



The toxic relationship trap

Clients cannot always recognise or accept that their intimate relationships are harmful. *Cathy Press* explains how to work therapeutically with people who are living with domestic abuse

Many of the thousands of clients I have met over the years have told me that they wish they had known the signs of domestic abuse. Time and again, they have shared their frustrations that they didn't recognise the red flags of coercive control and relationship abuse, as well as their lack of education in understanding what a healthy relationship should look like.

Many of my clients have found themselves in these types of relationships at a young age. They have also told me that they wished someone had noticed, warned them or talked more openly about the reality of coercive and controlling behaviours.

The police recorded a total of 1.5m domestic abuse-related incidents and crimes in England and Wales in the year ending March 2021. Estimates from the most recent Crime Survey for England and Wales show 5.5% of adults aged 16 to 74 years (2.3 million) experienced domestic abuse in the year ending March 2020.¹ But the true figures could be much higher, as the statistics are based on police-recorded crime data.

The likelihood is there are many more people experiencing abusive relationships, who are not yet at crisis point and so do not need police intervention. Domestic abuse, coercive control or toxic relationships are more common than even our statistics convey, because so many people never report their experiences to anyone. But they might disclose domestic abuse to their therapist. Many therapists will be working with clients who are tentatively reaching out, knowing they don't feel right in some way, but confused about why.

Generally, unless affected by the issue through personal experience or that of a friend or colleague, it is easy to bypass the subject. We might also minimise or justify the behaviours and dynamics of power and control that could be presented to us by our clients.

We often ask the client questions about how their partner behaves. What do they do? How do they do that? Interestingly, typical responses might be that their partner 'makes me feel stupid', 'makes me feel bad', 'isolates me', 'makes me feel like I'm losing it, like I'm going mad'. The client will offer statements about the impact of their partner's behaviours, but find it exceptionally hard to identify the actual abuse. Perhaps the abusive behaviours appear to sit within their cultural norms and expectations. Or maybe they have become desensitised to the way they are treated. They might be in denial about what they are experiencing, or they might not know what constitutes abuse.

But if a client can't identify or see the abuse, how can they move out of that cycle? How can we support them to a place of protecting themselves, and explore whether or not they want to continue with their relationship?

Even when a client has left their abusive relationship, they might find it difficult to name what happened to them, despite still coping with the impact of the abuse. If they can't name the behaviours, we can overlook them, too, missing the underlying traumatic experiences, which often involve fear, isolation, being undermined, shamed, diminished and disregarded, and end up simply focusing on the symptoms that manifest.

Experiencing chronic or long-term exposure to domestic abuse and coercive control will result in emotional trauma, over which a victim has little or no control and from which they might feel there is little or no hope of escape.

Evan Stark describes coercive control as ‘...a pattern of behaviour which seeks to take away the victim’s liberty or freedom, to strip away their sense of self’.² When your client is living with intimate partner abuse, it can be hard for them to remember the long catalogue of incidents and experiences. It can therefore be helpful to offer the reflection to your client that you see a pattern emerging, or support them to identify where they are in the cycle of abuse. The ‘cycle of abuse’ was first developed by Lenore E Walker³ to explain the patterns of abusive behaviour that might occur daily, or every few days, weeks or months.

The cycle of abuse

The cycle of abuse is a way of describing how each abusive incident takes place, see Figure 1. First, there is the tension-building phase, when the client knows something isn’t right. Clients are walking on eggshells, trying to please and placate their partner, because they feel anxious and know something is going to kick off.

As the tension builds, it is likely to erupt into crisis, the second stage: for example, an incident in which they are verbally threatened and insulted, their belongings are damaged, or they are physically or sexually hurt and abused.

The third stage is known as the ‘window of remorse’: the client’s partner will behave in a more loving and attentive way. As a result, the client starts to feel more closely bonded to them; this is also known as ‘reconciliation’ or the ‘honeymoon period’.

The final stage of the cycle is calm, when the client’s partner seems more co-operative and connected to them than usual, and the client starts to believe the abusive behaviour was a one-off. The period of calm can go on for days or weeks, until eventually the tension creeps in and the cycle begins all over again. The cycle will repeat, the period of calm getting shorter each time, until there is no calm at all.

In the moment of crisis, adrenaline is released, which is experienced as a strong surge of energy in the body. Adrenaline helps to mobilise a person for the ‘fight or flight’ response: it heightens all their responses and lasts for up to an hour or until the threat/crisis decreases. Once the crisis point has passed, the senses remain heightened. If, at that point, the partner shows remorse by saying ‘sorry’ and begins to demonstrate that they care, perhaps offering affection by touching and kissing tenderly, all this will be experienced in a heightened way. It perhaps explains why we often hear people describe the ‘kiss and make up’ moments as amazing, intense and passionate.

