The lived experiences of Counselling Psychologists working with Black, Asian and Minority Ethnic survivors of Domestic Violence and Abuse: An interpretative phenomenological analysis study.

By

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Declaration

The research dossier or any part thereof has not previously been presented in any form to the university or to any other body whether for the purposes of assessment, publication or for any other purpose (unless otherwise indicated). With the exception of any express acknowledgements, references and/or bibliographies cited in the work, I confirm that the intellectual content of the work is the result of my own efforts and of no other person, beyond the role expected of my research supervisors Dr Abigail Taiwo and Dr Angela Morgan.

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Acknowledgements

Dedications

I would like to dedicate this research without a shadow of a doubt, to my husband Gurpreet. The love and support you have shown me since we met and during this journey on the doctorate has been incredible. I would not be where I am today without your positivity and belief in me, which has built my confidence to follow my dreams and make them a reality; I will never be able to thank you enough.

Abstract

Rationale:

Research has shown that therapists face difficulties when providing therapy to BAME survivors of DVA. Due to the complexities of this client group, it appears that specialist skills are required for therapists to utilise in therapy. Previous research has highlighted these challenges concerned with the therapists' personal and professional issues. However, there has been relatively minimal research on exploring Counselling Psychologists' experiences of working with BAME survivors of DVA. It is apparent that it would be useful to explore how Counselling Psychologists feel and the impact it may have on their personal and professional lives.

Method:

A qualitative approach was adopted to explore the Counselling Psychologists' lived experiences of working with BAME survivors of DVA. Semi-structured interviews were carried out with five Counselling Psychologists who had worked with BAME survivors of DVA. Interpretative Phenomenological Analysis (IPA) was utilised to analyse the data.

Findings:

There were five major themes that emerged from the interviews. These were: (i) understanding the needs of a Counselling Psychologist, (ii) the complexity of working with BAME survivors of DVA, (iii) the psychological impact on a Counselling Psychologist, (iv) the need for containment as a Counselling Psychologist and (v) the identity of a Counselling Psychologist.

Conclusion:

These themes highlighted the personal and professional impact this has on Counselling Psychologists and the multifaceted challenges that occur when working with BAME survivors of DVA. The different aspects of culture, core beliefs, pressures of family and wider community and identity can intertwine and impact the Counselling Psychologist and ultimately the therapeutic alliance. The psychological impact on the participants appeared to be prominent through experiencing vicarious trauma, fear for clients' safety and frustration. Participants reported how difficult it was for them to manage and understand the clients' perspectives, therefore suggestions were made for further specialist cultural training, clinical and peer supervision, alongside self-care.

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All work throughout this research has been appropriately anonymised and all identifiable information removed, so no participant can be identified.

Chapter One - Introduction

1.1 Introduction

The primary ethos of counselling psychology has been to evaluate and utilise the integration between practice and science. As a profession, Counselling Psychologists not only apply the scientist-practitioner model but are also philosophical practitioners (Woolfe, Strawbridge, Douglas & Dryden, 2010). This profession applies the concept of evaluating research and how this can develop to inform therapeutic practice (Woolfe et al., 2010). There are ethical guidelines that Counselling Psychologists must abide by to safeguard both clients and the practitioner. One vital aspect of these guidelines states that a practitioner should remain up to date with recent research and clinical practice (Health and Care Professions Council [HCPC], 2012). These guidelines are at the core of the profession and imperative for Counselling Psychologists to uphold, as well as developing a therapeutic relationship with clients. Further to this, developing self-awareness as a practitioner, understanding the client and how these factors can impact on therapy becomes fundamental in therapeutic practice (Kuomi-Elia, 2016).

As part of the fulfilment for the Doctorate in Counselling Psychology, research is carried out to establish a role as a scientist-practitioner. The current research is concerned with exploring Counselling Psychologists' experiences of working with Black, Asian and Minority Ethnic (BAME) survivors of domestic violence and abuse (DVA) and how this may impact them both personally and professionally. The term 'survivor' will be utilised throughout this study because it demonstrates a sense of empowerment for the individual who was abused and is an active and resourceful response to the abuse (Women's Aid, 2015). Further to this, creating a space for individuals in therapy to feel empowered is

central to the ethos of Counselling Psychologists, reiterating the use of the term 'survivor'
(Woolfe et al., 2010).

The most recent United Kingdom (UK) government definition of DVA is:

> "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. It can
> encompass, but is not limited to, the following types of abuse:- psychological,
> physical, sexual, financial and emotional" (Gov, UK, 2013).

Due to the multiple factors involved in the complexities of domestic violence and abuse
(DVA), establishing a collective definition and the potential aspects that are involved is
vital for practitioners working with this client group. There are an array of factors and
behaviours within DVA, thus attempting to understand and shed light on these can be
difficult, but can aid professionals to view how DVA is experienced and categorised by
others. Given the complexity of understanding DVA, definitions and terms may be crucial
as this could have a direct impact on how professionals provide assessments and
interventions when offering therapy for DVA. Yllo (2005) stated that the
conceptualisation of DVA steers away from individual concerns and broadens to a wider
social issue (Iverson, Gradus, Resick, Suvak, & Smith, 2011). DVA is currently
recognised as a global health problem leading to mental health issues in both men and
women (Trevillion, Corker, Capron & Oram, 2016).

Furthermore, the Home Office (2013) also recognises that DVA may incorporate cultural aspects of harm, such as forced marriage or violence fuelled by 'family honour', which has significant relevance to BAME women. Within BAME communities, DVA can occur and be condoned by the extended family or their community. If the survivor attempts to leave the abusive relationship, they may be accused of bringing shame and dishonour to both the family and the wider community, which frequently results in dangerous consequences, such as violent acts and social ostracism (Department of Health & Social Care, 2017). This can lead to further issues such as being disowned by family members and feeling unable to support themselves financially and emotionally, without external support (Home Office, 2013). These factors highlight the importance of understanding the additional challenges BAME groups may encounter and providing adequate support to ensure their safety (Home Office, 2013).

At the end of March 2017, the Crime and Survey for England and Wales (CSEW) estimated that nearly 1.2 million women aged between 16-59 years have experienced DVA (ONS, 2017). The ONS (2017) also reported that nearly half of the foreign born population of England and Wales were identified as Black, African, Black British, Caribbean, Asian and Asian British, emphasising how diverse the UK has become. According to Weich et al (2004), mental health disorders in England were more prevalent and significantly higher for Indian, Pakistani adult women and Pakistani men in comparison to White men and women. This is due to various influences such as socio-economic status, culture, the accessibility to services that are appropriate and the prevalence of mental health issues which vary across all different ethnic groups (Mental Health Foundation [MHF], 2019). This supports the factors that may initially need addressing when working with various races and ethnic groups, as these factors could

have a significant impact on therapy. This suggests building awareness and the training provided for practitioners may not appropriately cover the cultural diversity found within BAME survivors of DVA. As a result, this could run the risk of clients' needs not being adequately met within mental health services (Department of Health & Social Care, 2015).

The Mental Health Foundation (2019) is a charity organisation that offers information, conducts campaigns and research to improve mental health provisions. The organisation have reported that mental health services lack awareness and understanding of BAME individual needs; thus they are unable to provide either accessible or appropriate services to the BAME community (MHF, 2019). This exacerbates mental health issues in the BAME community, whilst other communities' mental health issues are appropriately addressed, which does not consider the Race Relations Amendment Act (2000) stating that promoting race equality must be adhered to by all authorities. Mental health is a significant area within today's society; it highlights the continuous struggles and additional issues for BAME communities to access therapeutic support (DH, 2009).

The BAME community in the UK are reported to have more mental health problems after experiencing DVA than those who are White British, yet they are less likely to seek therapy due to shame, language barriers and lack of knowledge regarding mental health services (MHF, 2019). This results in BAME groups finding it difficult to access further support such as therapeutic interventions. The statistics around BAME women indicate they have a significantly higher chance of developing a mental health disorder in comparison to non BAME women, which leads them to further isolation and social exclusion, thus exacerbating their mental health (Fernando & Keating, 2009). This

reiterates the importance of understanding the various factors that BAME survivors of DVA can experience when attempting to access therapy and the difficulties faced during therapy. Having this understanding can directly impact on the experiences of Counselling Psychologists and therefore potentially affect the therapeutic relationship.

In addition to this, findings have shown that BAME survivors are at higher risk of mental health issues in comparison to White British due to inherent migration trauma and family absence (Knifton, 2010). These may prevent female adults from BAME communities who are survivors of DVA entering therapy and escaping their abusive relationships. This stresses the importance for mental health services involved with DVA cases to be appropriately equipped on knowledge of the differences across and between religions, races and ethnicities, as lack of such knowledge can form barriers for the progression of therapy and accessing necessary and appropriate services (Tonsing, 2014; DH, 2009).

As reported in the United Kingdom, Domestic Violence and Abuse, and Black, Asian and Minority Ethnicities, are subject areas that have a major effect on mental health in society (MHF, 2019). Although some research has identified ways that counsellors have worked with clients experiencing DVA (Hogan, Hegarty, Ward & Dodd, 2012; Iliffe & Steed, 2000), the Mental Health Foundation (2019) reported that minimal research has been conducted surrounding the BAME community in relation to DVA. The lack of satisfactory data on BAME groups is a contributing factor to misdiagnoses, and inadequate and accessible therapy (MHF, 2019). This reinforces the notion that little is known of the impact of working therapeutically with this client group and the bearing this may have within mental health services.

Furthermore, there has been a dearth of research highlighting Counselling Psychologists' experiences of working with BAME survivors of DVA. Considering 50% of women who enter talking therapies have experienced some form of DVA and are from a BAME background (Department of Health, 2002), the gap in research highlights the need for further exploration from a Counselling Psychologist perspective. This consequently leads to the current research focusing on understanding the personal and professional impact of working with this client group from Counselling Psychologists' perspectives.

Chapter two will highlight research concerned with this area, offering detailed accounts of understanding DVA, BAME and the challenges faced from professionals when working therapeutically with this group. It will also address the impact of DVA and BAME within a therapeutic setting. Therapists' experiences are examined combining their understandings and feelings towards this client group, as well as training and support that are provided.

1.2 Defining terminology

Due to the various definitions available for the terms 'DVA' and 'culture', the reader may have differing perceptions on each of the terms which may influence their interpretation. Clarifying these definitions will enable the reader to fully understand the researcher's literature and results. The following terms will be defined: DVA, BAME, culture, religion and ethnicity. The term DVA will be used throughout the study as the definition includes violence or abuse from family members. It is often that women from BAME communities are not only fearful of their partners, but also fear abuse from family members (Home Office, 2013).

It is also noted in the Crime Survey for England and Wales (ONS, 2016) that "domestic abuse can be an amalgamation of non-sexual partner or family abuse, stalking or sexual assault carried out by a previous or current partner or other family member" (ONS, 2016).

In the United Kingdom (UK), the term BAME is defined as non-white communities and a group that is diverse in terms of its language, culture, religion and migration history (Bhopal, Wild, Kai & Gill, 2007). It was also reported that the main groups in BAME are: Pakistani, Chinese, Indian, African and Caribbean communities. The researcher chose to focus on BAME as opposed to a specific ethnicity because these are the largest ethnic groups within the UK, therefore will be the groups that will likely access mental health provisions the most due to population size (ONS, 2017).

Culture is defined as "a way of creating shared ways of functioning in order to communicate effectively….we create shared events, practices, roles, values, myths, rules, beliefs, habits, symbols, illusions and realities" (Woolfe et al., 2010, p.200). Culture can also be defined as having a key influence on the way an individual comprehends their own mental health issues, as well as the specific way they may express their emotions (Woolfe et al., 2010). Cultural beliefs and values can particularly influence how individuals engage in psychological interventions, their presenting issues and attitude towards seeking help (Zhang, Snowden & Sue, 1998). This can potentially have an impact on the way in which a Counselling Psychologist may practice when working with BAME clients, as this particular group may find it problematic to express their emotions, due to being unable to disclose abuse to anyone because of their cultural beliefs (Kallivayalil, 2010).

Kallivayalil (2010) stated that women in BAME communities have their personal sociocultural expressions of DVA; examples of these are close family connections that may prevent the disclosure of abuse, high levels of secrecy, belief in karma for the perpetrators or women blaming themselves in belief that this is a consequence of their actions from a previous life. Thus, understanding personal sociocultural expressions of DVA can lead to less frustration, more patience and implementing various interventions to aid the client in exploring their feelings (Kallivayalil, 2010).

There are several different definitions of religion, however according to Richards and Bergin (2005), religion is a combination of customs, celebrations, prayer, readings, rituals, meditation as well as a communal belief system. Several religions' definitions can be based on purpose, nature, dimensions of religion and the views of the sacred (Richard & Bergin, 2005).

According to Betancourt and Lopez (1993), ethnicity is defined as shared beliefs, values, language and nationality. It states in the British Psychological Society (BPS) professional practice guidelines that Counselling Psychologists must "respect the diversity of beliefs and values held within society and to continually review their practice with regard to changing societal norms" (BPS, 2005, p.3). This highlights the need for Counselling Psychologists to further understand different beliefs and ethnicities and be up to date with cultural changes in society.

1.3 Structure of thesis

The thesis comprises of six chapters that provide a thorough understanding of the research that has been conducted. It encompasses the scientist-practitioner model, incorporating

both psychological theory and the understanding of its relation to scientific practice (Woolfe et al., 2010). This will then assist in providing a contribution for evidence-based practice for Counselling Psychologists.

Chapter one gives an introduction to the research and definitions of the terminology used throughout the research. Chapter two presents a critical review of the literature involving an exploration of Domestic Violence and Abuse (DVA), Black, Asian and Minority Ethnic (BAME) clients and therapists' experiences of working with these client groups. It critically evaluates previous concepts and theories that will provide a basis for the research conducted. Research that has been critiqued throughout this chapter include Ilifee and Steed (2000) which examines the impact on counsellors' working with survivors of DVA, Hogan et al., (2012) who explored experiences of working with male survivors of female-perpetrated DVA, and Thomas-Davies (2018) who conducted a study on the experiences of master's level counsellors of working with survivors of DVA. Finally, Knight (2012) will be examined and critiqued which will lead to the rationale of this research.

Chapter three describes the research process including the methodology, design, method used, recruitment sampling and ethical considerations. It reveals that a qualitative approach would be most appropriate to understand the lived experiences of the Counselling Psychologists, which is explored in further detail throughout this chapter. Chapter four gives an analytical interpretation of the super-ordinate themes that were extracted from the data and incorporates each individual's idiographic account. This is followed by chapter five which critically discusses and evaluates the original contribution to knowledge in relation to the current findings, the original contribution to the

Counselling Psychology profession and the study's limitations. Finally, chapter six is a critical appraisal addressing the development of the researcher/practitioner at each stage of the research, as well as reflecting on any biased views as a researcher.

Chapter Two – Literature review

2.1 Introduction

There has been a wide variety of research-based evidence undertaken on the effects of domestic violence and abuse (DVA) on women, with only minimal research focusing on BAME communities. This has resulted in developing guidelines and training for professionals working with DVA (Department of Health & Social Care, 2017). However, there continues to be a lack of sufficient interventions for survivors, although research has stressed the importance of efficacious interventions for survivors of DVA (Ambuel et al., 2013).

There are also concerns that DVA issues are not being disclosed and this encompasses both the assessment and the subsequent intervention (Daire, Carlson, Barden & Jacobson, 2014). This means the clients' needs may not be met, possibly leading to unsuccessful therapy outcomes (Daire, Carlson, Barden & Jacobson, 2014). An exploration of the DVA literature will provide an insight into the impact of BAME survivors of DVA to highlight how therapists work with a marginalised client group.

The search strategy was completed by identifying the literature through searching various databases including Google Scholar, Psychology and Behavioural Sciences and PsychINFO. There were numerous search terms utilised such as: 'Black and Minority Ethnic Women', 'domestic abuse', 'ethnic minority', 'therapy domestic*', 'culture', 'domestic violence', 'Counsellors' views' and 'therapy BAME'. Asterisks retrieve different variations of a term and helped to broaden the search by finding journals that

start with a particular keyword. Many books were also used to aid the understanding and development of the search process.

2.2 The role of gender in Domestic Violence and Abuse

Through the work of Brownmiller (1975), the issues around DVA have had greater exposure and it has been noted that gender is a significant variable in experiencing or being a perpetrator of DVA (Respect, 2008). Brownmiller (1975) stated that the basis of DVA is to maintain control over a woman through coercion. The communal norms of gender beliefs around power and control within a family situation are demonstrated within the dynamics of the family. This was also explored by Dobash and Dobash (1998) who noted the various patterns of DVA relating to the wider social norms around patriarchy.

In drawing from the feminist perspective outlined by Brownmiller (1975), the values that are upheld within society are linked with the notion of control, the nature and performance of masculine identities, and what constitutes womanhood (Connell, 1995; De Beauvoir, 1997). All of this leads to the continuation of patriarchal domination, wherein the concepts of disempowering women and empowering men become stronger (Dobash & Dobash, 1998). The strong beliefs and values of the rights and duties of men and women in marital relationships allow women to be discriminated against and creates an opportunity for abuse and coercive control to continue (Connell, 1995). A key challenge to the continuation of these patterns is aimed at changing wider societal beliefs around the perception of women and their role within the family.

The concept of male power was examined and results revealed a high percentage of men within Accident and Emergency (A&E) departments and homeless shelters acted

violently and demonstrated controlling and intimidating behaviour towards women (Batsleer et al., 2002). However, Whittington (2016) found that many of these men had previously lived within dysfunctional families. This resulted in men witnessing and learning violence and aggression, and thus acting in response to the wider expectations around the perspectives of a male role.

The concept of male power can be seen as multi-faceted and challenging (Whittington, 2016). The authority of family life by certain masculine performances is concerned with asserting power and potentially recreating the dynamics they had initially sought to overcome when they were children (Whittington, 2016). This leads to the question around why these patterns continue across generations and how they are upheld, as women are subject to various forms of violence (Dobash & Dobash, 1979).

Following on from this, research undertaken across non-BAME communities has indicated only a small percentage of men are involved in violence against women (Straus, 2008). Increasingly male perpetrators of DVA are perceived as culturally unacceptable in westernised society however, due to the concept of family honour and upholding traditional values within non-western cultures, there are concerns that men do not perceive the act of controlling women as being abnormal (Dutton & Nicholls, 2005). Violence against women is more culturally accepted within BAME communities than other communities, leading to further barriers and challenges for both the client and therapist when addressing this in therapy (Batsleer et al., 2002). This led to the development of this research which involves an exploration of Counselling Psychologists' experiences of working with these complex dynamics, how the work is

undertaken and the impact this client group has on the therapist. The following section will present literature that explores the impact of DVA.

2.3 Impact of Domestic Violence and Abuse

There have been developments to the various guidelines shaping several UK legislations, but there still remains a global lack of understanding about the impact of domestic violence and abuse (DVA) (Trevillion et al., 2016). Numerous studies have revealed that the impact of DVA for survivors is considerable, such as having suicidal thoughts, depression, anxiety, loss of social communication and ill health sometimes leading to death (Browne & Herbert, 1999). The impact on the partner is one key concern, whilst the effects on the children and the way they cope with the dynamics is another relatively hidden realm. Domestic violence and abuse is also connected to homicide as noted by the Home Office (2016), highlighting how detrimental DVA can be. The evidence of continued mental health difficulties have highlighted stress, depression and attempted suicide being 30-60% higher for those who suffered DVA, compared to those who have not (MHF, 2019). It has also been noted that DVA can have both a short and long-term effect on a woman's behavioural, emotional and cognitive wellbeing (Hester, Pearson, Harwin & Abrahams, 2007). DVA can be the most common aetiology to trigger anxiety, depression, suicide, eating disorders, self-harm and suicidal ideation (Humphreys & Thiara, 2002; Beata, Magdalena, Maria & Agnieszka, 2013).

Although the impact of DVA directly affects the individual who was subjected to the abuse, this has been found to also impact family members and children who witness the abuse (Gallagher, 2014). The World Health Organisation (WHO, 2012) highlight that the dynamics arising from DVA is not restricted to an intimate relationship, but also affects

the relatives as well as the children. Whittington (2007) found a connection between witnessing violence within the home and the desire to self-medicate in adolescence, leading to various forms of addictions. In the meantime, the children experienced various behavioural and emotional difficulties which were misdiagnosed by practitioners, therefore in all health and social care provisions, a child witnessing DVA is always considered as a safeguarding concern (Nicholson, 2010; Whittington, 2007). Sani (2008) also reported that women who have experienced DVA can develop feelings of guilt and helplessness, which may consequently affect their skills when parenting, possibly developing insecurities within themselves as well as their children, leading to the breakdown of a secure attachment (Bowlby, 1969; Whittington, 2016). This study raises questions as to how professionals may therapeutically work with survivors of DVA and the need for awareness of attachment styles within this client group.

Scott and McManus (2016) conducted an analysis of women who had experienced severe DVA as both adults and children. There were six groups identified within the population revealing diverse patterns of DVA experiences within their lives. The data showed that over a third of women had attempted suicide or self-harmed due to the severity of abuse they encountered. Those women in the study who experienced extensive physical and sexual violence were also highly likely to be disadvantaged in other aspects of their life such as homelessness, substance misuse, financial issues, disability and ill health (Scot & McManus, 2016).

Although research has highlighted that DVA is not limited to a specific race, religion or class, it has been found that women from BAME backgrounds who are not provided with respect within their families and communities are at greater risk of experiencing DVA

(Nicholson, 2010). Batsleer et al., (2002) outlined the effects of DVA that minority women (i.e. Irish, Jewish, Afro-Caribbean and South Asian) may face, such as family separation, migration or socio-economic factors which can intensify the effects of DVA (Batsleer et al., 2002). The cultural notion of women being submissive can generate collective norms which require them to accept DVA. This results in further barriers around BAME women accessing support and potentially being diverted into mental health provisions (Lombard & McMillan, 2012). This could in theory lead to a misdiagnosis as the woman is unable to articulate her difficulties for fear of family or communal revenge, leading her to accept alternative diagnoses (Lombard & McMillan, 2012). The latter could develop secondary trauma as her narrative becomes considered within a mental health diagnosis. The aspects of trauma can therefore become complex as she experiences high levels of emotional, psychological and physical attacks, which she may deny in order to keep up a communal front (Courtois & Ford, 2013; Whittington, 2007). As a woman can be faced with wider community issues specifically around denial, she can become trapped within a double bind. This means if she communicates her narrative, she becomes ostracised and if she remains quiet, she becomes pathologised (Laing & Esterson, 1964). The nature of the double bind (Laing & Esterson, 1964) causes the individual to experience a loss of identity and self-esteem leading to insomnia which impacts on their social environment (Nicholson, 2010).

Evidence has highlighted that the devastating impacts of DVA can lead to enduring mental health problems. Self-esteem, depression, anxiety and post-traumatic stress disorder are identified as lasting effects; however research has also indicated that these can have a rippling effect on those around the survivor (Nicholson, 2010). Overall, this suggests how DVA can impact all areas of an individual's life which could influence the

experiences within therapy. The following section will explore how the impact of DVA has influenced and affected therapeutic interventions.

2.4 Impact of Domestic Violence and Abuse for therapeutic interventions

Female experiences of coercive control are viewed as a primary issue; however another crucial issue is the reason this occurs within these situations, involving a reflection on the notion of patriarchy as well as other concepts. This is necessary in order to shift the perspectives of the potential perpetrators. The traditional perspective outlined within the Duluth Programme is that DVA arises from patriarchy. The programme entailed challenging the participants' thinking about masculinities and femininities (Herman, Rotunda, Williamson & Vodanovich, 2014). Recently however, the focus has changed from the stigma towards male perpetrators, to focusing on the causal factors of the abuse without attaching blame to the survivor, which means addressing the perspective of the perpetrator, to thinking about how they can work on their views (Herman et al., 2014). The current programmes also look at the strengths of male dominance within a family, in order to build on any positive work that has been overlooked.

To facilitate change, values of cognitive behavioural therapy (CBT) and psychoeducation are often used during these interventions (Stith, Rosen & McCollum, 2008). Although research has evaluated and critiqued these interventions, questions continue to arise as to how effective they are in reducing the reoccurrence of DVA within future relationships (Dutton & Corvo, 2007; Stith, Rosen & McCollum, 2008). Organisations such as Women's Aid (2015) provide support to heal, allowing the women to process their experiences and empowering them. Overall, research has shown how therapy has

increased confidence and self-esteem resulting in reduced levels of anxiety and low mood (Women's Aid, 2015).

Straus et al. (2009) highlighted that both men and women suffer more intensely from the psychological rather than the physical impact as the emotional toil lasts longer than the physical injuries. Elliston (2002) supported the theory that traumatic psychological effects on women were much stronger than the trauma from the physical abuse. These findings underline the importance of addressing the psychological effects as part of a therapeutic intervention. Researchers have also highlighted that due to the severe psychological impact that DVA can have on women, long-term therapy and a trauma focused approach should be utilised for this client group (O'Leary, 1999).

Nicholson (2010) reported the process of building relationships and containing the client is a vital aspect of healing, as seen from the experiences of survivors of DVA. Alongside this, creating a safe space in the therapeutic room is paramount before exploring and delving into the clients' DVA experiences (Nicholson, 2010). To ensure a secure therapeutic relationship is developed with the client, space and autonomy are provided to fully explore symptoms that have manifested from the abuse (Levy & Lemma, 2004). The process of building a secure and trusting therapeutic relationship models and introduces the client to healthier relationship dynamics (Weiss & Marmar, 1993).

Moreover, Blasco-Ros et al. (2010) found that women who had experienced psychological abuse would require more time to recover from their mental health issues, than those who experienced other forms of abuse. It could also be possible that these women witnessed DVA in childhood and found these unhealthy relationships repeated in

their adult life, thus potentially requiring more time to explore past experiences (Scott & McManus, 2016).

Research has suggested that experiences of DVA can be traumatic and can directly impact on an individual's mental health (Hemsley, 2010). Carpiano (2002) reported that the mental health symptoms of some women who have suffered DVA correlate with symptoms of posttraumatic stress disorder (PTSD). In the Diagnostic and Statistical Manual for Mental Disorders (DSM 5), symptoms of PTSD include anxiety, flashbacks, nightmares, chronic fatigue and depression (American Psychiatric Association [APA], 2013). This reiterates the significance of therapists' heightening their awareness and understanding of PTSD symptoms, to ensure a positive outcome of therapy for the individual. It also stresses the importance of working with each client case by case, as the associated mental health difficulties can be very different and require varying interventions, although the therapeutic relationship will remain at the core of therapy and of utmost importance (Woolfe et al., 2010).

Initially, PTSD was developed as a disorder for understanding the psychological impact of people being in war (Astin, Lawrence & Foy, 1993). However, the disorder can now be applied to other traumatic life experiences such as DVA, including physical and sexual assault (Astin, Lawrence & Foy, 1993). Dutton and Goodman (1994) critically evaluated PTSD in female survivors of DVA, finding that women who experience DVA are more likely to have a diagnosis of PTSD than those women who do not experience DVA. Beata, Magdalena, Maria and Agnieszka, (2013) also reported that survivors of DVA often have PTSD symptoms as well as somatic stress related symptoms. It is evident that awareness

and understanding of the current literature can aid therapists to support women more effectively with a diagnosis of PTSD from DVA (Goodman, Koss, & Russo, 1993).

One limitation for the PTSD clinical diagnosis for female survivors of abuse is that the therapist may focus on these symptoms and perhaps fail to address other core factors that are interlinked to these experiences, such as beliefs and trustworthiness of others, perceptions of a loving relationship, safety and their own identity (Dutton & Goodman, 1994). A further limitation of this study is that, if the women do not have a formal diagnosis yet continue to present with similar symptoms to that of PTSD, this could lead to inappropriate therapeutic interventions. Developing awareness of these issues is key in enabling progression in therapy (Salcioglu, Urhan, Pirinccioglu & Aydin, 2017).

Some women may also be subjected to imprisonment unless they have permission from their partners (Dutton & Goodman, 1994). This may result in a lack of social communication, loss of control and contribute to developing further symptoms of PTSD such as social anxiety, eating disorders and agoraphobia. Browne and Herbert (as cited in Beata et al., 2013) supported this as they found due to the powerlessness a woman feels, this can manifest into feeling emotionally unstable which can lead to PTSD symptoms, anxiety and depression ultimately leading to various disorders and even suicide.

Herman (1992) identified that female survivors of abuse experience depression and anxiety symptomatology in a different way to those with non-trauma related experiences. This highlights the need to understand the complexities of working with this client group. However, medical diagnoses have been critiqued because an individual's personal experiences, religious, cultural and financial aspects are not taken into consideration

when dealing with the concept of trauma (Lavis, Horrocks, Kelly, & Barker, 2005). When women are provided with a PTSD diagnosis, the needs for their DVA experiences are overlooked and thus therapy is unable to address the root of the problem (Yllo, 2005). Although, this depends on the client's needs as not all DVA relationships are traumatic, thus not all clients will experience PTSD.

2.5 The Impact of Domestic Violence and Abuse on Black, Asian and Minority Ethnic survivors

There are several difficulties that both therapists and clients face during therapy. One of the most problematic challenges for a DVA survivor is to break away from what is known as the 'cycle of abuse' (Walker, 1979). Farmer and Callan (2012) reported when women leave their abusive relationships, they will require a significant level of support to prevent them from becoming tangled in repetitive abusive relationships. Having said that, it can be even more difficult for BAME survivors to break away from this cycle of abuse, as sometimes they are unaware due to their own lack of knowledge that what they are experiencing is in fact DVA (Farmer & Callan, 2012). Previous research has highlighted the necessity to develop therapist's skills on cultural awareness in western therapies, therefore enhancing the efficacy of therapy for BAME clients (Akhtar, 2016). Alongside this, it is paramount to be conscious of honour and shame to understand the reasons for BAME survivors to may remain in their abusive relationships (Wellock, 2010).

Furthermore, according to the standards of proficiency, all Counselling Psychologists must be able to deliver culturally informed therapy to all clients (HCPC, 2015). One requirement is to understand and recognise the impact of culture, religion and ethnicity on the client's mental health (HCPC, 2015). Although this is a significant aspect of the

standards of proficiency, there has been limited research that has focused on Counselling Psychologists' experiences of working with BAME survivors of DVA. Exploring this further would aid a better understanding of how this may impact on psychologists both personally and professionally, thus providing more effective interventions for this minority group.

McWilliams and Yarnell (2013) assessed the obstacles confronting BAME women within therapy, acknowledging that BAME women were particularly isolated due to problems such as community pressure to remain in the family home, the shame and stigma associated with leaving a partner and the financial dependency they may have on their abusive partners. In line with these findings, Knifton (2012) examined mental health stigma, belief and efficacy amongst three BAME communities. The results highlighted that those individuals with mental health issues experience increased levels of stigma from their communities, leading to feelings of shame and guilt building additional barriers to accessing therapy (Knifton, 2012).

Although it has been reported that all women can encounter barriers to therapy, findings have indicated that BAME women find it more difficult to leave their partner, communicate with others or generally seek support (Shah-Kazemi, 2001; Rai & Thiara, 1997). This can be a result of financial dependence, unemployment and stress developing from significant events, for example the trauma of leaving the family home to migrate for marriage, and the consequent acculturation (Knifton, 2012). Furthermore, this could result in BAME married women feeling that they are representing their family; and the woman may anticipate that if she leaves her partner or files for a divorce, she will be negatively impacting on the family's honour (Shah-Kazemi, 2001; Rai & Thiara, 1997).

The understanding and awareness of this in the therapeutic relationship and exploring the therapists' feelings and experiences can be crucial for the progression of therapy; which these studies have overlooked (Thomas-Davies, 2018).

Research has found that BAME women are less likely to disclose domestic violence or seek support than any other culture (Mahapatra, 2012). Research findings have reinforced the notion of a lack of awareness regarding the accessibility for mental health services, and various barriers faced by BAME women when attempting to access support (Netto, Gaag & Thanki, 2001). It was reported that those women who are from collective cultures are provided support within their social groups and families, thus therapy becomes superfluous, reinforcing another factor of BAME challenges of accessing therapy. Nonetheless, within collective cultures they can have intense dynamics that reflect the notion of honour and shame, which may also result in issues being unidentified and further barriers to accessing mental health support (Gilbert, Gilbert & Sanghera, 2004).

Furthermore, Mahapatra and Dinitto (2013) analysed help-seeking behaviours (informal and formal) associated with sociocultural factors (acculturation, social support and isolation) of BAME women in the United States (US), who were survivors of domestic violence. The findings indicated women who were more inclined to seek help were those who were isolated from their children and partners. The women were more likely to seek informal help from friends, close family members and extended family members, than they were to access formal help from counsellors, doctors or lawyers. Due to logistic regression analysis being utilised to present the data, this study was unable to explore the women's nature of help-seeking behaviours and their feelings and experiences of services; thus lacking the richness of data (Mahapatra & Dinitto, 2013).

Perilla (2000) reported that it is culturally unacceptable to leave your partner, therefore DVA services need to provide extensive support especially from a cultural perspective, including professionals feeling more culturally competent. This study emphasised the importance of professionals understanding the sociocultural context, and adapting therapeutic interventions to address the specific needs of women from different cultural backgrounds (Perilla, 2000). It is evident that understanding race, gender and the systemic factors of BAME groups who have experienced DVA are vital in a therapeutic setting (Sanderson, 2008). Ultimately, highlighting the knowledge and understanding of experiences gained when working with this specific group, will assist in supporting therapists to deliver effective provisions.

2.6 Therapists' experiences with survivors of Domestic Violence and Abuse

Therapy for DVA is extremely complex as there are several elements that require consideration when working with this client group (Hogan et al., 2012). Campbell, Raja & Grining (1999) suggested that an improvement can be made in therapist's work with DVA, by therapists attending specialised training. Due to these complexities, guidelines have been created to aid successful therapeutic interventions for DVA and support all practitioners to help enhance clients' physical and psychological wellbeing (NICE, 2016). This has resulted in the development of the National Institute for Health and Care Excellence (NICE) clinical guidelines (2014) in various areas for all health practitioners. These detailed guidelines are created from the evaluation of previous research which aims to support Counselling Psychologists when working with DVA. The NICE guidelines (2014) recommended that the effectiveness of DVA interventions within diverse and

marginalised groups should be explored in further research. The findings revealed that several gaps have been identified in DVA research, two of which are 'honour'-based violence and forced marriage (NICE, 2014). There has been a vast amount of research focusing on survivors of DVA, however minimal research has been conducted on these cultural issues within DVA and the efficacy of therapeutic interventions. Initially, the research below will be discussed and summarised around therapists' experiences and perspectives of working with survivors of DVA, before exploring experiences working with BAME survivors of DVA.

A study conducted by Iliffe and Steed (2000) focused on understanding the personal and professional impact on counsellors when working with survivors of DVA. The evidence revealed that counsellors experienced burnout, fearing for clients, altered cognitive schemas and vicarious trauma. Alongside this counsellors' also reported challenges they faced when working with perpetrators, these were feelings of isolation, powerlessness and the impact on the therapeutic relationship when breaking confidentiality. In relation to the latter, the counsellors discussed how their clinical practice was affected; they would prolong sessions to provide further practical support including offering the numbers of organisations and exploring various ways to practically support their clients (Iliffe & Steed, 2000). Through extensive experience, counsellors acknowledged supervision, self-care and peer support as useful coping strategies outside of therapy sessions. Although this study has acknowledged the counsellors impact of working with this client group, it has failed to account for the impact it may have on other professions and those working with survivors of DVA from different cultures and ethnicities (Iliffe & Steed, 2000).

Further research was conducted by Hogan et al. (2012) who explored counsellors' experiences of working with male survivors of female-perpetrated DVA. Six counsellors completed semi-structured interviews and IPA was used to analyse the data. The findings highlighted ten themes; some of these were lacking recognition for male survivors, which evidently hindered the counsellors' work with clients. The counsellors also found that they changed their views on women in society, and how privileged they felt that clients could share these traumatic stories with them (Hogan et al., 2012).

The counsellors encountered several different challenges when working with this group. Some of these challenges were feeling a sense of responsibility because they would be the first people to hear of their clients' abusive relationship. Some clients remained with their partners during therapy which led to fearing for clients' safety, and resulted in the counsellors feeling more vulnerable. The counsellors expressed that it was important to build their own self-awareness of the influences of their culture and internalised values, and how these aspects may influence their views on what the client reports in therapy. However, an ongoing challenge for the counsellors was to refrain from judgement and if they did, being aware of these, how and why they have developed, and the impact it could have on themselves and therapy. This resulted in acknowledging the need for therapists to receive specialised training in DVA, in order to prepare therapists for the complexities of this client group (Hogan et al., 2012). These findings provided necessary insights into male survivors of DVA, but researchers have noted that the non-representation of the sample to other ethnic groups is a limitation and could perhaps be a suggestion for future research (Braun and Clarke, 2013). Although two participants from BAME backgrounds were interviewed, Randle & Graham (2011) highlight the necessity for further research in male BAME survivors of DVA and the additional challenges that may arise. Another

flaw in this study was the term 'victim' used throughout the study rather than 'survivor'; this may have had an impact on recruitment for men as it may have potentially evoked feelings of being less masculine and therefore men may refuse participation (Migliaccio, 2001).

Overall, the results showed the importance of the professionals' understanding and awareness when working with male survivors of DVA, as stereotypes and judgements may affect the counsellors' perceptions, thus possibly impacting the therapeutic dynamics. These findings may aid more effective strategies that counsellors can utilise to help them both personally and professionally. This could lead to a positive impact on the efficacy of therapeutic interventions, strategies and most importantly the therapeutic alliance. In addition, this will increase an awareness of male survivors and the potential difficulties faced when working therapeutically with this group. This emphasises the minority groups in DVA that have not been explored within research, such as working with male survivors and the professionals' experiences that can impact on therapy (Hogan, Hegarty, Ward, & Dodd, 2012). Furthermore, other minority areas such as BAME communities who have experienced DVA ought to be acknowledged and understood, consequently leading to further effective therapeutic interventions for survivors of DVA (Thomas-Davies, 2018).

Another study conducted by Gallagher (2014) explored how educational psychologists conceptualised DVA, and the position they could have when working with children and families in school. Semi-structured interviews were conducted with five psychologists and the findings were analysed using thematic analysis. Braun and Clarke (2006) reported that it is appropriate for a detailed, thematic analysis of data to be undertaken when a

specific area has not been examined, or participants' views are yet to be identified. The facilitators, barriers to practice and their role of the psychologist were taken into account alongside cultural, professional and personal factors.

The results highlighted that although educational psychologists were provided with professional support through training at work and supervision, they still encountered several difficulties when working with children who had experienced DVA. Several problems were identified surrounding the invisibility of DV, professional sensitivities around DVA and the lack of clarity for their role. Further to this, the participants recognised that working with DVA requires long-term therapy however; the limiting factors they mention are external such as time, for which the psychologist has no control over. Similar findings have been identified with health care professionals, whereby external limiting factors are reported more than personal or professional factors (McKie et al., 2002; Samuelson & Clark, 2005). Further barriers to practice included a lack of confidence in practice, sense of powerlessness and feelings of frustration. Finally, the psychologists stressed the difficulties when supporting individuals from various cultures, who believed that they would be in danger if they left their abusive relationship (Gallagher, 2014). This underlined the challenges faced by psychologists when working with BAME groups and how vital it is to understand and be aware of BAME issues and the impact on themselves as professionals.

