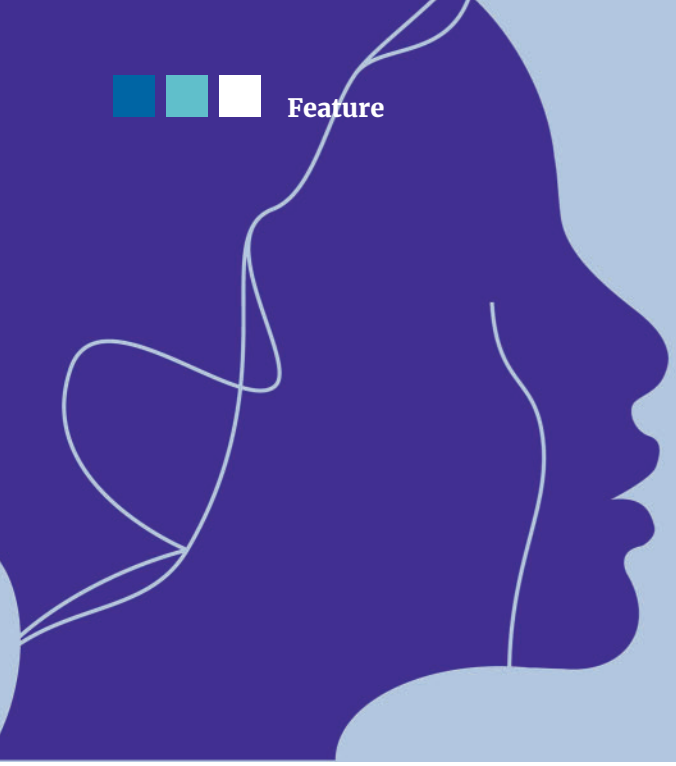

Life after Trauma: A 12-week blended PTSD therapy group for women who have experienced domestic abuse

Jane McClaren & Patricia Gregory

Domestic abuse is widespread and disproportionately affects women, with high associated rates of post-traumatic stress disorder (PTSD). NICE guidelines (2018) recommend Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) or Eye Movement Desensitisation and Reprocessing (EMDR) as first-line treatments for PTSD.

Domestic abuse is not gender-neutral in either prevalence or impact, and women's trauma responses are frequently shaped by experiences of coercive control, inequality, and systemic power imbalances.

Barriers to treatment

Women with complex trauma histories often face significant barriers to accessing evidence-based treatments. The National Commission on Domestic and Sexual Violence (AVA & Agenda, 2019) found that women with co-occurring mental health difficulties are frequently excluded from services and can fall between gaps in mental health provision. This places increased pressure on third-sector organisations, which are often under-resourced and underfunded.

The need for a scalable, resource-efficient approach

Due to high demand, long waiting times, and limited resources, services must identify less resource-intensive ways to deliver effective trauma therapy. Vida Sheffield, a specialist gender sensitive domestic and sexual abuse therapy service, developed a 12-week group therapy programme for women experiencing PTSD symptoms, blended with four individual therapy sessions. The programme was explicitly designed using a gender-sensitive and trauma-informed framework, recognising the disproportionate impact of domestic abuse on women and the role of societal power imbalances in shaping trauma responses, safety needs, and engagement with therapy. The gender-sensitive design was central to engagement, safety, and outcomes, consistent with trauma-informed guidance emphasising gender-responsive approaches for survivors of domestic abuse (NICE, 2022).

This approach enabled a greater number of women to access treatment while ensuring individualised support for those with complex trauma presentations.

The programme was informed by the Ehlers and Clark (2000) cognitive model of persistent PTSD, which emphasises how trauma memories are processed and appraised.

Core components of the group programme

- Psychoeducation on PTSD (understanding symptoms and normalising responses)
- Identifying and addressing negative appraisals (e.g. self-blame, guilt, shame)
- Challenging unhelpful coping strategies (avoidance, dissociation, hypervigilance)
- Development of a shared group formulation (Session 4)
- Individual trauma memory processing sessions

Individual sessions for trauma memory processing

The programme integrated four individual therapy sessions mid-treatment. These sessions focused on imaginal reliving/memory updating, key components of Cognitive Therapy for PTSD (CT-PTSD). This allowed women to process and reframe their most distressing trauma memory in a safe, structured, and contained way.

Changes in Trauma and Depression Severity Pre- and Post-Intervention (see Fig.1)

Post-intervention outcomes demonstrated clinically meaningful improvements across both trauma and depression measures. On the IES-R, 42% of participants no longer met the threshold for probable PTSD, with additional participants showing reliable symptom reduction despite remaining above threshold. BDI-II scores similarly indicated a shift from severe depression towards subclinical and milder symptom ranges, suggesting overall positive intervention impact, including for women with complex and multiple trauma histories. Despite complex presentations, all participants reported improved understanding of themselves, reduced self-blame, and increased coping skills.