Supporting the client to know where they are in the cycle at any given point can be helpful. Domestic abuse

rarely plateaus and nearly always escalates in frequency and severity, leading to a spiral of abusive incidents in which the client is caught up, enmeshed and trapped. As Stark writes: ‘Experiencing coercive control is like being taken hostage; the victim becomes captive in an unreal world created by the partner/ abuser, entrapped in a world of confusion, contradiction and fear.’²

The experience and impact of domestic violence and abuse are akin to the impact on those who have lived in concentration and prisoner of war camps, or with long-term childhood physical and/or sexual abuse and organised child exploitation rings. ‘During long-term traumas, the victim is generally held in a state of captivity, physically or emotionally. In these situations, the victim is under the control of the perpetrator and unable to get away from the danger.’⁴

Clients might present in a variety of ways, appearing to live chaotic lifestyles, demonstrating dysregulated, defensive, aggressive, anxious and hypervigilant behaviours and responses of hyper-arousal or hypo-arousal. They might:

- avoid thinking and talking about trauma-related topics, as they find them too overwhelming
- use alcohol or other substances to avoid and numb feelings and thoughts
- engage in self-mutilation and other forms of self-harm
- attempt to take control of something in their lives, leading them potentially to develop issues, such as undereating or overeating, or obsessive behaviours
- present in a shut down, disconnected or dissociative way
- appear to be in ‘frozen fright’, where the psychological thought processes seem to be normal, but all of their energy is focused on their survival.

Clients who have been abused repeatedly are sometimes mistakenly thought to have a ‘weak character’ or are unjustly blamed for the symptoms. In my experience of working with thousands of survivors, they typically demonstrate extraordinary strength and tenacity to withstand the perpetual abuse, despite feeling some or all of the above-mentioned impacts.

More often than not, by the time a client reaches a counselling service or seeks a therapist, they will have gone to their GP or been referred to their local mental health team, presenting their symptoms but not necessarily disclosing the underlying issues. Clients often don’t connect their abusive experiences to their mental and emotional health and wellbeing. They often assume there is something wrong with them, rather than understanding that the symptoms are a normal response to an abnormal/abusive chronology of experiences.

Sadly, clients will sometimes deny that their situation is or was abusive, because to consider that the partner they love persistently chose to threaten, harm and hurt them is too much to bear. They blame themselves for

