

Violence against women – a role for CAT

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Violence against women remains a major threat to global public and women's health. Although data is scarce reports suggest an increase in domestic violence cases since the COVID-19 outbreak began. The disruption of social and protective networks, decreased access to services and heightened levels of stress can all exacerbate the risk of violence for women, making it imperative, that when a woman does step forward for support, we optimise the possibilities for engagement.

Through my role as an empowerment practitioner I am very aware that a CAT informed approach, particularly during the current pandemic, will have a valuable role to play in minimising the risk of a victim feeling blamed or dismissed when seeking support, especially if we are unable to offer refuge space due to high demand. The initial contact with a service for a victim is vital in ensuring engagement and subsequently enabling a working and therapeutic alliance.

CAT, as a relational approach, offers the space for thinking about the context and circumstances surrounding how women initially come into refuge. In my role, I am particularly interested in how I might build the therapeutic alliance between myself and the women I support, utilising the CAT model. Clients come into refuge at an ending, seeking the end of an abusive relationship, but this also involves them leaving their home. Moving into a refuge is unplanned and starting with such a challenging experience can then negatively influence our working relationship.

It is my observation that clients who come into refuge via referral from the local authority are often less likely to engage with the support offered and many return to the perpetrator, putting themselves and their children at risk of further violence or abuse – a decision that may result in the children being removed from their parent's care. Through an introduction to CAT, and thinking about a more relational approach, I wondered if this could help me better understand the reasoning behind the clients returning to an abusive partner, placing herself at risk and having her children removed from her care? But CAT also raised the question of whether there was an influence being enacted by me that I was unaware of, which might also be influencing the woman's decision?

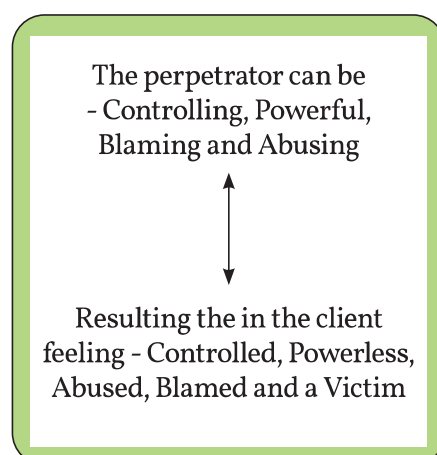
When reciprocal roles are experienced they can be internalised and re-enacted relationally by self to self (what I do to myself and how I feel) other to self (how others treat me and how it makes me feel) and self to other (how I treat others or how it makes them feel). Upon reflection and with the use of my CAT map (Map – Figure 1) I could recognise that the client was coming from an

extremely controlling and abusive home environment.

My understanding of this raised questions about how the client viewed not only the local authority but also the staff in refuge, when our aim was to support and make the family safe. When a person has come from an abusive or traumatic background the range of Reciprocal Roles (RRs) can often be limited in what they are able to draw upon hence they can fall on their past experiences to enact a similar scenario with others, “as if” repeating from their past. This seemed to demonstrate an example of transference and counter transference, and made me ask, “Could I be drawn into a re-enactment of previous relationships in my working and therapeutic relationship with the client?”

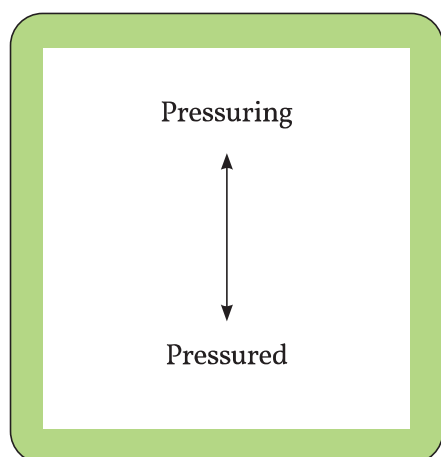
When a client is placed into refuge by the local authority, mainly to safeguard children, then the woman can often be presented with an ultimatum, such as, “Your children are not safe while remaining in this relationship/home, you need refuge accommodation, or your children could be removed”. This is an “as if forced” position and may have felt like another Controlling, Intruding, Powerful and Blaming relationship with the social worker/local authority, leaving the client feeling quite Powerless, Intruded upon, Blamed and Controlled (Part 2 on the Map). This therefore made me consider the negative impact this “as if forced” position may have on the initial therapeutic alliance with the client.