Thomas-Davies (2018) conducted research on the lived experiences of master's level counsellors, working with female survivors of DVA exploring the meaning of their beliefs, values and attitudes when working with this population. Five participants who were on a master's degree counselling programme were interviewed. The data found that

the counsellors value the therapeutic work with this client group, however they felt that the resources available to them were inadequate to deal with the clients. The participants also recognised that their counselling programme did not provide sufficient training on the course to feel equipped to work with survivors of DVA. This may inform counselling programmes to increase the awareness and adapt modules and support provided to counsellors working with this specific client group. The study proposed further research on counsellors who have experiences with female survivors of DVA, of different races or ethnicities (Thomas-Davies, 2018). As this study focused on the experiences of master's level counsellors, it does not take into account any other profession and how different their experiences might be due to their training and job role.

Knight (2012) carried out research that explored Counselling Psychologists' experiences of working with women who have experienced DVA. The research aimed to offer an insight into the professionals' understandings of DVA as well as working in private practice. Counselling Psychologists were interviewed and the findings revealed the understandings of DVA alongside the challenges faced by the professionals. Public and private therapeutic work conflicted with each other and also highlighted the various complexities of these two aspects. The findings suggested the importance of increasing Counselling Psychologists' awareness when experiencing challenges of working with clients experiencing DVA. The study underlines the necessity to acknowledge the gap in specialist training for professionals and support for those who have experienced DVA. The study focused on women who have experienced DVA, however the study overlooked the experiences of women from different cultures within DVA which could possibly impact the Counselling Psychologists' experiences in a different way (Knight, 2012).

The literature above has underlined the significance of awareness when working with survivors of DVA within BAME communities (Knight, 2012). Previous research has been based on the experiences and impact on counsellors and survivors of DVA within therapy. However, research studies highlight a clear gap in exploring the experiences of Counselling Psychologists who have worked specifically with BAME survivors of DVA, and how those experiences may impact the psychologist both personally and professionally, consequently impacting therapeutic practice.

2.7 Therapists' experiences with Black, Asian and Minority Ethnic clients

A study was carried out exploring how Cognitive Behavioural Therapy (CBT) therapists provide interventions for BAME clients using a specific CBT guide, how the guide is approached, adapted and to what degree it is implemented in the therapeutic sessions. The findings revealed that therapists faced several dilemmas working therapeutically with BAME clients. One difficulty was the complexity of CBT, which involved having to simplify specific terminology, formulations and worksheets. Another major difficulty was the foundations of CBT being based on a western philosophy; the participants emphasised how BAME clients misunderstood the central concepts of CBT, resulting in the absence of shared language within the therapeutic relationship. The therapists also reported those clients who came from westernised cultures understood CBT better; subsequently these clients would receive more positive outcomes from therapy (Akhtar, 2016).

Another challenge when using manualised CBT was dealing with the significant changes from practising as a trainee through to being qualified. Although participants indicated

that elements of manualised CBT were beneficial, they recognised that not everyone fitted into the framework of CBT. The impact on therapists which directly affected the therapeutic relationship was another major concern when using the CBT manual. Due to the several challenges that therapists would encounter when working with BAME clients, their confidence and identity was affected, ultimately impacting the dynamics and facilitation of CBT within therapy. The results showed all participants expressed the requirement for both religion and culture to be embedded within manualised CBT. This led to recognising how crucial it was to adapt the CBT guide, to ensure therapists were providing the necessary support for BAME communities to help aid recovery (Akhtar, 2016).

Furthermore, Yon, Malik, Mandin, and Midgley (2018) conducted a study to explore how therapists were working within a cultural specialist service. A family's cultural core beliefs were questioned whilst being able to sustain and build a therapeutic relationship. Interviews were conducted with two therapists and two family members, and thematic analysis was used to analyse the results. The findings showed that the engagement of BAME individuals within therapy can be complicated and challenging, especially when addressing the core belief system, as there are several aspects to consider including status within their family and their view to challenge their upbringing (Yon et al., 2018).

These researchers noted that to challenge core beliefs with respect, required the therapist to be confident and be secure with their own identity, alongside relating to the similarities and differences of their personal cultural beliefs in comparison to the family. The therapists' consideration and reflection on different perceptions became fundamental when working with families, alongside knowledge of how cultural beliefs are embedded

systemically and the impact this can have on the therapy context. Although core cultural beliefs are usually encouraged not to be challenged because of the concerns that therapists may be perceived as inconsiderate or insolent, the results demonstrated that the beliefs can be challenged successfully within a strong therapeutic relationship, if it is addressed in a respectful and sensitive way (Yon et al., 2018). Yon et al. (2018) reported that this must be approached by therapists who have a certain degree of awareness and understanding of their own personal cultural position and beliefs, as well as their clients' cultural position. If addressed appropriately, it can help facilitate positive change and build a stronger therapeutic alliance (Yon et al., 2018).

Research has shown that a key aspect to building a positive therapeutic relationship with BAME clients, is to demonstrate support and acceptance of culture related strain on the family and how the client's beliefs are connected and can arise from this (Yon et al., 2018). In line with these findings, Asnaani and Hofman (2012) reinforce that an individual's cultural beliefs are difficult to challenge, however this is vital to encourage reflection in therapy. The above suggests that if therapists have encountered challenges working with BAME clients, there may be further factors that need to be considered and therefore understanding therapists' lived experiences may be vital in facilitating therapeutic change.

Durrani (2012) found that there was a complex dynamic between the therapist and client and their cultural beliefs. While it is believed that therapists can access the knowledge and understanding of cultural beliefs, along with learning the history of why these have emerged within a client's beliefs systems; it is important to be aware that having a surface level understanding of various cultures is not sufficient to make one aware of an ever

changing multicultural world and the impact it can have on clients, professionals, society and further issues that may surface (Durrani, 2012). This reinforces the importance of understanding various factors that can affect professionals working therapeutically with BAME survivors of DVA, particularly the impact on Counselling Psychologists in a personal and professional sense.

Rationale/Conclusion

The reviewed literature indicates that therapists' face numerous challenges when providing services to BAME survivors of DVA. Researchers have noted that working with DVA can require specialist skills, due to the complexities of the physical and psychological impact it can have on survivors of DVA (Iliffe & Steed 2000). According to Thomas-Davies (2018), working with this specific group can also lead to burnout as well as cultural competency issues. Previous research has emphasised these challenges concerning the therapists' personal and professional issues, revealing burnout, altering cognitive schema and therapist competency issues (Thomas-Davies, 2018). There has been limited research on exploring Counselling Psychologists' experiences of providing services to this specific client group. However, previous research has emphasised the necessity to improve effective therapy for individuals from minority communities who experience DVA, by suggesting that further education, training and support should be provided for therapists to better inform them from a cultural perspective (NICE, 2014; Thomas-Davies, 2018). Previous research has not explored Counselling Psychologists' lived experiences of working with BAME survivors of DVA (Knight, 2012).

Research Aims

This research aims to explore Counselling Psychologists' lived experiences of working with BAME survivors of DVA and the impact it may have, both personally and professionally.

Objectives

To explore how the Counselling Psychologists feel when working with BAME survivors of DVA.

To explore the personal and professional impact on Counselling Psychologists when working with BAME survivors of DVA.

To explore the challenges Counselling Psychologists may face when working with BAME survivors of DVA.

Chapter Three – Methodology

3.1 Introduction

This chapter provides an in-depth rationale for adopting a qualitative research approach, more distinctly Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009) and its ontological and epistemological underpinnings. It will highlight the considerations for the suitability of this approach and provide a detailed account of the design, recruitment process, interview procedure, data analysis and ethical considerations.

3.2 Methodology rationale

3.2.1 Quantitative versus Qualitative design

Initially quantitative methods were considered for this study. Pearson (1995) describes quantitative research as systematic, rigorous, objective which aims to explore a larger sample of participants in comparison to qualitative methods (Hanley, Reynolds & D'Arcy, 2009). The notion of quantitative research is focused on exploring a heterogeneous sample in order to discover facts by gaining numerical data, which is then analysed with the use of a statistical analysis found in SPSS (Hanley, Reynolds & D'Arcy, 2009). However, one of the weaknesses of a quantitative approach is that it is often concerned with measuring and defining human behaviour, rather than obtaining an insight into human experiences (Smith et al., 2009); therefore, the statistical approach would provide an insight into what happened but would be unable to capture what an individual experienced. This inability to capture an individual's understanding of their lived experience using quantitative methods is lost in the analytic process and this outlines why the focus of this research will be on qualitative methods (Hanley, Reynolds & D'Arcy, 2009).

In contrast, Smith (2008) emphasises that qualitative research can overcome these barriers by offering a far deeper understanding into an individual's experiences. In particular, the phenomenological method aims to concentrate on a smaller sample of heterogeneous participants who have encountered significant life experiences (Smith, 2008). A qualitative approach enables the researcher to explore, analyse and interpret the data to achieve a thorough understanding of the phenomena as experienced by each individual (Smith, 2008). The basis of the phenomenological approach draws on the insights

outlined by Husserl (1913), who defined the need for a new form of scientific investigation based on different principles. Husserl (1913) noted that individuals could only be understood in relation to their unique experiences. This entailed exploring the relationship between the consciousness of the individual and how they made sense of their experiences. The challenge for any researcher is the ability to make sense of another individual's meaning making, without imposing their own existing frames of meaning making which could misrepresent what they are saying. Often these contain numerous conscious or unconscious biases which are reflected when trying to make sense of the other individual (Husserl, 1913). Husserl (1913) named this as the 'natural attitude' as opposed to the phenomenological attitude. To undertake phenomenology entails thinking about what is usually taken for granted and then reconceptualising it. Husserl (1913) suggests there are a number of ways this can be undertaken such as: free imaginary variation, eidetic reduction, epoche and bracketing. Husserl (1913) suggested thinking about the self and the nature of consciousness along with how it is normally directed and how the social world is constructed. This is where individuals generate a meaning around how they make sense of their experiences, therefore their social world becomes constructed in relation to what people think and believe may exist, which ultimately develops specific social beliefs (Husserl, 1913).

For a researcher this requires a greater reflection on themselves to understand how they make sense of external phenomena and thinking about the meaning it has created for them within the normative attitude (Smith, 2015). By drawing on hermeneutics, they can then make sense of the meaning making of the other individual (this is explored further in chapter 4) (Smith, 2015). As this research aims to capture and explore the lived experiences of working with BAME survivors of DVA, a qualitative method was deemed

most suitable to gain insight into the lived experiences of each of the participants (McLeod, 2001). The following sections (3.2.2 & 3.2.3) will now describe the philosophical understandings of ontological and epistemological theories within qualitative research.

3.2.2 Ontology

Ontology is described as the study of reality and being and whether reality exists independently of our senses and meaning-making, or whether our meaning making generates a reality which we can never know because it is socially constructed (Smith et al., 2009). These two aspects of understanding reality underpin the foundation and nature of the knowledge that can be obtained, as well as what can be understood. It also leads to questions around whether knowledge can be viewed as facts, models or constructs (Ponterotto, 2005). The belief that there is an objective reality is the basis of positivism; it describes a world that can be measured and quantified which creates facts. The latter highlights that this world can never be known other than through exploring how an individual experiences it and then makes sense of it (Ponterotto, 2005).

This has influenced the rise of qualitative research. Hanson, Balmer and Giardino (2011) reported that when utilising qualitative methods, the researcher attempts to understand the participant's outlook by exploring their experiences, in order to understand the various meanings that are constructed from the numerous experiences. Every individual views the world differently and making sense of this difference requires the use of a different method to positivism (Hanson, Balmer, & Giardino, 2011).

Social constructionism is a philosophical postmodern movement concerned with the social and communication theory of knowledge by examining the development and maintenance of these constructed understandings (Gergen, 2001). The constructivist approach states that the ontological 'reality' is subjective and each individual is affected by the context they find themselves within, which defines their particular situation ultimately shaping the individual's experience and observations, for example how they make sense of their social setting (Ponterotto, 2005). This is crucial for understanding the forms of communication that take place, as well as understanding what occurs in the dialogue that arises between the researcher and participant (Ponterotto, 2005). At the foundation of this theory lies the understanding that multiple realities are constructed in collaboration with others, rather than a single accurate reality (Ponterotto, 2005).

The constructivist approach adopts a hermeneutical approach, which proposes that only through profound reflection can meaning be discovered (Ponterotto, 2005). This in-depth reflection can be uncovered when understanding the communication between the individual and researcher, ultimately allowing the hidden meanings of an experience to arise (Schwandt, 2000). This approach fits well with the current research as the primary focus is to understand the experiences of Counselling Psychologists working with BAME survivors of DVA, and how their experiences are understood and made sense of. The aim of the research is to look at commonalities and differences within each experience by exploring their realities (McLeod, 2001).

3.2.3 Epistemology

An epistemological stance outlines how data can be extracted from the world in order to make sense of it. It also begins to shape the relationship between the participant and the

researcher in terms of objectivity (Ponteretto, 2005). Constructivists–interpretivists believe that a subjectivist and transactional stance suggests reality is socially constructed, subsequently the researcher and participant's dynamic interaction attempts to concentrate on describing and capturing the participant's lived experiences which directly relates to the current research (Schwandt, 1994, 2000).

In line with adopting a phenomenological viewpoint, this involves the researcher being reflexive whilst attempting to focus on their experience; by working through their 'natural standpoint' along with the normative bias by undertaking constant reflexivity (Shinebourne, 2011). It is therefore vital for the researcher to understand and reflect on their personal beliefs and values to understand how this may influence the research process (Shinebourne, 2011). This emphasises the challenge for researchers to be reflective and then critically evaluate how their pre-understandings may impact and therefore shape the research (Finlay, 2009). This is explored further in section 3.2.5 as to how this was achieved, as well as a critical appraisal which was written during the entire research process (chapter 6).

3.2.4 Discounted Methods

When considering how to undertake this research, a number of approaches were considered. The aim was to establish the most suitable qualitative methodology in addressing the research question. An overview of the following four approaches will be discussed and evaluated in their suitability: Narrative Analysis, Grounded Theory (GT), Thematic Analysis (TA) and Interpretative Phenomenological Analysis (IPA). These approaches were considered as potential methods for undertaking the research and will now be respectively evaluated in relation to the aims of the research.

3.2.4.1 Narrative analysis

Narrative analysis is defined as a structured understanding of individuals' stories and is concerned primarily with the structure and organisation of the narrative (Murray, 2008). The narrative approach is utilised for exploring and understanding individuals' experiences, specifically focusing on how the narrative is structured, paying particular attention to the restrictions and opportunities that the structures place on the individuals' experiences (Smith et al., 2009). If this approach was applied, the focus would steer away from the lived experiences to concentrate on the structure and organisation of the narrative. This could perhaps restrict the analysis from gathering the individual's true experiences and fulfilling the current study's true aim (Murray, 2008). Thus, this was discounted as an applicable methodology.

3.2.4.2 Grounded theory

Glaser and Strauss (1967) introduced grounded theory (GT) in order to generate and discover a new theory that is meaningful to the experiences that are under investigation. According to Charmaz (2008) grounded theory (GT) is described as a systematic procedure to collect, create, analyse and conceptualise qualitative research to construct a theory. The data is constructed through interpretations, communications and materials that are gathered from the topic or the environment (Charmaz, 2008).

During analysis, existing theories and literature are not utilised within GT in an attempt to avoid misinterpretations, instead focusing on the findings of the data that is actually collated (Charmaz, 2008). It remains uncertain whether researchers can truly dissociate

from what they have previously learnt and disregard existing knowledge, theory and research. This highlights difficulties that may occur when the researcher engages with interviewing from a grounded theory perspective (Charmaz, 2008). GT is also aimed at researchers and practitioners requiring exploratory models that can provide support in designing interventions (Starks & Trinidad, 2007). The current study intends to examine the experiences of working with BAME survivors of DVA; it does not attempt to design new theories or interventions. It aims to explore the phenomenon of interest, therefore GT was deemed unsuitable for this research.

3.2.4.3 Thematic analysis

Thematic analysis (TA) concentrates mainly on recording and analysing patterns that occur across a data set. Thematic analysis is recognised for its flexibility; it can be 'realist' which uses facts and documents exactly how the information is presented, or 'constructionist' whereby mental models are constructed to facilitate an understanding of the experiences an individual encounters. However, this flexibility creates challenges for a detailed analysis as it does not require any specific theory of language, or the meaning of experiences for human beings (Braun & Clarke, 2006). Thematic analysis aims to code the entirety of data from a larger sample which then develops specific themes for each step of the analysis, therefore it does not give a detailed account of an individual's personal experiences and therefore will not be used for this study (Larkin, Watts, & Clifton, 2006).

3.2.5 Interpretative Phenomenological Analysis

After discounting other methods, IPA appeared the most suitable method to use in this research and this section will highlight the reasons why IPA was chosen. Smith et al., (2009) defined IPA as an experiential, qualitative and psychological research methodology. There are three vital aspects that inform IPA which are phenomenology, hermeneutics and ideography. IPA draws on these specific theoretical approaches to inform its unique research methodology and epistemological framework. Husserl (1927) initiated a phenomenological philosophy, which provided IPA with a rich foundation of concepts regarding the ways to observe and understand individuals' lived experiences. Husserl suggested that the phenomenological analysis ought to be experienced the way that it emerges in its own terms (Husserl, 1927). Husserl (1927) also highlighted that all researchers should attempt to 'bracket off' previous knowledge and assumptions of the phenomena being explored in order to remain focused on the experience of interest. Bracketing is defined as an action of refraining judgement regarding the natural world, instead aiming to focus on analysing experience (Husserl, 1927). Although researchers may endeavour to bracket off, challenges may occur in such attempts (Smith, Flowers & Larkin, 2009).

Heidegger (1962) developed the notion of hermeneutics (theory of interpretation) which is the second vital understanding in IPA. Heidegger (1962) stated that IPA is considered as an investigation of a phenomenon as an interpretative process. It focuses on the researchers' subjectivity, whilst understanding the process of separating what belongs to the participant and what belongs to the researcher. The researcher's self-reflecting enables triangulation of data and furthers understanding of the participant's data, in conjunction with the researcher's conclusions which are in relation to the concept that is being examined (Heidegger, 1962).

One of the main focuses of IPA is the two stage interpretation process (double hermeneutic), whereby the individuals try to make sense of their experiences followed by the researcher making sense and analysing how the individual has experienced their events (Smith, 2011). Crotty (1998) also reported that this creates added depth to the phenomenon and enables the researcher to explore their participants' lived experiences in more detail. Hermeneutic phenomenology was a theoretical framework used within this study.

Overall, one of the main purposes of an IPA interview is to enable the participant's recollection of their events, focusing on their idiographic experience and then uncovering common themes and meanings across the dataset (Woolfe et al., 2010). An idiographic epistemology underpins IPA, however this then moves onto nomothetic findings to analyse the participant's shared experiences (Smith, Flowers & Larkin, 2009). Larkin, Watts and Clifton (2006) also stated that an idiographic approach is a comprehensive and thorough analysis. It also draws attention to the understanding of a particular phenomenon, and this can be interpreted in the context as well as from the individual's perspective. In conclusion, IPA is more appropriate for drawing attention and allowing greater detail to the characteristics of the individual and the meaning of themes across all the participants' narratives (Smith et al., 2009).

IPA was considered most appropriate for this study, as it concentrates on how individuals make sense of their lived experiences, delivering a reflective and detailed interpretation of the individual's account (Larkin & Thompson, 2011). The approach reflects on the significance of what is happening and engages with these reflections (Smith, Flowers &

Larkin, 2009). IPA also recognises that access to individuals' experiences is always reliant on what the participants can report about their experiences, and the researcher will then need to interpret their perceptions to be able to understand the phenomenon (Shinebourne, 2011). IPA most frequently has a small sample of participants, subsequently capturing the explicit detail of each participant's particular event (Reid, Flowers and Larkin, 2005). According to Smith (2008), between five and seven participants is sufficient to explore comparisons and differences across the data set, which avoids being overwhelmed with too much data and deviating from the idiographic aspect of IPA.

To conclude, IPA has been chosen as the appropriate method; this is most suited to the current research as the primary aim is to explore the experiences of Counselling Psychologists working with BAME survivors of DVA, the meanings created and how it makes sense to the Counselling Psychologists. The idiographic concept recognises the importance of the participant's unique experiences which is most appropriate to fulfil the research questions (Shinebourne, 2011). Revealing new concepts through analysis, which are relevant in supporting the counselling psychology profession could potentially provide foundations for future research, to adapt current techniques, interventions and frameworks (Shinebourne, 2011).

3.3 Participants

3.3.1 Sampling and Recruitment

In this study, a combination of opportunity and snowball sampling were used for recruitment. Opportunity sampling is defined as non-probability sampling which is

concerned with the participant sample being drawn from a specific population that is convenient to the researcher (Marshall, 1996). Although this is in line with IPA guidelines and appeared the most suitable sampling method to obtain a homogenous sample, the disadvantage is that the findings may be less transferable to the wider population. Snowball sampling is a sampling technique where existing participants assisted in recruiting other participants through networking, while still ensuring these individuals match the inclusion criteria (Goodman, 1961). Similarly, the difficulty of this method is the transferability of the findings and the possibility of creating community bias. Transferability and community bias are not a concern within IPA as the objective is to create new conceptual understandings and meanings that underpins an idiographic position (Smith et al., 2009).

Counselling Psychologists were contacted through different groups on Facebook. These were 'London Counselling Psychologists' and 'Counselling Psychology'. Furthermore, DVA organisations across the Midlands region were also contacted to reduce area bias.

3.3.2 Inclusion/exclusion criteria

As the study aimed to explore the perspectives of Counselling Psychologists, the participants were required to be HCPC registered. This was to ensure that the research was relevant to the Counselling Psychology field. To gain the true experience of working with BAME survivors of DVA, all participants were required to have worked one to one for 6 months within a therapeutic capacity with this client group (Shinebourne, 2011). This timeframe of being exposed to these clinical cases helps enhance diversity and the ability to address any barriers and resolutions when working with this specific client group. In addition, the aim of including inclusion criterion was to acquire homogeneity

within the participant sample. Obtaining a homogenous sample was a requirement to meet the standards of qualitative research and is recognised as a vital aspect of the IPA process (Shinebourne, 2011). This is strengthened by Smith et al. (2009) who identified that IPA includes participant samples that are selected purposely to develop a thorough interpretation of the individual's experiences.

3.3.3 Participant details

A total of six participants expressed an interest by contacting the researcher, however the sixth participant revealed they no longer wanted to take part due to a personal emergency. Therefore, only five were recruited for participation as they had met the inclusion criteria and consented to participate and be interviewed. The participants were all female, and were registered Counselling Psychologists who had worked directly with BAME survivors of DVA. Interviews were arranged in the format of online video conferencing or face-to-face; the reasons for adopting this format will be explored further in section 3.4.2. Table 1 below summarises the details of each participant.

Table 1

Participant Details

Name	Age	Gender	Ethnicity	Religion	Primary language	Length of qualified Counselling Psychologist post	Length of time working with BAME survivors of DVA	Length of interview
Anna	38	Female	White	Christian-ity	English	4 years	2 years	58 minutes and 8 seconds
Mia	42	Female	Asian	Muslim	English/ Urdu	9.5 years	5 years	67 minutes and 40 seconds
Sienna	45	Female	Asian	Atheist	English	11 years	6.5 years	38 minutes

								and 5 seconds
Anita	52	Female	Asian	Hindu	English/ Gujarati	15 years	11 years	37 minutes and 10 seconds
Leah	40	Female	White	Catholic	English/ Italian	14.5 years	9 years	65 minutes

3.4 Interviews

3.4.1 Interview development

For IPA, interviews are usually the selected method for collecting data. It allows a rapport to develop, enabling the opportunity for an in-depth discussion, which in turn could prompt further detailed responses and emotions regarding participants' experiences (Smith, Flowers & Larkin, 2009). Therefore semi-structured, one-to-one interviews were chosen for this research to allow the interview to be open-ended and flexible, to gain awareness of the participant's personal idiographic experiences, whilst ensuring the questions encourage responses that aim to fulfil the research question (Willig, 2008). A review of the related literature was the foundation of the interview schedule. The questions designed for the interview were informed by studies conducted by Knight (2012), Iliffe and Steed (2000) and Akhtar (2016), which provided examples of interview questions and experiences in relation to the research. The use of open-ended questions aimed to help participants to explore their observations and feelings when working with BAME survivors of DVA. The interview schedule comprised of 13 questions (Appendix 7). The question topics focused on skills acquired through education and experience, personal and professional views, and exploration of challenging and significant experiences whilst working with BAME survivors of DVA.

3.4.2 Interview Procedure

The supervisory team reviewed the interview schedule during the initial stages of the research and an ethical application form was sent to be reviewed and approved (Appendix 1). Once ethical approval was granted (Appendix 2), the interview process commenced. An advertisement (Appendix 3) was created containing the details of the research and contact information; these were posted onto the Facebook groups mentioned in sampling and recruitment (section 3.3.1). DVA organisations were also contacted across the region. Potential participants who were interested were provided with the researcher's email address, and asked to contact the researcher via private message on Facebook, or via email for further information regarding the study. Those who showed interest in participating but could not, were asked to share the information about the study to others who may have been eligible for participation. All participants were provided with an information sheet specifying the reasons for the study and their rights to withdraw at any point of the interview (Appendix 4).

Once the inclusion criterion was approved, the interviews were arranged via email, Facebook private message or telephone. Interviews took place when and where it was convenient for each participant, however, the researcher took into consideration the safety and accessibility of the venue for both themselves and the participant. Thus, the researcher suggested the University of Wolverhampton as a venue and video online conferencing if travelling was inconvenient. This process was supported by Sturges and Hanrahan's (2004) who examined comparisons across the interview transcripts, including face-to-face interviews, telephone interviews and online video conferencing establishing minimal differences in the value of the responses. On the contrary, Novick (2008) claimed that telephone interviews may lack visual prompts, leading to unidentifiable understanding of

emotions and non-verbal communication. Although, findings reinforced through online video interviews, that visual cues can still be observed. Further advantages of online video and telephone interviews are the minimal cost and travel time allowing a larger access to participants, whilst ensuring the researcher's safety (Novick, 2008).

At the beginning of the interviews, participants were made aware of the remits of confidentiality; any risk of harm to themselves or others would need to be disclosed to the research supervisors. The anonymity of the participants was reiterated and it was emphasised that identifiable characteristics would be altered or removed accordingly. Once they had agreed to partake in the study, an Informed Consent Form was given for participants to sign face-to-face, and electronically for those who completed online video conferencing (Appendix 5). Participants were then asked to complete a short questionnaire on their demographics, education and profession (Appendix 6). The researcher prepared an open-ended interview schedule meeting the guidelines of the Code of Ethics and Conduct (BPS, 2009) (Appendix 7). A password protected iPad (electronic tablet device) was used to audio record the interviews which were then transcribed verbatim on the researcher's password protected laptop. The transcripts were stored on the laptop in a separate confidential folder that was also password protected.

The duration of the interviews remained flexible in order to allow the researcher to clarify, elaborate and understand the experiences each participant was engaging with. Follow up questions were added to encourage further reflection and flexibility in responses, consequently an open discussion can ensue (Marshall, 2014). At the conclusion of the interview participants were given the opportunity to ask questions or discuss any issues.

3.5 Data Analysis

The steps of data analysis proposed by Smith et al. (2009) were followed. Firstly an idiographic approach was adopted to analyse each case individually to produce detailed accounts of the participants. This formed the foundation of the phenomenological underpinnings of IPA. The researcher completed a verbatim transcription of each interview on a word document. Once the transcription was completed, the interviews were read multiple times and analysed on an individual basis, enabling the researcher to immerse themselves into the data and to allow the participant to become the focal point of the analysis (Lyons & Coyle, 2007).

The next stage of the analysis involved initial line by line coding of the text summarising a descriptive account of the participant's experiences. The linguistic aspects used to describe the phenomena were also noted. All non-verbal expressions were included in the transcription to facilitate the interpretive process of the analysis (Smith, 2015). Further to this, conceptual coding was applied to the transcript which took the analysis to a more inquisitive and interpretative level (Smith 2015).

Patterns were identified across the transcript and these formed 'emergent themes'. These themes aimed to summarise the researcher's interpretations of the participant's narrative, which were then reviewed to ensure they remained true to their experiences. These interpretations intended to uphold the integrity of the participant's experiences and are presented in quote tables for each participant (Appendix 8-12). All themes were arranged in a list and patterns were established between the emergent themes, which were then grouped to develop 'super-ordinate themes'. The super-ordinate themes for all of the cases were compared to check for shared similarities. Wherever similarities were found they were relabelled, however, some super-ordinate themes emerged that were unique to

each participant and therefore remained the same. These individual themes were explored further in the idiographic accounts (Smith et al., 2009).

This culminated in creating master themes which are summarised and presented in a table, combined with the emerging and super-ordinate themes (Appendix 13) (Smith, et al., 2009; Willig, 2008). The process was repeated for all transcripts to maintain the aim of an idiographic approach (Smith, 2008). Bracketing off ideas that had emerged from the last interview was also adhered to as an idiographic approach was applied to this study (Smith et al., 2009). The tables and charts were created through the use of excel spreadsheets and by hand for both idiographic and nomothetic analysis.

3.6 Trustworthiness

Shenton (2004) reported several approaches to ensure and assess the trustworthiness of qualitative research. There are four aspects that are focused on for trustworthiness, these are: credibility, transferability, dependability and confirmability. The researcher reflected on the interviews and any potential assumptions which may have risen during this process. The aim of this was for the interview to remain the sole focus of the research and allow further detailed analysis without preconceptions (Guba, 1981).

3.6.1 Credibility/Dependability

Credibility is the first significant aspect of trustworthiness which is concerned with whether the results are considered congruent with reality (Merriam, 1998). Employing established research methods such as IPA was undertaken to ensure credibility (Larkin & Thompson, 2012). Within this methodology, random sampling was utilised. A

homogenous sample was the focus of this study and the researcher endeavoured to recruit all potential participants that fulfilled the research criteria, instead of limiting recruitment based on factors such as location. All participants were provided with the option to withdraw at any time up until two weeks post interview, which maintained ethical standards.

The researcher took the opportunity to receive constructive criticism from their peers and supervisors; this was demonstrated in presentations, discussions and conferences. This was supported by Smith et al. (2009) who reiterated that the research development demonstrates validity through being transparent. Through each stage of the research process, supervisors reviewed the research which enabled changes and strengthened the progression of the project. Following the interviews, the researcher's experiences, perceptions and issues that may have risen through the process of collecting data were discussed with supervisors. The research supervisors verified emerging themes that were collated to confirm the accuracy of the data interpretations. This was to ensure that the interpretations and conclusions of the results were supported by the data collected.

A reflective journal was completed via a reflective commentary (Chapter 6-Critical Appraisal); the researcher noted their feelings and emotions and considered their engagement with the research process. In addition, the researcher submitted a research ethical form to the University of Wolverhampton Ethics Committee for review, this was to ensure this research was abiding by the BPS code of ethics (BPS, 2009). Member checks were carried out by showing the analytical results to participants, to verify the interpretations were authentic to their experiences.

3.6.2 Transferability

Giorgi (2002) suggested that transferability means external validity i.e. how applicable the research findings are with other populations and situations. The positivist view of external validity was proposed by Erlandson (1993) and suggested that generalisability is impossible, as all interpretations are explained by the situation in which they occur. However, Denscombe (1998) stated that each individual case is distinctive but can be reflected amongst a wider community, thus the viewpoint of transferability must not be completely dismissed. To ensure transferability within this study, the researcher described explicit details of the research context and the participants' background and characteristics (Shenton, 2004). This research could be transferable to other contexts (for further information see chapter 6).

3.6.3 Confirmability

For qualitative research, the notion of confirmability is equivalent to the notion of objectivity which is a term used in quantitative research. Shenton (2004) claimed that the processes to be followed would ensure that the participants' true reflections of the phenomenon were achieved, rather than representing the researcher's biases. The researcher made use of a reflective diary and notes were made of any biases or perceptions which could have risen through the interview. This allowed the reader to understand previous decisions that were formed.

Overall, it is reported that a qualitative study comprises of rigour and commitment, consistency and transparency, significance and impact (Yardley, 2000; Willig, 2008). Brod, Tesler and Christensen (2009) supported this as they stated that a knowledgeable

interviewer is crucial in ensuring diligence by reflecting and analysing the participant's experiences, which is a key aspect of a successful qualitative study.

3.6.4 Reflexivity

Mruck and Breuer (2003) stated that qualitative researchers are urged to explore their own decisions, assumptions, actions and experiences while conducting a research study in order to maintain a reflexive approach. Ortlipp (2008) indicated that instead of trying to contain the values of the researcher via the process of bracketing off assumptions, recognising those values is more important. Willig (2001) argued that a reflexive approach within the research process relies on upholding a reflective and critical stance which is the central focus of qualitative research.

The interviews were carried out by the researcher who identifies herself as Sikh, who has an understanding of the cultural beliefs associated with DVA. While undertaking her training in Counselling Psychology she had come across BAME individuals who felt strongly about their culture and traditions; this appeared to have impacted on daily life and prevented them from leaving their DVA marriage or relationships. Clients also suggested the way various other cultural attitudes such as 'honour' may silence them in an abusive relationship. As a result of this, the researcher became curious about psychologists working with this client group and the potential difficulties when attempting to understand their personal beliefs and values, alongside understanding others. This was in line with Husserl (1913) who suggested that the researchers' natural attitude becomes apparent through conducting the research, thus reflecting upon and noting fears, assumptions and beliefs of the research are imperative to be aware of. Subsequent to this, bracketing occurs whereby these assumptions and perceptions are

recognised by the researcher, in an attempt to detach themselves from these views, allowing the participants' experiences to be the focal point of the analysis (Husserl, 1913).

Developing awareness of how to deal with these difficulties as well as the impact they could have on Counselling Psychologists, personally and professionally, was considered as valuable within the therapeutic relationship. Further to this, awareness of the impact of working with this minority group alongside an identified gap in existing literature, led to the conceptualisation of this research. The researcher entered the exploration of this topic with an open mind with regards to the participants' responses during data collection. A reflective journal was implemented to enable a reflexive approach, in order to analyse personal beliefs and assumptions (Ortlipp, 2008).

3.7 Ethical Considerations

The research adhered to the British Psychological Society's Code of Ethics and Conduct (BPS, 2009) and Health Care Professions Council (HCPC, 2012). Prior to the interview, participants were provided with information sheets (Appendix 4) and informed consent was obtained (Appendix 5). This was to ensure they understood the purpose and procedure of the study. Participants were informed they had the right to withdraw up to two weeks after the interviewed was conducted. This time limit was provided as the data analysis would have commenced.

To adhere to the BPS Code of Ethics and Conduct (BPS, 2009) all participants' identifying information was anonymised through the entire process of research. Pseudonyms were either used or information was omitted to maintain anonymity (BPS, 2009). Consent forms, transcripts and additional notes from the interview were stored in

a locked cabinet. Any electronic data gathered was stored on password protected devices. Only supervisors, examiners and the researcher had access to the data. Participants were reminded that interviews were not therapeutic sessions but they could seek support from clinical supervisors if required.

Participants were made aware that if concerns around risk of harm to self or others were disclosed then safeguarding procedures would be followed. Participants were also informed about the nature of the questions and made aware of the possibility that their participation may trigger difficult memories of working with these clients. Interviews were conducted where appropriate for both researcher and participant whilst ensuring the University of Wolverhampton's lone working policy was adhered to throughout the interview process.

During the interview if the participants required a break at any point, the interview would be paused to accommodate these needs, only continuing when they were ready to resume. The researcher continuously monitored the interview process for any signs of distress from the participant. This was achieved through observational changes in body language and linguistics; for example their tone of voice and facial expressions. The personal perceptions of the researcher were not disclosed throughout the interview process, enabling participants to express their experiences and concerns openly. Lastly, in order to abide with the University of Wolverhampton's research regulations, all data collected will be destroyed 2 years after completion of the research.

Chapter Four – Findings

4.1 Introduction

This chapter will provide an account of the interpretations of the participants' experiences from the data collected in order to address the research aim. The aim was to explore Counselling Psychologists' lived experiences of working with BAME survivors of DVA and the impact it may have, both personally and professionally. The findings comprise of two sections; the first part will discuss an idiographic analysis of each interview, where some of the noted themes were deemed relevant to a particular individual experience. This was essential to ensure that explorations of these themes were presented in order to inform the reader of the way these themes may have impacted the interview responses.

The second part focuses on a cross case analysis; drawing on interconnected common themes and these are outlined in a table format with quotations from the interviews (Appendix 8-12). These are drawn on to illustrate and support the interpretations detailed in the analysis. A further detailed account of the findings will be presented in chapter 5.

4.2 Idiographic analysis

4.2.1 Idiographic analysis – Anna (The conscientiousness one)

Anna is a white 38 year old female Counselling Psychologist. She has been practising in talking therapies for 12 years. Anna's interview lasted 58 minutes via Skype and although there were technical complications which caused frustration for both Anna and the researcher, they were able to eventually connect and engage around the various aspects of the research project. She was familiar with the research and interview process due to

completing her own thesis in the past. During the interview, Anna seemed congruent with regards to her verbal responses and emotions. She appeared at ease with the interview style and spoke fluidly and openly.

She had previously worked for a DVA organisation which provided support to women from all ethnicities. In terms of her intervention style she primarily utilised a Person-centred approach which she integrated with a Cognitive Behavioural approach, drawn upon to explore what she perceived as various cognitive distortions that were experienced by survivors.

Anna's frame of reference for making sense of the world clashed with some of the cultural norms that she experienced when working with some BAME groups. In trying to make sense and resolve what was arising for her in her therapeutic work she revealed to the researcher that she experienced considerable internal conflict (Page 13, line 413). Anna had previously worked as a teacher which had provided her with some insight into the issues that BAME women were facing (Page 9, line 278), but there remained a clash between her cultural norms and those being expressed by the clients.

Whilst training, Anna had previously attended teacher and therapist training modules focusing on working multi culturally, but these were providing predominantly surface level insight and she noted that what was missing was in-depth training (Page 22, line 703). After she had highlighted the gaps, it appeared she was now trying to address the problems she had noted through attending various training courses (Page 1, line 8). In being honest and open she stated it was difficult to build empathy for people who were entrapped and had internalised various cultural norms about their inability to change

(Page 2, line 36). It appears the more directive style of CBT was not generating the insight that is often seen as the strength of the therapeutic method. As a result Anna was using the person-centred approach with her BAME clients and this was allowing her to build bridges, but she still felt deficient and that she should be doing more for them (Page 11, line 343). It appears she felt that her level of empathy and connection would remain at a distance due to cultural differences (Page 2, line 36).

Whilst embarking on further training she wanted to build her insight, but felt there were invisible challenges that she could not overcome due to her westernised concept of the self (Page 18, line 558). As a result, she stated that she was signposting people to other support services because she lacked the ability to work with the various client groups (Page 20, line 627). She noted that the issue of FGM for example appeared problematic for her.

One of the difficulties she highlighted was drawing on familiar advice within domestic violence situations of leaving the violent partner, but reinforced when working with BAME clients that this was a 'double edged sword' (Page 3, line 72). Anna noted for example that certain BAME women would be disowned and ostracised by the family along with the wider community (Page 5, line 141). As they faced racism within the host community and ostracism within their own community, this ultimately left them isolated. Anna revealed there was a sense of heightened anxiety regarding her thoughts and interventions to support a client who felt trapped in this situation. There was a sense of her fearing failure and not being able to save the client from their predicament (Page 22, line 715).

During the interview, Anna expressed several different ways around how she had emotionally responded to working with BAME survivors of DVA (Page 7, line 222). It became evident that the growing number of high-risk cases that she had experienced whilst working within her organisation had increased Anna's anxiety; resulting in her being hyper-vigilant ultimately expressing symptoms of vicarious trauma (Page 7, line 222). This has led to her professional life impacting on her personal life; as she stated feeling scared that her husband was a perpetrator (Page 14, line 456). It has also led her to feeling more anxious around BAME communities and she had noticed that she was prejudging this group as a result of her experiences (Page 7, line 223). This conflicted with her role as a Counselling Psychologist and being non-judgemental, consequently she felt 'disingenuous' when questioning others' motives for their interaction with mental health services (Page 6, line 164).

