Issues in Domestic Violence: Introduction and Theories

Introduction

Case Vignette
Monica is a 43-year-old woman who works as an executive in a large pharmaceutical company. It was here that she met her boyfriend, Richard, who has a similarly face-paced and stressful position. Things in the relationship seemed to be going well until they moved in together. It is only now that Monica is aware of how demanding Richard is, and how he becomes angry and belittling when they argue. After the last argument Richard shattered a crystal vase that was an heirloom from Monica’s grandmother. Monica is finding herself to be more and more depressed. She would like to make things work, but is fearful that these behaviors can’t be changed.

Take a moment to think about the words “domestic violence.” What images come to mind? Do you think about a submissive, middle aged-woman being beaten by her alcoholic husband? Do you think ‘why doesn’t she just leave?’ or ‘Not in my practice, hospital or agency.’ The reality of domestic violence is that while these stereotypes fit some situations, they do not even begin to touch upon the scope of the problem. Many mental health practitioners are working with clients experiencing current domestic violence, and are unaware that it is occurring because of the shame that is often associated with it.

The National Coalition Against Domestic Violence defines domestic violence as “the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another.” While there have been studies of domestic violence from a cultural perspective, domestic violence affects individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. Domestic violence is often accompanied by emotionally abusive or controlling behavior, and thus is part of a systematic pattern of dominance and control. There are many consequences associated with domestic violence including physical injury, psychological trauma, and sometimes death.

Intimate partner violence (IPV) is a widespread and devastating phenomenon, with millions of women being assaulted by intimate partners and ex-partners across their lifespan (Black et al., 2011). Of course domestic violence is not only limited to women.

There are factors that often occur co-morbidly with domestic violence, including family dysfunction, inadequate communication skills, stress and economic hardship. Alcohol abuse is present in about 50 percent of abusive relationships. Personality disorders and mental illness may also compound domestic violence.
While these issues are associated with the domestic abuse, they are not the cause, nor will the removal of these factors mitigate or stop it.

Intimate partner violence can result in significant mental health distress for victims. Victims can experience high rates of clinical depression, anxiety, and posttraumatic stress disorder. The latter can be of particular concern if victims have experienced other traumas.

This course will provide an introduction to domestic violence, including prevalence and impact, laws, and the cycle of violence. The terms domestic violence, domestic abuse, and intimate partner violence will be used interchangeably throughout the text. The author has chosen to limit use of the word “battering,” which although still prevalent in the popular lexicon may suggest that domestic violence is confined to physical violence only.

Upon completion of this course participants will:

**Educational Objectives:**

1. Define domestic violence and the term “intimate partner.”
2. Discuss prevalence of domestic violence.
3. Describe some factors associated with domestic violence.
4. Compare and contrast the various approaches to, and theories of, domestic violence.
5. State the risk factors for domestic violence.
6. List the warning signs of domestic violence.
7. Discuss treatment of domestic violence.

**Defining Domestic/Intimate Partner Violence**

*Case Vignette*

Sarah Ann is consulting with Dr. Jenkins. During the intake Dr. Jenkins is aware of a number of behaviors which draw his attention to the idea that Sarah Ann may be experiencing domestic abuse. When asked about her marital status, she fearfully replies that she is married, and asks whether Dr. Jenkins will be talking to her husband. Similar concerns arise when Dr. Jenkins describes confidentiality. When Dr. Jenkins gently reflects that Sarah Ann seems scared and asks for the source of her fears, Sarah Ann breaks down and reveals that her husband had become increasingly angry and frustrated, that he had pushed her roughly, and that she was fearful that he could become violent.

The terms “domestic violence” and “intimate partner violence” are used interchangeably to define violence or abuse between people who are intimate. The Introduction provided a comprehensive definition of domestic: “the willful
intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another.”