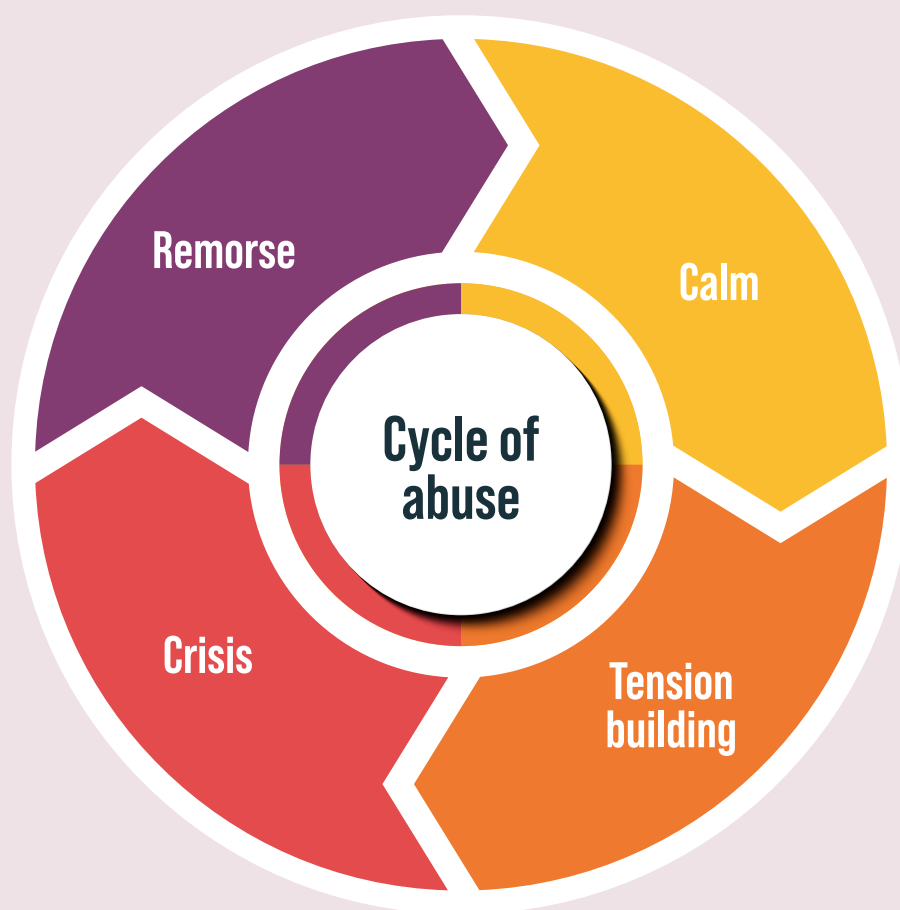


Figure 1.
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everything that has happened to them, as if they could have prevented the abuse, thereby taking responsibility for their experiences, as if they were deserved in some way. They might also live with a crushing sense of shame, because they are unable to attach the shame to the person who behaved abusively. If they are not yet able to make the insightful connections between experience and impact, clients will be unable to consider that their response is normal, that they could recover over time and that there is hope.

Pathologising the impact of trauma

I see many clients presenting with backdrops of domestic abuse, who are being diagnosed with conditions such as bipolar, depression, generalised anxiety disorder and PTSD. But the diagnosis of a disorder suggests there is something wrong with the victim. It ignores the reality that there was something wrong with the situation they were in and had to survive. It might also imply that they will never recover.

Some victims will welcome a diagnosis of a disorder, possibly because they haven't yet understood or reflected on the reality of their abusive situation and the impact of their experiences. However, I prefer to view

my clients as living with a label or diagnosis, rather than assuming they have a disordered condition. Psychoeducation is really helpful to clients as you start to work with them. Once they understand their responses are normal, given their experiences of abuse, they can begin to understand that they are not mentally ill but suffering from their trauma.

Therapists need to be mindful that encouraging the client to revisit the trauma narrative can be re-triggering, leading to overwhelm, panic and too much dysregulation. We also need to recognise that talking about the traumatic experiences for weeks or months on end will not prevent the client from experiencing somatic triggers. Over time, a client might be able to hold a rationale about what they have been through and discuss it reasonably, but the traumatic experience might still be embedded in the body.

Remember that the brain goes offline when under threat, but the body still goes through the traumatic incident. The body literally holds the experiential memory. The triggers are often sensorially experienced and can be noises, smells, people arguing, seeing someone being overwhelmed or attacked by another,

being trapped or in a confined space, being outside and exposed, being touched in any way or the taste of something associated with the abuser.

Grounding resources

I can't rate grounding resources more highly when working with victims of domestic and sexual violence and abuse. Make yourselves familiar with a variety of grounding resources, depending on whether the client is becoming overwhelmed or dissociative.

My absolute favourite for overwhelm is 'sighing out', which you should demonstrate first. Take a deep breath in, but instead of breathing out normally, make a sighing sound as you breathe out. Sighing out like this

pushes the breath out, enabling you to take a deeper breath in to fill the whole of your lungs, not just the top part of your lungs where we shallow breathe. It is especially good at releasing the immediate physical tension that might be held when feeling overwhelmed or anxious. It is helpful to practise this regularly.

For dissociation, you could try 'orienting' as a resource. Gently encourage your client to focus on different objects in the room – for example, everything that is red or blue – or to listen to noises inside and outside the room. Orienting supports the client to stay mindfully focused on the present moment. It's a simple technique, but it can help to soothe dysregulation.

Often, there is a whole range of abusive behaviours happening concurrently. It is important as therapists that we make ourselves aware of the full continuum of abusive behaviours. In our one-to-one capacity and the framework of our therapeutic alliance and relationship, we are uniquely positioned to be explicit about what constitutes abuse and the patterns of coercion and control. It is helpful to the client if we draw attention to the impact of such behaviours, as it enables them to become informed to make different choices. Over time, we hope that they might move on from the cycle of abuse.

It's crucial we are articulate and comfortable addressing domestic abuse and coercive control. We also have a responsibility to address any personal discomfort we might have due to our own experiences. Are we living with ongoing coercive control in our own relationships? Are we in denial? Are we minimising abuse? What is our own cultural perspective and what judgments might we make about other cultural attitudes to abuse within relationships? If we ourselves are uncomfortable in having such a dialogue, it is likely we could be missing so much for the client in not picking up on their cues.

Young women aged 16 to 19 are more likely to be victims of domestic abuse than women aged 25 years or over.⁵ Experience of abuse at such a vulnerable time of growth and change for a young person can have devastating consequences on their development and emotional wellbeing.



In my experience, some young people have a distorted view of love. If they assume they have done something wrong and their partner doesn't hit them or kick off, they might think that their partner doesn't really care. Jealousy and anger are often used as a justification for abusive and controlling behaviour: being hit or slapped is seen as an expression of love.