My initial work with my clients, explaining the refuge guidelines, discussing support needs,



completing risk assessments and safety plans, aims at trying to be in the top part of a reciprocal role by being Caring, Protecting and Safeguarding Part 3 of the Map). Prior to my CAT training, and being less aware of how we get drawn into the patterns and procedures of our clients, I had assumed the client would've therefore been at the receiving end of this RR; feeling this interaction with me as being Cared for, Protected and Safe (see part 4 of Map). But I now recognise that I was probably being seen "as if" Controlling, Powerful, Intruding and Pressuring (return to part 1 of Map).

With some clients, when beginning to take back some control over their lives, they can become increasingly Blaming and Controlling (holding on to part 1 of my Map), often leaving me feeling Powerless, Controlled and Pressured. But, my role also demands that I complete specific tasks within certain time frames (other to self) and I remain keen to provide a high standard of support, and therefore put pressure on myself (self to self). I then feel pressured from management to do what is required of me within my role, and I also feel pressured from my self, relationally, to do the best I can to support each client and family. My manager in turn may feel pressure from the

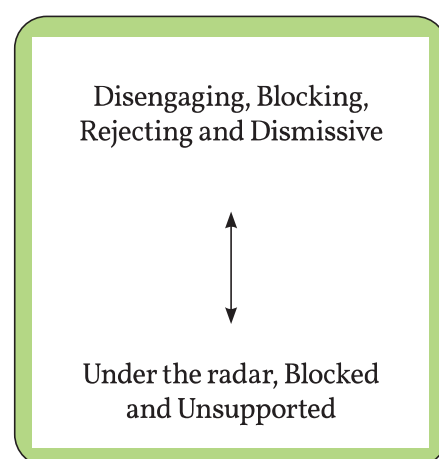


director and the director from the CEO and the CEO from the commissioners. Further statutory requirement to provide domestic abuse support and refuge accommodation within the city brings pressures of providing for all at all times, being available to as many families as possible without pushing families through the service too quickly, resulting in a reciprocal role of Pressuring to Pressured, possibly for all within the system (Part 1 of the Map).

Austerity has had a profoundly impact on the rise in domestic abuse cases. This has an influence regarding women accessing or staying in refuge due to poverty or financial issues, with many women needing to make new claims for benefits or leaving their job to flee from abuse. Austerity and social inequalities also impact upon mental health, drug and alcohol abuse and other unhealthy coping methods, causing people to require more help from services which again is a pressure on recourses. This then all adds to the pressure I feel and contributes to me being "pulled" into (re) enacting some unhelpful RRs.

But it is when a client feels like they are powerless and in a controlled position (part 2 on the map) that I have found they are most at risk of disengaging from the support and safety that is being offered.

One specific client was holding a place where she was "Disengaging, Blocking, Rejecting and Dismissive" (see part 5 of the Map), which would often lead them to go "Under the radar, Blocked and Unsupported" (see part 6 of RR). But this then left me feeling that I was being "Blocked, Rejected and Dismissed". I found that this experience then took my client back to the original



reciprocal role, and she decided to return to the perpetrator. Her experience of the service may have felt as though she was still being controlled and I imagine she was uncertain and anxious about her future. She had taken back control by deciding to return home, back to an abusive environment, but an environment with which she was familiar, where she may have had a little more certainty about what happens to/for her. For this specific client, sadly it meant that her children were removed from her care as the home was unsafe and unstable.

