible, be informed beforehand, even if their consent is not required, as some safeguarding actions may also involve risk.

Practitioners are responsible for reporting to relevant authorities if there are children who need safeguarding, or if they have reason to suspect that the client is an immediate danger to themselves or another person.

Practitioners should be able to recognise increased risk to their client from a third party, or to a third party from their client. In these situations, there may be a responsibility to act, with or without the client's consent. Initial contracts and confidentiality agreements should make clear the situations requiring the practitioner to breach confidentiality, and whether client consent is needed (see section 8).

Breaking confidentiality without consent can damage trust in the therapeutic relationship and needs to be carefully handled. It is always preferable, where possible and safe, to discuss potential actions with the client, even when permission is not needed.

## 6.1 If the client or client's victim is in immediate danger

If, for example, a client must return home after a session, but it is unsafe, the client or practitioner should call 999.

If a client needs support obtaining an emergency injunction, they should contact their local DA organisation, or see https://rightsofwomen.org.uk.

Helpful information to share with clients is that if they are at home and need to call the police but cannot speak (because a partner is at home); call 999 from a mobile and press 55 when prompted for a response. This alerts the operator that they are at risk, but cannot speak. They will then ask a series of yes or no questions. www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/Silent_solution_guide.pdf

UK says no more https://uksaysnomore.org/safespaces in partnership with Boots UK, Morrisons, Superdrug and Well pharmacies, HSBC, TSB banks and independent pharmacies across the UK provide Safe Spaces for people experiencing DA. Clients need to go to a participating store shown on the website and ask for the safe space. They will then be shown to a private room where they can make phone calls and access help in privacy.

# 7 Ethical considerations

The *Ethical Framework* states that practitioners should work within their competence (Commitment to Clients, point 2a). Before working with clients subjected to, or perpetrating abuse, it is important to consider:

- would it serve their best interests to refer them to a practitioner or specialist organisation with more expertise
- what additional supervision or support may be necessary
- self-care: practitioners should feel physically and emotionally safe and fit to practise.

Practitioners should be aware of competencies necessary for DA work (see Roddy and Gabriel, 2019) and be ready, when in the client's best interest, to decline work and refer on to a specialist DA agency or more experienced practitioner.

Working with DA involves various ethical issues such as confidentiality and boundaries. For example, in couple therapy, a DA victim/survivor may create an opportunity to privately disclose abuse to the therapist. In this case, their safety may need to be prioritised over normal boundaries of openness with all parties. See GPiA 110 (*Boundaries*) and 014 (*Managing confidentiality*).

Any ethical dilemmas should be discussed in supervision, with BACP's ethics officers (www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub), or with a legal advisor. DA organisations are always willing to share expertise and advice with other professionals, or to signpost enquirers to appropriate support. GPiA 044 may also be useful.

# 8 Training and CPD

There is no official qualification required to work with DA (Jagielski, 2019). A survey of practitioners working with DA found that all felt untrained and unprepared for this work and expressed a desire for DA to be included in professional training (Boucher, 2016).

Few courses include a DA module, and it is likely that most practitioners qualify without any preparation or support to work with DA. Inclusion of basic competencies in future professional training would have a positive impact on the safety of DA therapy (see Roddy and Gabriel, 2019).

CPD available through BACP's CPD Hub is very helpful but used alone would not provide all the tools necessary to work safely (www.bacp.co.uk/cpd/cpd-hub). However, practitioners can find high-level training from many DA services (see Helpful organisations). Therapy services will benefit from providing in-house training for staff, whether or not the focus of the organisation is DA work. It may also be helpful for organisations to have a DA Lead.

# 9 Self-care

Practitioners have a commitment to self-care (Good Practice, point 91) which includes physical safety, clearly important when working with clients who may have a history of violent behaviour. For example, perpetrators connected with victim/survivor clients may seek out the practitioner's details, potentially putting them at risk (see GPiA 106 on safe-working and 'A quick guide to lone working'. www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/lone-working-guide).

Hearing about traumatic events daily, the potential for vicarious trauma and burnout is high. As well as having adequate training, practitioners need to be aware of their own self-care needs, and how client material may (or is) affecting them. Practitioners should have strategies for self-care, and regularly monitor signs of burnout. GPiA 078 *Fitness to practise* and 088 *Self-care* will be helpful. Self-care, including personal therapy, is particularly important for practitioners who have a personal connection with DA.

Choosing a DA-informed supervisor is important, as is, ensuring that the restorative elements of supervision are adequate (Boucher, 2016).

# 10 Conclusion

Domestic abuse is a complex, potentially life-threatening issue. It is also common, with a high likelihood that practitioners will encounter it at some stage in their casework even when it is not what the client brings to therapy initially. All therapeutic work, including that with perpetrators, needs to be victim/survivor-focused and trauma-informed. Often challenging, adequate training is recommended for DA work, to increase safety of victim/survivor and practitioner. Expert advice is available from the many UK DA agencies.

# About the author

Nikki Dhillon Keane is a BACP accredited counsellor working with survivors of domestic abuse and sexual violence. She has a particular interest in the intersection of religious faith and domestic abuse. Nikki is also a supervisor, trainer, writer, consultant, and co-founder of the Faith and VAWG coalition. She is also fluent in Sign Language and founder of Signs of Hope Deaf Counselling Service.

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Respect www.respect.net

Sara Kirkpatrick, CEO www.welshwomensaid.org.uk

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# Helpful organisations

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www.nationaldahelpline.org.uk National domestic abuse helpline 0808 2000 247 or 24/7 live chat service providing support to survivors of all genders (accessed 12 March 2022)

www.safelives.org.uk Training for professionals, multi-agency support for adult and child victims/survivors (accessed 12 March 2022)

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