4.2.2 Idiographic analysis – Mia (The angry one)

Mia is a 42 year old female Counselling Psychologist. Mia's interview lasted 67 minutes via Skype. She is Asian and a practising Muslim born and raised in the UK, where she gained her BPS accreditation. Mia previously worked therapeutically in various psychological settings including a DVA organisation for over 9 years. She is fluent in both English and Urdu which she feels has helped her support clients from different backgrounds. Mia's responses during the interview appeared genuine and it was through exploring her own experiences of working with this group whilst reflecting on her personal life that she expressed a certain frustration and concern (Page 37, line 447). This arose from some of the issues that occurred when working with other agencies and the assumptions that were drawn on to discuss the problems the clients faced (Page 40, line 527). Mia had developed her expertise and had insight that she wanted to share and this

had arisen from working in depth with complicated dynamics and a shared ethnicity (Page 34, line 360), however the problem she faced is that her experiences were not being validated by other organisations who only worked on a surface level (Page 39, line 494). Mia attempted to try to educate her colleagues on the complexities of what she was facing, however felt misunderstood (Page 34, line 336).

Despite the fact that Mia received organisational training with BAME survivors of DVA she stated that the intricacies of what she was dealing with required considerable flexibility (Page 24, line 7). She felt there was a lack of specialised training provided for both new therapists and existing colleagues to work in depth (Page 24, line 29). Mia stated that having insight from being part of a BAME community was essential for understanding the various complexities allowing her to move into relational depth (Page 36, line 397). Mia placed considerable emphasis on shared cultural identities and how this was used to build a rapport and eventually trust (Page 36, line 404). This highlights another challenge for BAME therapists as they are immersed within the communities they work with and keeping confidentiality is essential (Page 37, line 447).

A predominant theme throughout her interview is a sense of anger that becomes triggered when working with BAME survivors of DVA (Page 32, line 285). Mia aims to build on client's strengths but often due to the way that the woman's self-esteem has been weakened within the family structure, this is an even bigger challenge (Page 27, line 102). She outlined that this can become frustrating, but this is not aimed at the client but at the world the client is involved in and how the women have been crushed (Page 32 line 280). Whilst Mia attempts to help them rebuild she helps the clients to normalise how they feel by validating their experiences (Page 26, line 67). Mia appeared to listen and build upon

relational depth to generate a high level of empathy (Page 36, line 397). She is careful however to think about how the clients experience whilst also reflecting on her own personal experiences which could lead to unnecessary transferences and assumptions. Mia reported that she is an Asian divorcee and had to work through many of the challenges that women face when they leave a marriage, which can often mean having to leave a community behind (Page 31, line 254, 259).

After reflecting on her experiences she has awareness into the challenges many BAME women feel about the role of the family and the community (Page 28, line 154). She stated that because of her experiences she can gain an insight into the complex demands made on women in their family role (Page 31 line 256). This becomes severe when the women consider the potential consequences of attempting to leave a relationship which is violent (Page 31, line 259). Although the advice to women is to leave a violent relationship, this is not easy in cultures which pride themselves on upholding honour and dealing with shame and stigma. In BAME cultures, family honour is extremely important; sometimes it is more important than the life of a sister, daughter or wife (Page 32, line 280). The use of violence to uphold family honour can be embedded in families and considered the norm in some cases.

During the interview it became apparent that due to traumatic cases she has worked with for several years, she experienced vicarious trauma (Page 45, line 719). It has shaped both her professional and personal life. This has resulted in Mia thinking about her clients' wellbeing outside of work, showing how therapeutic boundaries have been difficult to maintain when working with high risk clients (Page 32, line 263).

Working beyond the therapy room has become a consistent pattern for Mia as the challenges that BAME survivors face are both practical as well as psychological (Page 39, line 499). The systems that are currently in place do not provide adequate support for her or the clients, leaving her feeling isolated. This has meant that she has to explain basic problems continuously because the people she works alongside are those who lack an understanding of BAME issues (Page 41, line 570).

Another aspect of her frustration is the fear that operates in BAME communities that women have internalised, that is, a sense that the women freeze and fear the stigma of leaving violent relationships even when it is killing them physically or psychologically. Mia wants the women to find the energy to confront their situation but realises that the women's ability to find the courage is limited as they are caught within a double-edged sword (Page 31, line 257).

4.2.3 Idiographic analysis – Sienna (The pressured one)

Sienna is an Asian female Counselling Psychologist in her early 40s and has been practicing for approximately 11 years. She has been in a senior role for around three years and this becomes apparent when she discusses her trainees along with other members of her team. The interview lasted for 38 minutes via Skype and she appeared to engage with the process. Sienna explained that she would only be able to complete the interview during her break at work. Although she insisted that the length of time would not be an issue, it provoked anxiety for the researcher as they felt pressurised to complete the interview within a set timeframe. Nevertheless, as the interview continued Sienna appeared relaxed and congruent with her responses; there was a sense that she had insight and knowledge gained from working widely with the BAME client group. She also

expressed herself openly when talking about her experiences and how these shaped her from a professional viewpoint (Page 61, line 223).

She reported that trainees should be provided with more specialist training, so they gain an insight into the challenges that BAME groups face (Page 70, line 500). There is an overwhelming sense of being under pressure to ensure the safety of her clients and she appears aware of the severe risks the women face when leaving an abusive relationship (Page 59, line 158). Although she expressed an understanding around her clients' fears she reported finding it difficult to build trust, as there was a continuous concern on the clients behalf about the levels of confidentiality that are maintained within therapy (Page 63, line 273).

Whilst Sienna was exploring her concerns, the overwhelming sense of pressure she faced was being able to ensure that her clients were kept safe whilst holding the responsibility for their wellbeing; where they could be 'killed' if confidentiality was broken (Page 59, line 158). This meant it was vital that certain precautions were undertaken as it could lead to tragedy if precautions were not followed correctly. Due to being in a senior role she was the person the other practitioners spoke to when it came to dealing with complex clients as she was seen as a person who had more knowledge. The client was not just an individual who could choose to stay or leave a violent relationship as pressure was placed on them by their families, including extended family which also meant people who lived in other countries. The consequences were therefore considerable and this meant that some of her clients were under threat around their legal status; the right to remain in the UK, if they left a relationship (Page 63 line 269).

Vicarious trauma was another theme that became apparent through the interview. She reported having 'secret meetings' with the police to ensure the clients' safety whilst working to prevent 'honour-based killings' (Page 59, line 150). This responsibility led to feeling more hyper-vigilant with these clients and there was multi-agency involvement due to these complexities (Page 59, line 143). Often this led to Sienna feeling anxious about a lack of control, where any breach of confidentiality could lead to increased anxiety as a result (Page 66, line 391). She reported having to relinquish 'power and control' when considering the clients' safety which then led to feeling overwhelmed. This resulted in Sienna explaining that this work is emotionally very draining due to the demands placed on her (Page 64, line 315). In one attempt to regain control Sienna ensures that her admin team do not 'slip up' and her staff are trained to ensure they are aware of the challenges they may face (Page 65, line 348). This sense of regaining control could lead to ensuring she does not fail as the consequences are detrimental to her clients' lives.

4.2.4 Idiographic analysis – Anita (The anxious one)

Anita is a 52 year old female Counselling Psychologist. She is Hindu and speaks both Gujarati and English fluently. She has been practising for approximately 15 years and appeared confident and knowledgeable around exploring her experiences of working with this client group. The interview lasted for 37 minutes via Skype. Anita explained that prior to the interview she would be completing it during her lunch hour; again there was a concern for the researcher having time constraints to complete the interview. However as the previous participant engaged well, the researchers anxiety decreased, assuming this interview would be a similar process.

Anita however provided only short abrupt answers which made the researcher uneasy. This resulted in the first few questions being answered quickly and the researcher feeling uneasy about the interview technique. Consequently, the researcher began to slow the process down and take time to explore her responses by asking supplementary questions. Anita however appeared restless and occasionally looked around the room whilst answering the questions, and it was half way through the interview she started to reveal how she felt when working with this group. She also revealed that she was an Asian divorcee and the researcher contemplated whether her client cases had resonated with her and perhaps had created a need to defend herself against in-depth questions (Page 74, line 73).

Anita expressed that through her experiences of being an Asian divorcee she had insight into the various cultural beliefs along with the potential risks of not wanting to escape a DVA relationship. A theme that also became apparent throughout the interview was Anita having a shared ethnic identity helped her to connect to her clients' difficulties (Page 72, line 30). Although she feels this is beneficial, she also explored the difficulties she faced when she tries to unravel her clients' core beliefs as she wants to challenge the concept of cultural norms (Page 76, line 162). Although she had an awareness of cultural concepts and understood 'honour'-based violence she also revealed that it was 'crazy' behaviour (Page 82, line 360). There was a sense of feeling overwhelmed with high risk clients and Anita reported it: 'can be really scary for us as therapists' (Page 76, line 144). Anita experienced several emotions whilst working with this client group; frustration, fearing failure and difficulties in accepting a lack of control (Page 83, line 388). Through her experience Anita has felt she regained one form of control by reiterating that it is the client's decision. To protect herself she had developed various strategies to diffuse the

impact of vicarious trauma looking at self-soothing, supervision and developing external interests (Page 82, line 335).

4.2.5 Idiographic analysis – Leah (Feeling unequipped)

Leah is a 40 year old female Counselling Psychologist. She was born in Italy and moved to the UK when she was around 8 years old. She has worked in 'talking therapies' for over 15 years. Leah's interview lasted 65 minutes via Skype. Prior to the interview she asked questions regarding the thesis and the reasons for the topic of choice. She appeared genuine in her responses and expressed her emotions throughout the interview. Leah seemed at ease with the style of interview and spoke openly about her experiences of working with this client group.

A theme that was predominant throughout the interview was 'feeling unequipped' to work with different cultures (Page 86, line 33). Leah expressed various challenges that emerged when trying to engage with clients who had different value systems including religious and cultural beliefs (Page 104, line 642). She stated that she did not have the knowledge to work in depth and this had a significant impact on her sense of worth as she reported not feeling 'good enough' whilst asking for 'help' from supervisors (Page 100, line 493). This came from her perception of being a Counselling Psychologist and the status she holds where 'you are supposed to hold the knowledge' (Page 86, line 53). She mentions feeling 'less powerful' developing a sense of knowledge is power (Page 86, line 54).

Another theme running through the interview was working with clients' core beliefs. There was a sense of anxiety when attempting to challenge core beliefs whilst being aware of wanting to understand her clients' views and not disregarding what they believe in (Page 98, line 459). Leah finds this difficult as she reported being aware that there is a

'power imbalance' in the therapeutic relationship and she does not want the client to feel they are being 'judged' on their core beliefs (Page 99, line 464).

Throughout the interview, she also expressed a feeling of being overwhelmed with numerous complexities whilst working with this client group due to religious beliefs and values entering therapy (Page 97, line 414). One of the most predominant aspects of the interview was vicarious trauma; it was apparent that Leah had become more hyper-vigilant in her personal life as she reported 'it stayed with me' (Page 101, line 557). Here she was referring to a heightened awareness within her current relationship. There was also a sense of not being able to have the skills to work with current high-risk clients which has limited her involvement, whilst at the same time feeling that she should be expanding her skill set (Page 97, line 406). There is a sense that this avoidance could be linked to her fear of failure and sense of low self-worth (Page 100, line 493). At the same time she is conscious of the struggles that arise when working with BAME survivors of DVA, along with the challenges arising when dealing with the impact of the family and wider community (Page 93, line 283).

Leah expressed at times during the interview that if she struggled with her clients, she would ensure they were signposted for further support (Page 106, line 721). It was evident that she did not want to feel as though she had not done her best, but at the same time there was some hesitancy around working in depth because she may not be able to do it. She was caught in a predicament where more support or training could provide the scaffolding to work with clients with a range of complexities but currently there is an absence (Page 85, line 18). Consequently, Leah feels has the potential but lacks the support to work in depth with BAME survivors of DVA.

To conclude, in line with IPA research each participant was given their own voice to share their experiences of working with BAME survivors of DVA. The following section will now provide an in-depth analysis for the predominant themes across all the cases.

4.3 Cross case analysis

The following section presents an analysis of the findings that emerged across the five interviews resulting in five major themes being identified. These were: (i) understanding the needs of a Counselling Psychologist, (ii) the complexity of working with BAME survivors of DVA, (iii) the psychological impact on a Counselling Psychologist, (iv) the need for containment as a Counselling Psychologist and (v) the identity of a Counselling Psychologist. The table below illustrates the summary of how the emergent themes generalise amongst the participants.

Table 2

Common Themes - Tick Table

Major Themes	Emerging Theme	Anna	Mia	Sienna	Anita	Leah
1) Understanding the needs of a Counselling Psychologist	Feeling unequipped working with different cultures	✓	✓			✓
	Actively engaging in additional CPD training	✓	✓	✓	✓	✓
	Raising own cultural awareness through training	✓		✓	✓	✓
	The gap in specialist knowledge	✓	✓	✓	✓	✓
2) Complexity of working with BAME survivors of DVA	Double edged sword	✓	✓	✓		✓
	Understanding ostracism	✓	✓		✓	
	Pressures of family and wider community	✓	✓		✓	✓
	Challenges faced with honour based violence	✓	✓	✓		
	Challenges faced by clients migrating for marriage		✓	✓	✓	
	Sudden disruption in clinical work	✓	✓	✓		

Theme	Subtheme					
	Understanding unique belief systems	✓	✓			✓
	Conflict between eastern and western views		✓	✓		✓
	Awareness of taboo/stigma	✓	✓			✓
	Anticipating potential therapeutic barriers	✓	✓	✓		✓
	Efficacy through shared ethnic identity		✓		✓	✓
	Struggling to empathise	✓		✓		✓
	Struggling with the concept of cultural norms	✓	✓	✓	✓	✓
	The strength of the clients' core beliefs	✓	✓	✓	✓	✓
	Understanding the lack of generational change	✓	✓			✓
	Various layers of complexities	✓		✓	✓	✓
	Difficulties working with non-BAME professionals	✓	✓	✓		
3) The psychological impact on the Counselling Psychologist	Feeling overwhelmed	✓			✓	✓
	Breaking barriers between professional and personal life	✓	✓		✓	
	Vicarious trauma	✓	✓	✓		✓
	The failing 'professional'	✓		✓	✓	✓
4) The need for containment as a Psychologist	Value of supervision	✓	✓	✓	✓	✓
	Value of peer support	✓	✓	✓		
	Safety in signposting	✓			✓	✓
	Safety in following procedures and protocols	✓	✓	✓	✓	
5) The identity of a Counselling Psychologist	Tailored interventions to meet unique needs	✓	✓	✓		✓
	Overcoming barriers of 'talking therapy'		✓	✓	✓	✓
	Therapeutic process		✓	✓	✓	✓
	PCT at the core of therapy	✓	✓	✓	✓	✓
	Therapists' role		✓	✓	✓	✓
	Understanding UK laws and regulations		✓	✓	✓	

4.3.1 Major theme 1 - Understanding the needs of a Counselling Psychologist

This major theme focuses on the professional needs of Counselling Psychologists in order to work effectively with BAME survivors of DVA. The interviews indicated that all

participants identified gaps in their training when working with this challenging client group as highlighted below.

> *"....is there a different training that I should have had, ummm I think it's one of those moments that you feel very deskilled" (Anna*; page *20, line 624)*

> *"....I'm sure they would feel, hold on a minute, this is a stranger. What does she know about our culture?" (Mia; page 49, line 853)*

> *"Ummmm… it was definitely putting me in a position where I felt less powerful and accepting that I didn't actually have any knowledge about what I was talking about. So, for example, the first time that I ummmm… occurred in a case of potential forced marriage. I had to ummmm… go back studying..." (Leah; page 86, line 54)*

Three out five participants felt unequipped when faced with the reality of their lack of cultural knowledge when working with BAME clients and the impact their culture has on their lives. They recognised that this was not an integral part of their core training and therefore participants completed additional training to gain more cultural knowledge and insight.

> *"I also did the freedom training programme and the respect recovery programmes as well, included within them were modules on working with BAME groups" (Anna; page 1, line 9)*

"I did therapeutic training as well as doing some courses while I was working, for example, for a Black Women's Project and aside from that when I was working at a specialist" (Mia; page 24, line 6)

"...only really the mandatory training our Trust does" (Sienna; page 55, line 5)

"...lots of internal training like transactional analysis. Ummmm, CBT..." (Anita; page 72, line 14)

"....specific training, was a lot about working with ummmm... similarities and differences in defecting..." (Leah; page 85, line 13)

All participants recognised a gap in their knowledge and undertook additional CPD training to address this. They were balancing this alongside their employment to feel equipped for their roles. The following extracts highlight the participants' training consisting of understanding the importance of cultural aspects and the impact it has on their lives.

"...raised your awareness a little bit more to, how you need to differentiate things, about language..." (Anna; page 1, line 15)

".....FGM and honour based violence have become a mandatory training rather than a compulsory one, one that, you know, you could do. It's......very detailed, ... as the training goes on year by year you could see that they are taking the

matter very seriously, so it's good that not only our … our Trust we are all learning from it." (Sienna; page 69, line 475)

"...it helps with working with all different backgrounds in therapeutic work..." (Anita; page 72, line 29)

"So, the… all of this violence, forced marriage, ur… the culture, how the religion impacts the choices. Umm…the values of the community, ummmm……which was really enlightening. I have to say. Umm… so, the trainer was actually belonging to the community……." (Leah; page 87, line 81)

Four out of five participants completed additional CPD training which raised their own cultural awareness. More specifically, participants embarked upon broadening their understanding of how these cultural issues connect and impact each other. Participants appeared to have not anticipated the complexities of numerous cultural issues. Regardless of the training undertaken, all participants remained feeling that there was a gap in their specialist knowledge around BAME.

*"....don't think the training equips you necessarily to think the same process of logic or expanding your thought processes to working with different cultures…..
I think it's something that diversity, or the bracket of diversity teaching needs to be expanded within training….." (Anna; page 22, line 703)*
"The training that I had, the trainings that I had weren't, weren't specifically BAME-related…" (Mia; page 25, line 43)

"...maybe have more insights and awareness of, like kind of the cultural things..."

(Sienna; page 55, line 20)

"...different group ... different culture groups and ummm, not ... we don't have people trained in it..." (Anita; page 84, line 404)

"...there was not really any specific part of the training about ummmm... this kind of context..." (Leah; page 85, line 18)

All participants recognised that although some minority issues are being acknowledged, there appears to be a need for greater depth on cultural diversity and BAME issues being prioritised on Counselling Psychology training courses. The participants reiterated that other areas are heavily prioritised, however culture is not given the same pertinence. Given we are in a growing multicultural society, perhaps it should be a priority on training and CPD courses. There is a sense that this area is not important to society, thus Psychologists could be further facilitating this ignorance by not including it in training courses. This theme highlighted a fundamental need for CPD and training courses to incorporate further in-depth BAME specialist knowledge within DVA relationships.

4.3.2 - Major theme 2 – The complexity of working with BAME survivors of DVA

The most pertinent theme extracted across the interviews were the challenges the participants encountered when working with this client group; one of which was the need

for clients wanting to escape the abusive relationship and understanding the consequences they may face if they left.

"they've left their children, you want to make them feel as comfortable as possible. So there is that hesitation of ummm trying not to make things worse." (Anna; page 3, line 72)

"I know how difficult it is for women to uphold the family honour. It's, it's a huge thing in the Asian community. So, on one side it was a bittersweet battle because with both of these girls, they lost, they lost their families back home. Their families disowned them. So that was, that was the bitterness in it. And the sweet side was that they have their life again and they're not living a miserable life". (Mia; page 31, line 256)

"it's a huge pressure of making sure you've done everything you possibly can…. to make sure that, you know, nothing happens, that, you know, this person doesn't get taken away, isn't killed, ummm, because of, ummm…… of ultimately also may be sharing things with us. So it's a huge responsibility, you have to be there for them and having to explore everything, but it could also get them into a lot of trouble doing that as well, so it's a real double edged sword" (Sienna; page 59, line 157)

"I mean, she was completely aware that what was happening wasn't making her feel any happier……secondly, she was quite scared about the judgement of her community…" (Leah; page 93, line 281)

Four out of five participants showed understanding that there were additional losses for clients that need to be considered. Although clients may gain autonomy and freedom from leaving an abusive relationship, they actually encounter not only the loss of the relationship but the loss of their family. This 'bitter sweet battle' was recognised by participants as a 'double-edged sword'. Participants acknowledged that managing these new and changing needs within the therapeutic relationship would be a challenge. With the potential consequences of a client leaving a DVA relationship, participants gained an understanding of how ostracism could impact the client.

> *"....if you speak out, then you are shunned by the whole community, so not only are you are you leaving your home, but the entire community will turn their back on you...." (Anna; page 5, line 141)*

> *"...her mother threatened to disown her..." (Mia; page 31, line 247)*

> *"...it could be because of religious reasons, cultural reasons for them staying in the..... the abusive relationship ummm, I mean being ummm disowned by the family....yeah.." (Anita; page 73, line 59)*

Anna, Mia and Anita reported the negative impact the disclosure of abuse can have on a client's life. The disclosure can often result in denial or rejection from both their family and the community. This cultural ostracism can generate another layer of trauma for the survivor, which ought to be considered within the therapeutic dynamics. Furthermore, when exploring DVA perpetrators within BAME relationships, participants identified

they are not just limited to the male head of the household, but can be inflicted by all family members or friends including the elders as mentioned below.

"Very often specifically with the BAME community you find, that it's more second generation, or third generation domestic violence, it's also domestic violence that isn't only perpetrated by the father, but perhaps the grandparents as well, and I think it's really important to be mindful of the perpetrators might not be the people you always think it could be." (Anna; page 19, line 593)

"…and she was just terrified that, um, people in her gurdwara would find out and start calling her weak and then start thinking badly of her." (Mia; page 26, line 84)

"…if they go back to their own country, they might have threats there…" (Anita; page 78, line 213)

"…So, aunties, uncles… extended communities…..so, she met this man……who belonged to the same community, who was a friend of her uncle…this man had been very violent towards her…" (Leah; page 93, line 270)

The pressures from the family and wider community appeared to be at the heart of this major theme. Participants implied that in therapy we need to remain curious and aware of our own assumptions of potential perpetrators. Below, Anna, Mia, and Sienna also reported that maintaining a cultural silence appears to be central to upholding family and community honour; the breaking of a taboo and shame arises when the silence is no longer

upheld. This can result in the family members inflicting violence on the DVA survivor as mentioned below.

> *"...that is looking to restore the honour for their family, or find out where they are to persuade them to come back……… or you know in some cases to punish them for bringing that disrespect to the community…" (Anna; page 6, line 157)*

> *"....her mother threatened to cut, you know... Her chacha... uncle, her chacha, threatened to cut her into millions of pieces if she ever was to return to India, again, because she brought shame to the family because she's now a divorcee." (Mia; page 31, line 247)*

> *"Ummm, and then these are ladies who have had 'honour'-based violence, and then possible killing, that was very difficult to work with them as well….." (Sienna; page 64, line 295)*

Anna, Mia and Sienna reported the shame and humiliation experienced by clients' families can lead to a desire for revenge, family members may resort to threatening the client with violence if they intended on leaving the DVA relationship. This is often associated with the shame they feel the disclosure has brought on the family name. Additionally, these participants described listening to reports of the intensity of potential 'honour'-based threats that had a direct impact on their therapeutic work, due to the focus shifting from the client's experiences to prioritising safeguarding concerns. The following extracts highlight another theme that emerged i.e. were BAME survivors of DVA being subjected to blackmail by their husbands.

"She was struggling with the fear that her husband... Again, this was another husband who threatened to send her back home and disgrace her and tell the family that it was her fault and she was a failure, that she, you know, she could never marry again and she was terrified of keeping the family honour…." (Mia; page 31, line 233)

"….which was to see whether they might be sent back…" (Sienna; page 63, line 269)

"…immigration is a big issue, if the err, woman's come here on a spouse visa, err, she would stay in the relationship because to have a right in this country…" (Anita; page 74, line 86)

Some individuals may have moved from their country to live with their husband in the UK and therefore the uncertainty around their legal status within the UK may cause anxiety. These factors can act as a barrier for DVA disclosure and therapeutic engagement. Below, Anna, Mia and Sienna reported the possibility of being deported could lead to a sudden disruption in clinical work and quite possibly leaving therapy as stated below.

"…therapeutic work ended there and then, as that person and her children had to be shipped off again…" (Anna; page 21, line 682)

"….She, she just stopped coming…." (Mia; page 52, line 920)

> *"...you may go home at any point." So, it was really difficult to work with this particular client because she never knew where she stood…. that ambivalence ummmm always impacted on the therapeutic work that we tried to do..." (Sienna; page 63, line 272)*

The legal uncertainties meant that the therapeutic work was always tentative. The client's 'ambivalence' and hesitations can also be mirrored by the therapist being unsure of the work that can be carried out safely, with a possibility of an unexpected ending and having to manage the uncertainty appeared challenging for participants. Another aspect within the therapeutic work is making generalisations and drawing on assumptions. In the below extracts Anna, Mia and Leah described the challenge to be reflective and understand the unique belief systems of BAME survivors of DVA.

> *"I think one of the challenges of working with BAME clients of DV is not tarring everybody from the same culture with the same brush. So not making the assumption that the whole that every community is complicit in in….domestic violence, that it's rife within every community and that it's acceptable within every community, I think it can be quite easy sometimes to make those snap judgements, and it's about pulling back sometimes and thinking these ….could be an isolated case." (Anna; page 15, line 471)*

> *"….that each individual is unique, that to respect the different cultural differences…" (Mia; page 49, line 845)*

"...It doesn't happen with every single client that belongs to this client group ..."

(Leah; page 98, line 450)

Stereotyping occurred once the participants had worked with someone from a BAME group; they felt that the same cultural norms were applied across the board. Understanding the differences within and across cultures were acknowledged by participants, but challenges were faced attempting to do this. The participants managing the conflict between eastern and western views became an occurring theme.

"A lot of it's difficult sort of east meets west and the difficulties of having...traditional background" (Mia; page 28, line 152)

".....but there is that conflict that they have of what is culturally acceptable and what is accepted by western culture" (Sienna; page 68, line 445)

"....the.... the Jamaican woman I was talking about, where depression doesn't really exist. So, if she lies down, if you're not motivated, if you can't work, you're just lazy and there's not any flexibility about this concept. You are lazy because depression doesn't exist, depression belongs to the Western world. In her community, in her family, depression belongs to the Western world, to rich people." (Leah; page 104, line 642)

Three out of five participants illustrated that some mental health conditions, such as depression are not recognised within eastern cultures. The symptoms of depression are considered part of negative personality traits and linked to laziness and regarded as

avoidance behaviours. As the concept of unhappiness does not exist in the same way in eastern cultures, this results in a stigma being placed onto mental health and the individual it is impacting.

> *"...I think how widespread it was, of being hidden by communities, and how it's still very much a taboo subject, that's not ok to talk about did surprise me..." (Anna; page 20, line 639)*

> *"....whole cultural difference, the whole taboo, the whole stigma around... first of all around therapy...." (Mia; page 43, line 634)*

> *"....about this group of clients.....but my experience is ummmm... there is a lot of stigma about mental health..." (Leah; page 90, line 191)*

The participants' interviews suggested that although they are aware of the causes of mental health taboo, this represents as a continuous challenge and creates yet another barrier for clients to access therapy. It is a possibility that this difficulty may continue when the client enters therapy as high levels of secrecy were the norm within BAME communities, therefore to discuss issues in therapy maybe a daunting endeavour.

> *"....again being mindful of colloquialisms and terms like that..." (Anna; page 1, line 18)*

> *"...encouraging this woman, for example, this morning to talk about why it was so difficult for her to approach therapy in the first place...."(Mia; page 26, line 79)*

"..there's lots of other influences to maybe stop them to come to therapy ..."
(Sienna; page 61, line 223)

"I mean, not all, but I would say 70% of the clients that attend the service are… belong to minorities. So, I feel that this can offer a space where umm… normalise the access to service, whilst, in my experience, a lot of clients ummmm… in general that belong to minorities may find it difficult to access therapy service… for a stigma" (Leah; page 90, line 180)

Four out of five participants expressed an understanding of BAME 'mental health stigma' and anticipating potential therapeutic barriers around accessing therapy. This could also result in the client feeling shamed or embarrassed for accessing therapy. Some participants recognised that having a cultural affiliation to their clients appeared to be an advantage as mentioned in the extract below.

"Luckily for me because I'm Asian, I've got an insight to what it's like for a lot of Asian women who suffer from domestic violence and who are from an ethnic minority and I feel for non-BAME therapists, however much training they have, there is a clear difference for them…" (Mia; page 24, line 17)

"I think because I'm from an ethnic background it's just … it probably just helps…." (Anita; page 82, line 354)

"....my own therapist belongs to my same community and she is very similar to me... if I'm going to someone who belongs and has... to the same community and has the same values, she will be able to understand better...." (Leah; page 106, line 704)

Three out of five participants felt a sense of efficacy through having a shared ethnic identity, allowing them to express a deeper level of understanding and empathy through shared cultural understanding and awareness. On the other hand, participants expressed not being able to reach this level of connection as they struggled to empathise with the client.

"....important to be led by the client on that, because as much as you try and read them and learn, unless you're living that on a day to day basis there's no way that you could fully understand the magnitude of the different aspects of it..." (Anna; page 2, line 36)

"to our own upbringing, you know, how different they are and the experiences some women have or have had and particularly as a woman who's not had any of these experiences, you know it can be quite difficult to see that somebody else has been through that.....and especially like FGM....." (Sienna; page 57, line 72)

"....just acknowledging that, yes, I didn't actually experience that and probably I could never imagine having the whole community judging...." (Leah; page 94, line 327)

Anna, Sienna and Leah reported that regardless of how much training or knowledge they gain, they would still not be able to reach the level of empathy of those who are of the same ethnicity and immersed in the culture. This also led to a struggle in understanding the concept of cultural norms, which irrespective of shared ethnicity seemed to be a general consensus across all the participants.

"……these girls were told by their families just to put up with the abuse because they would bring shame to the family and for me, it's like, oh my God, you're expecting your daughter to sacrifice her life. Ultimately, sacrifice her life, sacrifice her happiness just to keep the family name. How dare you? And it would anger me….." (Mia; page 32, line 279)

"…I think because I'm from an ethnic background it's just … it probably just helps…" (Anita; page 82, line 354)

"….if I'm going to someone who belongs and has… to the same community and has the same values, she will be able to understand better…" (Leah; page 106, line 706)

Although three participants had a shared ethnic background, they still struggled to understand the concept of cultural norms and there was a sense of internal conflict between their clients and own cultural norms. There is a sense of anger and frustration from Mia above with what is regarded as a cultural 'norm', perhaps creating another challenge within the therapeutic relationship. Another complexity that emerged through the interviews was the strength of the clients' core beliefs.

"…… sometimes that faith gets questioned and shaken "…. (Anna; page 11, line 328)

"………my job to explain to her calmly that it's not normal, that her husband shouldn't be doing anything that she's uncomfortable with and also being aware that I've got to respect her family, 'cause if I say your family are bloody crazy, then she's going to think I've offended her family and then she's just going to do a U-turn and walk out. So, it's more a case of me treading carefully but sticking to my boundaries.….I had to be very careful in not to disrespect an entire generation" (Mia; page 29, line 176)

"…..the client will come in with a rationale of why it's done as well…..you can see how conflicted they are about it…" (Sienna; page 67, line 419)

"...my views are completely different, ummm… and it's making that person understand…this is 'honour'-based" (Anita; page 76, line 162)

"...started to gently confront these beliefs about…" (Leah; page 92, line 235)

All participants identified the strength of clients' core beliefs, therefore the best way to approach this was with sensitivity and subtlety, as the cultural beliefs appear embedded within the clients. Despite the harm and pain the family may have been causing the client, the emotional connection to them remained strong. Respecting a client's beliefs and teaching UK cultural norms, was deemed paramount whilst being cautious not to offend

their cultural values and their families. In the below extracts, participants expressed their emotions towards the lack of generational change.

> *"..you sit back and think, wow, I can't believe that in this day and age there is still, you know, it's still as prevalent as it is…." (Anna; page 20, line 645)*

> *"There are a lot of families that are stuck in the old generation. They're stuck in the old history where girls have to behave a certain way; if they don't then they are breaking the family shame, they are dishonouring the family and it frustrates me…." (Mia; page 44, line 681)*

> *"….the clients to reflect on this concept that have been probably passed on to… transgenerationally…." (Leah; page 107, line 753)*

Three out of five participants reported feeling frustrated and shocked with the lack of generational change. They felt that some clients will continue to follow old traditions and beliefs, despite their own differing views. The following extracts emphasised that all participants found it complex to manage the various layers of complexities that emerged in therapy.

> *"It can feel really overwhelming because it's like opening a can of worms; you're not quite sure where everything is gonna go, or how you're going to manage that…..but I guess, again it's being very congruent with that person, saying I don't have all the answers but we can explore this together." (Anna; page 11, line 339)*

"...it was overwhelming because there's a lot of ... you're ... you're not just a therapist in that room at that time, you're working as a kind of a taskforce then and ... and your role slightly changes..." (Sienna; page 60, line 190)

"I think the main issue is, ummm, when I work with the client and the so many different dynamics…………you face like umm you know that culture, community involved, core beliefs alongside the abuse they are ummm……..suffering....." (Anita; page 78, line 206)

"...working with minorities, as well, who experience domestic abuse is……an additional layer…" (Leah; page 97, line 414)

The majority of participants described challenges when managing various issues, such as influences from the family combined with their own core beliefs, the consequences of when the beliefs are challenged and the wider community. There was a sense of feeling overwhelmed and finding the 'different dynamics' difficult to manage. There was also a sense of the uncertainty of working with different cultures and that continued gap in learning. This is a change here from Anna's previous statement in the first theme of accessing training to fill the gaps in her knowledge, to being congruent with the client and acknowledging her gaps. Another component highlighted through the data was the difficulties of working with non-BAME professionals, who were unaware of the complexity of working with BAME survivors of DVA.

"..sometimes it was that learning process between the two of us ..." (Anna; page 17, line 535)

"I have a non-BAME supervisor. Although she is lovely, although she tries to understand, for example, when I have BAME clients now, it's very difficult to explain to her, um, every detail because then you sort of feel, okay, we get an hour's supervision" (Mia; page 41, line 570)

"...but if you've got supervisors who haven't had that, ummm, then, ummm, you know, you are kind of left on your own…" (Sienna; page 70, line 518)

Anna, Mia and Sienna stated that non-BAME professionals were difficult to work with especially in supervision. There was a sense of participants' professional difficulties that were unable to be managed, leading to a sense of feeling misunderstood in supervision. This could be mirroring the therapeutic relationship from a client's perspective.

4.3.3 - Major theme 3 - The psychological impact on a Counselling Psychologist

Working with BAME survivors of DVA can have a psychological impact on the therapist, creating further issues in the therapy.

"….It can feel really overwhelming …." (Anna; page 11; line 339)

"….it's hard, it's … it's … it's emotionally, for me it's hard….." (Anita; page 74, line 81)

"I felt… I felt quite trapped, I have to say...trapped in the way that I didn't have a clear mind about this process. I didn't have ummmm… yeah, clarity in my own

mind. So, I was working with her… I was always… ummmm… yeah, I was very

cautious…..” (Leah; page 96, line 383)

Leah expressed her views on questioning her client regarding arranged and forced marriages, however she was aware that her preconceived ideas would impact her decision regardless of the client's answer. Participants also reported that their conflicting ideas with clients led to feeling overwhelmed and more cautious in therapy. The below extracts show further psychological impact on the participants which were evident in the interviews.

"I think it's one of those things, which as a woman hits you in a different place, it's ummm it kind of breaks that barrier. I've worked for 15 years now with women and children who've experienced physical, emotional, sexual abuse, and you always get some cases that break through that barrier and just hit a little bit more, and I think FGM does…… particularly for me" (Anna; page 10, line 309)

"...times I would go home and think about them and think, oh God, I hope they're okay…." (Mia; page 32; line 266)

"...I would sometimes wonder if my clients were………..ok and horrible thoughts of what could be happening…" (Anita; page 80, line 284)

Three participants acknowledged that specific BAME issues, as Anna describes above, had a tendency to break barriers between their personal and professional lives. It appears that participants' unexpected emotional experiences were triggered through specific

aspects of BAME issues, reinforcing the need to manage unpredicted emotions and various cultural issues that could impact on their psychological wellbeing.

".... just making sure the pattern and things change because like I said it's from such a big community sometimes, that……. You know when we used to leave the building we would look out for the perpetrator or anybody suspicious hanging around, but this is a whole community that's looking out; it makes it look more difficult to spot the odd person that is loitering…." (Anna; page 7, line 222)

"...I wouldn't even walk to the car on my own….." (Mia; page 46, line 728)

"...that they ask for us and didn't say the client's name or anything like that...so we didn't arouse any suspicion….." (Sienna; page 65, line 350)

"...I'm finding it very difficult to tolerate the fact that ummmm… there's a gap between the two sessions, and there is ummmm… high-risk……of violence ..." (Leah; page 97, line 405)

Four out of five participants experienced vicarious trauma when working with BAME survivors of DVA. Throughout the clients' therapeutic journeys, the participants had begun taking precautions when around different cultural communities. They appeared to be generalising to an entire community which was a clear contradiction of Anna's earlier statement that you should not tar each culture with the 'same brush'. In the following extracts, hyper-vigilance could also be linked to the participants' fear of failing as a professional.

"I think you could do…. I think you run the risk of closing down a lot more, or missing the signs for a lot more, ummm unless you have that increased awareness and that additional knowledge…." (Anna; page 22, line 715)

"...there might be things that we've missed…" (Sienna; page 55, line 18)

"……..scared, like I can't help them…." (Anita; page 76, line 148)

"….I do try my best and still…………think it's not …..not good enough…"(Leah; page 80, line 269)

The majority of the participants indicated a sense of fearing failure as a 'professional', which potentially impacted on the therapeutic progress made. 'Missing the signs' and possible dangers, could lead to potential failures in assessing risk and safeguarding, which heightened participants' fears of failing the client. The psychological impact on the participants was a major theme that impacted on their personal and professional lives.

4.3.4 - Major theme 4 - The need for containment as a Psychologist

This major theme emerged due to the psychological impact on participants working with BAME survivors of DVA. The interviews underlined the participants' need to be contained through further support. All participants valued the use of supervision.

"..in a safe environment really. I then also feel more prepared then to go back to do the client work, because all the things that run through your head you have the chance to offload…" (Anna; page 19, line 586)

"I would scream inside and then in supervision, I would just let, let it out and just say, oh my God, I can't believe this, it's barbaric, but obviously being very professional in the room with her." (Mia; page 30, line 198)

"....my own family culture, you know things like that have never been heard of. So it's, you know, supervision's about helping us to process and reflect on all of those things…" (Sienna; page 57, line 78)

"..sharing my views in supervision, and yeah, it's quite … sometimes you carry, you know, you carry it inside you" (Anita; page 77, line 168)

"…supervision definitely helped me to ur… increase the awareness of my own personal journey…" (Leah; page 101, line 550)

The data suggested that the conflict and frustrations from participants' own cultural norms and containing it within the therapeutic space, left the participants feeling apprehensive and it is evident that supervision was a way of releasing emotions, which they feel unable to express with the client. Three participants also appreciated peer support.

