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Intimate Partner Violence – Treating Victims

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Description of Intimate Partner Violence

Definition

- Intimate partner violence (IPV) is an umbrella term that describes “any form of physical, sexual, emotional, psychological, and/or verbal abuse between partners in an intimate relationship” (Murray & Graves, 2012, p. 14).
- Often referred to as other terms, including “domestic violence, dating violence, battering, spouse abuse, wife abuse, and intimate partner abuse” (Murray & Graves, p. 13).
- There are two major sub-types of IPV:
 - Situational couple violence describes relationship violence that occurs exclusively in the context of conflict situations, and it does not reflect underlying patterns of power and control dynamics (Johnson, 2006, 2009).
 - Battering (also referred to as intimate terrorism) is “a patterned and repeated use of coercive controlling behavior to limit, direct, and shape a partner’s thoughts, feelings, and actions” (Almeida & Durkin, 1999, p. 313).
 - Both forms of violence may be severe, although battering is typically more severe and more likely to result in negative consequences. Battering is also considered a greater safety risk due to the power and control tactics that serve as the basis of the violence (Johnson, 2006, 2009; Murray & Graves, 2012).
 - Counselors should always proceed with caution and assume that any IPV is severe and dangerous unless or until it becomes clear that the risk is minimal (Johnson, 2009; Murray & Graves, 2012)
- The term *victim* can be used to refer to a person who has experienced IPV victimization. The term *survivor* is also often used to refer to this population (Murray & Graves, 2012).

Prevalence

- The US Centers for Disease Control and Prevention (CDC) conducted the National Intimate Partner and Sexual Violence Survey (NISVS) in 2010 (<http://www.cdc.gov/ViolencePrevention/NISVS/index.html>). According to this survey, about 36% of women and 29% of men have experienced sexual assault, physical abuse, and/or stalking at the hands of an intimate partner over the course of their lives.
- In heterosexual relationships, battering is more likely to be perpetrated by males against females (Johnson, 2006, 2009). Injuries are more likely to be severe with male-perpetrated violence against females (Ehrensaft, 2008; Holtzworth-Munroe, 2005). However, males may be victims of battering in heterosexual relationships, and violence also may occur in same-sex relationships (Murray & Graves, 2012).

IDENTIFICATION/ASSESSMENT STRATEGIES

Because of the high rates of IPV in clinical populations, combined with the significant consequences that can result from it, all clients should be screened for past and present IPV experiences. Murray and Graves (2012) presented the following general recommendations based on a comprehensive review of the literature:

- The assessment should be conducted in a manner that keeps client safety at the forefront, including both physical and emotional safety.
- Both formal instruments and more unstructured, open-ended interview questions should be used.
- Couples seeking conjoint treatment should be assessed separately, not in the presence of the partner. Conjoint couple therapy is not advised when IPV is present in a couple's relationship.
- Because IPV is not generally viewed as a socially-desirable experience, clients may significantly under-report their experiences with it.
- Assessment instruments should address the context of power and control dynamics (e.g., jealousy, isolation, financial control, and emotional abuse).
- IPV assessment should be ongoing throughout treatment to monitor changes over time.
- Areas to assess with victims include: the nature of the violence, the social support available to the victim, the coping strategies the victim is currently using, the client's goals for his or her relationship and for counseling, the presence of substance abuse and mental health symptoms, an intergenerational history of family violence, and other traumatic experiences.
- The assessment process should be linked with client safety planning. A sample safety plan can be found at: http://nccadv.org/safety_plan.htm.

Instruments that may be useful to include in the assessment process include the following:

- The Domestic Violence Survivor Assessment, which is grounded in the Transtheoretical Model of Change theory (Dienemann, Glass, Hanson, & Lunsford, 2007).
- The Intimate Partner Violence Strategies Index, which assesses the strategies the victim uses to cope with or respond to the IPV (Goodman, Dutton, Weinfurt, & Cook, 2003)
- The Danger Assessment, which assesses for the lethality of IPV (<http://www.dangerassessment.org/>; Campbell 2005).
- The Women's Experience with Battering Scale, which assesses the victimization process and power control dynamics associated with battering (Smith, Earp, & DeVellis, 1995).

INTERVENTION STRATEGIES

General strategies that should be used when working with battering victims include the following, which are based on a comprehensive review of the research literature (Murray & Graves, 2012):

- Safety must be the primary consideration. Safety risks associated with any counseling interventions must be considered and carefully monitored. Conjoint treatment is not advised for couples experiencing IPV due to the safety risks that may arise.
- Ensure that counseling occurs within a supportive, nonjudgmental context. It is not the job of the counselor to decide whether the client should leave his/her abusive partner. Furthermore, in many cases, leaving increases the client's immediate safety risks when involved in an IPV situation, and these issues should be considered.
- Help link clients to available community resources.
- Avoid blaming, pathologizing, and stigmatizing victims.

- Consider safety planning an ongoing process and monitor safety changes over time (See Kress, Protivnak, & Sadlack, 2008 for additional information related to safety planning).
- Counseling topics that can be addressed include the following: self-esteem, psychoeducation about IPV, co-occurring mental health and substance abuse issues, coping skills, emotional expression, linking the client to social support, and assisting the client with practical needs that may make it difficult for the client to seek safety (e.g., transportation, child care, and job readiness).
- PTSD is one of the most prevalent mental disorders found in women in abusive relationships (Golding, 1999), and counselors should provide evidence-based treatments to address any PTSD-related symptoms. Especially when left unaddressed, PTSD is related to a risk of future revictimization, thus the resolution of trauma is an important treatment goal.
- There are very few evidence-based approaches to conducting therapy with battering victims. However, approaches that have been discussed in the literature include the following:
 - Exposure-based cognitive behavioral approaches are recommended as front-line treatments for people in abusive relationships who have trauma reactions (Johnson & Zlotnick, 2009). Exposure-based treatment interventions should only be used when the client is emotionally ready to tolerate the distress that may arise through these interventions (Johnson & Zlotnick, 2009);
 - Dialectical Behavior Therapy (DBT; Iverson, Shenk, & Fruzzetti, 2009), which is an adaptation of Linehan's DBT model to specifically address the needs of IPV victims;
 - Helping to Overcome PTSD through Empowerment (HOPE; Johnson & Zlotnick, 2009), which is a shelter-based program to address PTSD symptoms;
 - Narrative therapy, which Brosi and Rolling (2010) assert can help victims develop new narratives of their lives as they move forward; and,
 - Solution-focused Therapy (Lee, 2007), which emphasizes the client's strengths and resources in moving toward the ultimate goal of safety.
- Counselors should coordinate their services with other involved agencies and resources from which the client is also seeking help, including victim advocates, law enforcement, and Child Protection Services.

INTERNET RESOURCES

For additional information about IPV, counselors may find the following resources useful:

- National Domestic Violence Hotline: <http://www.thehotline.org/>
- National Coalition Against Domestic Violence: <http://www.ncadv.org/>
- National Network to End Domestic Violence: <http://www.nnedv.org/>
- The National Online Resource Center on Violence Against Women: <http://www.vawnet.org/>
- The Domestic Violence Evidence Project: <http://www.dvevidenceproject.org/>

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