There is some variability in the use of the term “intimate partner.” This also relates to the varying perspectives of domestic violence (e.g., psychological, legal). The varying perspectives on domestic violence will be detailed in a subsequent section of this material. With regard to the legal definition, states differ on the type of relationship that qualifies under domestic violence laws. Most states require the perpetrator and victim to be current or former spouses, living together, or have a child in common. A significant number of states include current or former dating relationships in domestic violence laws. Delaware, Montana and South Carolina specifically exclude same-sex relationships in their domestic violence laws.

This training material will take a broader view of the definition of intimate partner, defining the term as a particularly close interpersonal relationship that involves physical or emotional intimacy. With this broad definition, intimate partners may be married, unmarried, heterosexual, gay, or lesbian; living together, separated, or dating, spouses or ex-spouses, unmarried cohabitating partners or partners in a romantic relationship. Intimate partners can also be any age, including teens and the elderly. Domestic violence can affect pregnant women. It can also be a significant problem in same-sex relationships. With this expanded view of domestic violence, it is important for clinicians to understand the dynamics specific to intimate partners. It is also important to consider traumas within the correct lens, for example, a rape that occurs within the context of a dating relationship can also be considered under the umbrella of intimate partner violence.

While the majority of reported domestic violence occurs against women, men are also victims of domestic violence. According to a study by Tjaden and Thoennes (2000) 835,000 men in a national survey reported being victims of domestic violence. Domestic violence against men can take many forms, including emotional, sexual and physical abuse and threats of abuse. It can happen in heterosexual or same sex relationships. As with many forms of abuse, these numbers are likely underreported due to misunderstanding of the definition of domestic violence and the shame that men may feel in identifying themselves as abuse survivors.

Examples of domestic violence include (Berry, 2000):

**Intimidation or emotional abuse.** Emotional abuse (also called psychological abuse or mental abuse) includes behaviors that make the person feel diminished or embarrassed. Emotional abuse can include verbal abuse and is defined as any behavior that threatens, intimidates, undermines the victim’s self-worth or self-esteem, or controls the victim’s freedom (Follingstad, & DeHart, 2000) This can include threatening the
victim with injury or harm, telling the victim that they will be killed if they ever leave the relationship, and public humiliation. Abusers will often employ criticism and fault-finding, which may be a precursor to physical violence, but may also accompany it. This may also include withholding money or affection as a means of controlling the other person, threatening abandonment, hurting or threatening children or pets, or isolating the person from friends and family. Threats of violence (even if they are not carried out) are considered a type of intimidation.

**Economic or financial abuse.** Abusive partners may use access to money as a means of control. Economic or financial abuse includes: withholding money or credit cards, withholding basic necessities (food, clothes, medications, shelter), sabotaging the person’s job (such as making them miss work or calling constantly), stealing from them or taking money.

**Physical violence** comprises any behaviors that injure the other person or to cause physical pain. Physical abuse can also include behaviors such as denying the person needed medical care, depriving the person of sleep or other functions necessary to live, or forcing the victim to engage in drug/alcohol use against his/her will.

**Sexual abuse/sexual assault** is any situation in which force or threat is used to obtain participation in unwanted sexual activity and includes marital rape. Sexual abuse may involve a wide range of behaviors. The important component here is that the behavior is non-consensual or makes the other person feel demeaned or violated. Examples of sexual abuse/assault are: rape, forcing someone to perform sexual acts that he/she finds unpleasant, forcing someone to have sex with others or watch others, forcing someone into reproductive decisions.

**Pet abuse** includes situations in which victims are forced to witness violence against beloved animals. This can be a form of intimidation, be a way to force victims to remain in the relationship or a form of emotional abuse.

**Spiritual abuse** includes using a person's religious or spiritual beliefs to manipulate, dominate or control them. It may include preventing someone from engaging in spiritual or religious practices, or ridiculing their beliefs or using these beliefs as a way to somehow justify the abuse itself.