"..We had the peer support group, we also had the MARAC framework, and organisation 1 as well. The MARAC framework is excellent…" (Anna; page 16, line 501)

"I have, eh, a good selection of, umm BAME colleagues and I'm lucky enough to meet up with them every once in a while and then I will share the experiences and we'll have peer supervision and because they work in the same field or they have worked in the same field, they, they've got a better understanding of what the job entails." (Mia; page 41, line 580)

"Peer supervision is always the best one, I find for me. Ummm, I'm lucky to share an office with a colleague who does a lot of rape, trauma, domestic violence work…" (Sienna; page 64, line 326)

Anna, Mia and Sienna experienced difficulties in therapy and reported feeling privileged having a peer support network. Mia expressed that she felt a deeper level of understanding and support with those who shared not only the same ethnicity as some of her clients, but those who had experience working with BAME survivors of DVA. There appears to be an overlap with Mia's previous statement expressing the difficulties she faced working with non-BAME professionals, to how privileged she feels working with BAME colleagues. Another sense of support for participants was through safety in signposting which became a recurring theme in the below extracts.

"…. without having that additional support from the specialised services of people who are part of that community ummmm I would find it really difficult; I think we have a lot to learn…… in terms of the impact of cultures……" (Anna; page 22, line 693)

"...obviously we don't get involved in everything; we signpost them to the right services…" (Anita; page 78, line 222)

"...I think there may be other services that are specifically offering training and therapy on specific ummmm… topics. I feel that it's my job to understand that there would be another person who could potentially work better…" (Leah; page 106, line 722)

Across three out of five participants, signposting provided a sense of safety alongside working in a multi-disciplinary team; this was in order to be able to contain their anxiety and support themselves as a professional. Participants also created their own sense of safety in following procedures and protocols below.

"...If there was that much at risk then we would put the plans in place in order to better get the child out..." (Anna; page 7, line 200)

"...so, I contacted the Forced Marriage Unit, they got all the systems going..." (Mia; page 45, line 710)

"Yeah, I think it's a little bit difficult because it's not like you were really exposing the client, but at the same time, ummm…. it was, for me, I knew that I was taking all the right steps and so I think what we were doing was ultimately to help make sure that she's safe…." (Sienna; page 61, line 209)

> *"....then I think once it becomes a CP case then they have to do something about it…."* (Anita; page 74, line 85)

It appeared that following procedures and completing all steps to ensure the clients' safety, eased participants anxieties. Signposting runs the risk that other people within the BAME community can become aware of them being in therapy and of the DVA, therefore prioritising client safety was vital. This appeared a dilemma for Sienna mentioned above, as she felt that she was exposing the client to risk. Overall this major theme expressed the need for containment for participants through the use of supervision, peer support and following procedures.

4.3.5 - Major theme 5 - The identity of a Counselling Psychologist

This major theme was dominant throughout the interviews as participants encountered several difficulties working with BAME survivors of DVA. This led to them utilising their therapist skills in order to contain the struggles and gain support to facilitate therapeutic change. Tailored interventions to meet unique needs were a pertinent theme for participants.

> *"...in a state of crisis, so doing the trauma work's not appropriate, but letting them feel heard and validated was the therapeutic thing..."* (Anna; page 4, line 117)

> *".....So therefore you have to adapt it to the individual's needs…."* (Mia; page 26, line 74)

"....dynamics change as a therapist as well and it's ... it's learning to adjust to ... to that when ... when you have to…" (Sienna; page 61, line 202)

"....whenever I see a client, whatever their religion, or their ethnicity is… I mean, especially if he's coming from a minority. I spend the first few sessions to explore values, beliefs, culture, religion; what does it mean?" (Leah; page 88, line 112)

The majority of participants recognised that exploring clients' identity, culture and beliefs was paramount to therapy. Adapting therapeutic interventions was adopted by participants to ensure they would meet the needs of the individual. They were aware that although individuals may belong to a certain religious group, their views and experiences of this are unique and therefore, awareness of these initial barriers helped the therapeutic process.

"I think it surprised me that I was able to build her trust and break down those walls and get her to share something…" (Mia; page 48, line 808)

"....there's lots of other hurdles that sometimes you … you have to overcome than maybe you would have to with other people…" (Sienna; page 61, line 224)

"....I think language is a big barrier…." (Anita; page 73, line 50)

"……but definitely there's a, there's a period of testing each other to see how we can create a common language. How can we trust each other? How can we create what is called proper therapeutic space, for it to work? Even if you don't belong

to my community and we have different values……you have been able to understand me…..” (Leah; page 105, line 688)

There is a sense that overcoming barriers of 'talking therapy' could help or hinder the therapeutic relationship. Participants tested various ways of working together, allowing a deeper understanding of each other and how the space will be utilised. Once these barriers are overcome the process of therapy begins, however this therapeutic process can remain a challenge.

"...as a therapist, for me, sometimes you do... sometimes it can be challenging. Sometimes you can feel that, oh my God, I'm not getting anywhere.” (Mia; page 33, line 317)

"...their dignity their respect, you know, and the trauma that they're left with and helping them to, ummm…. really process that because that seems to be neglected and forgotten about …” (Sienna; page 68, line 454)

"….I think just … just hearing it … just realising that look, everything takes time, and when people are ready they'll leave the relationship….” (Anita; page 79, line 242)

"...I mean, especially if he's coming from a minority, I spend the first few sessions to explore values, beliefs, culture, religion, what does it mean…” (Leah; page 88, line 113)

Mia, Sienna, Anita and Leah were aware of enabling facilitation in the therapeutic process; however there was a sense of frustration when they felt it was stagnant due to various reasons. This resulted in participants reverting to utilising PCT at the core of their therapy.

"...your experiences of your community might have a part in this, but let's look at the here and now; what other primary things are causing you distress, not the wider implications, but what's brought you to the refuge, the relationship that you have fled from...." (Anna; page 11, line 344)

"...you have to be genuine, you have to be empathic...... cause I'm a person-centred therapist....."(Mia; page 26, line 75)

"...humanistic because it's about helping these individuals really kind of get time to reflect and explore what they've been through...." (Sienna; page 58, line 105)

"....I think it gives space to the client; it gives them a voice that they haven't been allowed to have..." (Anita; page 73, line 41)

".....being very curious in a non-judgmental way..." (Leah; page 88, line 107)

The participants expressed their understanding of the influences and impact that the family and wider community can have on the clients, however in an attempt to contain the client, the participants utilise PCT to bring them back to the 'here and now'. In

addition to this, participants were aware of their continuing therapists' roles which are shown in the following extracts.

> *"....it's not my job to make them understand. It's my job to support these women....." (Mia; page 48, line 791)*

> *"....providing a safe place, which is the ... the biggest factor for them and trust ...." (Sienna; page 58, line 107)*

> *"...you're in a different country and you're scared but we can.....um support you..." (Anita; page 75, line 113)*

> *"...It has been really challenging because........ there's an experience of not wanting to minimise or to dismiss an experience of the client.... but there's also... I believe that there's also the role of the therapist to educate to perceive things differently, or to normalise feelings, or to visualise and conceptualise things in a different ummmm... in a different frame of reference....." (Leah; page 91, line 220)*

Across the majority of participants, providing psycho-education, a safe place and being reflective was part of their professional role, however supporting the client to reflect on different conceptualisations appeared to be a struggle in therapy. This led to participants providing the clients with general education on UK laws and regulations to challenge their frame of reference.

"....this is wrong, this is illegal. In this country this is illegal…" (Mia; page 33, line 306)

"I think it's kind of highlighting the kind of trauma, ummm, and the….kind of, ummm, you know, in terms of the law, how things have changed, you know, and that, ummm, FGM is …….. is against the law"…..(Sienna; page 70, line 497)

"….This is abuse, this can't … can't go on…" (Anita; page 75, line 98)

Mia, Sienna and Anita emphasised their professional role and what they should be following as a Psychologist. It was evident that through their struggles of working with different frames of reference, they reinforced the illegal laws in the UK to facilitate client reflection for what was considered right and wrong. The data indicated that developing their identity as a Counselling Psychologist was a difficult journey in therapy, however reverting back to their core skills seemed appropriate to continue enabling therapeutic change.

In summary, the analysis showed that Counselling Psychologists recognised a gap for further specialised training. It also revealed the challenges of working with BAME survivors of DVA when attempting to understand and recognise different cultural worlds, especially when managing the potential safeguarding aspects of leaving a DVA relationship and consequences within BAME families. Participants immersing themselves into the BAME world and challenging core beliefs, proved to be a struggle in therapy. Further to this, the struggle to empathise with this cultural lifestyle and the internal conflict caused frustrations both in and out of the therapy room. Additionally, the feelings, emotions and hearing client stories had a psychological impact on the

participants, revealing symptoms of vicarious trauma, feeling overwhelmed and fearing failure as a professional. This resulted in the Counselling Psychologists seeking the need to be contained through various means, such as supervision, peer support and feeling safe when signposting clients. The data also indicated the way in which the participants would utilise their Counselling Psychology skills when working with BAME survivors of DVA. For example, reverting back to PCT, maintaining boundaries and the influence this had on the therapeutic dynamics when working with BAME survivors of DVA.

Chapter Five – Discussion

5.1 Introduction

This chapter will offer a detailed exploration of the major themes that were revealed in the findings, providing answers to the current research questions and their relevance to existing literature. Through an exploration of common themes, interpretations have been made and analysed. An analysis of the patterns were developed and major themes were noted, after thinking and reflecting on the following research questions, to explore how Counselling Psychologists feel when they are working with BAME survivors of DVA. The second question entailed exploring the challenges that Counselling Psychologists

face when working with BAME survivors of DVA. Following this was the impact of working with BAME survivors of DVA, both personally and professionally and the way Counselling Psychologists manage this impact. Finally, there was a reflection on the factors that facilitate and influence Counselling Psychologists' therapeutic work. This can be supported by NICE (2014), who proposed the need for researching the efficacy of interventions provided to survivors of DVA from a diverse or marginalised group.

This chapter also discusses the implications of the findings for the Counselling Psychology profession such as exploring the strengths and limitations within the research, along with potential avenues for future research. The initial literature review highlighted that there was a gap in understanding Counselling Psychologists' experiences of working with BAME survivors of DVA, which resulted in the current research. The data indicated a number of key aspects that were identified around training, supervision and practice for therapists working with DVA client groups within BAME communities.

5.2 The Counselling Psychologist's feelings working with BAME survivors of DVA

Whilst working with BAME survivors of DVA, the findings showed a relationship between the wider cultural beliefs, the way trauma is processed and resolved and the influence it has on Counselling Psychologists. All participants revealed their strong emotions that arose when engaging therapeutically with BAME survivors of DVA (Anita; page 74, line 81). Participants identified negative feelings that were triggered within them when working with this client group (Anna; page 11, line 339). It was evident in the participants' narratives that feeling overwhelmed and frustrated were some of the challenges they experienced when working with BAME survivors of DVA (Sienna; page

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63, line 283). These feelings seemed to be a reaction towards the clients' families and the BAME community; this appeared to be prominent when participants struggled to understand the cultural norms of the client (Mia; page 32, 277).

Due to the difficulties in understanding the clients' cultural norms and beliefs, participants reported feeling inexperienced, frustrated and had a diminished sense of confidence in regards to their therapeutic skills and conflicting cultural views (Leah; page 86, line 54; page 108, line 765). This can be supported by Steed and Downing (1998) who illustrated that therapists felt emotions such as frustration, distress, anger, shock and horror when working with BAME clients. Often this leads to a sense of feeling overwhelmed and helpless around providing support for the clients (Steed & Downing, 1998). This was apparent as the data suggested that several negative emotions developed whilst therapeutically working with BAME survivors of DVA. These emotions led to further challenges within the therapeutic encounter.

5.3 The challenges faced by Counselling Psychologists working with BAME survivors of DVA

One of the prominent themes that developed from the analysis was the multi-layered aspect of this clinical work with BAME survivors of DVA. Working therapeutically with cultural aspects such as safeguarding, cultural ostracism, 'honour'-based violence and the involvement of the family and wider community proved to be a challenge for participants (Anna; page 6, line 157) (Mia; page 31, line 256). McCloskey and Fraser (1997) stated that there was pressure for therapists to empower women and ensure their safety, which can be a challenge within therapy. Department of Health & Social Care (2017) also reported that ostracism can be an issue for BAME survivors of DVA. In line with these

findings, all research participants reported that the therapeutic engagement with BAME survivors of DVA was complex (Anna; page 5, line 152).

The therapists' cultural beliefs and values often conflicted with the clients, which tested the therapeutic alliance and the way they intervened and dealt with this (Anna; page 18, line 571) (Leah; page 104, line 643). To understand the essence of the problem it was necessary to be immersed into the client's cultural world, which required the bracketing of normative cultural beliefs. Although such immersion was reported to be somewhat challenging within the therapeutic work, it allowed the therapist to understand the client's predicament from the worldview they inhabited (Leah; page 91, line 220). Husserl (1927) supported the concept of bracketing and emphasised that all researchers will attempt to bracket off their previous assumptions and knowledge, however they may experience many difficulties in achieving this. Heidegger (1962) found that completely bracketing off an individual's beliefs was perceived as virtually impossible, reinforcing the nature of challenges that professionals could encounter when attempting to bracket off assumptions. Bracketing was evidently a struggle from the participants' perspective as they felt they had difficulty fully immersing themselves into the clients' cultural world (Anna; page 13, line 417). Participants' narratives suggested several challenges and conflicts when attempting to fully immerse themselves into the BAME world. They could not understand why specific views and cultural ways of being could be considered the norm, if it was causing harm to themselves (Durrani, 2012).

On the other hand, White (2015) found that psychology students perceived Counselling Psychologists as strong minded, sympathetic and having the ability to bracket off their own issues. This could possibly indicate that others' interpretations of a Counselling

Psychologists' role might impact on what the therapist feels is expected of them; it could be speculated that clients may also mirror these expectations from therapists. Counselling Psychologists may feel frustrated and incompetent when finding it difficult to bracket off their own issues; this reinforces the need to be aware of the strengths and difficulties in bracketing which can have a direct impact on the formation of the relationship.

In order to be adequately engaged with a client, understanding and awareness of their core beliefs and the difficulties that may emerge in trying to challenge the strength of these beliefs is paramount (Yon, Malik, Mandin & Midgley's, 2018). For Mia this was less challenging as she shared the same ethnic background with her client, however this still required considerable sensitivity and could not be taken for granted (Mia; page 24, line 17).

Yon, Malik, Mandin and Midgley's (2018) research indicated that when a strong therapeutic relationship has formed, only then can BAME core beliefs be challenged. This requires intuition, being respectful in a sensitive way and understanding from therapists who are culturally educated. Anna reinforced the sensitivity and complexity of challenging the core beliefs as a client's identity may dissipate if they suddenly shift and this leaves them ostracised within the community (Anna; page 11, line 327).

The data suggested that training around cultural awareness is necessary in order to build therapists confidence and understanding (Leah; page 86, line 54) (NICE, 2014). This current study acknowledges that multiple factors such as shame and honour within BAME communities can not only impact the clients' decisions (Anita; page 73, line 59), but also the therapeutic relationship (Tonsing, 2014). This underlines the relevance of Counselling

Psychologists receiving cultural training and becoming more aware of different factors that contribute to these beliefs; this could help facilitate positive change within therapy (Department of Health & Social Care, 2015). Gill (2004) has argued that there are several different dynamics that require a reflection when working with BAME survivors of DVA. Asnaani and Hofman (2012) stated that an individual's cultural beliefs and values become foundations, but the difficulty that emerges is the challenging of such beliefs, as it is important to incorporate these while also working with the client to reflect on their impact. For Counselling Psychologists unaware of the cultural differences combined with limited available resources for the client, for example family support, there was a sense of frustration as the client's therapeutic progress appeared to be slower than of the therapist's expectations (Mia; page 33, line 317). Further to this, fear was reported by clients that their information may not remain confidential by professionals, thus resulting in the clients being unable to voice and explore their true experiences (Mia; page 26, line 95). Voicing their experiences in therapy may be difficult for Counselling Psychologists, however a key process for change (Gill, 2004). Therefore, alongside understanding the client's personal beliefs, it is also important to recognise and show empathy towards family beliefs (Yon, Malik, Mandin & Midgley's, 2018). This is likely to build a stronger therapeutic relationship and create a positive impact on the efficacy of therapy. On the other hand, participants felt that they struggled to empathise finding it a challenge to immerse themselves into the BAME world due to differences in ethnicity and attempting to understand cultural normality (Anna; page 2, line 35; Mia; page 32, line 279). This is supported by Batsleer et al. (2002) who suggested that both the therapist and client will encounter further challenges in therapy when addressing issues such as violence against women and what is considered the cultural norm.

All of the participants expressed their awareness of family, community and institutional dynamics in trying to resolve multiple issues (Laing & Esterton, 1964) and it was a reoccurring dynamic in therapy that has been previously noted by Thatcher and Manktelow (2007). They reinforced that Counselling Psychologists often concentrated on the individual's values and experiences whilst disregarding the wider social causes of individual distress. To think about the resolution for BAME survivors of DVA requires a focus on the individual predicament, whilst also thinking about the wider culture and the way it constrains the actions and behaviours of the individual (Strawbridge & Woolfe, 1996). This means therapists thinking about the client as existing within a set of ecological environments rather than just an isolated individual (Bronfenbrenner, 1979; Hage, 2000).

For example, one of the predicaments noted by the Counselling Psychologists was that clients believed if they escaped their abusive relationships they would be bring shame on the family (Mia; page 31, line 256). Often these were connected to concerns about violent acts and being deported or ostracised by the family or community (Anna; page 21, line 682) (Batsleer et al., 2002). Due to the constant high risk, the levels of trust between a client and the therapist were constantly being tested leading to disruptions in building a rapport with the client (Sienna; page 63, line 272). In line with previous research, the Home Office (2013) emphasised the high risk factors of DVA within BAME communities due to violence being recognised and condoned by not only family members but the wider community. Clients' fear of bringing shame on the family or being on the receiving end of violent acts, could impact therapeutic work as clients would need to consider the possibilities of escaping and living without their partner (Department of Health & Social Care, 2017).

These concerns lead to the concept of a 'double-edged sword' which was highlighted in the interviews, whereby there was an awareness that if the clients left their relationship they would lead a happier, non-abusive life, although this is assumed by clients, it is not the reality (Mia; page 31, line 256). Often people in BAME communities are concerned with losing their families and are also at risk of 'honour'-based violence against them (Sienna; page 60, line 163). The reality is that they may not lead a happy and non-abusive life after leaving the relationship. Laing and Esterton (1964) highlighted this concept but named it the 'double bind' having two choices which contradict each other, whilst at the same time being the only options that can be made. As a result, clients can develop low self-esteem, insomnia and a loss of identity.

5.4 The personal and professional impact of working with BAME survivors of DVA on Counselling Psychologists

Whilst participants were working with BAME survivors of DVA, they also experienced psychological impact which affected their therapeutic relationship and their personal lives. Due to the intensity of working with 'honour'-based violence, symptoms of vicarious trauma often emerged (Mia; page 46, line 729). Iliffe and Steed (2000) found that counsellors experienced fearing for clients and vicarious trauma as a result of working with survivors of DVA. Indeed in the current research many participants' behaviour suggested they were hyper-vigilant outside of the therapeutic space whilst Anna became conscious that she was projecting her therapeutic fears onto a specific community.

She became increasingly aware that BAME communities would work collectively, therefore being aware of the need to consider family members (Anna; page 7, line 222).

It was apparent that participants would feel a sense of anxiety when thinking about the clients' wellbeing outside of the sessions, they also felt that certain aspects such as FGM and forced marriage conflicted with their personal views and were surprised with what was considered cultural norms (Sienna; page 70, line 497). Working within organisations, participants felt additional pressure to manage their difficulties with this client group, due to the status of being a Psychologist and potential fears of not meeting high expectations of this role (Mia; page 39, line 494). Similarly, White, 2015 suggested that others' expectations of a Counselling Psychologist could impact their professional role in the therapeutic relationship by feeling pressured to meet these standards.

Although there was a negative impact on their therapeutic work, participants also felt that they had more knowledge than others within their teams leading to a sense of feeling more powerful and in control (White, 2015). Whilst participants were working with BAME survivors of DVA and the complexities they came across, there was a sense of fearing failing as a 'professional', therefore due to the several different aspects to be considered including the importance of understanding cultural beliefs and values, being conscious of how they implemented and adapted their therapeutic interventions became paramount in therapy (Leah; page 88, line 109).

On the other hand, through dealing with the various challenges that BAME communities encounter such as 'honour'-based violence and being ostracised not only by family but an entire community, the participants felt a sense of appreciation for their own lives and felt grateful for the sense of independence that a westernised lifestyle brings (Sienna; page 69, line 473).

5.5 Factors that facilitate and influence Counselling Psychologists' therapeutic work

Participants' narratives emphasised their needs and factors that influenced their therapeutic work. Interpretations that were drawn from the participants were the lack of cultural education and knowledge which led to feeling deskilled in therapy, consequently affecting their sense of self and confidence (Anna; page 20, line 626). The distinct lack of understanding influenced and prompted some participants to engage in further training to feel more culturally aware, recognising the gap in knowledge for Counselling Psychology professionals (Anna; page 1, line 9). Supporting this, research was conducted by Hage (2000) and Sanderson (2008) indicating that it is essential for therapists to have an in-depth understanding of the multifaceted aspects of DVA, therefore stressing the importance of cultural competency alongside the other complex aspects within DVA. The knowledge and awareness would provide therapists with an understanding of symptoms and possible interventions (Knight, 2012).

The participants identified a need for more detailed training regarding DVA and the impact of cultural backgrounds within this area (Leah; page 86, line 54) (Hogan et al., 2012). There was a sense that participants felt they were unequipped to work with BAME survivors of DVA, some expressed gratitude for organisational training that was offered including forced marriage, female genital mutilation (FGM) and sexual abuse (Sienna; page 69, line 475). They recognised the benefits of being more culturally educated, however some participants reinforced that it still did not prepare you for real life experiences of working with the complexities of cultural backgrounds and traumatic experiences (Anna; page 22, line 702). McLeod (2007) reported that usually counselling courses do not provide a module of working therapeutically with survivors of DVA,

therefore therapists can be inadequately skilled in this area impacting on their confidence and knowledge. Gaining more knowledge could help nurture therapists' confidence, leading to better practice and outcomes for clients, but also more support for therapists (Hage, 2000; Sanderson, 2008).

Whilst working with BAME survivors of DVA, participants acknowledged that in order to meet the clients' needs, their therapeutic interventions required adaptation. Some participants encountered stagnant positions in therapy, where they recognised no therapeutic change (Mia; page 33, line 317). To help facilitate movement in therapy, all participants reported that PCT was at the core of their work, as listening and validating their experiences were important for BAME survivors of DVA (Sienna; page 58, line 105). The person-centred approach allows the Counselling Psychologist to be congruent, which builds authentic contact and centralises therapy around the uniqueness of the client (Woolfe et al., 2010). Nicholson (2010) supported the notion of using PCT at the core of therapeutic work with survivors of DVA, reinforcing the necessity to contain the client and offer a safe space to heal. Participants stressed the importance of congruence when working with BAME survivors of DVA, building a flexible, stronger bond between the client and Counselling Psychologist (Sanderson, 2008). Durrani (2012) supported this and reported that through experience of working with several cultures, it was deemed important that therapists being congruent with their own personality, as well as exploring the client's personality; was the most efficient way to form a therapeutic connection. Congruence facilitated the Counselling Psychologists' engagement with clients the way they felt was appropriate, underlining the importance of individuality as a therapist (Mia; page 26, line 75). Howard, Roger, Campbell and Wasco (2003) reinforced this finding and highlighted that there is not one single approach that is more useful for BAME

survivors. The most effective approach is when therapists are aware of their own beliefs and values which can continuously inform the therapeutic sessions.

Alongside therapeutic approaches, when participants addressed the clients' core beliefs it appears that their personal beliefs were not strong enough to challenge their clients, therefore they used UK laws to support the claims and condone that violence is immoral, reinforcing the moral dilemmas that clients and participants may face when escaping DVA relationships (Mia; page 33, line 306). Offering support, reassurance, safeguarding, reflecting and containing the client were some of the participants' roles that emerged through the interviews aiding therapeutic change and development (Leah; page 91, line 200). Although these were all vital to the therapeutic process, safety in signposting and safeguarding the client appeared prominent due to extra measures to be considered with 'honour'-based violence cases (Sienna; page 60, line 163).

The findings also revealed participants' challenges both in and outside of therapy. As a result, to ensure self-care and continue developing as a Counselling Psychologist, clinical supervision became one of the most beneficial ways to help with their challenges (Anita; page 77, line 168). Some participants also mentioned the significance of peer support and its usefulness for offloading therapy struggles and tensions (Sienna; page 64, line 326). The current findings corroborate with Iliffe and Steed (2000) as they explained that clinical and peer supervision became a useful coping mechanism when working survivors of DVA. Signposting clients, liaising with multi-agencies with specialist knowledge and following required procedures, helped to provide participants with a sense of safety when managing safeguarding and high risk cases (Leah; page 106, line 722).

5.6 Implications for Counselling Psychologists

All participants reported that working with BAME survivors of DVA was extremely complex to deal with at times, which impacted their personal and professional lives. There were several different aspects and issues that the Counselling Psychologists experienced, these were managing the various layers of complexities as well as managing the vicarious trauma**.**

The differences between the clients' cultural beliefs and the participants resulted in the participants questioning their cultural competencies and experiencing an internal conflict, resulting in low confidence as a professional. Although some participants applied their existing knowledge, experiences and shared ethnic understanding in therapy, they still sought access to additional CPD training to gain further knowledge. Providing more detailed and structured peer and clinical supervision, could allow the participants to explore their therapeutic struggles and emotions.

The participants were presented with the complexities of working with this group, for example understanding the clients' cultural beliefs and the way DVA is not only viewed as a separate entity to cultural beliefs, but attempting to understand how and why they impact each other (BPS, 2005). The participants found this difficult to manage in therapy as there were both personal and professional issues that had arisen when working with BAME survivors of DVA.

One of the implications identified from the findings was the need for more specialised training, this is required to meet the needs of the ever growing and culturally diverse

communities in the UK (Durrani, 2012; NICE, 2014). Although basic cultural training is covered on the course, this study suggests there is a need for a more comprehensive approach to the design of cultural competency training for Counselling Psychologists. This can be supported by NICE (2014), who recommended that specific training should be offered to all health and social care professionals in how to respond to clients experiencing DVA; with a view to understanding concepts such as shame and 'honour'-based violence. The suggestions included training both in pre-qualifying educational settings and work organisations (NICE, 2014).

In addition, it is apparent from the findings that the struggles and dilemmas faced exacerbated the psychological impact on the participants (Iliffe & Steed, 2000). As Knight (2012) suggested, courses should consider incorporating the impact of working with DVA, ultimately raising more awareness for therapists encountering issues and having the ability to address the impact it may have. This could include role-play, client cases, group discussions and reflective practice on how BAME and DVA impact each other, the concept of cultural normality, therapists' decision making and the impact it may have in therapy. As opposed to having separate lectures on DVA or culture, the integration of these two concepts may be beneficial to Counselling Psychologists (NICE, 2014). Consequently, BAME issues within DVA relationships can cause another layer of complexity and therefore understanding this in more detail would be beneficial.

Findings also showed that some participants relied on their existing knowledge, which they continued to build on through researching, peer support, continued professional development (CPD) and clinical supervision (Iliffe & Steed, 2000). Another interpretation that can be drawn from the findings is the need for extra support in both

individual and peer supervision groups; perhaps topics focusing on working with BAME survivors of DVA could be introduced and address possible issues that Counselling Psychologists could encounter. Topics such as thoughts on culture and religion could possibly be debated; this would enable the Counselling Psychologist to be challenged and develop their self-awareness on subjects that can be very sensitive to clients. For example, core beliefs and how this impacts on the self, their profession and their clients. All participants were aware of their need to complete continued professional development (CPD) and being aware of cultural belief systems to meet their own needs, the needs of the client, as well as adhering to HCPC (2012) and BPS (2005) regulations.

Negative bias was present amongst all five interviews, as working with trauma, various cultural and core beliefs and managing their own concept of normality as well as their clients, can have a significant impact on both the Counselling Psychologist and client. Due to the complexities and sensitivity of the client cases, supervision could be more accessible to provide further support for professionals. This can also facilitate awareness for participants' own ethnic identity and the effect this may have on the relationship with the client. For example if a client is of a particular race, culture or religion similar to the Counselling Psychologist, their expectations may be that you will understand and agree with their core beliefs, concept of normality and general way of living. This concept of cultural affiliation can occur which can also affect the dynamics of the therapeutic alliance, as the client's expectation from the Counselling Psychologist may change, therefore the therapists need to be aware of this.

Although participants expressed the necessity to adapt their approaches and interventions according to the client's needs, there was no unanimous approach to manage the needs or

changes in therapy. Participants also reported not having any specific diversity training especially within DVA. Participants own research, CPD training and prior knowledge and experience influenced their cultural adaptations for therapy with BAME survivors of DVA. Bassey and Melluish (2012) supported this and found that personal experience and having motivation to learn about different cultures developed cultural competency within professionals. Developing awareness that working systemically requires a sensitive approach, as building the relationship and trust before delving into family core beliefs and values is paramount for therapeutic change (Bassey & Melluish, 2012).

Another implication revealed within the data was the participants' own internal conflicts and the concept of cultural normality. Additionally, the complexities of the clients and lack of own knowledge could impact on the participants' own identity, causing anxiety and frustration within the session. Although these can be natural feelings that occur when working with complex clients, courses could offer more knowledge and understanding on this vital aspect of therapy and how they can manage these emotions both in and outside of the therapeutic room. NICE (2014) supported the latter and proposed that further education should be provided on cultural competencies to aid further effective interventions. Clinical, peer supervision and role-play could allow exploration and practice to understand and enable managing own emotions.

Further recommendations for Counselling Psychology courses are having access to organisations such as DVA services, which can provide thorough training from specialists, raising awareness prior to Counselling Psychologists encountering direct contact with BAME survivors of DVA. Although, one cannot always be prepared for what the therapeutic session may bring, the more knowledge we have to deal with the

unexpected may have a greater positive impact on the therapeutic alliance. Further to this, an increase in self-awareness for Counselling Psychologists own cultural beliefs and biases will encourage reflection and awareness, ultimately providing the capacity for therapy to be focused on the client and not of the therapist's conflicting beliefs. This would result in minimal struggles and distress for Counselling Psychologists to manage the impact it could possibly have on the therapeutic relationship.

To conclude, in order for Counselling Psychologists to be able to work appropriately and effectively with BAME survivors of DVA, knowledge and training should encourage self-awareness; particularly focusing on the effects it has on the therapist and the conflict between cultural beliefs and values (NICE, 2014). Educational settings could ensure that lecturers are hired from various cultural backgrounds to provide more real-life experiences. Another recommendation could be to have guest speakers in lectures who have experienced DVA including those from diverse backgrounds (NICE, 2014). Additionally, students could be required to work with BAME communities within clinical placements and attend specialised training courses. Counselling Psychologists should be continuously engaging in training, peer and clinical supervision alongside self-care, to help manage the multifaceted aspects of working with BAME survivors of DVA and the conflicts and emotions that can arise within themselves.

5.7 Strengths and limitations

The current research has highlighted the experiences of working with BAME survivors of DVA, revealing Counselling Psychologists' own identity, beliefs and the direct impact on themselves within therapy and the therapeutic relationship. As several previous studies have focused on therapists' perspectives of working with either DVA or BAME clients,

the integration of these two issues has been overlooked in research exploring Counselling Psychologists' experiences (Knight, 2012). The research also identified the complex issues that can arise within Counselling Psychologists and the influence that internal conflict can have on their identity both personally and professionally. Another strength from the research was that the Counselling Psychologists were recruited from various organisations, therefore being able to gain a variety of data and ensuring validity.

The following will report the limitations in this research. Although confidentiality was reiterated within the interviews, participants may not have been as open or honest about their experiences with BAME survivors of DVA. This could perhaps be a fear of not being culturally competent, being viewed negatively as a professional or the need to impress the researcher. Although, this may be a limitation to the research, Shenton (2004) has stated that previous knowledge and assumptions can be applied within research to help therapists understand on a deeper level.

5.8 Future research

The current study explored Counselling Psychologists' lived experiences of working with BAME survivors of DVA. Future research could focus on experiences of working with specific ethnic groups and perhaps observing any similarities or differences between these groups within DVA. The phenomenon of cultural affiliation between both the client and therapist was also identified throughout the results. Future research could explore the impact this may have on the process of therapy, the clients' and therapists' viewpoints as well as the therapeutic process. An additional aim could be to explore Counselling Psychologists who have received direct specialist training within this subject area.

5.9 Conclusion

Through examining Counselling Psychologists' experiences of working with BAME survivors of DVA and the impact it had both personally and professionally; the results revealed five major themes that were highlighted across the interviews. Counselling Psychologists felt overwhelmed and frustrated with the complexities of working with BAME survivors of DVA. They reported that understanding cultural beliefs and DVA were paramount when working with BAME survivors of DVA, as their lack of knowledge around the subject was limited, which affected their self-esteem and confidence in their professional role.

The research also emphasised that clients may have developed mistrust, judgement, ostracism or 'honour'-based violence when escaping their abusive relationships. These issues may lead to feelings of rejection and loneliness, thus using core conditions within the therapeutic relationship is important. Following on from that, the interviews revealed the core conditions utilised were the foundations of PCT other approaches and interventions were adapted and amended accordingly to suit the needs of the individual.

The Counselling Psychologists' experiences impacted their personal and professional identity, which had a significant impact on the dynamics of the relationships and internal conflicts about beliefs and values. Psychological impact on the participants appeared to be prominent through experiencing hyper-vigilance, fear for clients' safety and frustration. Finally, the analysis also established that solely understanding cultural beliefs and DVA was not sufficient to work with such a complex client group. Self-awareness was vital to understand their own perceptions and experiences of BAME survivors of

DVA, and the influence this had on the therapeutic dynamics between the Counselling Psychologist and the client.

There is a sense that Counselling Psychologists acquiring the knowledge and understanding of various cultures within DVA relationships, could possibly only be to a superficial level. The complex integration of all these different aspects of culture, core beliefs, pressures of family and wider community and identity can intertwine and impact the Counselling Psychologist and ultimately the therapeutic alliance. This can be difficult to manage and understand from the perspective of the Counselling Psychologists and the clients, therefore reiterating the importance of knowledge, supervision and self-care. As the world is ever-changing, Counselling Psychologists must acknowledge and consider cultural changes and the arising issues it may have on society and ultimately in the therapeutic room (Durrani, 2012).

Overall, the findings have revealed that when working with BAME survivors of DVA, Counselling Psychologists experience various challenges that can impact directly on the dynamics of the therapeutic alliance causing frustration, vicarious trauma and feeling overwhelmed with the complexity of this group. It was noted how further BAME education and training may offer support for dealing with those emotions by providing knowledge and awareness. Due to the absence of this for some participants, they utilised peers and supervision for further support.

Chapter Six – Critical Appraisal

6.1 Critical Appraisal

This critical appraisal will present the development of my research process and the dilemmas faced during the research process. It will also aim to make sense of my perceptions, emotions and experiences, alongside a critique of self-reflection on my research journey. It was an extremely challenging journey conducting my research, due to several changes and obstacles which ultimately developed my identity as a researcher and as a practitioner.

Prior to my enrolment on the Doctorate in Counselling Psychology I had worked as a Victim Support Volunteer for an independent charity. My role involved providing specialist emotional and practical support for those who had been victims of crime. As part of their mandatory CPD training programme, I completed a four day intensive training course to understand the basics of Domestic Violence and Abuse (DVA) and skills to use when working with this particular client group. I was intrigued with understanding DVA and the complexities of why individuals remained in such relationships.

Through endless research and exploring various avenues to become a therapist, I found the Doctorate in Counselling Psychology. Although the charity was where my initial interest in DVA began, I was faced with new challenges with this client group on my clinical placements. In my clinical placement within a secondary care adult mental health service I found the clients presented with more long term trauma and abuse. Some of the women had experienced various forms of DVA over decades. I became aware of my own

limited knowledge in this area, the way this may have impacted on myself as a practitioner, my client and the therapeutic relationship.

I began searching for gaps in the literature on domestic abuse. I found minimal research that had been conducted on the interventions provided for same-sex domestic abuse support groups compared to heterosexual groups. During my first year at University, I was appointed one research supervisor and at the beginning of the second year, another supervisor. I had been liaising with both supervisors to discuss my research. I found this challenging as I had built and developed my relationship with one supervisor and now it felt the dynamic of the supervisory relationship had changed, because another professional's view point was integrated. Initially, ideas that were worked on throughout year one, were being challenged and some asked to be changed. I found this difficult and although I was aware of this, my research remained the sole focus amongst the relationship dynamics. It was still a struggle to think about what I wanted from my research, what supervisors thought was best and something that would fill a gap in the existing literature. All these various processes felt difficult to manage and address at times, but I felt building a good relationship with the supervisors was paramount to supervision and the research process.

Shortly after beginning the second academic year, I attended a training workshop on working therapeutically with the LGBT community. Whilst reflecting, I noticed that my passion for this subject within DVA had reduced and after a discussion in supervision, I realised I wanted to remain with my initial decision of exploring heterosexual domestic abuse. With this new research direction, I instantly felt content to continue with my

research. Within a few months I had contacted a Midlands based organisation who were willing to help support my recruitment in research.

At this point my research aim turned to exploring individual counselling compared to group counselling for survivors of DVA. The research proposal and ethics was amended accordingly, the organisation sent an approval letter for me to conduct my research and I awaited ethical approval. In the meantime I prepared for an interview with a potential participant and presentation for an annual progress review (APR) with the university, for which I had growing concerns because my ethics was yet to be approved. Nevertheless, a few days before the APR day my ethics was approved, I felt relieved as I had already been through a journey to make these changes and finally felt I was back on track. I began to make plans as to how I would complete my research within the time I had left.

A few weeks later I found out that I had failed a lifespan and psychodynamic assignment and had to repeat the semester, consequently I would not be able to progress onto the next academic year. Like many students on the Doctorate programme, your life becomes revolved around the course and the intensity of it increases the more time you spend on the course. This resulted in feeling my whole world had turned upside down. All I could focus on was questioning whether I would pass the course, how I would leave my year group that had given me utmost support through some very difficult times, how this would work with my thesis, how would I continue in year 3, my placement and what this would mean moving forward.

During this time my focus turned to what it would be like for survivors of DVA to leave their partners who had abused them and wondered how they felt therapy had supported

them. Questions arose about the complexities that DVA survivors deal with. From my experience working with this group the common questions consisted of how can I leave the relationship, how can I move forward? Who is there to support me? Now I've left how will I survive without my partner? While reflecting on therapeutic practice, continuous questions rose in my mind about what the year ahead would look like, ultimately leading to anxiety and frustration. Falling behind a year, the loss of friends, the joining of a new cohort and resitting a module was disheartening and demanding of my time, energy and emotions. This allowed the time for me to reassess my doctorate and as a result I decided to leave my paid employment to ensure I was able to give the doctorate my sole focus. I learnt how quickly I adapted to change and through the support of peers and supervisors, I felt I could continue to pursue my dream.

Shortly after beginning my modules and settling into my new cohort, my anxiety increased knowing that if I did not pass I would be immediately leaving the course, thus I felt an immense amount of pressure. I had constant struggles with being able to put my thesis at the top of my priority as passing this semester was my main focus. During the time of what felt a constant uphill battle with processing the above events, connecting to God and having more faith allowed me to build my resilience and confidence. I then finally settled into my group and was able to move on from the previous year. At this point I found out my primary supervisor was leaving. I was devastated as she had supported me both academically and emotionally through several difficult battles and achievements along the doctorate. The idea of changing supervisors became daunting as I had built a strong relationship with my supervisor and now it felt like I was back to the beginning. I began to reflect on my ability to manage change, uncertainty and acceptance.