If I had been more aware of CAT principles and managed to avoid getting caught in the "pull", would I have engaged differently, would the outcome have changed? In this case I was putting pressure on myself again - I felt I failed. This failure may also have been felt by the client due to her children being removed. Due to her returning to the perpetrator there was no further contact between us and so once again she experiences an unplanned and unhelpful ending.

Through my CAT training, and also through my practice, I gained more understanding and fully believe that it is not about what you are saying or doing it's about how you say/do things. It is about how you are connecting

relationally with people, and I was also becoming aware of how to work within the Zone of proximal development (ZPD).

The CAT skills training offered me an awareness of the “pull” to “join the dance” and I started to identify RRs as they were happening, sometimes before they were played out. This enabled me to start side stepping these enactments; learning some survival strategies. Whilst some clients could accept and internalise what we were trying to achieve, others found this difficult and this was more often when I was being viewed “as if” I were Controlling or Intrusive. I see now that this is linked to their ZPD and the effects of trauma from domestic abuse they had suffered.

I started to put my learning into practice becoming more self-aware, looking out for the RRs and trying to have an overarching view of the whole interaction through a CAT lens. I began to have informal chats with new clients focusing on practical things. I’d invite them to complete some initial paperwork but make it clear it doesn’t need to be done immediately. I attuned to body language and started to judge if we were working in their ZPD; were they able to engage with me and the support on offer? If I thought they looked anxious or uncomfortable I wouldn’t pressure them and would continue with a relaxed discussion, after all, the paperwork would need completion at a later date. So, they were fully informed and reassured that I would support them to complete it, but also taking into consideration any learning or other needs that may be acting as a barrier.

It became apparent that attuning to someone’s needs and working

within their ZPD, clients are more open to engage at the start of their placement, creating a more collaborative working and therapeutic alliance. If clients speak about returning to the perpetrator we discuss this openly and honestly, without judgement and without telling them what I think they should do, trying to step away from them feeling I am taking control over their life and decisions.

I will validate their feelings around being placed “as if forced” by the local authority by listening specifically to what is said by the client. I may reference the fact they don’t want to be in refuge, and I will name it; making it clear what the pull may be. I will also be clearer on the reasons why we are doing specific activities i.e.: paperwork, risk assessments etc. This gently and subtly outlines my intentions to build a collaborative relationship.

My aim is to empower the client without being seen “as if” intrusive or controlling. By explaining difficult issues or discussing painful past trauma in a Friendly, Non-challenging, Inviting and Informative manner (see part 7 of the Map) the client will likely internalise this as Not-pressured, Informed, Relaxed and Supported (see part 8 of the Map). This may not be evident at first, and it may take time, however once this RR is established and noted throughout the support and the daily interactions from all staff, the client will internalise this, building a trusting professional relationship/alliance and leaving me feeling, in the countertransference, as Not-pressured and more Relaxed (see part 8 of the Map).

Working in this way, within the client’s ZPD, allows the space for more healthy RRs - Achieving, Learning, Trusting and Engaging

(see part 9 of Map), making me feel Trusted, and enabling us to complete the task of domestic violence work. I feel I have Accomplished my role and this is also internalised for the client who may feel Accomplished, Stronger and Empowered (see part 10 of Map).

This support is done in a relationally - guiding way and scaffolds the whole supportive process. But it seems crucial that we need to strengthen the awareness and understanding of patterns, procedures and reciprocal roles for the client, in the hope that this will filter down to be internalised by their children, breaking the cycle of intergenerational abuse and unhealthy coping methods.

In summary, from my training, I will continue to think through a CAT lens about each individual client that comes into refuge; attuning to their needs, holding their ZPD in mind and trying to reformulate, recognise and revise so that they might be able to find more healthy exits. But I will also being more aware of when I am being “pulled” into unhealthy RRs, and when this does happen being able to take a step back, analyse what I am being drawn into and to try to identify what to do differently next time.

With our service being underpinned by a CAT framework, we can work therapeutically to support client’s to make safer, healthier choices for themselves, which hopefully will minimise the risk of repeat incidents of people requiring the refuge service and domestic violence/abuse support in the future.