**Stalking** can be defined as the willful and repeated following, watching and/or harassing of another person. While stalking does not always occur within an intimate partner relationship, it has become an area of increasing concern in the domestic violence literature, although still an area of emerging research.
Case Vignette
Jennifer has recently separated from her husband Jon and plans to file for divorce. She has been subjected to repeated phone calls, text messages, and emails telling her that Jon will “never let her go.” The content infers that he has intimate knowledge of her movements. Jennifer has been told by police that there is nothing they can do since the messages are not “threatening.” Most recently, Jennifer’s has begun to receive “gifts,” of flowers and chocolates, which appear on her apartment doorstep and car windshield. She is certain they are from Jon. Jennifer describes feeling as if she is in a constant state of panic.

Nearly 60 percent of women and 30 percent of men are stalked by a current partner (Tjaden & Thoennes, 1998.) The majority of stalking victims are women (78 percent), and the majority of offenders (87 percent) are men. (Tjaden & Thoennes, 1998).

As in the case vignette, stalking can be seen as “a course of conduct directed at a specific person that involves repeated (two or more occasions) visual or physical proximity, nonconsensual communication, or verbal, written, or implied threats, or a combination thereof, that would cause a reasonable person fear” (Tjaden & Thoennes, 1998). While there is a range of stalking behaviors, they may include leaving or sending the victim unwanted items or presents, damaging the victim’s home, car or other property, following or waiting for the victim, or leaving unwanted messages or other actions intended to control the victim.

With increasing use of technology, cyberstalking has become more prevalent. Some examples of cyberstalking are: researching the victim using public records or on-line search services, monitoring phone calls or computer use, and using technology, like hidden cameras or global positioning systems (GPS), to track the victim’s movements.

Like other forms of domestic violence, stalking usually escalates. It is a behavior that should be taken seriously and mental health clinicians may benefit from being aware of specific laws in their states of practice.

Prevalence of Domestic Violence

How widespread is domestic violence? Domestic violence is one of the most chronically underreported crimes (U.S. Department of Justice, Bureau of Justice Statistics, 2003). There is a great deal of stigma associated with intimate partner violence. While there are many reasons for stigma, Mitchell and Anglin (2009) believe that victims of domestic violence feel that the abuse is a result of a personal flaw and do not disclose the abuse due to stigma and shame. There are other reasons as well including family loyalty, fears of breaking up a family, and
distrust of authority and the efficacy of authority figures.

Thus it is often difficult to distinguish the true incidence and prevalence of intimate partner violence.

It is believed that only one-quarter of all physical assaults, one-fifth of all rapes, and one-half of all stalkings perpetuated against females by intimate partners are reported to the police (Tjaden, & Thoennes, 2000).

Research on intimate partner violence against women has exploded in the past 20 years, but despite this increase in research, many gaps exist in our understanding of domestic violence. To further understanding of domestic violence against women, the National Institute of Justice and the Centers for Disease Control and Prevention conducted a national survey entitled The National Violence Against Women (NVAW) Survey (Tjaden, & Thoennes, 2000). The researchers sampled both women and men.

Some of the key findings are:

- Physical assault is widespread among adults: An estimated 1.9 million women and 3.2 million men are physically assaulted annually in the United States.

- Approximately 1.3 million women and 835,000 men are physically assaulted by an intimate partner annually in the United States.

- Violence against women is primarily intimate partner violence: 64.0 percent of the women who reported being raped, physically assaulted, and/or stalked since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend, or date. 16.2 percent of the men who reported being raped and/or physically assaulted since age 18 were victimized by such a perpetrator.

- Stalking is more prevalent than previously thought: 8.1 percent of surveyed women and 2.2 percent of surveyed men reported being stalked at some time in their life; 1.0 percent of women surveyed and 0.4 percent of men surveyed reported being stalked in the 12 months preceding the survey. Approximately 1 million women and 371,000 men are stalked annually in the United States.