I reflected on clients' coping mechanisms through the many unpredictable changes they encounter in therapy. This enabled me to question and understand the importance of emotional regulation and how powerful and difficult managing our anxieties can be. I found out a few months later that she would now be my external supervisor and my second supervisor would take her initial role. This felt like a relief and one less thing that needed to be managed. I focused on completing my semester and awaited my results as to whether I could continue onto the third academic year of the doctorate.

In July 2016, I found out that I had passed the semester and my happiness, feelings of achievement and now progression onto year 3 filled me with confidence to start data collection. Things were going well until I found out that my Midlands DVA organisation had closed. This meant I was no longer had a means to recruit participants. Feeling disheartened, I started searching for another organisation that would accept my proposal. Over several months, this became increasingly anxiety provoking as many organisations who had agreed to support my research, due to differing reasons, said they could no longer participate. It seemed impossible that I would find an organisation that offered the same as the Midlands DVA organisation. Dealing with what seemed to be the impossible, this emphasised how important it was to have self-motivation and the determination to pursue my dreams. Going through what felt a roller-coaster ride, family, friends and my supervisors were my ultimate support and supported me through some really difficult times.

After a discussion with my supervisor, we began searching new avenues and further gaps in research within DVA. It was apparent that there was a gap in research exploring survivors of DVA using the Freedom Programme which is designed to help support

survivors through the traumas they have faced. Soon after my ethics had been accepted for this change in research, only two participants came forward for interview which was insufficient for this research, therefore my search for recruitment with an alternative organisation continued.

Another organisation had surfaced in the Midlands that was willing to participate so I changed my proposal again to focus on BAME experiences of the Freedom Programme, which gave scope to explore a further gap in DVA in Counselling Psychology. It also made me reflective of my own culture and the way a taboo subject would be so difficult to explore in counselling/intervention programmes. Having read further literature surrounding this, I was drawn to changing my methodology to IPA because I wanted to look at their lived experiences. After reflecting on the reasons for choosing grounded theory in my previous proposal, I realised that my supervisors had a strong influence on why this should be chosen instead of IPA.

After ethics approved the direction of my thesis, the Midlands organisation expressed the struggles they were encountering due to manager changes and funding issues. Within a few months they reported that they could no longer support my research. Nevertheless, my persistence continued, and I found an organisation in London who again was willing to support my research. Whilst the manager agreed to supporting this, the clinical lead reported they could not provide clients who had attended the programme.

A few weeks later I found out my supervisor was leaving and I did not know how to feel. It was yet again another setback; I felt everything was at a standstill and this was another change and uncertainty I needed to manage. A month later, I was told about my two new supervisors, yet in fact this seemed a lot easier than the last time as I had built up my

resilience to change; especially on the Doctorate. My supervisors explained they potentially had a lead for a Midlands based women's refuge. I attended meetings over the next few months to secure this potential recruitment but had to sit with my anxiety over the Christmas holidays as to whether this would work out. I was starting to lose hope.

In the meantime, I found out that the Midlands based women's refuge were willing to support my research and at the same time I was appointed another supervisor. Through the difficulties of recruiting the survivors, I altered my ethics and proposal to focus on the Counsellors' experiences and perceptions of the needs of BAME women who had experienced DVA. All of these constant changes were settled by my new supervisors and I regained my hope for finding participants and for completing what had been a complex part of the journey.

The process of recruitment was one of the most challenging and frustrating journeys I had on the course. I only managed to secure three interviews over two months, although the interview process had overwhelmed me due to apprehension of waiting so long to complete them, and I had increased concerns they would not be good enough. Through reading about IPA, I completed one interview and I was provided with feedback by my supervisors. Whilst I knew it was great to receive such feedback, which in the past would have been helpful to me, at this point I felt like another setback had occurred, and began feeling exhausted of having to battle with my research.

I came to the conclusion that self-care was crucial to my development as a researcher and an individual. Through reflecting on my first interview I found my nerves had impacted on how I progressed when probing the participant. I felt so engaged with the interviewees'

answers, rather than thinking critically as a researcher, my skills as a trainee Counselling Psychologist had been brought into the session and it was evident I used more skills as a practitioner than I did as a researcher.

I decided that for the following interviews, I had to bracket off some of my therapeutic skills and focus directly on their lived experiences, which felt a struggle, as my inner therapeutic skills were surfacing in the interview. During the interview process, participants lost focus in the interviews and forgot the questions resulting in challenges to refocus the participants on their lived experiences of working with BAME needs within therapy.

From the outset as a first year trainee, I noticed that there were several challenges and developments I needed to manage. Through experience of working with clients, supervision and being observed enabled me to build my skills as a therapist. This emphasised the need for pilot interviews, which as a researcher I felt was important. Having felt my interviews had not gained what they should have, another difficulty was to analyse only the three interviews as there were limited Counsellors available to interview. On the other hand, through engaging, deeply reflecting and interpreting the interviews, it felt as though I was still engaging with analysis and how they felt when working with BAME needs.

The analysed interviews had explored the issues that Counsellors may face when working with BAME needs in DVA relationships. Interviewing Counsellors was vital to gain real depth into their personal experiences because I was fascinated by the understanding and general concept of DVA. Although the sample of participants was very small, it became

apparent that themes had emerged regarding cultural awareness within DVA services and the challenges Counsellors faced, as a result of their limited knowledge and experiences prior to working at the refuge.

I received 12 month amendments which I considered a privilege because I felt all I needed was time. I continued focusing on my dream and what I came on this course to achieve. My wish for more time was granted. This changed the way I viewed my research which ultimately shaped me as a researcher. I needed to put my all into gaining new data and researching a new topic to ensure I was meeting the criteria. Through reading the examiners' comments and exploring current research I found a gap focusing on Counselling Psychologists' experiences of BAME survivors of DVA. Completing the ethics proposal was a task that I reflected upon and having more of a detailed form, it started to become clearer in my mind. In my previous thesis, examiners felt that I could have asked more questions that were appropriate for IPA. Once my ethics had been approved, I started reading several books to help in supporting my data collection and improving my interview skills. Reading others' theses also helped as I learnt more about semi-structured interviews and the difficulties of probing and exploring their experiences whilst avoiding bias and closed questions. I found this the hardest aspect of data collection as I knew how difficult it was to find willing participants. I decided that I would have more opportunity if I broadened the criteria to any Counselling Psychologist who had worked with this client group, rather than narrowing it down to one organisation as this led to challenges in my previous thesis. Through contacting professionals via different means such as emails, telephone and Facebook, I managed to find 6 participants. They all agreed to taking part in my study and I felt like I still could not feel relieved until they were all completed and supervisors had signed them off to be sufficient for the study.

The interview process was challenging. I felt extremely anxious before starting my first interview, due to the long wait for collecting data, and I wanted it to be good enough for IPA. I was aware of the power dynamics between the participant as a qualified professional and me as the trainee psychologist. I have had experiences of working with BAME survivors of DVA and being from an Asian background myself, so although I felt the trainee/qualified power dynamic, I felt confident that I had both personal and professional knowledge. I was aware that challenging views and experiences as well as asking critical questions was still difficult for me, as I felt the power dynamic was still present.

The first participant could not get Skype to work, which led to me feeling more anxious. So much was going through my mind; would I be able to complete the interview today, would I able to transcribe in time to send my transcript to my supervisors? I felt overwhelmed so I took a step back and a deep breath and tried to fix technical issues. I found out from the Internet that with the new version of Facetime updating your IOS you can record the audio. I then started to update my iPad; it was past 7.30pm which was the time we were supposed to begin. I started to worry that she may have to go and felt guilty that I was taking up her time. It finally updated and Skype actually worked; I felt so relieved, but still apprehensive that I would not be able to answer my research questions. During the interview, I felt nervous initially when thinking about each question and if it was meeting the needs of my research questions.

We completed the interview and I was very happy with the information gained on their experiences. Although I had done this process before, I was anxious about getting it right

and answering the research question. I was so grateful for her time on an evening and felt guilty for taking some of her time. Was this guilt also associated with exhausting my family and friends of having to listen to me talk about thesis for so long? When I started to focus on what I need to do one bit at a time and not on the negative thoughts, things became clearer. After reflecting on the interview, in some respects I did not feel shocked at the extent that BAME families will go to; coming from an Asian background although I do not agree with certain actions, I'm aware of the concept of cultural normality. On the other hand, I did get the feeling that although I understood, I can still empathise with participants' frustration that a daughter sacrificing her life is perceived as normality.

I felt a bit more confident having had my first interview and receiving good feedback. We began the second interview and felt a lot less nervous than I had been previously; following my supervisors' suggestions I knew I needed to focus upon certain questions for further exploration. During all interviews, participants would sometimes steer away from the original question, and bringing them back proved hard but this did develop my research skills. Towards the end of the interviews, I could not believe I had nearly finished them; I felt like I was getting somewhere with collecting data and recognised the impact that interviewing had on my mood and anxiety.

Overall, completing this research has helped me to engage with and reflect on my own practice as a Counselling Psychologist and the way I present myself as a researcher. I feel it is important to note that the recruitment process had a huge impact on my confidence and motivation to complete my research. The research process was overwhelming at times but I was able to utilise supervision, peer and family support to persevere through the doctoral research.

I am also aware of the importance of increasing my knowledge through training, experience, peer and clinical supervision. I do hope the research can continue in this area and help further inform the Counselling Psychology profession, when working with BAME survivors and the impact that cultural belief has on therapy. Ultimately this reiterates the importance of cultural and DVA awareness, the crucial impact that knowledge, self-awareness and support has for Counselling Psychologists; especially within the therapeutic room. To carry out this research required motivation, passion and determination throughout. The research process has been a long and challenging journey, however it has been a significant learning process which I hope has made a contribution to therapeutic practice within Counselling Psychology.

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Appendices

Appendix 1 - Ethics Application Form

ETHICS APPLICATION FORM:

PSYCHOLOGY, HEALTH, SOCIAL WORK & SOCIAL CARE

1. Please enter your surname and first name below. (SURNAME, FIRST NAME)

KANDOLA, SHARANJIT

2. Please enter your University e mail address (e.g. M.Name@wlv.ac.uk)

[Email address redacted]

3. Please enter the name of your Project Supervisor, Director of Studies, or Principal Investigator.

Dr Abigail Taiwo, Dr Angela Morgan

4. Please enter date by which a decision is required below. (Note that decisions can take up to 4 working weeks from date of submission)

As soon as possible.

5. Which subject area is your research / project located?

1. Science (including Pharmacy)

2. Engineering & the Built Environment

3. Computing

4. Health and Wellbeing (including Psychology)

5. Education

6. Business

7. Social Sciences & Humanities

8. Art

9. Sport

6. Please select your Faculty, Department or Research Centre

1. Faculty of Social Science

2. Faculty of the Arts

3. Faculty of Science and Engineering

4. Faculty of Education Health and Wellbeing

5. CADRE

6. CEDARE

7. Centre for Discourse and Cultural Studies

8. Engineering and Computer Science Research Centre

9. CHSCI

10. RIHS

11. Centre for Historical Research

12. RILLP

13. Centre for Research in Law

14. Centre for Transnational and Transcultural Research

15. Management Research Centre

16. RCSEP

17. Centre for Academic Practice

18. IT Services

19. Human Resources

20. Learning Information Services

21. Registry

22. Don't know

23. Other (please specify below)

7. Does your research fit into any of the following security-sensitive categories? (For definition of security sensitive categories see RPU webpages (www.wlv.ac.uk/rpu) follow links to Ethical Guidance).

1. commissioned by the military

2. commissioned under an EU security call

3. involve the acquisition of security clearances

4. concerns terrorist or extreme groups

5. not applicable

8. Does your research involve the storage on a computer of any records, statements or other documents that can be interpreted as promoting or endorsing terrorist acts?

1. YES

2. NO

9. Might your research involve the electronic transmission (eg as an email attachment) of any records or statements that can be interpreted as promoting or endorsing terrorist acts?

1. YES

2. NO

10. Do you agree to store electronically on a secure University file store any records or statements that can be interpreted as promoting or endorsing terrorist acts. Do you also agree to scan and upload any paper documents with the same sort of content. Access to this file store will be protected by a password unique to you. Please confirm you understand and agree to these conditions?

1. YES I understand and agree to the conditions

2. NO (please explain below)

3. I do not understand the conditions

11. You agree NOT to transmit electronically to any third party documents in the University secure document store?

1. YES I agree

2. NO I don't agree

12. Will your research involve visits to websites that might be associated with extreme, or terrorist, organisations? (for definition of extreme or terrorist organisations see RPU webpages (www.wlv.ac.uk/rpu) and follow links to Ethical Guidance.

| 1. YES (Please outline which websites and why you consider this necessary) |
| 2. NO |
| |

13. You are advised that visits to websites that might be associated with extreme or terrorist organisations may be subject to surveillance by the police. Accessing those sites from university IP addresses might lead to police enquiries. Do you understand this risk?

1. YES I understand

2. NO I don't understand

14. What is the title of your project?

The lived experiences of Counselling Psychologists working with BAME survivors of DVA.

15. Briefly outline your project, stating the rationale, aims, research question / hypothesis, and expected outcomes.

Theoretical & Literature Based Background to the study.

Domestic Violence and Abuse (DVA) is any incident or patterns of incidences of coercive, threatening and controlling behavior, abuse or violence for those aged 16 and over, or have been intimate partners or members of family, irrespective of their sexuality or gender. The abuse can consist of emotional, physical, financial, sexual and psychological (Hague, 2005).

There has been an array of research that has explored the cultural competency within therapeutic practice, and previous research that has been conducted in non-western countries, have indicated that western countries need to adapt their therapies to be more culturally aware, consequently becoming more effective for Black and Minority Ethnic (BAME) clients (Akhtar, 2016). However, there has been a lack of research that focuses on Counselling Psychologists' lived experiences of working with BAME survivors of DVA, and the impact this may have both personally and professionally. Akhtar (2016) conducted a study to explore how CBT therapists deliver a CBT manual with their BAME clients, if any adaptations are made and the extent that they are implemented within therapy. The results highlighted that the therapists' experienced numerous issues whilst working with BAME clients, which led to adaptations to their CBT manual to ensure it was suitable for this specific client

group. Therefore, suggesting that the therapists' experiences with BAME clients had a direct impact on the delivery of therapy (Akhtar, 2016).

Mahapatra & Dinitto (2013) analysed help-seeking behaviours (informal and formal) associated with sociocultural factors (acculturation, social support and isolation) of South Asian women in the United States (US), who were survivors of domestic violence. The findings indicated women who were more inclined to seek help were those who were isolated from their children and partners. The women were more likely to seek informal help from friends, close family members and extended family members, than they were to access formal help from counsellors, doctors or lawyers. Due to logistic regression analysis being utilised to present the data, this study was unable to explore the women's nature of help-seeking behaviours and their feelings and experiences of services; thus lacking the richness of data.

Perilla (2000) reported that it is culturally unacceptable to leave your partner, therefore DVA services need to provide extensive support especially from a South Asian perspective, including professionals feeling more culturally competent. This study emphasised the importance of professionals understanding the sociocultural context, and adapting therapeutic interventions to address the specific needs of women from different cultural backgrounds. It is evident that understanding race, gender and the systemic factors of BAME groups who have experienced DVA are vital in a therapeutic setting (Sanderson, 2008). Ultimately, this shows the more knowledge and understanding of experiences gained when working with this specific group, will help to support the therapist when delivering effective provisions.

Thomas-Davies (2018) conducted research on the lived experiences of master's level Counsellors, working with female survivors of intimate partner violence (IPV), exploring the meaning of their beliefs, value's and attitudes when working with this population. Five participants who were on a master's degree counselling programme were interviewed. The data indicated that the Counsellor's value the therapeutic work with this client group, however they felt that the resources available to them were inadequate to deal with the clients. The participants also recognised that their counselling programme did not provide sufficient training on the course to feel equipped to work with survivors of IPV. Consequently, this may inform counselling programmes to increase the awareness and adapt the module outline, to ensure that students are provided with further training on working with this specific client group. The study suggested that additional research should focus on Counsellors who have

experiences with female survivors of IPV, of different races or ethnicities (Thomas-Davies, 2018). Also, as this study focused on the experiences of master's level counsellors, it does not take into account any other profession and how different their experiences might be.

Overall several challenges are faced when providing services to BAME survivors of DVA (Iliffe, 2000). It is evident that working with DVA can require specialist skills, due to the complexities of the physical and psychological impact it can have on survivors of DVA (Iliffee, 2000). Additionally, working with this specific group can lead to burnout as well as cultural competency issues (Thomas-Davies, 2018). Previous research has highlighted these challenges concerning the therapists' personal and professional issues, revealing burnout, altering cognitive schema and therapist competency issues (Thomas-Davies, 2018). There has been limited research on exploring Counselling Psychologists' experiences of providing services to this specific client group. However, previous research has emphasised the necessity to improve effective therapy for individuals from minority communities who experience DVA, by suggesting that further education, training and support should be provided for therapists to better inform them from a cultural perspective (Thomas-Davies, 2018).

Research Aims

This research aims to explore Counselling Psychologists' lived experiences of working with BAME survivors of DVA and the impact it may have, both personally and professionally.

Objectives: To explore how the Counselling Psychologists' feel when they are working with this specific client group.

To explore the impact it may have on the Counselling Psychologists' both personally and professionally?

To explore the challenges Counselling Psychologists' may face when working with this client group?

Research Question

What are the lived experiences of Counselling Psychologists working with BAME survivors of DVA?

Expected Outcomes

An understanding of the lived experiences of Counselling Psychologists' work with black and minority ethnic survivors of domestic abuse may help provide additional support for the profession, thus improving the effectiveness of specialist therapy provided to BAME survivors of DVA.

16. How will your research be conducted?

Describe the methods so that it can be easily understood by the ethics committee. Please ensure you clearly explain any acronyms and subject specific terminology. Max 300 words

Research Design/Approach

I have chosen to utilise an interpretative phenomenological analysis (IPA) methodology for this study because it focuses on people's experiences and how they make sense and meaning of them. Within my research, it is my aim to understand how Counselling Psychologists have experienced working with black and minority ethnic (BAME) survivors of domestic violence and abuse (DVA) (Hefferon & Gil-Rodriguez, 2011). Furthermore, it attempts to capture the lived experiences of particular groups of people (Hefferon & Gil-Rodriguez, 2011). I believe that interviews with the Counselling Psychologists will be beneficial to assist in answering the research aim. Furthermore, the aim being to understand their lived experiences of working with this specific group and how various cultures are taken into consideration, as well as the impact this may have on the psychologists (Hefferon & Gil-Rodriguez, 2011).

A homogenous sample will be adopted, as my research aims to understand the experiences of a particular group (Counselling Psychologists' working with BAME survivors of DVA). Interviews will be analysed and the gaps will be researched further to evaluate the experiences of the participants, the impact of the therapy delivered and potentially supporting further adaptations from a cultural perspective (Hefferon & Gil-Rodriguez, 2011). Finally, prior to the interviews a demographic questionnaire (see appendix 5) will be utilised to capture some basic information about the participants, for example their age, ethnicity and language to ensure that time is used productively within the interview. Also, the participant's primary language will be asked to ensure less difficulties are faced during the interview process.

Recruitment, Sampling and Study Participants

I will be interviewing Counselling Psychologists' who have worked with BAME survivors of DVA. The interviews will explore their views and experiences of working with this specific group and the impact this may have both personally and professionally. I will recruit a minimum of 6 participants for this qualitative research. I will contact qualified Counselling Psychologists online, through various websites such as HCPC directory, Facebook and organisations that work therapeutically with BAME survivors of DVA. The BPS ethical guidelines will be adhered too throughout the research process. During recruitment, advertisements will be posted within public groups solely to invite individuals to participate in the research, allowing them to opt in on their own accord.

Materials/Data Collection Method

A semi-structured interview will be utilised to explore the Counselling Psychologists' lived experiences of those who have worked with BAME survivors of DVA. The interview schedule can be found in Appendix 6. Some questions that will be asked are, can you please describe your experiences of working with BAME survivors of DVA? Can you describe any challenges you have faced when working with BAME survivors of DVA? What do you feel were the most difficult aspects to explore when working with BAME survivors of DVA? In order to fully analyse and assess the participants' responses, an IPAD and laptop will be employed to record and transcribe the interviews.

Data Collection Procedure

I will send out a letter, information sheet and questionnaire regarding my research to current registered Counselling Psychologists. When they have read and understood the research and still wish to participate, they can contact the researcher directly and arrange appropriate times to be interviewed. A consent form will be signed and the interview will take place shortly after, via face-to-face, telephone or Facetime. After the completion of each interview, participants will be debriefed.

Data Analysis

A verbatim transcript of the interview is required for IPA. Each interview will be thoroughly analysed one by one, which will follow an idiographic approach. Once the interviews are transcribed, I will re-read the transcript

multiple times enabling the process of being able to bracket off any previous understanding or meaning to their experiences. I will immerse myself in the data. In an attempt to gather further detailed information, initial notes will be made by hand including non-verbal expressions such as laughing or sighing, as well as hesitations and pauses will be noted and analysed further (Smith, 2015).

Further to this, conceptual coding will be applied to each transcript. The emerging themes will be completed and I will re-read to ensure it captures the participants' experiences (Appendix 12-annotated transcript). All themes will be arranged in a list and patterns will be established between the emergent themes which will then be developed into 'super-ordinate themes'. The emergent themes will be grouped under super-ordinate themes. This will be completed for each participant.

Following on from this, all six cases will be observed for any patterns. Tables including super-ordinate and emerging themes will be produced for each participant (Appendix 10). All super-ordinate themes will then be checked for similarities across all tables. Master themes will be developed across two or more participants. A table in the results chapter will present the master themes that emerged throughout the data that will link all six participants with their experiences.

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17. Is ethical approval required by an external agency? (e.g. NHS, company, other university, etc.)

1. NO

2. YES - but ethical approval has not yet been obtained

3. YES - see contact details below of person who can verify that ethical approval has been obtained)

18. What in your view are the ethical considerations involved in this project? (e.g. confidentiality, consent, risk, physical or psychological harm, etc.) Please explain in full sentences. Do not simply list the issues. (Maximum 100) words)

Confidentiality- All data will remain confidential on a laptop/iPad password protected and saved on a University server. Only the researcher, supervisors and examiners will have access to it.

Informed Consent -All participants will be informed of the full nature of the study, which may influence their decisions to take part. Consent will be obtained from all participants (see appendix 2).

Right to withdraw- Participants will be informed of their right to withdraw at any time before, during or after the interviews. They will be informed that they can withdraw up to two weeks post interview. As the transcripts may have been written up and analysis begun during those two weeks, it will be difficult to withdraw from the interview after two weeks.

Deception- Throughout the study, participants will not be deceived in anyway and all questions and queries will be fully answered.

Anonymity- Participants will be aware that their data will remain anonymous and names will be given pseudonyms throughout the research. Any quotes used in the results, will be ensured that they are not identifiable.

Risk/Debrief- There will be limits to confidentiality, for example if the participant discloses harm to themselves or others, it is my duty to inform participants that I must contact the appropriate services for further guidance. However, considering the professionals that will be interviewed, it is expected that there will be a minimal psychological risk. Furthermore, prior to being interviewed participants will receive information via email regarding participation. I will also ensure they are aware of the nature of the questions and the possibility that the interview may bring up vicarious trauma they have experienced in the past. All participants will be debriefed and given details and numbers for free support services if necessary.

19. Have participants been/will participants be, fully informed of the risks and benefits of participating and of their right to refuse participation or withdraw from the research at any time?

1. YES (Outline your procedures for informing participants in the space below).

2. NO (Use the space below to explain why)

3. Not applicable - There are no participants in this study

Before I conduct the interviews, all participants will be briefed with the nature of the study and the potential risks. They will be given an information sheet which will include this necessary information. Also, the consent form will state their right to withdraw throughout the research. Although there are no direct personal benefits for your participation, through taking part you will help the researcher to discover more about the impact on Counselling Psychologists, and their direct experiences of working with this particular group. The participant may also have the opportunity to reflect on their own practice. This may help raise awareness within the Counselling Psychology profession, and may potentially adapt/modify the support that is currently provided to both professionals and this client group.

20. Are participants in your study going to be recruited from a potentially vulnerable group? (See RPU website (www.wlv.ac.uk/rpu) and follow link to Ethical Guidance pages for definition of vulnerable groups)

1. YES (Describe below which groups and what measures you will take to respect their rights and safeguard them)

2. NO

21. How will you ensure that the identity of your participants is protected (See RPU website (www.wlv.ac.uk/rpu) and follow link to Ethical Guidance pages for guidance on anonymity)

Participants will be informed that all data will remain anonymous and names will be given pseudonyms throughout the research. Also, quotes/locations used within the research will be ensured that they are not identifiable. Any identifiable information such as places, organisations, companies and names of clients, will be altered with a pseudonym or with other places/organisations or companies to ensure anonymity (BPS, 2009).

22. How will you ensure that data remains confidential ((See RPU website (www.wlv.ac.uk/rpu) and follow link to Ethical Guidance pages for definition of confidentiality)

Only the researcher, supervisors and examiners will have access to the raw data. It will remain on a password protected laptop/iPad and saved on the University server.

23. How will you store your data during and after the project? (See RPU website (www.wlv.ac.uk/rpu) and follow link to Ethical Guidance pages for definition of and guidance on data protection and storage).

All data collected will be locked in a secure cabinet and will only be accessible to the researcher, supervisors and examiners. All documents on the laptop/iPad will be password protected and the data collected will be stored for 2 years and then destroyed, ensuring confidentiality at all times.

24. Append study documentation to this form (Please append below the materials you will use to carry out your study. These should typically include letters of contact, consent forms, information sheets, data collection materials (e.g. interview schedules, surveys, experimental materials, training and intervention materials etc.), debrief and, if appropriate, a risk assessment document/lone worker policy.)

Appendix 2 - Ethical Approval Confirmation Letter

Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS
Dean of the Faculty of Education Health and Wellbeing

University of Wolverhampton
Walsall Campus
Gorway Road
Walsall
WS1 3BD
United Kingdom

Telephone Codes
UK: 01902   Abroad: +44 1902

Switchboard: 321000

Internet: www.wlv.ac.uk

24th June 2019

Sharanjit Kandola
University of Wolverhampton
FEHW

Dear Sharanjit Kandola

**Re: 'The Lived Experiences of Counselling Psychologists' Working with BME survivors of DVA'
submitted to The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology,
Social Work & Social Care)**

The Faculty Ethics Panel (Health Professions, Psychology, Social Work & Social Care) has considered and
reviewed your submission.

On review your Research Proposal was passed and given approval **Code 2A – Approved Subject to
Conditions.** The conditions for Approval are below.

Please address the minor amendments detailed below. If this is student research, supervisors must ensure
the minor amendments have been completed prior to commencement of data collection. A condition of this
approval is that Supervisors must read through and check the revised applications and email a confirmation
to fehwethics@wlv.ac.uk to confirm they have occurred.

- It is agreed that the proposal is well written
- There must be a declaration that data will be saved on the University server.
- There is a mobile number on the form. They need to ensure that this is not a personal number.
- Contact details for Professor Silke Machold, Dean of Research as the independent person in the case
  of complains and the Data Protection Officer's details need to be included.
- GDPR consideration with regards to accessing group membership data. Please ensure group
  boundaries are respected.

Best wishes in the future.

Yours sincerely

Angela Clifford
Dr Angela Clifford (BSc, MSc, PhD, CPsychol)
Chair – Ethics Panel

THE UNIVERSITY OF OPPORTUNITY

Appendix 3 - Advertisement

Call for participants: qualified counselling psychologists:

The lived experiences of Counselling Psychologists working with BAME survivors of DVA

Is this you?

- HCPC registered Counselling Psychologist.
- 6 months minimum working with BAME survivors of DVA.
- Willing to explore your lived experiences of working with this specific group.

If so, please get in touch!

I am looking to do a 60-90 minute face-to-face or online interview with those who fulfil the above criteria.

If you would be interested in participating, know someone who would be, or you have any questions please get in touch:

Sharanjit Kandola
Counselling Psychologist in training
Professional Doctorate in Counselling Psychology, University of Wolverhampton.
E-mail at: █████████████████
Mobile: ██████████

This research has been approved by the University of Wolverhampton's Ethics Committee.

Appendix 4 - Information Sheet

<u>Participant information sheet</u>

<u>Project Title: -</u> *The lived experiences of Counselling Psychologists working with black and minority ethnic (BAME) survivors of domestic violence and abuse (DVA).*

As you are being invited to participate in this research study, it is important to understand the purposes of this research and your involvement before making a decision. Please read the information carefully and do not hesitate to contact me for further clarification. Thank you for taking the time to read this information.

<u>What is the purpose of the study?</u>

<u>Research Question-</u> What are the lived experiences of Counselling Psychologists working with BAME survivors of DVA?

I will be exploring the lived experiences of Counselling Psychologists working therapeutically with BAME survivors of DVA. The aim is to find out their experiences when working with this minority group and the impact this may have on their practice. This will allow further awareness that can support the Counselling Psychology profession.

<u>Why have I been chosen?</u>

You have been chosen to participate because you are a Counselling Psychologist and have worked therapeutically with BAME survivors of DVA.

<u>Do I have to take part?</u>

No. This is a voluntary activity and your involvement in the research is entirely your choice, and you can take time to consider your decision to agree to participate.

<u>What will happen if I decide to take part?</u>

If you do decide to take part, you will be invited to take part in an interview. Prior to the interview you will be given a consent form which I will talk through with you, and a demographic questionnaire to complete. During the interview, I will ask questions regarding your lived experiences of working with BAME survivors of DVA. You may withdraw from the interview at any point, up to two weeks post interview.

<u>What are the potential benefits and risks of taking part?</u>

Although there are no direct personal benefits for your participation, through taking part you will help the researcher to discover more about the impact on Counselling Psychologists, and their direct experiences of working with this particular group. You may also have the opportunity to reflect on your own practice. This may help raise awareness within the Counselling Psychology profession, and may potentially adapt/modify the support that is currently provided to both professionals and this client group.

There are no further risks than what you may already encounter in daily life. However, if you decide to take part, you may remember certain things that you may find upsetting. Nevertheless, if this happens the researcher will be conscious of this and will stop the interview and ask if you want to continue. The researcher will suggest that they can contact their clinical supervisor for support and to discuss the impact the research may have had on them.

Will my taking part in the study be kept confidential?

Yes. The data will be made available to my supervisors, the examiners of the thesis and in any papers published, in which specific quotes from the interview will be used. However, all information gathered will not be identifiable as names/places/family names will be given pseudonyms to ensure anonymity. All this information will be explained at the beginning of the interview. The transcript and any other data collected throughout the research will be stored securely on a password protected laptop/iPad. Only the researchers, supervisors and examiners will be given access to this information.

What will happen at the end of the research study?

The findings will be published as a thesis in 2020 and potentially in an academic journal. Please be reassured that all information will be anonymised so you will not be identifiable in any written document. The findings in the form of an executive summary, can be provided to you upon request.

What if I have a problem or concern?

If you have any other questions or queries regarding any aspect of the study, please do not hesitate to contact me at ▮▮▮▮▮▮▮▮▮▮▮ or my supervisory team, Dr Abigail Taiwo at ▮▮▮▮▮▮▮▮ and Dr Angela Morgan at ▮▮▮▮▮▮▮▮▮▮▮ who will endeavour to answer your queries. If you have any further concerns you can contact Professor Silke Machold, Dean of Research at ▮▮▮▮▮▮▮▮▮▮ ; she is an independent person and will address any complaints that are brought forward. Furthermore, you can also contact the Data Protection Officer at ▮▮▮▮▮▮▮▮▮▮ with any concerns regarding General Data Protection Regulation (GDPR).

Who has reviewed the study?

The Faculty of Education, Health and Wellbeing Ethics Committee at the University of Wolverhampton has reviewed and approved this study.

<u>Contact for further information</u>

Sharanjit Kandola- Counselling Psychologist in training.

University of Wolverhampton

Wulfruna Street

Wolverhampton

WV1 1LY [email address redacted]

Appendix 5 - Informed Consent Form

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WOLVERHAMPTON
KNOWLEDGE ▪ INNOVATION ▪ ENTERPRISE

<u>Consent form and right to withdraw</u>

<u>Project Title: -</u> *The lived experiences of Counselling Psychologists working with black and minority ethnic (BAME) survivors of domestic violence and abuse (DVA).*

Name of Researcher: Sharanjit Kandola

Please initial boxes

1.   I agree that I have read and understand the Participant Information Sheet for the above study and have had the opportunity to ask questions.

2.   I agree and understand that this is voluntary participation and that I am able to withdraw at any time, up until two weeks post interview, without giving any reason.

3.   I am aware that my data will remain anonymous and will be stored securely and confidentially. Also, I understand that my personal information will not be identifiable in any analysis that is written up and published.

4.   I understand that this study and results found may be published by the researcher, for which I give my permission.

5.   I agree for my interview to be audio recorded and for the data to be used for the

purpose of this study.

6.   I understand that all data will remain confidential within the programme.   ☐

7.   I agree to take part in the above study.   ☐

………………………..   …………………….   ....

Name   Date   Signature

…………………………   ...………………….   …………………...

Researcher   Date   Signature

Appendix 6 - Demographic Questionnaire

Demographic questionnaire

1. Age

_____

2. Gender   ☐ Male   ☐ Female

3. Place of birth?

_____

4. What is your ethnicity? (Please tick box)

White	
Black	
Asian	
Mixed (Please specify)	
Other (Please state)	

4. What is your current religion? (Please tick box)

Christianity	
Buddhism	
Islam	
Hinduism	
Judaism	
Sikhism	
Mixed (Please specify)	
Other (Please state)	

5. What is your primary language? (Please tick box)

	Verbal	**Written**	**Reading**
English			
Urdu			
Punjabi			
Hindi			
Other (Please state)			

6. Do you speak any other languages? (Please tick box)

Sikh	
Muslim	
Hindu	
Christian	
Other (Please state)	

7. What is your job title?

_____

8. How long have you been practicing as a Counselling Psychologist (years/months)?

_____

9. What level of accreditation do you have?

_____

10. How many of your clients have been BAME survivors of DVA?

_____

11. Please state the different ethnic groups that you have worked with therapeutically?

_____

Appendix 7 - Interview Schedule

Interview Schedule

I am currently undertaking a Doctorate in Counselling Psychology at the University of Wolverhampton. As part of my course I am required to research a topic of my choice. I have chosen to explore the lived experiences of Counselling Psychologists working with BAME survivors of DVA. Within the interviews there will be a series of questions which you will be asked and some of these may require detailed answers. You do not have to answer any questions you feel uncomfortable with; all the information gathered from this interview will remain anonymous but, if at any point before, during or two weeks after the interview you wish to withdraw, you have the right to do so.

1. Can you please describe the educational training you have received that is related to working with BAME survivors of DVA? Prompt: If so, what impact did this have on your therapeutic work?

2. Can you tell me about your continued professional development you have received that is related to working with BAME survivors of DVA? Prompt: If so, what impact did this have on your therapeutic work?

3. What were the therapeutic underpinnings of the service you worked for?

4. Can you tell me about your experiences of supervision when working with this group?

5. Can you describe what theoretical approaches you use with this client group? Prompt: Benefits and disadvantages of this approach?

6. Compared with other client groups you have worked with, what are the unique issues that this client group mainly bring to therapy? Prompt: 'Honour'-based violence, forced marriage, FGM, etc

7. Can you please describe what you found easy when working with this client group?

8. Can you please describe your experiences of working with some of these issues? Prompt: vignettes or in general?

9. Can you tell me some of the challenges you faced when working with this client group? Prompt: How did you deal with these challenges? What was that like for you?

10. What do you consider to be the most significant aspects for you to explore during therapy with this client group? Prompt: how did this affect you?

11. Was there anything that surprised you about the process or content of working with this group?

12. Can you tell me what you have learnt when working with this client group?

13. Considering all the questions asked today, is there anything else you feel is important to add about your experiences?

Appendix 8 – Super-ordinate and emergent themes - Anna

Super Ordinate Theme	Emerging Theme	Page, Line	Quote
Impact of training	Engaging in additional CPD training	1, 7	in order to work with them they put me through the in house training and my IDVA training. I studied independent domestic violence advisor programme, I also did the freedom training programme and the respect recovery programmes as well, included within them were modules on working with BAME groups.
	Training raised cultural awareness	1, 15	I think it helped, it just……… raised your awareness a little bit more to, how you need to differentiate things, about language, ummmm the fact that some people that are accessing the service, their first language might not be English.
	The gap in specialist knowledge x6	22, 703	….don't think the training equips you necessarily to you to think the same process of logic or expanding your thought processes to working with different cultures….. I think it's something that diversity, or the bracket of diversity teaching needs to be expanded within training
	Questioning ability due to lack of training	20, 622	I think part of it as well is you do question then, is there something else I need, am I the right person to be doing this, should it be somebody else, is there a different training that I should have had, ummm I think it's one of those moments that you feel very deskilled…
Understanding the risks of the individual leaving the relationship	Being tracked by families x2	20, 655	Look out for the warning flags and …….be aware that they will go to great lengths to find them, and very often they will just take the children and leave the woman there, but they will go to great lengths to try and track them down.
	Understanding ostracism	5, 141	if you speak out, then you are shunned by the whole community, so not only are you are you leaving your home, but the entire community will turn their back on you,

	Double edged sword x2	3, 72	they've left their children, you want to make them feel as comfortable as possible. So there is that hesitation of ummm trying not to make things worse.
	Role of family and wider community x8	19, 593	Very often specifically with the BAME community you find, that it's more second generation, or third generation domestic violence, it's also domestic violence that isn't only perpetrated by the father, but perhaps the grandparents as well, and I think it's really important to be mindful of the perpetrators might not be the people you always think it could be.
	Challenges faced with honour-based violence x2	6, 157	that is looking to restore the honour for their family, or find out where they are to persuade them to come back……… or you know in some cases to punish them for bringing that disrespect to the community.
	Sudden disruption in clinical work	21, 682	It impacted me in the terms that the therapeutic work ended there and then, as that person and her children had to be shipped off again.
Therapeutic interventions/ approaches utilised in therapy	Tailored interventions to meet unique needs x2	4, 116	I'd use EMDR in some cases, when it was appropriate, but for a lot of the women you were working with they were in a state of crisis so doing the trauma work's not appropriate, but letting them feel heard and validated was the therapeutic thing you could do at that time.
	Gift of Time x2	12, 374	One of my favourite quotes of all time is, 'the greatest gift you can give is time'.
	Offering practical support in the first instance	4, 124	or the personal resources to manage that. So as a group, we tend to look more at that aspect of things.

	PCT at the core of therapy x8	11, 343	….in a way that's manageable, your experiences of your community might have a part in this, but let's look at the here and now, what other primary things are causing you distress, not the wider implications, but what's brought you to the refuge, the relationship that you have fled from, the implications for you and your children, and what we need to get you back on your feet.
The role of a Counselling Psychologist	Facilitating change	12, 364	it's when they're in a more stable place mentally later on in life that they are willing to go back and deal with the trauma from that relationship.
	Placing control in the client's hands x3	19, 614	it's about being open and honest that this isn't my frame of reference, and being led by them, so…. it's about being comfortable about going into the unknown and letting them tell their story.
	Safety in following procedures and protocols	7, 200	If there was that much at risk then we would put the plans in place in order to get better the child out.
	Anticipating potential therapeutic barriers	1, 16	ummmm the fact that some people that are accessing the service, their first language might not be English, so it's again being mindful of colloquialisms and terms like that, but just being mindful that, how… what you think within one culture, is how it may work, or what is the norm
	Difficulty maintaining boundaries	3, 76	I think when you're working with BAME clients or any person who's experienced domestic violence, there is always that fear of, perhaps in your initial assessment, of opening something up that you're not able to manage and close down in the initial session
Understanding cultural beliefs and values	Cultural perceptions on relationships	17, 543	because she wanted to go out with friends, she didn't want to be at her home, ummmm she wanted to start having a boyfriend and that wasn't permitted by her father.

