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Vikki Booth has worked for the Grimsby Institute Group since January 2014. She works as a tutor on the BA Counselling Studies programme and will be programme leader for the new FdA Counselling Studies in September 2017. She holds a BA (Hons) Counselling Studies and achieved an MA Interdisciplinary Psychology in 2016. As a practicing, integrative counsellor Vikki has completed extensive training in working with sexual trauma and domestic abuse/violence. Therefore, alongside working with general client issues she specialises in working with trauma.

Reflective account on Rape Crisis/The Blue Door work.

This reflective piece will provide context to working as a counsellor for Rape Crisis/The Blue Door by initially providing information regarding the organisation and the client groups. Working with trauma as a counsellor will be explored and the necessity for self-care will be discussed. Furthermore, the impact that my counselling practice with The Blue Door has on teaching and learning will be highlighted.

Rape Crisis is a national charity, a feminist, woman-led organisation which exists to promote the rights and requirements of women and girls who have experienced sexual violence, improve the services required by them and work toward the elimination of sexual violence. It is also an umbrella body for a network of independent centres such as The Blue Door. The Blue Door works in association with The Home Office, The Ministry of Justice, Safer and Stronger Communities in North East Lincolnshire and Safer Neighbourhoods North Lincolnshire. They are commissioned by North Lincolnshire Council and funded in part by the Ministry of Justice, The Home Office and the Police and Crime commissioner (The Blue Door 2017). Approximately 85,000 women and 12,000 men are raped in England and Wales every year, which equates to approximately 11 rapes, of adults alone, per hour. Furthermore, approximately half a million adults are sexually assaulted in England and Wales per year. These figures were produced by the Ministry of Justice (MOJ), Office for national Statistics (ONS) and the Home Office in January 2013 (Rape Crisis 2017). Furthermore in 2014/15 an estimated 4% men and 8.2% women had experienced domestic abuse, equivalent to 600,000 men and 1.3 million females (Mankind 2016). Therefore, The Blue Door was developed to include those affected by domestic violence/abuse as well as sexual trauma and to include men in the service user group unlike Rape crisis. This is a service which provides support to *any* adult who has experienced domestic abuse/violence and sexual violence in North and North East Lincolnshire. The organisation offers services such as outreach support, drop in groups, advocacy, and counselling. The organisation occupies two sites, one in Scunthorpe and a specialist counselling site in Grimsby. At the end of March 2016 over 4,000 service users were waiting for a service via Rape Crisis (Rape Crisis 2016). The waiting lists for

counselling for those who have experienced domestic abuse/violence and sexual trauma, alongside my passion for these client groups instigated my decision to counsel such clients on a voluntary basis.

There is considerable research on how working with survivors of complex trauma impacts on mental health professionals (Figley 1995; Sanderson 2010) and specifically on the potential to develop Vicarious Traumatization (VT) or Secondary Traumatic Stress (STS) (Sanderson 2013). This is further validated and recognised by the inclusion of this in the DSM-V (American Psychiatric Association 2013) in their criteria for developing Post Traumatic Stress Disorder (PTSD). Witnessing trauma through survivor narratives is bound to affect practitioners in that *“if you gaze into an abyss, the abyss gazes also into you”* (Nietzsche 1886: 146). Just as survivors of trauma vary in their vulnerability so do counsellors vary in their vulnerability to VT (Rothschild 2003). Fortunately, I have not encountered any negative impact associated with working with this client group, however I am constantly mindful. If a negative impact upon self was identified I would then take my concerns to my supervision sessions. I am aware that the requirement for self-care is not only an ethical requirement of my professional body (British Association for Counselling and Psychotherapy 2016) but vital to my well-being.

To adhere to my own self-care and to reduce the risk of VT or STS I consistently monitor my reactions during sessions with a client, to ensure that I recognise and manage any negative impact. As a reflective practitioner, post session, I analyse my experience in the session in order to inform my current and future practice. Reflexivity is an essential facet of my reflection as this incorporates my awareness of my own responses to what is occurring during a session and furthermore my reactions to the dialogue being presented by the client. This results in an enhanced awareness of the content of the session and how this may impact on not only the client but myself. A further tool I have utilised to monitor my reactions regarding the consistent traumatic dialogue I am exposed to, as an adjunct to reflection and reflexivity is ‘The traumatic Stress Scale’ (Bride *et al* 2004).

My work as a counsellor with this specific client group has impacted significantly on my teaching and the learning of students on the BA Counselling Studies programme, as highlighted by students. To work as a counsellor for The Blue Door I was required to partake in extensive training in working with sexual trauma and domestic violence/abuse, therefore my theoretical knowledge regarding these issues is current. I am able to embed this knowledge into such modules as 'Client Issues' and offer students contemporary theoretical content in lessons such as child sexual exploitation, female genital mutilation, child sexual abuse, rape, domestic violence/abuse and general trauma. Furthermore, by working with sexual trauma as a speciality I am able to offer students a link between theory and practice by including real life working experiences. As I am extremely aware of the impact working with such client groups may have on counsellors I am further able to utilise my experiences to embed the necessity for self-care within the profession. By consistently monitoring the impact that my work may have upon my wellbeing I am also able to 'practice what I preach' with regard to my teaching students ethical responsibilities, reflective practice and professionalism. A significant impact which my experience may have on learners is that via my experiences they may feel more comfortable to work with such client issues when they may have previously been apprehensive. This is evident by counselling students working at The Blue Door on their placement.

Although I have highlighted the potential negative impact which working with domestic violence/abuse and sexual trauma may have on a counsellor, the positives outweigh the potential negative aspects. I relay to students on a regular basis how privileged I feel to work with such individuals on their journey and that regarding working on a voluntary basis, the rewards compensate monetary value.

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