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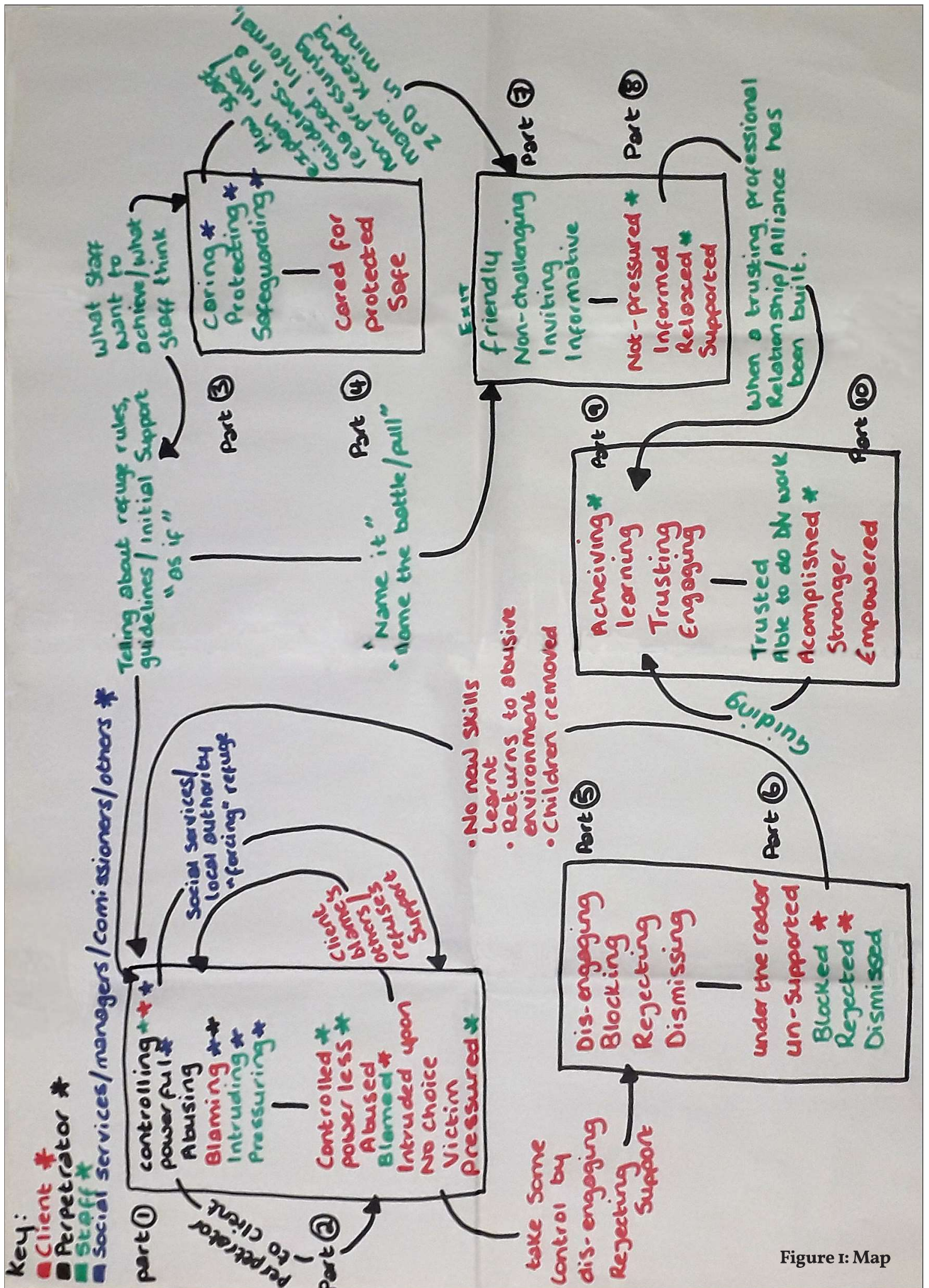


Figure 1: Map