	Understanding unique belief systems x4	15, 471	I think one of the challenges of working with BAME clients of DV is not tarring everybody from the same culture with the same brush. So not making the assumption that the whole that every community is complicit in in….. domestic violence, that it's rife within every community and that it's acceptable within every community, I think it can be quite easy sometimes to make those snap judgements, and it's about pulling back sometimes and thinking these ….could be isolated cases.
	Cultural beliefs influences identity	10, 317	you're also dealing with the cultural implications of it, and is this that question that what else will they question from their culture, and very often when you're working with domestic violence, their core beliefs might not be very positive, they have a lot of negative experiences, that their identity, they're pretty sure of who they are, of what makes them them, even if it is from negative experiences. I think when you're working with BAME groups and you're looking at cultural implications and…….. groups that have facilitated or been ummm elusive to, within that domestic violence, it shapes more of who a person is, of what they represent, a lot of people who access services have still got their faith
	Feminism and cultural relativism	14, 428	I think one of the challenges as well as being, being quite an independent woman its sitting and hearing how some cultures can be very male dominated without it being domestic violence, and that's ……acceptable in some cultures, and that doesn't sit right with me, as a female independent woman (@@@@), who refuses to wear wedding rings and things these days.
Challenges of BAME cultural beliefs	Understanding a lack of generational change	20, 645	ummmm I'm not sure it did, it's one of those things you sit back and think, wow, I can't believe that in this day and age there is still, you know, it's still as prevalent as it is, but then you look at the amount of the people seeking support for domestic violence, you soon realise

and values in therapy			how prevalent it is, so you could be snapped out of that thought process, I don't think it had a huge impact really.
	Awareness of taboo/stigma	20, 637	we found with a lot of BAME clients, that a lot of the family were involved in it and aware of it, and obviously the community aspect of it, and I think how widespread it was, of being hidden by communities, and how it's still very much a taboo subject, that's not ok to talk about did surprise me
	Deceptive behaviours of family behaviours x3	21, 661	Different towns, ringing up pretending to be different people, we've had males pretending to be females, presenting for refuge, with the ummmm (arrghh@@) veil and things, and presenting to be females to gain access to the refuge, that was a new one for me.
	The strength of the clients' core beliefs x3	11, 328	sometimes that faith gets questioned and shaken….
	Difficulties of working with non-BAME professionals	17, 532	in terms of the more therapeutic aspect, I'd go to my normal clinical supervisor for that, but she was very clear on what her knowledge base was, and sometimes it was that learning process between the two of us going 'right I've had someone turn up with this' 'I'm not quite sure what to do with that'
Supporting the Psychologist	Value of supervision x3	18, 584	It's quite refreshing to have, have a situation where you can have that conversation…. in a safe environment really. I then also feel more prepared then to go back to do the client work, because all the things that run through your head you have the chance to offload and work through.
	Value of peer support x3	16, 501	We had the peer support group, we also had the MARAC framework, and Organisation 1 as well. The MARAC framework is excellent
	Safety in signposting	20, 627	but also knowing that you have the support of the specialist services around you, because I think without that it would be very difficult to do.

	Efficacy of multi-agency support x4	16, 515	instead of trying to plough forward it's about using the resources that you have, I think you could do a lot more damage if you weren't ….to hold your hands up and say I have no idea what you've just said to me, I'm just going to go to check with someone else
Use of existing knowledge	Falling back on previous knowledge x2	9, 278	I used to be a teacher and I used to work a lot with children who English was a second language, so we used to deal a lot with FGM then, so went on to do specialised training
	Having the upper hand	2, 51	Ummmm we always found that ==Organisation A== were good at sharing knowledge because they appreciate that we had bigger refuges than they did, ummmm so it was a lot of cross working, from that side of things as well.
	Understanding power dynamics in DVA relationships x2	14, 450	It's interesting, it's really interesting, once you, once I started it's quite an easy pattern to….to recognise then. I think it's the same with anything though, you run the risk of over analysing everything, there was ummm one session with the groups that you look at the perpetrators of domestic abuse and how they perhaps sabotage things, so you will then take over that task and it just slowly builds up
Challenges immersing the self into the BAME world	Struggling to empathise x3	2, 36	because as much as you try and read them and learn, unless you're living that on a day to day basis there's no way that you could fully understand the magnitude of the different aspects of it.
	Struggling with the concept of cultural norms x4	13, 413	I remember there was this one lady, she was given an allowance ummmm…….. for things she had to buy for the children, she had no money herself, but the rest of her money had to go ummmm towards the community, and for me I couldn't quite understand how, you're walking around with no shoes and things, but for her, to donate most of her money to the community was part of ……the norm for her, that was quite a challenge to get your head around.
	Various layers of	11, 339	It can feel really overwhelming because it's like opening a can of worms, you're not quite sure where everything is gunna go, or how you're going to manage that…..but I guess, again it's being very

	complexities x4		congruent with that person, saying I don't have all the answers but we can explore this together.
	Different frames of reference x4	14, 443	so I think one of the challenges is to……. put aside your own frame of reference and your own views on relationships and what's right and wrong, and stepping into their frame of reference and truly understanding the process of domestic violence, of how it starts…
	Recognising lack of shared experience through ethnic identity	18, 581	Ummm it's an element of kind of wishing when you've got older that you have done it, is there regret, or is there not because you feel fulfilled, all the questions that you don't know because you're not immersed in that culture.
Therapists' vicarious trauma	Fear of feeling judged for lack of knowledge.	3, 66	kind of that fear of being judged, or criticized for not having that knowledge, but then still be able to support that clients in the best way possible.
	Hyper-vigilant x11	7, 222	"…. just making sure the pattern and things change because like I said it's from such a big community sometimes, that……. You know when we used to leave the building we would look out for the perpetrator or anybody suspicious hanging around, but this is a whole community that's looking out, it makes it look more difficult to spot the odd person that is loitering…."
	Fearing for clients safety	8, 235	There was one case which had a really dull moment (awkward @@@) where we were escorting this young lady out of the building, and when we walked outside, there was the partner stood opposite the building, so myself and my colleague either side of this young lady and we took her round to the car around the corner, put the blanket over her head so he perhaps wouldn't see the car driver
	Breaking barriers between	14, 456	I'd just moved in with my partner and he'd ruined all the washing, he'd ruined all my work clothes, he'd put a red something in with all my whites, and I remember sitting on the front of the stairs thinking

	professional and personal life x3		oh my god he's a perpetrator, oh my gosh what am I going to do @@@.
	Feeling vulnerable x2	8, 241	so I took my glasses off and walked back thinking he wouldn't recognise me, and I got back in the building and put them on, and I was like, you're not superman (@@@) you don't look completely different without your glasses (@@@)
	Fear of the unknown	11, 341	again it's being very congruent with that person, saying I don't have all the answers but we can explore this together, and we do it in a really safe way and in a way that's manageable, your experiences of your community might have a part in this
	Transference x3	7, 202	That child disappears ummmm and you know, doesn't surface again for quite some time, which then puts extra pressure on the mum who's in the refuge feeling that additional guilt, ummm it's quite difficult you have to be, ummm slightly more secretive…… than you are with ummmm ….different cultures who experienced domestic violence in my opinion.
Role/impact on self in therapy	Feeling unequipped working with different cultures x3	19, 625	ummm I think it's one of those moments that you feel very deskilled, but if you just go back to your core then you can, you can do it,
	Awareness of knowledge limitation	16, 512	they just use 12 words instead of 6 to help explain something, but it's fine just do x, y and z. And you're like 'ok, ok, thank you!' (@@@). I think it's about recognising where your limitations are and where your knowledge ends, instead of trying to plough forward it's about using the resources that you have

	On being an expert	12, 386	they can use whatever language they want and there's no judgement. I think if you know where you're coming from, and that you're human, and you're not sitting there as the expert knowing everything, it makes things easier.
	Professional sense of achievement x2	13, 404	that sense of achievement for them, ummmmm you don't sit back and think I've done that, it's all on them then…… to then recognise the strength it's taken for them, to feed that back to them, yeah it's a nice thing.
	Conflict between personal and professional views x2	18, 558	it's, it's difficult then to support, it was really difficult to support her without going, do you know you're a child, go and experiment, if you want to go out with your friends, if you want to wear that outfit, wear that outfit, it's ok, it's….. ok to want to go to the cinema to watch these films with your friends
	Fear of failure x3	22, 715	I think you could do…. I think you run the risk of closing down a lot more, or missing the signs for a lot more, ummm unless you have that increased awareness and that additional knowledge….
	Therapist elation	13, 403	You'd do a little happy dance inside.... yeah, I guess it's like watching a bird take flight, or you child take its first steps, that sense of achievement for them

Appendix 9 – Super-ordinate and emergent themes - Mia

Super Ordinate Theme	Emerging Theme	Page, Line	Quote
Impact of training	Engaging in additional CPD training	24, 6	alongside my training that I did therapeutic training as well as doing some courses while I was working, for example, for a Black Women's Project and aside from that when I was working at a <mark>specialist refuge</mark>
	Modules completed	25, 36	Working with this group. I've done short-term therapy such as CBT, umm, art, art therapy, psychodynamic. At the moment... and ummm I have completed a counsellor for depression course as well. I'm currently, um, completing a couple of therapy training this year as well
	The need for specialist training	25, 43	The training that I had, the trainings that I had weren't, weren't specifically BAME-related, I would say because the truth is there isn't enough out there. So I wasn't offered any or I didn't have access to any specific ones So if as a therapist you're going into, okay, I'm going to go and find a BAME training…. there isn't enough out there .
	Value of own professional experience over training courses x2	24, 29	so there wasn't enough training, um, specifically working with <mark>BAME organisation</mark>. I think it's what I've learnt over the years as a therapist and what I... what experience that I've encountered when working with BAME women that sort of experienced me into adapting my therapeutic, ummmm process
Therapeutic interventions/ approaches	Tailored interventions to meet unique needs x2	25, 60	It changed it completely because I had to adapt my training to the individual needs. So say, for example this morning, the Punjabi lady that I had.

utilised in therapy			she's from my community, she might go spreading it to everybody. So therefore you have to adapt it to the individual's needs and you have to be approachable
	PCT at the core of therapy x11	26, 75	you have to be genuine, you have to be empathic…… 'cause I'm a person-centred therapist. It's about, it's about working with the here and now and about being totally transparent and answering any questions that they have, you know.
	The challenges of more directive therapeutic approaches	27, 128	and then if you bring it up the following week and they don't want to talk about it and you insist on it, then it makes them feel nervous. It makes them feel that they can't be themselves and sometimes this is the one escape
	Overcoming barriers of 'talking therapy' x4	37, 430	It makes it a lot more flowing. So if they are finding it difficult to describe the... if they're finding it difficult to describe the experiences that they've gone through, if you take it easily, if you... Like I said, with that girl, I just started off with talking about her red boots and admiring her red boots.
The role of a Counselling Psychologist	Anticipating potential therapeutic barriers	26, 79	So I was encouraging this woman, for example, this morning to talk about why it was so difficult for her to approach therapy in the first place and gave her that space to be free
	Difficulty maintaining boundaries x2	30, 211	All I want to do is get up and give her a hug but I, I, I, I don't do that in a therapy room because it just completely misconstrued.
	Therapeutic process x6	33, 317	And as a therapist, for me, sometimes you do... sometimes it can be challenging. Sometimes you can feel that, oh my God, I'm not getting anywhere. Um, but then, as a therapist, you just have to try your best.
	Therapists' role x4	47, 788	I am making sure that these perpetrators answer for what they've done and at times you do feel like you're fighting a losing battle. You

			do feel, oh my God, you guys'll never understand. But then it's not my job to make them understand. It's my job to support these women.
	Safety in following procedures and protocols x4	45, 708	just put a five pound credit in and I will call you back. Two months later she called me back from Pakistan saying that her parents had arranged a marriage for her. Umm so, I contacted the Forced Marriage Unit, they got all the systems going
	Overcoming barriers in educational organisations x2	51, 893	Miss, you can't say that. So it's about bringing it to the surface. It's about talking about things and not being ignorant. It's about exposing words like this which are a taboo in their, in their home (892).
Understanding the risks of the individual leaving the relationship	Understanding family honour x2	28, 159	if you are going through, for instance, a difficult marriage and you want to break free, your honour is the utmost priority according to family and you have to stay in that marriage even if you're completely miserable
	Understanding ostracism	31, 246	Throughout the whole time she was threatened by the family. Her parent... her mother cause her father had died in India. Her mother threatened to disown her
	Double edged sword x6	31, 256	It's, it's a huge thing in the Asian community. So on one side it was a bittersweet battle because with both of these girls, they lost, they lost their families back home. Their families disowned them. So that was, that was the bitterness in it. And the sweet side was that they have their life again and they're not living a miserable life.
	Sudden disruption in clinical work	52, 920	so she'd come to session six, seven. She, she just stopped coming. Four years later, five years later, so she was 19, she came on the door and I was still working there and said is my therapist here?
	Challenges faced by clients	30, 217	the avenues and saying this is actually inappropriate, this is wrong, this is what we can offer you and funnily enough, this girl whose husband took sexual pictures then went into one of our refuges, she was threatened with deport... Her husband would say, oh, I'm sending

	migrating for marriage x4		you back home, this, that and the other and then I left the organisation and I was still in touch with somebody and they told me that she came in a few months later to thank both of us for the work that we'd done. And she's got her, um, her permission to stay in the UK
	Challenges faced with honour-based violence x3	31, 245	Throughout the whole time she was threatened by the family. Her parent... her mother 'cause her father had died in India. Her mother threatened to disown her, her mother threatened to cut, you know... Her chacha... uncle, her chacha, threatened to cut her into millions of pieces if she ever was to return to India, again, because she brought shame to the family because she's now a divorcee
	Role of family and wider community x2	28, 155	where they wear traditional clothes, where you have to behave and act in a specific way and then they go to uni and they have non-, non-BAME friends who obviously live a different lifestyle. So there's confusion there
	Understanding the stigma of divorce	42, 597	her family have said to her, in India, it's better to be in a loveless marriage than have the label of, label of divorce on your forehead. So when I tried to explain this story to my, um, non-BAME supervisor, oh, that's preposterous, that's awful, she should just leave him.
Understanding cultural beliefs and values	Conflict between eastern and western views x6	43, 657	you've got to fast, you've got to pray, and you, you see friends who are out there styling their hair and you can't do it, then you're going to question your culture, you're going to question your religion. You're going to fight against it. You're going to find it difficult to express yourself and difficult to be yourself. So there is a loss of identity there as well.
	Complexities of FGM x2	29, 191	I have to admit, at times, it's frustrating because she was having problems. She was 26 and she was having problems urinating, she couldn't have sex, she was having problems with her periods. So she was suffering, she had the, she had a very severe form of FGM and she was suffering medically for it

	Awareness of taboo/stigma x2	43, 634	I think the whole cultural difference, the whole taboo, the whole stigma around... first of all around therapy and then around the different subjects. So whether you're talking about FGM, whether you're talking about domestic violence, whether you're talking about honour-based violence, or whether you're talking about sexual abuse. It's just about exploring it, going under the layers of normalisation because generations have normalised that type of behaviour
	Awareness of family secrecy x2	44, 690	had a couple of girls who were sexually abused by the religious teachers. The families were aware of it but they said don't, you'll bring shame to the community
	Understanding unique belief systems	49, 845	that each individual is unique, that to respect the different cultural differences to try and get a better understanding of the cultural differences, but to also not to... not pander to cultural beliefs
Challenges of BAME cultural beliefs and values in therapy	Difficulties of working with non-BAME professionals	40, 527	Um, with the school, they didn't take it well at all because the senior team are all white. They said, you know, that, that's their community, that, that's, quote, that's what happens in the community, which infuriated me, which was clearly a racist comment.
	Process of building trust in the therapeutic relationship requires more time	27, 102	I find with, with BAME women, it does take a little bit more reassuring but that's purely because of the backlash that they do face in that community.
	Struggling with the concept of cultural norms x4	32, 280	girls were told by their families just to put up with the abuse because they would bring shame to the family and for me, it's like, oh my God, you're expecting your daughter to sacrifice her life. Ultimately, sacrifice her life, sacrifice her happiness just to keep the family name. How dare you? And it would anger me

	Challenging beliefs in relation to UK laws and regulations x2	33, 304	You know so it's very much a case of, I understand what your mum's saying. I respect what your mum's saying. However, this is, this is wrong, this is illegal. In this country this is illegal, 'cause her mum actually took her back to... She was here when she was little and her mum took her back to Sierra Leone when she was about 12 or 13 to have it done
	Consequences of supporting clients x3	46, 754	you're not recognising the danger that I've now put myself in. So it does... It's not, it's not an easy, it's not an easy field to work in because you do, you do face a lot of anger from the BAME community. If you help somebody who's, for example, suffered domestic violence and you get them support, you, for example, put them through the refuge process and you are the enemy. You are then considered the enemy because you've helped that person. It's not you've helped them.
	Understanding difficulties of forced marriage x2	39, 499	during the summer holidays a lot of girls are taken back home and then they would never return. They would be married, they would be forced to marry their cousins or whatever and it's getting the schools
	Feeling unsupported by external support agencies x3	40, 558	Zero. Zero, if you're talking about the school, zero, um, when I was working at a Black Women's Project the staff supported each other. The management were, weren't very supportive if I'm going to be completely frank
	The strength of the clients' core beliefs x8	29, 174	the family are saying that it's normal for a husband to do that. So as a woman and as a professional, it would be my job to explain to her calmly that it's not normal, that her husband shouldn't be doing anything that she's uncomfortable with and also being aware that I've got to respect her family, 'cause if I say your family are bloody crazy, then she's going to think I've offended her family and then she's just going to do a U-turn and walk out. So it's more a case of me treading

			carefully but sticking to my boundaries. I mean I had, I had a client who suffered FGM and she said, oh, that's traditional, it's normal, it... She was in, um... I think she was from a specific country, I can't remember but it was, it was a specific country in Africa and then it was up to me, again, to try and very, very carefully say that it, it isn't normal, 'cause she had it built in her that her mum did it, her grandmother did it, her great-grandmother did it. So I had to be very careful, I had to be very careful in not to disrespect an entire generation
	Understanding the lack of generational change x2	44, 681	There are a lot of families that are stuck in the old generation. They're stuck in the old history where girls have to behave a certain way, if they don't then they are breaking the family shame, they are dishonouring the family and it frustrates me.
Supporting the Psychologist	Value of peer support x8	33, 323	I think a lot of times the support that I had around me, my work colleagues, they really helped me through it, because when one colleague was there we had a really good... I'd call it sisterhood. In this, in this line of work, you've got to have a good team around you. You've got to sort of let off steam by sort of talking about it over lunch and by sharing your concerns and your frustrations and your stresses
	Self-care x2	49, 833	Let's go round the block. Get some fresh air in, how much fresh air you can get in this city, I don't know. Let's, let's just go for a coffee outside of this office. So we walked down to the end of the road.
	Value of supervision x3	30, 198	you had, I had to be very careful but inside I would scream inside and then in supervision, I would just let, let it out and just say, oh my God, I can't believe this, it's barbaric, but obviously being very professional in the room with her
Efficacy of shared ethnicity and	Shared understanding through	31, 254	I think it was, I think it was really, really difficult at times for me because as a divorce... Asian divorcee myself, I know the stigma that is attached to the word 'divorce' and the shame that it can bring to the

personal experience	personal experiences x3		family. I know how difficult it is for women to uphold the family honour
	Additional value to being a BAME therapist x6	34, 360	How can you not see it that way? How can you not see it? And then I thought, okay, well, they can't really see it that way because they're not BAME. They're not BAME so they're not going to feel the same frustration that, as a BAME woman myself, I would feel so, yes, you do...
	Understanding through shared ethnic identity x9	36, 404	but there are specific words that they use that I will straightaway understand and for them, it's more freer for them to use these words. It's more freer for them to identify the troubles that they're going through.
	Fear of the wider community x3	28, 154	a lot of them will have traditional backgrounds where the parents are from a different generation, where they wear traditional clothes, where you have to behave and act in a specific way and then they go to uni
	Understanding family pressures	38, 479	I think at the time I wasn't thinking straight. I was... I had so much family pressure to stay in an unhappy marriage. What I should have done was report her to the law society for breaking confidentiality, but when you have a lot of family pressure, then you're very much under the pressures to drop it all but in hindsight if I, if I was to repeat history, straightaway I would have contacted her, her firm and then the law society and reported her, because she breached, she breached all confidentiality
	Personal loss of identity x3	44, 673	you know, I was ostracised by the Asian community for not being Asian enough and then being the wrong colour of skin in the western culture, um, so being too brown, so there... it's difficult to know where you fit in
Use of existing knowledge	Having the upper hand x7	36, 415	Um, the language…. the language. The understanding of the cultural backgrounds as well. As I said, there are words that they would use that I would understand automatically that non-BAME client... non-

			BAME therapists wouldn't understand. Umm and it makes it a lot easier because, because I've been a psychologist now for so many years, it's very, very easy to detect if something's not right. So they would come in and they would talk about, umm he shouts at me
	Understanding power dynamics in DVA relationships x2	51, 912	He was 17 at the time and he said you can't, you can't use contraceptive because if you use contraceptive then that means that you're sleeping with somebody else. She got pregnant three times. She had, she had, she had to have terminations on, on three times. Her confidence completely changed
	Knowledge is power	53, 981	you have to work in a completely different way, um, you have to work in a completely different way to non-BAME. Ummmm, you have to have a better understanding of what they're going through.
Therapists' vicarious trauma	Feeling frustrated x3	37, 447	I must have told her that everything she said was confidential about seven times in that one hour but it didn't, it didn't, it didn't annoy me because I felt this is what she needed. This is what she felt... I felt this is what she needed to open up and to express herself and, you know, she, she came in really, really anxious and really nervous
	Feeling angry x7	32, 285	Oh God. I just felt so, so, so much anger towards them. So much anger and so much... Hatred is a strong word but so much frustration because they were prepared to sacrifice their daughters just to keep the family name
	Conflict between personal and professional views	32, 277	Angry, furious and angry. And that's when the word 'shame', 'honour' 'izzat'... just, just really, really irated me because a lot of these girls were told by their families just to put up with the abuse
	Breaking barriers between	32, 264	but I knew that in the long run it was the best for them but I knew that the struggle of getting there would be hard. So at times I would go home and think about them and think, oh God, I hope they're okay

professional and personal life x2		
Hyper-vigilant x5	45, 719	She was saying, oh, well, I don't think he'll do anything, but I, I had to sign off sick for two weeks because my two sons said you're not going. If, you know, if this guy is capable of hurting his kids, you're nothing to him. He'll beat you black and blue because for the next couple of days I did see his car parked outside the office. I had to go out the back way
Feeling responsible for their client x5	40, 550	I'm going to be unemployed in a few weeks and I've got nowhere to go but, again, I would do that again in a heartbeat 'cause that girl needs to be protected and this boy needed to be questioned and arrested
Fearing for client safety x3	45, 699	I'm not going to lie to you. Sometimes it can be a bit scary. I had a young girl here, um, who said... who was having huge difficulties with her parents. They decided to send her to, um, a remote part of Pakistan. Um, she was determined to go because she fed into the story that her grandfather was ill and she had to go
Fear of one's own safety x3	46, 737	this girl then returned to the UK and was put in a refuge and her father was then ringing the office every day demanding to talk to me. Where is his daughter? Where is his daughter? So, I'm not going to lie, it scared me. That really scared me for a good few weeks.
Impact of working with trauma x4	49, 824	that makes sense, because she, she described every single detail. Most of the time she had her eyes closed. Um, so she wasn't able to see the horror in my face and when she left I remember saying to my colleague at the time that I can't believe a human being would do that to another human being. So it left me in complete shock…..that's the perfect word for it. It left me in complete shock and horror

	Revealing the human behind the profession	48, 820	trying to hide my horror as best as I can because I didn't want to, I didn't want it to be about me as a therapist. We're not robots. We do get affected, I remember when she left, I literally was shaking…. my whole body was shaking, because it's almost like I witnessed it
Role/impact on self in therapy	Personal beliefs impacting therapy	32, 287	just to keep the family name. For me, I just didn't feel that was right. For me, I felt that that was an incredibly selfish thing to do. They had no compassion or no consideration for what the daughters were going through. Um, and, again, with the FGM young woman, 26-year-old woman, when, when she realised that it was actually FGM... She was told that it was just cutting as part of her culture
	Therapist elation	30, 226	Elated. I was so over the moon because it's such a difficult journey because she was so, so scared
	Professional achievement	32, 262	me, as a therapist, it was a sense of accomplishment, if I'm honest
	Feeling misunderstood x4	34, 336	She won't quite get it because she doesn't work in that field and especially because the majority of the women that I worked with at, um, the two organisations, they were Asian themselves. So they, they had an idea of the difficulties that Asian women face, Asian women face.
	Organisational pressures x4	40, 549	luckily, luckily I was able to go into a job straightaway but it led to a lot of anxiety as the shit, I'm going to be unemployed in a few weeks and I've got nowhere to go
	Appreciation of one's own life x2	44, 666	because I can understand it, because I'm, you know, I was born and brought up here as well. Luckily my parents weren't so strict
	Difficulties expressing true emotion	48, 801	So inside I was feeling complete horror but on the outside I was very honoured that she was able to share such a private, difficult time with me and so it's a mixture.
	Feeling unequipped to	49, 853	at times they... at times I'm sure they would feel, hold on a minute, this is a stranger. What does she know about our culture

	work with different cultures x2		
	Fear of failure x2	38, 489	Sometimes I have to reassure them every single session but if that's what it takes to gain their confidence, then that's what I'm going to do

Appendix 10 – Super-ordinate and emergent themes - Sienna

Super Ordinate Theme	Emerging Theme	Page, Line	Quote
Impact of training	Engaging in additional CPD training	55, 4	well, really the only … in terms of educational training, not much, it's … it's only really the mandatory training our Trust does, ummm, that they've now implemented, ummm, about two years ago
	Value of own professional experience over training courses	55,7	it's really just what we've learnt on our ..…...doing our own training and seeing clients really, and the supervision from that, just learning from those experiences that we've had…but no actual kind of, I would say, ummm specialist educational training in itself.
	The need for specialist training x6	70, 500	ummm, FGM is … is … is against the law and what trainees need to look out for and maybe be more mindful of the kind of more ethnic, ummm minorities, because, you know, it's … it was very simple maybe 30/40 years ago to have just some clusters.
	Training raised cultural awareness	69, 475	so I was really glad that things like FGM and honour-based violence have become a mandatory training rather than a compulsory one, one that, you know, you could do. It's now very much mandatory and, ummm and it's … it's very detailed, err, as well now, and as … as the training goes on year by year you could see that they are taking the

			matter very seriously, so it's good that not only our … our Trust we are all learning from it.
	Reflection upon training provided	71, 529	It's really made me think about what isn't provided to psychologists for extra support and I'm just thinking about what I had said earlier that could be more helpful for professionals.
Understanding the risks of the individual leaving the relationship	Double edged sword x3	59, 158	but it's a huge pressure of making sure you've done everything you possibly can…. to make sure that, you know, nothing happens, that, you know, this person doesn't get taken away, isn't killed, ummm, because of, ummm…… of ultimately also may be sharing things with us.
	Challenges faced by clients migrating for marriage x2	63, 269	which was to see whether they might be sent back. So it was difficult to work with a client like this because she was kind of split with trying to trust people and make a home here, and do the work she needed to do, but also being told….. ummm, that, "you may go home at any point."
	Sudden disruption in clinical work	63, 273	So it was really difficult to work with this particular client because she never knew where she stood…..that ambivalence ummmm always impacted on the therapeutic work that we tried to do, ummm…. because really her life was in … in other people's hands
	Challenges faced with honour-based violence	63, 293	it's difficult when people have absolutely no psychological understanding of trauma at all, so that's been very ummm, problematic…. so, err, so that was one. Ummm, and then these are ladies who have had honour-based violence, and then possible killing, that was very difficult to work with them as well, because like I said, you know, trying to make sure you've done everything that you can, ummm…. she was vulnerable at times and sometimes had health issues as well. But, ummm, it's…… it's trying to get other people to understand them and she was very worried about … not about her own life, ummm, she was more worried about her sister...

Therapeutic interventions/ approaches utilised in therapy	PCT at the core of therapy x4	58, 104	I think the … the most significant one would have to be, ummm….. would be very kind of humanistic because it's about helping these individuals really kind of get time to reflect and explore what they've been through
	Different approaches used in therapy	58, 110	Ummm and, err … and then really doing some trauma work, ummm EMDR if it's required as well, but, ummm, the biggest factor is … is … is building a safe place for them to do that work.
	Overcoming barriers of 'talking therapy'	61, 223	I don't think it's easy it's difficult from day one because there's lots of other influences to maybe stop them to come to therapy and things like that, there's lots of other hurdles that sometimes you … you have to overcome than maybe you would have to with other people
	PCT- exploring finding a voice	67, 402	So the need to … to reflect and listen and help them work on their pain, having their voice heard is … is … it's quite paramount. Ummm, because ummm, you know, they don't really have that anywhere else and I suppose therapy is a very different thing for them
	Tailored interventions to meet unique needs x2	62, 247	I think that's fine, you know, in terms of having that flexibility, I think it's good to have that perception and awareness that you need to do that and to do it is fine as well.
The role of a Counselling Psychologist	Therapist role x4	58, 107	providing a safe place, which is the … the biggest factor for them and trust, you know, for … for them to be able to explore, knowing that they're safe, that it's not going to … they're not going to be in harm.
	Safety in following procedures and protocols x4	66, 391	it's anxiety provoking because you don't have that power and control anymore to maintain that safety and confidentiality for the client. So it's, ummm…. it can all feel, ummm, quite heavy.

	Therapeutic process x4	68, 454	they're dignity their respect, you know, and the trauma that they're left with and helping them to, ummm…. really process that because that seems to be neglected and forgotten about, ummm, by people. So it's making sure that that is the ultimate thing that you are working with, with the client and making sure it's their experience rather than any experience, ummm… that it's, err, it's processed.
	Understanding UK laws and regulations x2	70, 497	I think it's kind of highlighting the kind of trauma, ummm, and the … the … the kind of, ummm, you know, in terms of the law, how things have changed, you know, and that
	Difficulty maintaining boundaries x2	62, 250	there has to be an … an end point as well, which can be difficult because sometimes they won't if, you know, if they've been offered one more they might just come to that one, but then how many more do you keep offering and they still don't engage
Understanding cultural beliefs and values	Anticipating potential therapeutic barriers	61, 220	I think that's a tough one, I don't know what's really … could be easy about them. Ummm, I think, ummm, they're very appreciative of the help that you try to give them. But I don't think it's easy it's difficult from day one because there's lots of other influences to maybe stop them to come to therapy and things like that
	Understanding family pressures	62, 231	I think BAME people, like family members who may not regard it significant or, you know, they've got to rely on someone to bring them here or they may make them change their mind or, you know, and … and therefore their appointment gets cancelled or they just don't turn up because families don't really regard it as significant or … or the need and to bring them.
	Role of family	68, 435	I think they feel very isolated and secluded because other women that are in their family, ummm, who have had the same experience may not feel this way and just kind of tell them to kind of move on from it, you know. It's a … it's a … it's a rite of passage that they go through, so what's wrong with it?

	Conflict between eastern and western views x2	68, 450	I think it's a bit conflicted, you have to be so careful that you don't just think, oh, it's western cultural views, that you also help them to also respect and reflect on their own cultural views as well.
Challenges of BAME cultural beliefs and values in therapy	Complexities of working with FGM	59, 137	a survivor of FGM. Ummm, and ummm, you know, you … you don't get many clients who have … have been through something like that and it's, ummm, you know, that's … that's quite a tough thing to work with because it's not just psychological, it's … it's a physiological impact and this is also had on them
	Cultural beliefs influences identity	67, 399	Ummm, I think that's the most important aspect really because there's lots of opinions and thoughts that are thrown at people, you know, they're made to think and believe certain things about themselves as well.
	The strength of the clients' core beliefs	67, 417	Ummm….. I think, and, err, you know, it's, ummm trying get your head round, process and reflect on that is, err, is interesting to try to do because, err, ummm… the client will come in with a rationale of why it's done as well. So they … because you can see how conflicted they are about it, ummm, so it's….. err, it's a difficult one really.
	Loss of client focus	67, 425	I think what surprised me the most….. especially with my FGM client, ummm, wasn't really the work that I was doing with her, it was more about the work that other people were doing and the lack of awareness of the kind of psychological impact of things like FGM, err, and the process that they've been through.
	Struggles with facilitating change	57, 86	the frustration can be there that there's nothing more you can do with this person, other than kind of legally making sure that they are safe and in the work that we're doing……
	Limitations of supervision x2	70, 518	I could learn from them, but if you've got supervisors who haven't had that, ummm, then, ummm, you know, you are kind of left on your own.

Supporting the Psychologist	Value of peer support x5	64, 326	Peer supervision is always the best one, I find for me. Ummm, I'm lucky to share an office with a colleagues who does a lot of rape, trauma, domestic violence work and so we're always kind of bouncing ideas and … and……and, you know, kind of transference and countertransference what's going on in the room with one another so that we, you know, that I can … I can do that reflective work….and for many of my colleagues, they don't have that
	Reflection allows processing	57, 69	it's kind of reflection on what comes from the client, what is evoked in ourselves, ummm and … and yes how it's left us thinking and feeling and the kind of differences in…… in ethnic minorities.
	Value of supervision x2	70, 515	I think for me it was, you know, it was, you had to kind of go away and do some of your own maybe reading or I was lucky to have supervisors who have had worked with clients, ummm of this background and had training themselves, so they could … I could learn from them.
	Profession evolving	70, 502	it was very simple maybe 30/40 years ago to have just some clusters. Now we have huge variations and I don't think that, ummm, psychologists we are really that aware, of so many different ethnic minorities and what … so many things happens within different cultures and what we need to be aware of.
	A sense of professional responsibility x2	70, 520	you do have a responsibility to make sure you are getting some training or reading to help understand that, so there is a … a … a big kind of onus left on … on yourself to really to do that.
Use of existing knowledge	Transferring existing therapeutic counselling skills	56, 43	I mean we draw upon other kind of core work and … and domestic violence work that we would do with people from the kind of western culture and … and kind of bring all of that in and implement and all those factors that we would normally do

	Understanding power dynamics in DVA relationships	58, 121	they're used to people who are more in power to do and inflict and they may see us as more people who are in power that could possibly do the same, so it's making sure that we break that, ummm, ideology that they kinda inflicted on them, that we aren't that way. We are very much on their side to ensure they are safe, building that with them
	Having the upper hand x2	67, 426	it was more about the work that other people were doing and the lack of awareness of the kind of psychological impact of things like FGM, err, and the process that they've been through. Ummm, and … and, you know, and the impact it can have, ummm, I think sometimes … it … it reminds me of how, ummm, easily I think everybody else is just psychologically aware and actually how limited it actually is out there.
Challenges immersing the self into the BAME world	Struggle to empathise	57, 72	just to our own upbringing, you know, how different they are and the experiences some women have or have had and particularly as a woman who's not had any of these experiences, you know it can be quite difficult to see that somebody else has been through that…..and especially like FGM, you know with … it's a very kind of a family cultural thing which, you know, and within our own family and culture, my own family culture, you know things like that have never been heard of.
	Various layers of complexity	58, 116	when it comes to the clients that we see, ummm there's always an underlying issue of…..… why they have the mental health issues that they do, and some of them have either not been allowed to explore because they might get other people into trouble.
	Struggling with the concept of cultural norms x2	67, 415	just how different cultures really … really are and how some people believe that some of the things like FGM are perfectly fine and acceptable. Ummm….. I think, and, err, you know, it's, ummm trying get your head round, process and reflect on that is, err, is interesting to try to do

Therapists' vicarious trauma	Fearing for client safety x3	64, 315	it's scary because you're not just trying to deal with this client, you … you could potentially have a second client as a result of it, you know… ummm, so it kind of … the … the connotations and the implications on other people that this … that the work we were trying to do with this person could have on someone else
	Hyper-vigilant x3	59, 150	secret meetings with police here at the building, making sure, you know in terms of the honour-based killings the violence, making sure that the husband didn't know that the police were already here. It was, you know, talking to immigration and making sure that there was a note on her passport, to be sure she was never taken out of the country
	A sense of responsibility for their clients x6	60, 168	it's a huge responsibility because you're … you're having to check that you've done everything that you possibly can, ummm… and that, you know, it's … it's left on your conscience all the time, so you always wanna kind of want to check-in
	Working beyond the therapy room x2	60, 192	your role slightly changes where you all have to make sure that the client is ultimately it's her safety. Ummm and that her life is at risk, so the dynamic changes, you're no longer just a therapist in the room…. you are part of a team of how do we deal with this now.
	Feeling frustrated	63, 283	Frustrating because it didn't feel that the, you know, where she'd come to a country to … to maybe feel safe and to … to start a life, she … she couldn't really do that because there was another sector of the country or, you know or part of the government that was telling her that she could be sent home at any point. So trying to build trust with somebody who has no trust and doesn't know where she stands is very, very difficult to do.
Role/impact on self in therapy	Efficacy of multi-agency support x5	59, 143	you know, again someone's life is severely in danger and a whole lot of, ummm…….. services had to come together to kind of help, ummm make sure this client was safe.

	Organisational pressures	56, 62	So therapeutically to work with ……with all clients, so it's quite a big ask for a small service to do nearly everything that might remotely impact on someone's mental health.
	Appreciation of one's own life x3	57, 84	it can be really difficult because, you know, you feel … it makes you feel very, very blessed with what you've got but it also makes you feel quite, ummm, you know
	A sense of wanting to control x3	66, 390	but when it needs multiple people it's … it's, ummm, it's anxiety provoking because you don't have that power and control anymore to maintain that safety and confidentiality for the client. So it's, ummm…. it can all feel, ummm, quite heavy.
	Overwhelmed with layers of complexities x7	60, 190	it was overwhelming because there's a lot of … you're … you're not just a therapist in that room at that time, you're working as a kind of a taskforce then and … and your role slightly changes where you all have to make sure that the client is ultimately it's her safety.
	Emotions evoked in therapy	64, 322	It's emotionally very draining and hard work to do.
	Fear of failure x3	60, 183	every slipup could put her life in danger, furthermore. So it's, you know….. it's really having to … to make sure that you've, ummm … you … you take steps exactly as they've been told to be taken and don't kind of go off in any way.
	Professional achievement x2	66, 374	… but our admin team was very good and just very quickly said my name and said, "Oh, you've come to see her, right, okay, take a seat", and it was, yeah, so sometimes even, you know, professionals have made a slipup, but I'm glad to say that it wasn't any of our team so, but yeah, there's lots of factors that we could … be considered which is stressful in itself.

	Feeling equipped	66, 376	sometimes even, you know, professionals have made a slipup, but I'm glad to say that it wasn't any of our team so, but yeah, there's lots of factors that we could … be considered which is stressful in itself.