Core group themes

- Safety, togetherness, and shared learning
- Power and control, shame and blame, and relationship patterns
- Validation through shared social and gendered contexts of trauma

Measure	Severity Category	Pre-Intervention (%)	Post-Intervention (%)
Impact of Event Scale – Revised (IES-R)	Severe (56–88)	71%	24%
	Moderate/Above PTSD threshold (33–55)	29%	34%
	Subclinical (<33)	0%	42%
Beck Depression Inventory-II (BDI-II)	Severe	71%	34%
	Moderate	18%	21%
	Mild	11%	13%
	Subclinical	0%	32%

Fig.1

Gender-sensitive, trauma-informed, and safety-focused design
The programme was designed specifically for women and incorporated gender-sensitive adaptations to maximise safety, engagement, and therapeutic effectiveness. Key features included:

- Women-only groups facilitated by female therapists, supporting emotional and physical safety
- Trauma memory processing delivered individually rather than in the group to reduce the risk of re-traumatisation
- Reframing symptoms as survival strategies rather than pathology, reducing self-blame and stigma
- Explicit acknowledgement of power, control, and inequality within abusive relationships and within wider social contexts, helping women locate distress within lived experience rather than personal deficit

Overall interpretation
In the context of high demand, long waiting times, and limited resources, trauma services are increasingly required to deliver effective interventions in more accessible and resource-efficient ways. This blended programme was associated with clinically meaningful reductions in PTSD and trauma-related distress among women who had experienced domestic abuse.
By integrating structured group-based work with targeted individual trauma processing, the programme offered an effective trauma-informed pathway for women with complex and multiple trauma histories. The gender-sensitive design supported engagement, safety, and retention, particularly for women who had previously struggled to access or remain in individual trauma-focused therapy. Overall, the findings suggest that blended group models can expand access to effective trauma therapy without compromising therapeutic depth or safety.

Key implications for practice
- Blended group-plus-individual trauma models can reduce PTSD symptoms while increasing service capacity
- Gender-sensitive design is critical for engagement and safety when working with survivors of domestic abuse
- Structured group delivery can provide a resource-efficient complement to individual trauma-focused therapy for women with complex trauma histories

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Additional Reading

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Continued

Group Programme Outline

Group Session 1 – "Setting the Scene"
Introductions and completion of subjective units of distress (SUDs) at the start and end of sessions (repeated for each group session).

- Discussion of how women are viewed and valued in society, experiences of discrimination and oppression, and how these create vulnerability to trauma.
- Normalising trauma responses as understandable reactions to abnormal events.
- Group contract agreed.
- Baseline measures completed (IES-R; BDI-II).
- Homework: trigger, symptoms, and responses diary.

Group Session 2 – "Neuroscience of Trauma and the Brain"
- Review of homework and learning (repeated weekly).
- Psychoeducation on trauma and abuse.
- Introduction to emotional regulation strategies.
- Homework: triggers diary and practice emotional regulation strategies.

Group Session 3 – "Feelings, Thoughts, and Behaviours"
- Exploration of the relationship between thoughts, feelings, and behaviours when triggered.
- In-session cognitive restructuring exercise
- Introduction to stimulus discrimination.
- Homework: cognitive restructuring practice.

Group Session 4 – Preparation for Individual Sessions
- Introduction to the Ehlers and Clark PTSD formulation, with group contributions.
- Rationale for imaginal reliving and discussion of fears or concerns.
- Development of personal hierarchies of target memories with facilitator support.
- Homework: continued emotional regulation practice and selection of a target memory.

Individual Sessions 1–4

Individual Session 1- 90 minutes
- Review of emotional regulation strategies.
- Confirmation of appropriate memory selection.
- Development of an individual formulation.
- Commencement of imaginal reliving, encouraging sensory-rich detail.
- Homework: written trauma account with anxiety ratings and identification of hotspots.

Individual Sessions 2–4
- Continued work on trauma memories, focusing on hotspots, updating new appraisals, and "then versus now" trigger discrimination.

Group Sessions 9–12

Group Session 9 – Reviewing Individual Work
- Exploration of common cognitive and emotional themes (e.g. power and control, guilt, shame, trust).
- Reinforcement of stimulus discrimination.
- Homework: thought diary when triggered by these themes.

Group Session 10 – Guilt and Shame
- Psychoeducation on guilt and shame.
- Discussion of healthy versus unhealthy guilt.
- Techniques including responsibility pie and cognitive restructuring.
- Shame-focused coping strategies, including compassion-based approaches.
- Homework: continued cognitive restructuring practice.

Group Session 11 – Relationships and Trust
- Exploration of trauma's impact on relationships.
- Trust wheel exercise.
- Boundaries (rigid, porous, healthy).
- Role-play of assertive communication.
- Homework: practising communication of needs and boundaries.

Group Session 12 – Endings and Reclaiming Life
- Relapse prevention booklet.
- Celebration and certificates.
- Post-treatment measures completed (IES-R; BDI-II).
- Follow-up individual appointments scheduled.
- Outcomes and reflections
- Evaluation data were collected across five completed groups, comprising both qualitative and quantitative measures.