Young people might also experience more casual relationships and might therefore struggle to identify themselves as victims of intimate relationship abuse. Much of the time, their relationships exist via their tech, and in some cases young people are investing in relationships with someone they have never met in person. Consequently, they are particularly vulnerable to abusive predators.

Handling disclosure

Therapists should always take disclosure seriously – and always believe the client. In my experience, clients rarely tell us the worst things first; they tend to test the water to gauge our response.

Remember, too, that abuse is not their fault. There is never any justification for abuse, even when clients might offer an 'explanation' or a 'reason'. It is always unacceptable. The victim also cannot change the abuser's behaviour, no matter what they believe. 'If I hadn't come home late, my partner wouldn't have got so angry with me.' 'If I paid them more attention, they would feel more secure.' No amount of love, care, understanding, patience or loyalty will change whether their partner chooses to be abusive towards them or not. Remember, abusive partners don't abuse everyone in their life, so can choose to manage their behaviour.

Validate their response and feelings as normal; they are not going mad or losing a grip, even if it feels this way. Your client's feelings are likely related to their experiences and are a normal response to abusive treatment.

There is life after domestic violence and, no matter how difficult or hopeless it seems right now, they can have a different future, safe from abuse. It isn't easy to pull away from an abusive relationship, for multiple reasons – and sometimes people leave and return several times before they finally leave permanently. But it is possible and there are support services to help.

Let your client know that domestic violence rarely happens only once. If they have only experienced one incident, they might not believe you. But when it happens again, they will remember you knew what you were talking about. If there have been several incidents but they have alluded only to one, they will still know that you understand the dynamic of domestic abuse, and this might encourage them to disclose more of their lived experience.

Break the silence yourself. Have conversations with peers, colleagues, family and friends about coercive control and domestic abuse. It helps to interrupt the

secrecy that so many victims hold and to overcome the painful isolation and stigma that so many clients experience.

Explain clearly about confidentiality and its limits, especially in terms of safeguarding and risk. Let your client know that if you are concerned about their wellbeing, risk and safety, you will discuss this with them in the first instance, but might need to inform other, appropriate professionals if necessary.

I would suggest that you download from the SafeLives website a domestic abuse, stalking and 'honour'-based violence (DASH) risk checklist. The website offers full guidance on the questions and what to do with the completed DASH checklist. It is typically made up of 24 questions, each enabling the context and risk of the client's situation to be identified. Hopefully, we can involve the client in the process. But we also sometimes have to judge whether we need to act independently, in order to safeguard the client.

If you believe your client is in serious danger, you could encourage them to contact the police, maybe with your support. Alternatively, you might decide to alert the police yourself, with or without your client's consent. It's never an easy call. For example, if the client lives with their abusive partner and you call the police, it could increase the victim's risk.

Questions to ask your clients

If your client answers 'yes' to any of the questions listed below, they might be in an abusive relationship.

- Does your partner find it difficult to compromise if they don't get their own way?
- Does your partner pressurise you to respond quickly to text messages, emails or phone calls?
- Does your partner act in a possessive or jealous way with you?
- Does your partner ever call you names, threaten you or try to make you feel bad?
- Does your partner ever demand that you look a particular way in terms of clothing, hair or using make-up?
- Does your partner ever hurt you physically?
- Does your partner try to keep you from seeing your friends or family?
- When with your partner, do you find it difficult to say no to things you don't want to do, such as sex?
- Does your partner like to tell you what to do?
- Has your partner's behaviour towards you changed or got worse recently?



It typically takes several attempts to leave an abusive relationship – and, each time, the victim has to summon up the much-needed courage. It is also important to emphasise that, at this point, the risk, including the risk of homicide, can escalate. Abusive partners can also switch their behaviours in an attempt to regain control; they might appear to be remorseful, loving or desperately sad in order to lure their partner back into the relationship.

No matter how old your client is, they are suffering at the hands of the person who was supposed to love and respect them. Take your time to build your relationship and bring the implicit content into the explicit, making the client aware of what you see and understand. If you don't name the abuse, then the client will likely miss it, too. The therapist becomes the client's anchor, supporting containment, along with the core conditions, and demonstrating a willingness to have a dialogue about toxic, controlling and abusive behaviours and their traumatic impact.

In this article, the terms domestic violence, domestic abuse, intimate partner violence, intimate partner abuse, coercive and controlling behaviour are interchangeable.

Cathy Press has been working as an integrative psychotherapist and clinical supervisor for more than 25 years, specialising in domestic and sexual violence and abuse-related issues. Her new book, *When Love Bites: a young person's guide to escaping harmful, toxic and hurtful relationships*, is out now, priced £14.99. Visit cathypress.co.uk for more information on Cathy's training programmes and CPD courses.

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