Appendix 11 – Super-ordinate and emergent themes - Anita

Super Ordinate Theme	Emerging Theme	Page, Line	Quote
Impact of training	Training completed x3	72, 5	I didn't receive anything specific on my doctorate but I've done the … I've done training in domestic violence….but nothing that is umm specific to BAME groups. Ummmm trainings I have done have been completed ummm with umm my…….mostly my organisations.
	Engaging in additional CPD training	72, 12	years ago I worked as a nursery nurse so I've done lots of parenting courses. On my course I didn't do much but I have done ummm, yeah lots of internal training like transactional analysis. Ummmm, CBT, you know to some extent, ummm, systemic internal training, that's it really.
	Training raised cultural awareness	72, 28	Yeah, it helps me because it's new research and new things coming out, yeah, it helps with working with all different backgrounds in therapeutic work.
	The need for specialist training	84, 403	Ummm, one of the other experiences I must say is like there's, ummm, different group … different culture groups and ummm, not … we don't have people sv trained in it, you know in the themes, in domestic violence. I mean it is increasing
Understanding the risks of the individual leaving the relationship	Challenges faced by clients migrating for marriage	74, 86	immigration is a big issue, if the err, woman's come here on a spouse visa, err, she would stay in the relationship because to have a right in this country, she might … and she's got children ummm, families will get involved and they say, "No, you know, you've got to live with the father. It's, you know, it's normal for him to behave that way," in some cases, not in all cases.
	Understanding BAME complexities	76, 137	Yeah so culture, religion, values, their own values, ummm, how … how they've … you know, and…….and if they've, you know, they

	of remaining in an abusive relationship		have themselves have witnessed domestic abuse between their parents that it's … it's a cycle
	Double edged sword	76, 149	to stand up and walk away because of the abuse but ummm………what are the consequences for them. I know how far BAME communities and ummmm even the family will go to …………….ummmm you know to make sure that they ummm…don't dishonour the family…..
	Role of family and wider community	78, 211	Err, and language barrier can be hard, I think I find, and … and them understanding, like understanding this is abuse, ummm, and in some cases it could be that if they go back to their own country, they might have threats there, so how do you deal with that? You know, obviously with the decision made by the Home Office, it's not in our hands.
	Clients fear of the unknown	75, 129	You could see that they were suffering but they could not ummmm bring themselves to tell……anyone, they were worried about being disowned or ummm just generally what could happen to them physically and emotionally if they ummmm did tell someone in the family.
Therapeutic interventions/ approaches utilised in therapy	PCT at the core of therapy x7	73, 41	i think it gives space to the client, it gives them a voice that they haven't been allowed to have……ummm…this is quite normal for Asian families to not listen to the women
	Overcoming barriers of 'talking therapy'	73, 50	I think language is a big barrier. Ummm, so, you know we need to have interpreters, ummm….and that could be a little bit, you know, frustrating.
The role of a Counselling Psychologist	Understanding UK laws and regulations	74, 96	you know, what … what is abuse is abuse, you know, so you have to bring yourself back to saying, "This is abuse, this can't … can't go on." Err, and just talking to the client about it really

	Therapist role x2	75, 112	err… Its just really ummm hard when you just want to say I know ummm you're in a different country and you're scared but we can…..um support you.
	Therapeutic process x5	79, 242	I think just … just hearing it … just realising that look, everything takes time, and when people are ready they'll leave the relationship
	Placing control in the client's hands	79, 244	we have done what we can, and our doors are always open to them, even if they go back to the relationship, they come back, it's fine. Sometimes they'll go back, they get pregnant again, ummm, because the perpetrator might have said, you know, "he's gunna change," ummm, in some cases, the perpetrator will do a course and there still is abuse
	Difficulties of therapeutic change	83, 373	Yeah, it's hard to wait … and you feel exhausted waiting for change and having to understand that um……….all cultures are different and we should all be respected in our right…..
	Safety in following procedures and protocols x2	74, 82	you're safeguarding yourself, you safeguard your children, so in the … in the end it sort of becomes a child protection case, if they're not leaving the partner…..and then I think once it becomes a CP case then they have to do something about it.
Understanding cultural beliefs and values	Cultural norms	73, 42	this is quite normal for Asian families to not listen to the women especially if they are …….going through domestic violence.
	Understanding cultural reasons to remain in a DVA relationship x2	74, 67	so if they … they come from like an Asian background, for example, or..… or Somalian or Kuwaiti, they've all got different values and, ummm, you know, they are often pressured to stay in the relationship because of the community culture, otherwise they could be isolated, ummm, nobody will talk to them,
	Understanding the stigma of divorce	74, 73	this is what happened to me and my family thought I had brought shame.

Challenges of BAME cultural beliefs and values in therapy	The strength of the clients' core beliefs x2	76, 162	Yeah, because I am myself from an ethnic background, my views are completely different, ummm… and it's making that person understand, "Look, this is honour-based". Ummm, they understand as well, but they're scared what will to happen to them and their children, their families.
	Personal beliefs impacting professional work x4	80, 294	I'll be ummmm honest, it makes me feel trapped having to not ummm say what I feel. Ummmm I feel like I struggle to understand why they cannot try and get away from the abuse especially ……..when they have ummmm kids involved in it.
	Struggles with the concept of HBV	82, 360	Like I just think its crazy that someone would want to kill for this kind of thing……is honour and shame really that important for someone to get hurt…….ummm I mean it's not even someone……it's your own flesh and blood. When clients like that come, I just find it really…..um difficult to deal with sometimes.
Supporting the Psychologist	Value of supervision x5	77, 167	or wherever, you know and it's not easy, ummm, I think just listening, like me sharing my views in supervision, and yeah, it's quite … sometimes you carry, you know, you carry it inside you.
	Safety in signposting	80, 263	sometimes I need more ummmm….support but feel so much pressure being an Asian psychologist because I ummm feel that I should be able to deal with it all. Err, and … and … and obviously, you know, doing safety planning with the person and, you know, if they're trying to safeguard themselves to call the police and then at least they're doing that.
	Efficacy of multi-agency support x2	75, 98	Err, and just talking to the client about it really and obviously other agencies get involved like social services help, they'll get help, everybody's giving the same message.
	Usefulness of self-care x3	82, 335	And just … self-meditation really…….self-care is the most important thing I have ummmm learnt over the years ummmm in therapy…...

Use of existing knowledge	Understanding power dynamics in DVA relationships x3	75, 104	that they want to stay together then we have to have an agreement that the abuse is not happening in front of them, in front of the children……..and then eventually they do leave, you know, when they get the courage, finance, this is another big problem, if she's relying on finances from her husband or partner, that could be another, you know, reason and you think
	Impact of DVA	79, 233	in some cases, like the older child has become the violent person. So like peer, you know, peer on parent violence, err, and then often they do not report that because it's their child.
	Feeling equipped through experience	82, 348	in the very past but I know that that happens as well, so abuse is abuse, if a woman does it or a man I think. You know, but obviously it's more women who are being abused, you know….generally from statistics you know……..
Therapists' vicarious trauma	Breaking barriers beyond professional and personal life	80, 283	it took me a long time to learn it's to want them to leave their abuse but it's how we cope after. I would sometimes wonder if my clients were……….ok and horrible thoughts of what could be happening………to ummm them
	Shocked with HBV	76, 144	They ummmm worry about honour based violence in some cases…… which can be really scary for us as therapists.
	Emotions evoked in therapy	75, 124	Ummmm it makes you reflect on life and your own stuff and realise other people have bigger problems and you should feel lucky that you have a few people who support you. Ummmm even if it is just a few it's still more than some people get……..don't ummmm get me wrong sometimes it made me feel……so angry and upset for my clients. You could see that they were suffering but they could not ummmm bring themselves to tell……anyone

Role/impact on self in therapy	A sense of frustration x2	83, 388	I think it's just, it's understanding where the people are coming from I think, what their thinking is, err, yes, it's … it's like frustrating that, you know, if somebody's doing this to you, how can you not do something about it, tell somebody, but it's not an easy thing to talk about, I understand that.
	Feeling overwhelmed x3	74, 81	Yeah, it's hard, it's … it's … it's emotionally, for me it's hard and because you just want to say and you, you know, you're safeguarding yourself, you safeguard your children
	Struggles with internalising emotions x2	79, 249	Ummm, I think people … we have to respect people's wishes and their views and also what they want, they have to … we can't say, "Leave the person……it's got … even though inside I feel, oh, you must leave him…… but I can't say that to the client, it's got to be her decision.
	Appreciation of one's own life x2	75, 122	To be really honest sometimes it made me feel so……. thankful because I was sad about what happened to me but things ummm could have been worse. Ummmm it makes you reflect on life and your own stuff and realise other people have bigger problems and you should feel lucky that you have a few people who support you.
	Fear of failure x3	79, 260	then just discussing it with other colleagues and professionals, err, and then looking at the whole picture that what have we done for this family as much as we can. It is soooo hard because you think you aren't doing your job if they go back to the abuse
	Feeling unequipped	78, 220	Yeah, it's … it's like what do I do? I feel helpless, err, but then we have to say we can only do what's best
	Struggle to accept a lack of control x5	79, 258	why is she going back? I just have to … we just have to just learn to accept it, that this is the way it is, it's not my choice, it's their choice, you know, and then just discussing it with other colleagues and professionals

	Organisational pressures	80, 262	It is soooo hard because you think you aren't doing your job if they go back to the abuse, sometimes I need more ummmm….support but feel so much pressure being an Asian psychologist because I ummm feel that I should be able to deal with it all.
Efficacy of shared ethnicity and personal experience	Shared understanding through personal experiences x2	74, 73	this is what happened to me and my family thought I had brought shame ummmm………to my family and BAME client groups are always ummmm I suppose worried about what the rest of the family will ummmm…think and say. I want to tell the clients that they shouldn't ummmm worry just carry on with what makes you happy.
	Understanding through shared ethnic identity x3	72, 30	Umm I also think it helps because I'm Asian and I ummm suppose I understand the culture a bit more than others ummm….who do not ummmm come from that background.
Challenges immersing the self into the BAME world	Various layers of complexities x2	78, 206	I think the main issue is, ummm, when I work with the client and the so many different dynamics…………………you face like ur you know that culture, community involved, core beliefs alongside the abuse they are ummm……..suffering.
	Struggling with the concept of cultural norms x3	83, 380	So it could be just a verbal argument, err, and what's … and I mean, some of the things that surprised me before is like some of the women will say, "Well, I didn't know, I've been sexually abused all my life, I thought it was my duty." So inside you know this is not right, what's happening to you, but you just think it's the norm, but everybody's confidence level is different, isn't it?

Appendix 12 – Super-ordinate and emergent themes - Leah

Super Ordinate Theme	Emerging Theme	Page, Line	Quote
Impact of training	The need for specialist training x3	85, 18	there was not really any specific part of the training about ummmm… this kind of context. So, the only training I've got was after my qualification, through work, and through personal interest.
	Training undertaken x3	87, 90	linked, as well… I mean, there were… ummmm… They've done two training ummmm… trainings; one of that was specific on the mutilation; another one was specific on honour-based violence in African communities.
	Engaging in additional CPD training	87, 77	this was the first one and then I got into a bit more specifics. I got… because the Turkish community is quite present in our organization, we dealt with a service that is providing ummmm… ummmm… therapy and support in Turkish. So, they were… they came over to my service to present
	Training raised cultural awareness	87, 81	So, the… all of this violence, forced marriage, ur… the culture, how the religion impacts the choices. Umm…the values of the community, ummmm……which was really enlightening. I have to say. Urrr… so, the trainer was actually belonging to the community…….and she was also working for the community.
Understanding the risks of the individual leaving the relationship	Double edged sword	93, 278	"do I want to protect myself, and do I want to leave this man; or do I want to stay with this man because I really suffered to be raised without a dad…and I don't want this to happen to my children?"….. So, it's been… I mean, she was completely aware that what was happening wasn't making her feel any happy, but she was really ummmm… first of all scared, about repeating what had happened to her.

	Role of family and wider community	93, 283	she was really ummmm… first of all scared, about repeating what had happened to her. Ummmm… secondly, she was quite scared about the judgement of her community, especially her uncle and auntie because this man was well known in her community……and respected and she always mentioned that in her community…
	Understanding reasons to remain in DVA relationships	103, 616	"Why am I staying? Why did I stay so long?" Right? I mean, in my experience, the expression is coming up a lot. Umm… so, I… and there's a lot of guilt and shame….because umm… It may feel very easy and even obvious to say from an external point of view, "If you leave everything, it's going to go better." Right? Ummmm…so, ummmm… and, and there is a lot of perceived judgement about, "It's so clear he's abusing you. If you stay, you are complicit with his violence, and it's your fault."
Therapeutic interventions/ approaches utilised in therapy	PCT at the core of therapy x7	88, 105	I still used the same kind of strategy and coping mechanisms……in the session of not assuming……anything. Ummmm… And being very curious in a non-judgmental way. I think it's helping me to set and create a specific and unique language with the client.
	Tailored interventions to meet unique needs x2	89, 160	I think what does help is to be more……ummmm… flexible in responding to clients' needs. Ummmm… So, it's not… I mean, in my mind, it can sound quite simplified but my mind is not the client that needs to adapt to what the service wants to offer……but it's the therapist that can actually… assessing the clients' needs, and clients' ur… request….and also like pulling out different tools that can actually ur… meet that kind of request.
	TA approach used in therapy	89, 136	Yeah, if… I mean, like, ummmm… I'm a transactional analyst. So, if I translated in TA terminology, it would feel like I'm not okay; you're okay. So, I'm coming from a position where I'm not okay and I need it to become okay for you.
	Service provisions x2	89, 151	We are a charity, and we offer short-term therapy between 12 and 16 sessions, and normally it is integrative. So, every single therapist in

			the… setting… in the work environment may have a slightly different approach……so, we consider ourselves integrative.
	Difficulties of psychodynamic and TA concepts in therapy	101, 536	I think this is how really ummmm… supervision has focused on… on identifying, and also supporting me to identify the complexity and ummmm… not, not ummmm… experiencing splitting in the room; but, also, I think working with transference and countertransference. Not becoming…again, remaining on the drama triangle….not remaining on… stuck between the position of rescuing and persecutor.
The role of a Counselling Psychologist	On being an expert	86, 51	… I think it took me a while, I have to say. It definitely took me a while to… Ummmm… coming from a background of counselling psychology where you are supposed to hold the knowledge and you're supposed to be the professional. Ummmm… it was definitely putting me in a position where I felt less powerful, and accepting that I didn't actually have any knowledge about what I was talking about.
	Integrative approach	89, 150	so, the service I work for is offering an integrative approach. So, we offer… We are a charity, and we offer short-term therapy between 12 and 16 sessions, and normally it is integrative. So, every single therapist in the… setting… in the work environment may have a slightly different approach……so, we consider ourselves integrative.
	Therapists' role	91, 220	It's been really challenging……..ummmm… It has been really challenging because I…there's a… there's a…there's a…for me, there's an experience of not wanting to minimise or to dismiss an experience of the client….but there's also… I believe that there's also the role of the therapist to educate to perceive things differently, or to normalise feelings, or to visualise and conceptualise things in a different ummmm… in a different frame of reference.
	Therapeutic process x2	88, 113	I mean, especially if he's coming from a minority, I spend the first few sessions to explore values, beliefs, culture, religion, what does it mean?

	Ensuring safeguarding	96, 373	There was a lot of me about… on the back of my mind, about safeguarding, as well. So, I wanted to understand if she considered it as an arranged marriage, or as a forced marriage.
	Understanding power dynamics	99, 464	… because the last thing I want to do is to make them feel judged ummmm…..or starting from a point……because I believe that in the therapy setting, whatever you're going to try to do, there's always going to be a power imbalance. You are the strongest because you have… you are the one who put the boundaries, who gives the timetable, who is opening the door; whatever it's going to be. It's very symbolic…but there's a definitely a power imbalance.
	Overcoming barriers of 'talking therapy'	105, 687	There's a lot of ummmm…………not the… not… defence is a big word, but definitely there's a, there's a period of testing each other to see how we can create a common language. How can we trust each other? How can we create what is called proper therapeutic space, for it to work?
Efficacy of shared ethnicity and personal experience	Understanding through shared ethnic identity x5	106, 703	beside differences, probably of course, I believe, personally, that somehow… I mean, my own therapist belongs to my same community and she is very similar to me. So, I've probably started from the idea that ummmm… if I'm going to someone who belongs and has… to the same community and has the same values, she will be able to understand better.
Understanding cultural beliefs and values	Stigma attached to therapy	90, 191	my experience ummmm… is mainly with ummmm… Afro-Caribbean and Asian women. Ummmm… So, I'm, I'm, I'm going to speak Ummmm… generally, of course, about this group of clients…..but my experience is Ummmm… there is a lot of stigma about mental health……that is associated with weakness. So, vulnerability is not a word that has ever been used

	Awareness of family secrecy x2	93, 286	it was very important not to share anything with any others because ummmm… you should keep what happens within your household for yourself. It's not something you will discuss with anyone….but, especially, she has seen herself for years as a very weak woman……that was not able to protect herself, and was not able to make any decision….ummmm…
	Understanding difficulties of forced marriage	95, 349	So, the presenting issue was depression and along with the work with her of course, it became clear that there was a lot of anxiety about ummmm… having her family involved in finding a husband for her.
	Understanding unique belief systems x3	98, 449	I think it's, it's a lot about… ummmm… potentially, it's not… It doesn't happen with every single client that belongs to this client group, but it can actually happen. Ummmm… to finding yourself having different systems of beliefs.…and values
	Conflict between eastern and western views	104, 642	the Jamaican woman I was talking about, where depression doesn't really exist. So, if she lies down, if you're not motivated, if you can't work, you're just lazy and there's not any flexibility about this concept. You are lazy because depression doesn't exist, depression belongs to the Western world. In her community, in her family, depression belongs to the Western world, to rich people.
	Understanding the lack of generational change	107, 747	you don't complain. Your ancestors have been through worst. You need to make your family proud of yourself ummmm… So, what is happening is between you and your husband, or whoever is it, it's within the family, and you don't bring shame to the family to say, "No." Put in boundaries…leaving…whatever it's going to be. So, it's something I learned about ur… a perception of being strong and then I think, overall, the journey ur… very often brings ur… the clients to reflect on this concept that have been probably passed on to… transgenerationally. So, surviving adversities is something you should be proud of.

Challenges of BAME cultural beliefs and values in therapy	Service limitations x2	105, 681	I feel mmmm… that having a, ur… a set number of sessions that can… I can't be flexible about it. It's quite limiting and at times, frustrating. Ummmm… especially when I ummmm… I'm working with clients that have experienced a lot. I feel it's never going to be going long enough
	Anticipating potential therapeutic barriers	90, 180	I would say 70% of the clients that attend the service are… belong to minorities. So, I feel that this can offer a space where ur… normalise the access to service, whilst, in my experience, a lot of clients ummmm… in general that belong to minorities may find difficult to access therapy service… for a stigma.
	Challenges of the therapeutic process	91, 200	So, if I'm here, it's because I failed something in my life. So, as a starting point of work; therapeutic work, is already quite difficult….because opening up and disclosing difficulties is often perceived as, "there's something wrong with me that I should be ashamed of."
	The strength of clients' core beliefs x11	98, 459	It was definitely extremely challenging not to… there's a fine line to be able to gently confront a client, or being… dismissing, or being ummmm… discounting……their own system of values.
Supporting the Psychologist	Value of supervision x5	99, 480	it's been extremely interesting. It's been very challenging, I have to say but it's been extremely interesting because I think it's a… It helped me to ur… make use of supervision in ur… a different way. So, ur… being more reflective. Ummmm… being more ummmm… ummmm… how you say…? Trying to increase your own awareness and reflect more about your own process in front of domestic abuse, but also working with differences.
	Efficacy of multi-agency support	102, 561	So, a client that you don't really know what is going to happen in the following six days. Ur… so, social services have been involved. So safeguarding has been raised. Ummmm….so, they… there was like… because we normally complete their risk assessments.

	Self-awareness in the therapeutic process x6	100, 496	It was definitely…it felt exposing. It felt ummmm… ur… almost expressing a vulnerability but I've been really praised by my supervisor because I think it was something that I was lacking when I initially started working there three years ago.
	Self-development x3	102, 577	I think it's a, it's a, it's an element of personal growth, to be honest. I think it's a, it's an element of ur… and it is actually included in working with ur… both ur… with domestic abuse, but also working with minorities. I think it's something that is challenging and therefore is ummmm… an experience of personal growth. Like, because this is… It's forcing you… I mean it's forcing me to reflect; not to go for assumption and if you go for assumption ur… you will find yourself in trouble because, probably, your assumption is wrong. Right? So, ur… you're going to have a feedback that ummmm… confirms that… what you were expecting to happen is not happening, or is not true, or is your own truth and is your own expectation.
	Questioning therapist competency	106, 697	it makes me wonder how much it's about ummmm… what we offer and who we are, and the colour of our skin and our values….and how much it's about us as a person and subjectivities. So yes this is a surprising element.
	Safety in signposting x2	106, 721	for example, if I understand limits if I understand that I am not equipped enough, or I think there may be other services that are specifically offering training and therapy on specific ummmm… topics.
	Professional achievement	106, 717	it gives me hope. It motivates me ummmm… it's definitely stimulating that ur…I mean, throughout challenges, things can still work. They'll still… I mean, it can be done and, also, I think it's also ummmm… providing the capability to understand when I… when it doesn't work.

	Ethics is parallel to practice	98, 436	I don't actually have enough ummmm… strength as a therapist to work with it because I would be easily emotionally involved in it, and probably feeling the pull to tell the clients what to do, and what not to do. So, working completely against my …… ethics as a therapist.
Use of existing knowledge	Having the upper hand x4	90, 173	So, ummmm… I, I think there's… and also, working in my organisation, there's a lot of awareness about ummmm… statistically, ummmm… the number of clients we may get referrals for, or belonging to minorities. So, I think the clients may benefit ummmm… because the service is made by… I mean, the service is made by therapists that somehow belong to different minorities in the borough.
	Understanding power dynamics in DVA relationships	101, 528	It was more about…the focus was more about DV and the complexity of the DV. So ummmm… the complex dynamics between... I'm recalling it in a very simplified way because I remember referring to the drama triangle, the victim and the persecutor and how easily these… the two walls could actually shift within the relationship. So, ur… working with a client that is presenting, of course as the victim and, of course, is ur… the partner who is receiving the violence but the…. the co-creation of the reality. So, the complexity of ummmm… the dynamics were both parts had played their roles, somehow.
Challenges immersing the self into the BAME world	Struggle to empathise x3	95, 337	I worked with forced marriage. Ummmm… and, again, I, I quite struggled with it ummmm… because I struggled to understand probably the power of the community, and the power of the community beliefs.
	Struggling with the concept of cultural norms	95, 360	for me, arranged marriage is something I really struggle… as a concept. So, even if it's arranged marriage, it may… ummmm… it may, actually, trigger in me some sentiment of antagonism
	Difficulties understanding reasons to	98, 428	I think, as a woman… and a woman in a relationship, I …I really struggled to conceptualise being in a violent relationship, and staying in it, especially when children are present.

	remain in a DVA relationship x2		
	Struggles with internal beliefs conflicting with clients x2	108, 759	from an external point of view, ummmm… I really struggle to find… I, I, I think my… I…my, my, my go to place is to consider this process of thinking very dysfunctional, and this set of values very dangerous because if we ur… build up our self-value on a 'be strong thriver', it can be extremely dangerous and it can bring us to ummmm… almost putting ourself in almost a masochistic position where if we survive entirely, there's a sort of narcissistic reward.
	Different frames of reference	92, 246	…So, it's not someone finding it is easier to describe, and is easier to conceptualise and frame in a certain way…..but it's how I feel and how I actually need to rely on my own feeling and perception……to have an opinion about what is going on
	Various layers of complexities x2	97, 414	I mean, in this case, you are specifically enquiring about working with minorities, as well, who experience domestic abuse is……an additional layer so, I think it's an… additional layer of complexity because you… you may, in my case, ummmm… relate to someone who is coming from a different culture, someone who can actually have different values, religions, and beliefs. So, I think it's an… additional layer of complexity.
Therapists' vicarious trauma	Hyper-vigilant x2	101, 556	I think overall, it made me more aware of ummmm… the dynamic within my own couple. So, ummmm… I, I think it stayed with me… as I say, I, I believe I really chose not to work with clients that are currently experiencing violence.
	Emotions evoked in therapy x2	97, 409	in this case, in myself, rescuing ur… a rescuing… a rescuing pull…but, also, you can actually trigger also persecutor role, like, almost a finding yourself wanting to shake the client and convince, encourage to leave or, telling her what she needs to do and the fact

			that they… they… I mean, in this case, you are specifically enquiring about working with minorities
	Fearing for client safety x7	102, 566	there's a part of me who is ummmm… definitely involved in this mental process about holding them in mind week by week, and wondering and checking with myself ur… where they are and what they're doing, and how they feel, and how they're coping…and there's a second layer about ummmm… ummmm… kind of almost ur… implementing every single reflection I'm doing with my clients into my personal life. So, I'm probably being more aware of conflicts, overt or covert conflicts that may happen in my own couple.
	Working beyond the therapy room	102, 564	So, I'm talking about clients that are like in the acute phase…but, of course, I'm dealing with clients every day with… I've been experiencing and still experiencing some sort of violence and abuse.
	Feeling judged for lack of knowledge x3	94, 315	I felt quite dismissed. I felt like dismissed almost that whatever I was saying ur… didn't make any sense, or didn't count and I think in that moment, I really realised that there was a big ur… barrier between us due to the character of differences.
Role/impact on self in therapy	Feeling unequipped to work with different cultures x7	86, 33	I'm white, and I felt definitely, definitely unequipped. Unequipped to work with…… someone who was completely different from me. So she was older, she was coming from a different culture….she was referring to a different religion. So, everything between us was differences, rather than similarities. So, I felt very unequipped.
	Feeling overwhelmed x3	96, 383	Ummmm… I felt… I felt quite trapped, I have to say….trapped in the way that I didn't have a clear mind about this process. I didn't have ummmm… yeah, clarity in my own mind. So, I was working with her… I was always… ummmm… yeah, I was very cautious…..that's, that's what I would say.

	Difficulties expressing true emotions	96, 386	yeah, I was very cautious…..that's, that's what I would say. I was very cautious in the way I was expressing my thoughts, in the question I used… and I used a lot of supervision in order to… trying to understand how to stay with her
	Organisational pressures	99, 491	Initially, it was a big struggle, especially because ur… within the organisation where I'm working, there was a second layer of… I felt, evaluated.
	Fear of failure x3	100, 493	I felt I was not good enough asking for help, or admitting that I wouldn't feel comfortable to work with people that are currently in domestic abuse……relationships…in domestic…
	Professional loss of identity x2	108, 765	I think I really struggled to ur… experience this as a person, as a woman, as a therapist. Ummmm… but I think this is just the first layer. The second layer ummmm… in every single experience I've got with domestic violence is the complexity of it.
	Appreciation of one's own life x2	105, 666	Privileged because I… ummmm… privileged because I felt that what she was upset about in this case…so, for example, not having a father, I had a father. Ummmm… Not being able to talk and be accepted even with mental health. My family works in mental health. So, I've felt somehow I've been ur… lucky. My life felt… that I've felt, I mean, I felt that I, I've been luckier than her as a child and this is why probably it's a bigger sentiment of you should hide it, or you should be… ummmm… yeah, there was a privilege behind it.
	The need for therapist validation	105, 690	How can we create what is called proper therapeutic space, for it to work? So, I think that they are limited really so far as… and, in the end, it's hearing feedback from this client that very often they come across as… even if you don't belong to my community and we have different values……you have been able to understand me and also mirroring my process.

Appendix 13 - Super-ordinate Major Theme Grouping

Sub-ordinate themes

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
1	Perceptions on training	Perceptions on training	Perceptions on training	Perceptions on training	Perceptions on training
2	Understanding the risks of the individual leaving the relationship	Understanding the risks of the individual leaving the relationship	Understanding the risks of the individual leaving the relationship	Understanding the risks of the individual leaving the relationship	Understanding the risks of the individual leaving the relationship
3	Therapeutic Interventions/approaches utilised in therapy	Therapeutic Interventions/approaches utilised in therapy	Therapeutic Interventions/approaches utilised in therapy	Therapeutic Interventions/approaches utilised in therapy	Therapeutic Interventions/approaches utilised in therapy
4	The role of a Counselling Psychologist	The role of a Counselling Psychologist	The role of a Counselling Psychologist	The role of a Counselling Psychologist	The role of a Counselling Psychologist
5	Challenges of BAME cultural beliefs and values in therapy	Challenges of BAME cultural beliefs and values in therapy	Challenges of BAME cultural beliefs and values in therapy	Challenges of BAME cultural beliefs and values in therapy	Challenges of BAME cultural beliefs and values in therapy
6	Therapists' vicarious trauma	Therapists' vicarious trauma	Therapists' vicarious trauma	Therapists' vicarious trauma	Therapists' vicarious trauma
7	Impact on self in therapy	Impact on self in therapy	Impact on self in therapy	Impact on self in therapy	Impact on self in therapy
8	Supporting the Psychologist	Supporting the Psychologist	Supporting the Psychologist	Supporting the Psychologist	Supporting the Psychologist
9	Use of existing knowledge	Use of existing knowledge	Use of existing knowledge	Use of existing knowledge	Use of existing knowledge
10	Understanding cultural beliefs and values	Understanding cultural beliefs and values	Understanding cultural beliefs and values		Understanding cultural beliefs and values
11	Challenges immersing the self into the BAME world		Challenges immersing the self into the BAME world	Challenges immersing the self into the BAME world	Challenges immersing the self into the BAME world
12		Efficacy of shared ethnicity and personal experience		Efficacy of shared ethnicity and personal experience	Efficacy of shared ethnicity and personal experience

Key:

(yellow)	All 5 Correlate
(orange)	4 Correlate
(green)	3 Correlate

Super-Ordinate Grouping

1	**Understanding the needs of a Counselling Psychologist**

Perceptions on training	Supporting the Psychologist

2	**The psychological impact on the Counselling Psychologist**

Therapists' vicarious trauma	Impact on self in therapy

3	**Complexity of working with BAME survivors' of DVA**

Understanding the risks of the individual leaving the relationship	Therapeutic Interventions/approaches utilised in therapy	Challenges of BAME cultural beliefs and values in therapy
Understanding cultural beliefs and values	Challenges immersing the self into the BAME world	

4	**The identity of a Counselling Psychologist**

The role of a Counselling Psychologist	Use of existing knowledge

Other

P2, P4 and P5	Efficacy of shared ethnicity and personal experience

Appendix 14 - Journal Submission

The lived experiences of Counselling Psychologists working with Black, Asian and Minority Ethnic survivors of Domestic Violence and Abuse: An interpretative phenomenological analysis study.

Abstract

Research shows that therapists face difficulties when providing therapy to BAME survivors of DVA due to the complexities of this client group. There is minimal research on exploring Counselling Psychologists' experiences of working with BAME survivors of DVA, including how they are feeling as well as the challenges they encounter. A qualitative approach was adopted to explore the Counselling Psychologists' lived experiences of working with BAME survivors of DVA. Semi-structured interviews were carried out with five Counselling Psychologists who had worked with BAME survivors of DVA. Interpretative Phenomenological Analysis (IPA) was utilised to analyse the data. Result showed the emergence of five major themes from the interviews., These include: (i) understanding the needs of a Counselling Psychologist, (ii) the complexity of working with BAME survivors of DVA, (iii) the psychological impact on a Counselling Psychologist, (iv) the need for containment as a Counselling Psychologist and (v) the identity of a Counselling Psychologist. These themes highlighted the personal and professional impact on Counselling Psychologists and the multifaceted challenges when working with BAME survivors of DVA. The different aspects of culture, core beliefs, pressures of family and wider community, as well as the identity, can intertwine and impact the Counselling Psychologist and ultimately the therapeutic alliance. The psychological impact on the participants appeared to be prominent through experiencing vicarious trauma, fear for clients' safety and frustration. Participants' transcripts revealed that it could be difficult to manage and understand the perspectives of the clients. Therefore, it is recommended that Counselling psychologists and trainees will benefit from further specialist cultural training, clinical and peer supervision, alongside self-care.

Keywords

Introduction

Counselling Psychologists face challenges when providing services to BAME survivors of DVA. It is evident that working with DVA can require specialist skills, due to the complexities of the physical and psychological impact it can have on survivors of DVA (Iliffe & Steed 2000). According to Thomas-Davies (2018), working with this specific group can also lead to burnout as well as cultural competency issues. Previous research has emphasised these challenges concerning the therapists' personal and professional issues, revealing burnout, altering cognitive schema and therapist competency issues (Thomas-Davies, 2018). There has been limited research on exploring Counselling

Psychologists' experiences of providing services to this specific client group. However, previous research has emphasised the necessity to improve effective therapy for individuals from minority communities who experience DVA, by suggesting that further education, training and support should be provided for therapists to better inform them from a cultural perspective (Thomas-Davies, 2018). Previous research has not explored Counselling Psychologists' lived experiences of working with BAME survivors of DVA, which this study will aim to achieve (Thomas-Davies, 2018).

The Impact of Domestic Violence and Abuse on Black, Asian and Minority Ethnic survivors of Domestic Abuse

There are several difficulties that both therapists and clients face during therapy. One of the most problematic challenges for a DVA survivor is to break away from what is known as the 'cycle of abuse' (Walker, 1979). Farmer and Callan (2012) reported when women leave their abusive relationships, they will require a significant level of support to prevent them from becoming tangled in repetitive abusive relationships. Having said that, it can be even more difficult for BAME survivors to break away from this cycle of abuse, as sometimes they are unaware due to their own lack of knowledge that what they are experiencing is in fact DVA. Previous research has highlighted a need to develop therapist's skills on cultural awareness in western therapies, therefore enhancing the efficacy of therapy for BAME clients (Akhtar, 2016). Alongside this, awareness of honour and shame should be paramount in understanding why BAME survivors may remain in their abusive relationships (Wellock, 2010).

Furthermore, according to the standards of proficiency, all Counselling Psychologists must be able to deliver culturally informed therapy to all clients (HCPC, 2015). One requirement is to understand and recognise the impact of culture, religion and ethnicity on the client's mental health (HCPC, 2015). Even though this is a significant aspect of the standards of proficiency, there has been limited research that has focused on Counselling Psychologists' experiences of working with BAME survivors of DVA. Exploring this further would aid a better understanding of how this may impact on psychologists both personally and professionally, thus providing more effective interventions for this minority group.

McWilliams and Yarnell (2013) assessed the obstacles confronting BAME women within therapy, acknowledging that BAME women were particularly isolated due to problems such as community pressure to remain in the family home, the shame and stigma associated with leaving a partner and the financial dependency they may have on their abusive partners. In line with these findings, Knifton (2012) examined mental health stigma, belief and efficacy amongst three BAME communities. The results highlighted that those individuals with mental health issues experience increased levels of stigma from their communities, leading to feelings of shame and guilt building additional barriers to accessing therapy.

Although it has been reported that all women can encounter barriers to therapy, findings have indicated that BAME women find it more difficult to leave their partner, communicate with others or generally seek support (Shah-Kazemi, 2001; Rai & Thiara, 1997). This can be a result of financial dependence, unemployment and stress developing from significant events, for example the trauma of leaving the family home to migrate for marriage, and the consequent acculturation (Knifton, 2012). Furthermore, this could result in BAME married women feeling that they are representing their family

(Shah-Kazemi, 2001; Rai & Thiara, 1997); and the woman may anticipate that if she leaves her partner or files for a divorce, she will be negatively impacting on the family's honour. The understanding and awareness of this in the therapeutic relationship and exploring the therapists' feelings and experiences can be crucial for the progression of therapy (Thomas-Davies, 2018).

Therapists' experiences with Black, Asian and Minority Ethnic clients

A study was carried out exploring how Cognitive Behavioural Therapy (CBT) therapists provide interventions for BAME clients using a specific CBT guide, how the guide is approached, adapted and to what degree it is implemented in the therapeutic sessions. The findings revealed that therapists faced several dilemmas working therapeutically with BAME clients. One difficulty was the complexity of CBT, which involved having to simplify specific terminology, formulations and worksheets. Another major difficulty was the foundations of CBT being based on a western philosophy; the participants emphasised how BAME clients misunderstood the central concepts of CBT, resulting in the absence of shared language within the therapeutic relationship. The therapists also reported those clients who came from westernised cultures understood CBT better; subsequently these clients would receive more positive outcomes from therapy (Akhtar, 2016). The results showed all participants expressed the requirement for both religion and culture to be embedded within manualised CBT. This led to recognising how crucial it was to adapt the CBT guide, to ensure therapists were providing the necessary support for BAME communities to help aid recovery (Akhtar, 2016).

Furthermore, Yon, Malik, Mandin, and Midgley (2018) conducted a study to explore how therapists were working within a cultural specialist service. A family's cultural core beliefs were questioned whilst being able to sustain and build a therapeutic relationship. The findings showed that the engagement of BAME individuals within therapy can be complicated and challenging, especially when addressing the core belief system, as there are several aspects to consider (Yon et al., 2018).

These researchers noted that to challenge core beliefs with respect, required the therapist to be confident and be secure with their own identity, alongside relating to the similarities and differences of their personal cultural beliefs in comparison to the family. The therapists' consideration and reflection on different perceptions became fundamental when working with families, alongside knowledge of how cultural beliefs are embedded systemically and the impact this can have on the therapy context. Although core cultural beliefs are usually encouraged not to be challenged because of the concerns that therapists may be perceived as inconsiderate or insolent, the results demonstrated that the beliefs can be challenged successfully within a strong therapeutic relationship, if it is addressed in a respectful and sensitive way (Yon et al., 2018). Yon et al. (2018) reported that this must be approached by therapists who have a certain degree of awareness and understanding of their own personal cultural position and beliefs, as well as their clients' cultural position. If addressed appropriately, it can help facilitate positive change and build a stronger therapeutic alliance (Yon et al., 2018).

Aims of the study

This research aims to explore Counselling Psychologists' lived experiences of working with BAME survivors of DVA and the impact it may have, both personally and professionally. Our research objectives were: 1) To explore how the Counselling Psychologists feel when working with BAME survivors of DVA. 2) To explore the personal

and professional impact on Counselling Psychologists when working with BAME survivors of DVA. 3) To explore the challenges Counselling Psychologists may face when working with BAME survivors of DVA.

Method

Interpretative Phenomenological Analysis (IPA) was used for this study. Smith et al., (2009) defined IPA as an experiential, qualitative and psychological research methodology. There are three vital aspects that inform IPA which are phenomenology, hermeneutics and ideography. IPA draws on these specific theoretical approaches to inform its unique research methodology and epistemological framework. Husserl (1927) initiated a phenomenological philosophy, which provided IPA with a rich foundation of concepts regarding the ways to observe and understand individuals' lived experiences. Heidegger (1962) developed the notion of hermeneutics (theory of interpretation) which is the second vital understanding in IPA. Heidegger (1962) reinforced that IPA is considered as an investigation of a phenomenon as an interpretative process. It focuses on the researchers' subjectivity, whilst understanding the process of separating what belongs to the participant and what belongs to the researcher.

One of the main focuses of IPA is the two stage interpretation process (double hermeneutic), whereby the individuals try to make sense of their experiences followed by the researcher making sense and analysing how the individual has experienced their events (Smith, 2011). Crotty (1998) also reported that this creates added depth to the phenomenon and enables the researcher to explore their participants' lived experiences in more detail. Hermeneutic phenomenology was a theoretical framework used within this study.

Overall, one of the main purposes of an IPA interview is to enable the participant's recollection of their events, focusing on their idiographic experience and then uncovering common themes and meanings across the dataset (Woolfe et al. 2010). An idiographic epistemology underpins IPA, however this then moves onto nomothetic findings to analyse the participant's shared experiences (Smith, Flowers & Larkin, 2009).

Procedure

The supervisory team reviewed the interview schedule during the initial stages of the research and an ethical application form was sent to be reviewed and approved (Appendix 1). Once ethical approval was granted, the interview process commenced (Appendix 2). An advertisement (Appendix 3) was created containing the details of the research and contact information; these were posted onto the Facebook groups mentioned in sampling and recruitment (section 3.3.1). DVA organisations were also contacted across the region. All participants were provided with an information sheet specifying the reasons for the study and their rights to withdraw at any point of the interview (Appendix 4). At the beginning of the interviews, participants were made aware of the remits of confidentiality; any risk of harm to themselves or others would need to be disclosed to the research supervisors. Once they had agreed to partake in the study, an Informed Consent Form was given for participants to sign face-to-face, and electronically for those who completed online video conferencing (Appendix 5). Participants were then asked to complete a short questionnaire on their demographics, education and profession (Appendix 6). The researcher prepared an open-ended

interview schedule meeting the guidelines of the Code of Ethics and Conduct (BPS, 2009) (Appendix 7). A password protected iPad (electronic tablet device) was used to audio record the interviews which were then transcribed verbatim on the researcher's password protected laptop. The transcripts were stored on the laptop in a separate confidential folder that was also password protected.

Materials

Semi-structured, one-to-one interviews were chosen for this research to allow the interview to be open-ended and flexible, to gain awareness of the participant's personal idiographic experiences, whilst ensuring the questions encourage responses that aim to fulfil the research question (Willig, 2008). The interview schedule comprised of 13 questions (Appendix 7). The question topics were around skills acquired through education and experience, personal and professional views, and exploration of challenging and significant experiences whilst working with BAME survivors of DVA.

Participants

Five participants were recruited for this study. These five participants were all female, and were registered Counselling Psychologists who had worked directly with BAME survivors of DVA. Interviews were arranged in the format of online video conferencing or face-to-face; the reasons for adopting this format will be explored further in section 3.4.2.

As the study aimed to explore the perspectives of Counselling Psychologists, the participants were required to be HCPC registered. This was to ensure that the research was relevant to the Counselling Psychology field. To gain the true experience of working with BAME survivors of DVA, all participants were required to have worked one to one for 6 months within a therapeutic capacity with this client group (Shinebourne, 2011). This timeframe of being exposed to these clinical cases helps enhance diversity and the ability to address any barriers and resolutions when working with this specific client group. In addition, the aim of including inclusion criterion was to acquire homogeneity within the participant sample. Obtaining a homogenous sample was a requirement to meet the standards of qualitative research and is recognised as a vital aspect of the IPA process (Smith et al. 2009).

Table 1

Participants

Name	Age	Gender	Ethnicity	Religion	Primary Language	Length of Qualified Counselling Psychologist Post	Length of time working with BAME survivors of DVA
Anna	38	Female	White	Christianity	English	4 years	2 years
Mia	42	Female	Asian	Muslim	English/ Urdu	9.5 years	5 years
Sienna	45	Female	Asian	Atheist	English	11 years	6.5 years
Anita	52	Female	Asian	Hindu	English/ Gujarati	15 years	11 years
Leah	40	Female	White	Catholic	English/ Italian	14.5 years	9 years

Analysis

The steps of data analysis proposed by Smith et al. (2009) were followed. Firstly an idiographic approach was adopted to analyse each case individually to produce detailed

accounts of the participants. This formed the foundation of the phenomenological underpinnings of IPA. The next stage of the analysis involved initial line by line coding of the text summarising a descriptive account of the participant's experiences. Patterns were identified across the transcript and these formed 'emergent themes'. These themes aimed to summarise the researcher's interpretations of the participant's narrative, which were then reviewed to ensure they remained true to their experiences. All themes were arranged in a list and patterns were established between the emergent themes, which were then grouped to develop 'super-ordinate themes'. The super-ordinate themes for all of the cases were compared to check for shared similarities. Wherever similarities were found they were relabelled, however, some super-ordinate themes emerged that were unique to each participant and therefore remained the same. These individual themes were explored further in the idiographic accounts (Smith et al. 2009). This culminated in creating master themes to develop a cross-case analysis for the study.

Results

Understanding the needs of a Counselling Psychologist

This major theme focuses on the professional needs of Counselling Psychologists in order to work effectively with BAME survivors of DVA. The interviews indicated that all participants identified gaps in their training when working with this challenging client group as highlighted below.

> *"Ummmm… it was definitely putting me in a position where I felt less powerful and accepting that I didn't actually have any knowledge about what I was talking about. So, for example, the first time that I ummmm… occurred in a case of potential forced marriage. I had to ummmm… go back studying…" (Leah)*

Three out five participants felt unequipped when faced with the reality of their lack of cultural knowledge when working with BAME clients and the impact their culture has on their lives. They recognised that this was not an integral part of their core training, therefore participants completed additional training to gain more cultural knowledge and insight.

> *"I also did the freedom training programme and the respect recovery programmes as well, included within them were modules on working with BAME groups" (Anna)*

All participants recognised a gap in their knowledge and undertook additional CPD training to address this. They were balancing this alongside their employment to feel equipped for their roles. The following extracts highlight the participants' training consisting of understanding the importance of cultural aspects and the impact it has on their lives.

> *"So, the… all of this violence, forced marriage, ur… the culture, how the religion impacts the choices. Umm…the values of the community, ummmm……which was really enlightening. I have to say. Umm… so, the trainer was actually belonging to the community……." (Leah)*

Four out of five participants completed additional CPD training which raised their own cultural awareness. More specifically, participants embarked upon broadening their understanding of how these cultural issues connect and impact each other. Participants appeared to have not anticipated the complexities of numerous cultural issues.

Regardless of the training undertaken, all participants remained feeling that there was a gap in their specialist knowledge around BAME.

> "….don't think the training equips you necessarily to think the same process of logic or expanding your thought processes to working with different cultures….. I think it's something that diversity, or the bracket of diversity teaching needs to be expanded within training….." (Anna)

All participants recognised that although some minority issues are being acknowledged, there appears to be a need for greater depth on cultural diversity and BAME issues being prioritised on Counselling Psychology training courses.

The complexity of working with BAME survivors of DVA

The most pertinent theme extracted across the interviews were the challenges the participants encountered when working with this client group; one of which was the need for clients wanting to escape the abusive relationship and understanding the consequences they may face if they left.

> "I know how difficult it is for women to uphold the family honour. It's, it's a huge thing in the Asian community. So, on one side it was a bittersweet battle because with both of these girls, they lost, they lost their families back home. Their families disowned them. So that was, that was the bitterness in it. And the sweet side was that they have their life again and they're not living a miserable life". (Mia)

Four out of five participants showed understanding that there were additional losses for clients that need to be considered. Although clients may gain autonomy and freedom from leaving an abusive relationship, they actually encounter not only the loss of the relationship but the loss of their family. This 'bitter sweet battle' was recognised by participants as a 'double-edged sword'. Participants acknowledged that managing these new and changing needs within the therapeutic relationship would be a challenge. With the potential consequences of a client leaving a DVA relationship, participants gained an understanding of how ostracism could impact the client.

> "….if you speak out, then you are shunned by the whole community, so not only are you are you leaving your home, but the entire community will turn their back on you…." (Anna)

Anna, Mia and Anita reported the negative impact the disclosure of abuse can have on a client's life. The disclosure can often result in denial or rejection from both their family and the community. This cultural ostracism can generate another layer of trauma for the victim, which ought to be considered within the therapeutic dynamics. Furthermore, when exploring DVA perpetrators within BAME relationships, participants identified they are not just limited to the male head of the household, but can be inflicted by all family members or friends including the elders as mentioned below.

> "Very often specifically with the BAME community you find, that it's more second generation, or third generation domestic violence, it's also domestic violence that isn't only perpetrated by the father, but perhaps the grandparents as well, and I think it's really important to be mindful of the perpetrators might not be the people you always think it could be." (Anna)

The pressures from the family and wider community appeared to be at the heart of this major theme. Participants implied that in therapy we need to remain curious and aware of our own assumptions of potential perpetrators. Below, Anna, Mia, and Sienna also

reported that maintaining a cultural silence appears to be central to upholding family and community honour; the breaking of a taboo and shame arises when the silence is no longer upheld. This can result in the family members inflicting violence on the DVA survivor as mentioned below.

> *"….her mother threatened to cut, you know... Her chacha... uncle, her chacha, threatened to cut her into millions of pieces if she ever was to return to India, again, because she brought shame to the family because she's now a divorcee." (Mia)*

Anna, Mia and Sienna reported the shame and humiliation experienced by clients' families can lead to a desire for revenge, family members may resort to threatening the client with violence if they intended on leaving the DVA relationship. This is often associated with the shame they feel the disclosure has brought on the family name. Additionally, these participants described listening to reports of the intensity of potential honour-based threats that had a direct impact on their therapeutic work, due to the focus shifting from the client's experiences to prioritising safeguarding concerns. The following extracts highlight another theme that emerged i.e. were BAME survivors of DVA being subjected to blackmail by their husbands.

> *"She was struggling with the fear that her husband... Again, this was another husband who threatened to send her back home and disgrace her and tell the family that it was her fault and she was a failure, that she, you know, she could never marry again and she was terrified of keeping the family honour…." (Mia)*

Some individuals may have moved from their country to live with their husband in the UK and therefore the uncertainty around their legal status within the UK may cause anxiety. These factors can act as a barrier for DVA disclosure and therapeutic engagement. Below, Anna, Mia and Sienna reported the possibility of being deported could lead to a sudden disruption in clinical work and quite possibly leaving therapy as stated below.

> *"…therapeutic work ended there and then, as that person and her children had to be shipped off again…" (Anna)*

The legal uncertainties meant that the therapeutic work was always tentative. The client's 'ambivalence' and hesitations can also be mirrored by the therapist being unsure of the work that can be carried out safely, with a possibility of an unexpected ending and having to manage the uncertainty appeared challenging for participants. Another aspect within the therapeutic work is making generalisations and drawing on assumptions. In the below extracts Anna, Mia and Leah described the challenge to be reflective and understand unique belief systems.

> *"I think one of the challenges of working with BAME clients of DV is not tarring everybody from the same culture with the same brush. So not making the assumption that the whole that every community is complicit in in….domestic violence, that it's rife within every community and that it's acceptable within every community, I think it can be quite easy sometimes to make those snap judgements, and it's about pulling back sometimes and thinking these ….could be an isolated case." (Anna)*

Stereotyping occurred once the participants had worked with someone from a BAME group; they felt that the same cultural norms were applied across the board. Understanding the differences within and across cultures were acknowledged by

participants, but challenges were faced attempting to do this. The participants managing the conflict between eastern and western views became an occurring theme.

> *"…..but there is that conflict that they have of what is culturally acceptable and what is accepted by western culture" (Sienna)*

Three out of five participants illustrated that some mental health conditions, such as depression are not recognised within eastern cultures. The symptoms of depression are considered part of negative personality traits and linked to laziness and regarded as avoidance behaviours. Some participants recognised that having a cultural affiliation to their clients appeared to be an advantage as mentioned in the extract below.

> *"….my own therapist belongs to my same community and she is very similar to me… if I'm going to someone who belongs and has… to the same community and has the same values, she will be able to understand better…." (Leah)*

Three out of five participants felt a sense of efficacy through having a shared ethnic identity, allowing them to express a deeper level of understanding and empathy through shared cultural understanding and awareness. On the other hand, participants expressed not being able to reach this level of connection as they struggled to empathise with the client.

> *"….important to be led by the client on that, because as much as you try and read them and learn, unless you're living that on a day to day basis there's no way that you could fully understand the magnitude of the different aspects of it…" (Anna)*

Anna, Sienna and Leah reported that regardless of how much training or knowledge they gain, they would still not be able to reach the level of empathy of those who are of the same ethnicity and immersed in the culture. Another complexity that emerged through the interviews was the strength of the clients' core beliefs.

> *"…my views are completely different, ummm… and it's making that person understand…this is honour-based" (Anita)*

All participants identified the strength of clients' core beliefs, therefore the best way to approach this was with sensitivity and subtlety, as the cultural beliefs appear embedded within the clients. Despite the harm and pain the family may have been causing the client, the emotional connection to them remained strong.

The psychological impact on a Counselling Psychologist

Working with BAME survivors of DVA can have a psychological impact on the therapist, creating further issues in the therapy.

> *"….It can feel really overwhelming …." (Anna)*

Leah expressed her views on questioning her client regarding arranged and forced marriages, however she was aware that her preconceived ideas would impact her decision regardless of the client's answer. Participants also reported that their conflicting ideas with clients led to feeling overwhelmed and more cautious in therapy. The below extracts show further psychological impact on the participants which were evident in the interviews.

> *"…I would sometimes wonder if my clients were……….ok and horrible thoughts of what could be happening…" (Anita)*

Three participants acknowledged that specific BAME issues, as Anna describes above, had a tendency to break barriers between their personal and professional lives. It appears that participants' unexpected emotional experiences were triggered through

specific aspects of BAME issues, reinforcing the need to manage unpredicted emotions and various cultural issues that could impact on their psychological wellbeing.

> *"…. just making sure the pattern and things change because like I said it's from such a big community sometimes, that……. You know when we used to leave the building we would look out for the perpetrator or anybody suspicious hanging around, but this is a whole community that's looking out; it makes it look more difficult to spot the odd person that is loitering…." (Anna)*

Four out of five participants experienced vicarious trauma when working with BAME survivors of DVA. Throughout the clients' therapeutic journeys, the participants had begun taking precautions when around different cultural communities. They appeared to be generalising to an entire community which was a clear contradiction of Anna's earlier statement that you should not tar each culture with the 'same brush'.

The need for containment as a Psychologist

This major theme emerged due to the psychological impact on participants working with BAME survivors of DVA. The interviews underlined the participants' need to be contained through further support. All participants valued the use of supervision.

> *"I would scream inside and then in supervision, I would just let, let it out and just say, oh my God, I can't believe this, it's barbaric, but obviously being very professional in the room with her." (Mia)*

The data suggested that the conflict and frustrations from participants' own cultural norms and containing it within the therapeutic space, left the participants feeling apprehensive and it is evident that supervision was a way of releasing emotions, which they feel unable to express with the client. Three participants also appreciated peer support.

> *"Peer supervision is always the best one, I find for me. Ummm, I'm lucky to share an office with a colleague who does a lot of rape, trauma, domestic violence work…" (Sienna)*

Anna, Mia and Sienna experienced difficulties in therapy and reported feeling privileged having a peer support network. Mia expressed that she felt a deeper level of understanding and support with those who shared not only the same ethnicity as some of her clients, but those who had experience working with BAME survivors of DVA. There appears to be an overlap with Mia's previous statement expressing the difficulties she faced working with non-BAME professionals, to how privileged she feels working with BAME colleagues. Another sense of support for participants was through safety in signposting which became a recurring theme in the below extracts.

> *"…. without having that additional support from the specialised services of people who are part of that community ummmm I would find it really difficult; I think we have a lot to learn…… in terms of the impact of cultures……" (Anna)*

Across three out of five participants, signposting provided a sense of safety alongside working in a multi-disciplinary team; this was in order to be able to contain their anxiety and support themselves as a professional. Overall this major theme expressed the need for containment for participants through the use of supervision, peer support and following procedures.

The identity of a Counselling Psychologist

This major theme was dominant throughout the interviews as participants encountered several difficulties working with BAME survivors of DVA. This led to them utilising their therapist skills in order to contain the struggles and gain support to facilitate therapeutic change. Tailored interventions to meet unique needs were a pertinent theme for participants.

> *"….whenever I see a client, whatever their religion, or their ethnicity is… I mean, especially if he's coming from a minority. I spend the first few sessions to explore values, beliefs, culture, religion; what does it mean?" (Leah)*

The majority of participants recognised that exploring clients' identity, culture and beliefs was paramount to therapy. Adapting therapeutic interventions was adopted by participants to ensure they would meet the needs of the individual. They were aware that although individuals may belong to a certain religious group, their views and experiences of this are unique and therefore, initially a mutual understanding is required.

> *"……but definitely there's a, there's a period of testing each other to see how we can create a common language. How can we trust each other? How can we create what is called proper therapeutic space, for it to work? Even if you don't belong to my community and we have different values……you have been able to understand me….." (Leah)*

There is a sense that overcoming barriers of 'talking therapy' could help or hinder the therapeutic relationship. Participants tested various ways of working together, allowing a deeper understanding of each other and how the space will be utilised. Once these barriers are overcome the process of therapy begins, however this therapeutic process can remain a challenge.

> *"…as a therapist, for me, sometimes you do... sometimes it can be challenging. Sometimes you can feel that, oh my God, I'm not getting anywhere." (Mia)*

Mia, Sienna, Anita and Leah were aware of enabling facilitation in the therapeutic process; however there was a sense of frustration when they felt it was stagnant due to various reasons. In summary, the analysis showed that Counselling Psychologists recognised a gap for further specialised training. It also revealed the challenges of working with BAME survivors of DVA when attempting to understand and recognise different cultural worlds, especially when managing the potential safeguarding aspects of leaving a DVA relationship and consequences within BAME families. Participants immersing themselves into the BAME world and challenging core beliefs, proved to be a struggle in therapy. Further to this, the struggle to empathise with this cultural lifestyle and the internal conflict caused frustrations both in and out of the therapy room. Additionally, the feelings, emotions and hearing client stories had a psychological impact on the participants, revealing symptoms of vicarious trauma, feeling overwhelmed and fearing failure as a professional. This resulted in the Counselling Psychologists seeking the need to be contained through various means, such as supervision, peer support and feeling safe when signposting clients. The data also indicated the way in which the participants would utilise their Counselling Psychology skills when working with BAME survivors of DVA. For example, reverting back to PCT, maintaining boundaries and the influence this had on the therapeutic dynamics when working with BAME survivors of DVA.

Discussion

Through an exploration of common themes, interpretations have been made and analysed. An analysis of the patterns were developed and major themes were noted, after reflecting on the following research questions, to explore how Counselling Psychologists feel when they are working with BAME survivors of DVA. The second question entailed exploring the challenges that Counselling Psychologists face when working with BAME survivors of DVA. Following this was the impact of working with BAME survivors of DVA, both personally and professionally and the way Counselling Psychologists manage this impact. Finally, there was a reflection on the factors that facilitate and influence Counselling Psychologists' therapeutic work.

This chapter also discusses the implications of the findings for the Counselling Psychology profession such as exploring the strengths and limitations within the research, along with potential avenues for future research. The initial literature review highlighted that there was a gap in understanding Counselling Psychologists' experiences of working with BAME survivors of DVA, which resulted in the current research. The data indicated a number of key aspects that were identified around training, supervision and practice for therapists working with DVA client groups within BAME communities.

The Counselling Psychologist's feelings working with BAME survivors of DVA

Whilst working with BAME survivors of DVA, the findings showed a relationship between the wider cultural beliefs, the way trauma is processed and resolved and the influence it has on Counselling Psychologists. All participants revealed their strong emotions that arose when engaging therapeutically with BAME survivors of DVA (Anita). Participants identified negative feelings that were triggered within them when working with this client group. It was evident in the participants' narratives that feeling overwhelmed and frustrated were some of the challenges they experienced when working with BAME survivors of DVA. These feelings seemed to be a reaction towards the clients' families and the BAME community; this appeared to be prominent when participants struggled to understand the cultural norms of the client.

Due to the difficulties in understanding the clients' cultural norms and beliefs, participants reported feeling inexperienced, frustrated and had a diminished sense of confidence in regards to their therapeutic skills and conflicting cultural views. This can be supported by Steed and Downing (1998) who illustrated that therapists felt emotions such as frustration, distress, anger, shock and horror when working with BAME clients. Often this leads to a sense of feeling overwhelmed and helpless around providing support for the clients (Steed & Downing, 1998). This was apparent as the data suggested that several negative emotions developed whilst therapeutically working with BAME survivors of DVA. These emotions led to further challenges within the therapeutic encounter.

The challenges faced by Counselling Psychologists working with BAME survivors of DVA

One of the prominent themes that developed from the analysis was the multi-layered aspect of this clinical work with BAME survivors of DVA. Working therapeutically with

cultural aspects such as safeguarding, cultural ostracism, honour-based violence and the involvement of the family and wider community proved to be a challenge for participants. McCloskey and Fraser (1997) stated that there was pressure for therapists to empower women and ensure their safety, which can be a challenge within therapy. All research participants reported that the therapeutic engagement with BAME survivors of DVA was complex.

The therapists' cultural beliefs and values often conflicted with the clients, which tested the therapeutic alliance and the way they intervened and dealt with this. To understand the essence of the problem it was necessary to be immersed into the client's cultural world, which required the bracketing of normative cultural beliefs. Although such immersion was reported to be somewhat challenging within the therapeutic work, it allowed the therapist to understand the client's predicament from the worldview they inhabited. Husserl (1927) supported the concept of bracketing and emphasised that all researchers will attempt to bracket off their previous assumptions and knowledge, however they may experience many difficulties in achieving this. Heidegger (1962) found that completely bracketing off an individual's beliefs was perceived as virtually impossible, reinforcing the nature of challenges that professionals could encounter when attempting to bracket off assumptions. Bracketing was evidently a struggle from the participants' perspective as they felt they had difficulty fully immersing themselves into the clients' cultural world (Anna; page 13, line 417). Participants' narratives suggested several challenges and conflicts when attempting to fully immerse themselves into the BAME world. They could not understand why specific views and cultural ways of being could be considered the norm, if it was causing harm to themselves.

On the other hand, White (2015) found that psychology students perceived Counselling Psychologists as strong minded, sympathetic and having the ability to bracket off their own issues. This could possibly indicate that others' interpretations of a Counselling Psychologists' role might impact on what the therapist feels is expected of them; it could be speculated that clients may also mirror these expectations from therapists. Counselling Psychologists may feel frustrated and incompetent when finding it difficult to bracket off their own issues; this reinforces the need to be aware of the strengths and difficulties in bracketing which can have a direct impact on the formation of the relationship.

In order to be adequately engaged with a client, understanding and awareness of their core beliefs and the difficulties that may emerge in trying to challenge the strength of these beliefs is paramount (Yon, Malik, Mandin & Midgley's, 2018). For Mia this was less challenging as she shared the same ethnic background with her client, however this still required considerable sensitivity and could not be taken for granted.

Yon, Malik, Mandin and Midgley's (2018) research indicated that when a strong therapeutic relationship has formed, only then can BAME core beliefs be challenged. This requires intuition, being respectful in a sensitive way and understanding from therapists who are culturally educated. Anna reinforced the sensitivity and complexity of challenging the core beliefs as a client's identity may dissipate if they suddenly shift and this leaves them ostracised within the community.

The data suggested that training around cultural awareness is necessary in order to build therapists confidence and understanding. This current study acknowledges that multiple factors such as shame and honour within BAME communities can not only impact the

clients' decisions, but also the therapeutic relationship (Tonsing, 2014). This underlines the relevance of Counselling Psychologists receiving cultural training and becoming more aware of different factors that contribute to these beliefs; this could help facilitate positive change within therapy. Gill (2004) has argued that there are several different dynamics that require a reflection when working with BAME survivors of DVA. Asnaani and Hofman (2012) stated that an individual's cultural beliefs and values become foundations, but the difficulty that emerges is the challenging of such beliefs, as it is important to incorporate these while also working with the client to reflect on their impact. For Counselling Psychologists unaware of the cultural differences combined with limited available resources for the client, for example family support, there was a sense of frustration as the client's therapeutic progress appeared to be slower than of the therapist's expectations. Further to this, fear was reported by clients that their information may not remain confidential by professionals, thus resulting in the clients being unable to voice and explore their true experiences. Voicing their experiences in therapy may be difficult for Counselling Psychologists, however a key process for change (Gill, 2004). Therefore, alongside understanding the client's personal beliefs, it is also important to recognise and show empathy towards family beliefs (Yon, Malik, Mandin & Midgley's, 2018). This is likely to build a stronger therapeutic relationship and create a positive impact on the efficacy of therapy. On the other hand, participants felt that they struggled to empathise finding it a challenge to immerse themselves into the BAME world due to differences in ethnicity and attempting to understand cultural normality. This is supported by Batsleer et al. (2002) who suggested that both the therapist and client will encounter further challenges in therapy when addressing issues such as violence against women and what is considered the cultural norm.

All of the participants expressed their awareness of family, community and institutional dynamics in trying to resolve multiple issues (Laing & Esterton, 1964) and it was a reoccurring dynamic in therapy that has been previously noted by Thatcher and Manktelow (2007). They reinforced that Counselling Psychologists often concentrated on the individual's values and experiences whilst disregarding the wider social causes of individual distress. To think about the resolution for BAME survivors of DVA requires a focus on the individual predicament, whilst also thinking about the wider culture and the way it constrains the actions and behaviours of the individual (Strawbridge & Woolfe, 1996). This means therapists thinking about the client as existing within a set of ecological environments rather than just an isolated individual (Bronfenbrenner, 1979; Hage, 2000).

For example, one of the predicaments noted by the Counselling Psychologists was that clients believed if they escaped their abusive relationships they would be bring shame on the family. Often these were connected to concerns about violent acts and being deported or ostracised by the family or community (Batsleer et al., 2002). Due to the constant high risk, the levels of trust between a client and the therapist were constantly being tested leading to disruptions in building a rapport with the client. In line with previous research, the Home Office (2013) emphasised the high risk factors of DVA within BAME communities due to violence being recognised and condoned by not only family members but the wider community. Clients' fear of bringing shame on the family or being on the receiving end of violent acts, could impact therapeutic work as clients would need to consider the possibilities of escaping and living without their partner (Department of Health & Social Care, 2017).

These concerns lead to the concept of a 'double-edged sword' which was highlighted in the interviews, whereby there was an awareness that if the clients left their relationship they would lead a happier, non-abusive life, although this is assumed by clients, it is not the reality. Often people in BAME communities are concerned with losing their families and are also at risk of honour-based violence against them. The reality is that they may not lead a happy and non-abusive life after leaving the relationship. Laing and Esterton (1964) highlighted this concept but named it the 'double bind' having two choices which contradict each other, whilst at the same time being the only options that can be made. As a result, clients can develop low self-esteem, insomnia and a loss of identity.

The personal and professional impact of working with BAME survivors of DVA on Counselling Psychologists

Whilst participants were working with BAME survivors of DVA, they also experienced psychological impact which affected their therapeutic relationship and their personal lives. Due to the intensity of working with honour-based violence, symptoms of vicarious trauma often emerged. Iliffe and Steed (2000) found that counsellors experienced fearing for clients and vicarious trauma as a result of working with survivors of DVA. Indeed in the current research many participants' behaviour suggested they were hypervigilant outside of the therapeutic space whilst Anna became conscious that she was projecting her therapeutic fears onto a specific community.

She became increasingly aware that BAME communities would work collectively, therefore being aware of the need to consider family members. It was apparent that participants would feel a sense of anxiety when thinking about the clients' wellbeing outside of the sessions, they also felt that certain aspects such as FGM and forced marriage conflicted with their personal views and were surprised with what was considered cultural norms. Working within organisations, participants felt additional pressure to manage their difficulties with this client group, due to the status of being a Psychologist and potential fears of not meeting high expectations of this role. Similarly, White, 2015 suggested that others' expectations of a Counselling Psychologist could impact their professional role in the therapeutic relationship by feeling pressured to meet these standards.

Although there was a negative impact on their therapeutic work, participants also felt that they had more knowledge than others within their teams leading to a sense of feeling more powerful and in control (White, 2015). Whilst participants were working with BAME survivors of DVA and the complexities they came across, there was a sense of fearing failing as a 'professional', therefore due to the several different aspects to be considered including the importance of understanding cultural beliefs and values, being conscious of how they implemented and adapted their therapeutic interventions became paramount in therapy.

On the other hand, through dealing with the various challenges that BAME communities encounter such as honour-based violence and being ostracised not only by family but an entire community, the participants felt a sense of appreciation for their own lives and felt grateful for the sense of independence that a westernised lifestyle brings.

Factors that facilitate and influence Counselling Psychologists' therapeutic work

Participants' narratives emphasised their needs and factors that influenced their therapeutic work. Interpretations that were drawn from the participants were the lack of cultural education and knowledge which led to feeling deskilled in therapy, consequently affecting their sense of self and confidence. The distinct lack of understanding influenced and prompted some participants to engage in further training to feel more culturally aware, recognising the gap in knowledge for Counselling Psychology professionals. Supporting this, research was conducted by Hage (2000) and Sanderson (2008) indicating that it is essential for therapists to have an in-depth understanding of the multifaceted aspects of DVA, therefore stressing the importance of cultural competency alongside the other complex aspects within DVA. The knowledge and awareness would provide therapists with an understanding of symptoms and possible interventions (Knight, 2012).

The participants identified a need for more detailed training regarding DVA and the impact of cultural backgrounds within this area. There was a sense that participants felt they were unequipped to work with BAME survivors of DVA, some expressed gratitude for organisational training that was offered including forced marriage, female genital mutilation (FGM) and sexual abuse. They recognised the benefits of being more culturally educated, however some participants reinforced that it still did not prepare you for real life experiences of working with the complexities of cultural backgrounds and traumatic experiences. McLeod (2007) reported that usually counselling courses do not provide a module of working therapeutically with survivors of DVA, therefore therapists can be inadequately skilled in this area impacting on their confidence and knowledge. Gaining more knowledge could help nurture therapists' confidence, leading to better practice and outcomes for clients, but also more support for therapists (Hage, 2000; Sanderson, 2008).

Whilst working with BAME survivors of DVA, participants acknowledged that in order to meet the clients' needs, their therapeutic interventions required adaptation. Some participants encountered stagnant positions in therapy, where they recognised no therapeutic change. To help facilitate movement in therapy, all participants reported that PCT was at the core of their work, as listening and validating their experiences were important for BAME survivors of DVA. The person-centred approach allows the Counselling Psychologist to be congruent, which builds authentic contact and centralises therapy around the uniqueness of the client (Woolfe et al., 2010). Nicholson (2010) supported the notion of using PCT at the core of therapeutic work with survivors of DVA, reinforcing the necessity to contain the client and offer a safe space to heal. Participants stressed the importance of congruence when working with BAME survivors of DVA, building a flexible, stronger bond between the client and Counselling Psychologist (Sanderson, 2008). Durrani (2012) supported this and reported that through experience of working with several cultures, it was deemed important that therapists being congruent with their own personality, as well as exploring the client's personality; was the most efficient way to form a therapeutic connection. Congruence facilitated the Counselling Psychologists' engagement with clients the way they felt was appropriate, underlining the importance of individuality as a therapist. Howard, Roger, Campbell and Wasco (2003) reinforced this finding and highlighted that there is not one single approach that is more useful for BAME survivors. The most effective approach is when therapists are aware of their own beliefs and values which can continuously inform the therapeutic sessions.

Alongside therapeutic approaches, when participants addressed the clients' core beliefs it appears that their personal beliefs were not strong enough to challenge their clients, therefore they used UK laws to support the claims and condone that violence is immoral, reinforcing the moral dilemmas that clients and participants may face when escaping DVA relationships. Offering support, reassurance, safeguarding, reflecting and containing the client were some of the participants' roles that emerged through the interviews aiding therapeutic change and development. Even though these were all vital to the therapeutic process, safety in signposting and safeguarding the client appeared prominent due to extra measures to be considered with honour-based violence cases.

The findings also revealed participants' challenges both in and outside of therapy. As a result, to ensure self-care and continue developing as a Counselling Psychologist, clinical supervision became one of the most beneficial ways to help with their challenges. Some participants also mentioned the significance of peer support and its usefulness for offloading therapy struggles and tensions. The current findings corroborate with Iliffe and Steed (2000) as they explained that clinical and peer supervision became a useful coping mechanism when working survivors of DVA. Signposting clients, liaising with multi-agencies with specialist knowledge and following required procedures, helped to provide participants with a sense of safety when managing safeguarding and high risk cases.

Implications for Counselling Psychologists

All participants reported that working with BAME survivors of DVA was extremely complex to deal with at times, which impacted on their personal and professional lives. There were several different aspects and issues that the Counselling Psychologists experienced, one of which was difficulties managing the various layers of complexities as well as vicarious trauma.

Due to some of the participants being unaware of cultural beliefs and values, this led to struggling to understand clients alongside an internal conflict with their own beliefs. This resulted in questioning their cultural competencies and feeling unequipped, causing low confidence. Further to this, the Counselling Psychologists applied their existing knowledge, experiences and shared ethnic understanding in therapy and felt the need to access additional CPD training to gain further knowledge.

The participants also reported being aware of complex needs, for example understanding their cultural beliefs and the way DVA is not only viewed as another entity, but attempting to understand how and why they impact each other. The participants found this difficult to manage in therapy as there were both personal and professional issues that had arisen when working with BAME survivors of DVA. Providing more detailed and structured peer and clinical supervision, could allow the participants to explore their therapeutic struggles and emotions.

As the UK is becoming more culturally diverse, findings from the current research indicated a further need to provide more specialised training on the Doctorate in Counselling Psychology. Although basic culture training is covered on the course, this study suggests there is a need for a more comprehensive approach to the design of cultural competency training for Counselling Psychologists. This could include role-play, client cases, group discussions and reflective practice on how BAME and DVA impact each other, the concept of cultural normality, therapists' decision making and the impact it may have in therapy. As opposed to having separate lectures on DVA or culture,

being taught to understand the integration between these two aspects would be beneficial to Counselling Psychologists as it ultimately impacts on their therapeutic engagement. It is apparent from the findings that the struggles and dilemmas faced exacerbated the psychological impact on the participants (Iliffe & Steed, 2000). As Knight (2012) suggested, courses should consider incorporating the impact of working with DVA, ultimately raising more awareness for therapists encountering issues and having the ability to address the impact it may have. Consequently, BAME issues within DVA relationships can cause another layer of complexity and therefore understanding this in more detail would be beneficial.

Findings also showed that some participants relied on their existing knowledge, which they continued to build on through researching, peer support, continued professional development (CPD) and clinical supervision. This emphasised the importance of the Counselling Psychology programme as a solid foundation for trainees. Another interpretation that can be drawn from the findings is the need for extra support in both individual and peer supervision groups; perhaps topics focusing on working with BAME survivors of DVA could be introduced and address possible issues that Counselling Psychologists could encounter. Topics such as thoughts on culture and religion could possibly be debated; this would enable the Counselling Psychologist to be challenged and develop their self-awareness on subjects that can be very sensitive to clients. For example, core beliefs and how this impacts on the self, their profession and their clients. All participants were aware of their need to complete continued professional development (CPD) and being aware of cultural belief systems to meet their own needs, the needs of the client, as well as adhering to HCPC and BPS regulations.

Negative bias was present amongst all five interviews, as working with trauma, various cultural and core beliefs and managing their own concept of normality as well as their clients, can have a significant impact on both the Counselling Psychologist and client. Supervision could be more accessible due to the complexities and sensitivity of the cases. This can also facilitate awareness for participants' own ethnic identity and the effect this may have on the relationship with the client. For example if a client is of a particular race, culture or religion similar to the Counselling Psychologist, their expectations may be that you will understand and agree with their core beliefs, concept of normality and general way of living. This concept of cultural affiliation can occur which can also affect the dynamics of the therapeutic alliance, as the clients' expectation from the Counselling Psychologist may change, therefore the therapists need to be aware of this.

Although participants expressed their need to adapt their approaches and interventions according to the client's needs, there was no particular way of approaching the changes or what to include. Developing awareness that working systemically requires a sensitive approach, as building the relationship and trust before delving into family core beliefs and values is paramount for therapeutic change.

Another implication revealed within the data was the participants' own internal conflicts and the concept of cultural normality. Additionally, the complexities of the clients and lack of own knowledge could impact on the participants' own identity, causing anxiety and frustration within the session. Although these can be natural feelings that occur when working with complex clients, courses could offer more knowledge and understanding on this vital aspect of therapy and how they can manage these emotions both in and outside of the therapeutic room.

Further recommendations for Counselling Psychology courses are having access to organisations such as Mindfulness Based Wellness and Resiliency (MBWR), who can provide thorough training from specialists, which raises awareness prior to Counselling Psychologists encountering direct contact with BAME survivors of DVA. Although, you cannot always be prepared for what the therapeutic session may bring, the more knowledge we have to deal with the unexpected may have a greater positive impact on the therapeutic alliance. Further to this, the more self-aware Counselling Psychologists are of their own cultural beliefs and biases will encourage reflection and awareness, ultimately providing the capacity for therapy to be focused on the client. This would result in minimal struggles and distress for Counselling Psychologists to manage the impact it potentially has on the therapeutic relationship.

To conclude, in order for Counselling Psychologists to be able to work appropriately and effectively with BAME survivors of DVA, knowledge and training should encourage self-awareness, particularly focusing on vicarious trauma and the conflict between cultural beliefs and values. Counselling Psychologists should be continuously engaging in training, peer and clinical supervision alongside self-care, to help manage the multifaceted aspects of working with BAME survivors of DVA and the conflicts and emotions that can arise within themselves.

Future research

The current study explored Counselling Psychologists' lived experiences of working with BAME survivors of DVA. Future research could focus on experiences of working with specific ethnic groups and perhaps observing any similarities or differences between these groups within DVA. The phenomenon of cultural affiliation between both the client and therapist was also identified throughout the results. Future research could explore the impact this may have on the process of therapy, the clients' and therapists' viewpoints as well as the therapeutic process. An additional aim could be to explore Counselling Psychologists who have received direct specialist training within this subject area.

Conclusion

The current research examined the Counselling Psychologists' experiences of working with BAME survivors of DVA and the impact it had both personally and professionally. The results revealed five major themes that were highlighted across the interviews. Counselling Psychologists felt overwhelmed and frustrated with the complexities of working with BAME survivors of DVA. They reported that understanding cultural beliefs and DVA were paramount when working with BAME survivors of DVA, as their lack of knowledge around the subject was limited, which affected their self-esteem and confidence in their professional role.

The research also emphasised that clients may have developed mistrust, judgement, ostracism or honour-based violence when escaping their abusive relationships. These issues may lead to feelings of rejection and loneliness, thus using core conditions within the therapeutic relationship is important. Following on from that, the interviews revealed the core conditions utilised were the foundations of PCT other approaches and interventions were adapted and amended accordingly to suit the needs of the individual. The Counselling Psychologists' experiences impacted their personal and professional identity, which had a significant impact on the dynamics of the relationships and internal

conflicts about beliefs and values. Psychological impact on the participants appeared to be prominent through experiencing hypervigilance, fear for clients' safety and frustration. Finally, the analysis also established that solely understanding cultural beliefs and DVA was not sufficient to work with such a complex client group. Self-awareness was vital to understand their own perceptions and experiences of BAME survivors of DVA, and the influence this had on the therapeutic dynamics between the Counselling Psychologist and the client.

There is a sense that Counselling Psychologists acquiring the knowledge and understanding of various cultures within DVA relationships, could possibly only be to a superficial level. The complex integration of all these different aspects of culture, core beliefs, pressures of family and wider community and identity can intertwine and impact the Counselling Psychologist and ultimately the therapeutic alliance. This can be difficult to manage and understand from the perspective of the Counselling Psychologists and the clients, therefore reiterating the importance of knowledge, supervision and self-care. As the world is ever-changing, Counselling Psychologists must acknowledge and consider cultural changes and the arising issues it may have on society and ultimately in the therapeutic room (Durrani, 2012).

Overall, the findings have revealed that when working with BAME survivors of DVA, Counselling Psychologists experience various challenges that can impact directly on the dynamics of the therapeutic alliance causing frustration, vicarious trauma and feeling overwhelmed with the complexity of this group. It was noted how further BAME education and training may offer support for dealing with those emotions by providing knowledge and awareness. Due to the absence of this for some participants, they utilised peers and supervision for further support.

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