- Almost one-third of female homicide victims that are reported in police records are killed by an intimate partner. 14 In 70-80% of intimate partner homicides, no matter which partner was killed, the man physically abused the woman before the murder (Campbell et al., 2003).
• For both men and women, divorced or separated persons were subjected to highest rates of intimate partner victimization, followed by never-married persons (Rennison, & Welchans, 2000).

• 71% of pet-owning women entering women’s shelters reported that their batterer had injured, maimed, killed or threatened family pets for revenge or to psychologically control victims; 32% reported their children had hurt or killed animals. Between 25% and 40% of battered women are unable to escape abusive situations because they worry about what will happen to their pets should they leave (American Humane Association).

While these numbers are eye opening, domestic violence impacts other areas as well. Intimate partner violence results in more than 18.5 million mental health care visits each year; the cost of intimate partner violence exceeds $5.8 billion each year, $4.1 billion of which is for direct medical and mental health services (CDC, 2003).

With prevalence ratings this significant, it is likely that most mental health professionals will work with a current or past victim of intimate partner violence. This is particularly important given the role that health care providers can play in the identification of women and men who experience intimate partner violence. Research however, points to a lack of knowledge about domestic violence and low rates of screening are common.

**Theories on Domestic Violence**

While have been many efforts to explain why domestic violence occurs, there is no one explanation. While a common understanding of the causes of domestic violence can help practitioners develop more effective responses to domestic violence, this is not an easy task with the many perspectives regarding intimate partner violence. Mitchell and Anglin (2009) summarize this in the chart below. Several of these perspectives will be detailed further.

<table>
<thead>
<tr>
<th>Group</th>
<th>Population studied</th>
<th>Conceptualization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological/Medical</td>
<td>Patients seeking care</td>
<td>Violence as a result of frustration; as a cause of presenting symptoms; trauma response</td>
</tr>
<tr>
<td>&quot;Family Violence&quot; Researchers</td>
<td>College students, general population</td>
<td>Violence as a response to intermittent conflict</td>
</tr>
<tr>
<td>Domestic Violence Movement, Feminist Researchers</td>
<td>Women seeking services; men in &quot;batterer&quot; programs</td>
<td>Violence is part of a coercive pattern of behavior meant to establish power and control</td>
</tr>
</tbody>
</table>
Legal System | Crime victims and perpetrators | Violence as a criminal act

Although many of these systems may seem to offer contradictory views of domestic abuse, another perspective is that they can all provide information that increases understanding of domestic violence.

**Psychological Framework**

*Early Victim Blaming Theories*

Until the 1960s, psychological theories often pathologized violence between intimates (then seen as confined to married couples) as the result of maladjusted individual personalities. Women were often seen as the instigators of this violence or labeled as masochistic in some way (Mitchell & Anglin, 2009). Moving away from these theories has been an important step in our understanding of intimate partner violence/

*Frustration-Aggression Theory*

Dollard (1939) was one of the first writers to identify a theory that was applied to intimate partner violence: the frustration-aggression theory. Simply put the theory states that when people perceive that they are being prevented from achieving a goal, their frustration is likely to turn to aggression. Aggression, then, is seen as an instinctual response to frustration. When applied to intimate partner violence, marital/dating relationships can trigger anger (justified frustration) or aggression (unjustified frustration).

*Social Learning Theory*

The Social Learning Theory is a popular way to explain violent behavior. Social learning theorists reject the idea of instinct, and instead believe that “human aggression is learned conduct that, like other forms of social behavior, is under stimulus, reinforcement, and cognitive control.”

According to social learning theory, family violence arises due to many contextual and situational factors. Examples of contextual factors include individual/couple characteristics, stress, or an aggressive personality. Situational factors include substance abuse and financial difficulties. Social learning theory also extends these factors onto the influence of children growing up in families in which these external forces exist (Domestic Violence Group Action Project).

Although the relationship is not entirely straightforward, there does seem to be some support for the learned behavior theory of violence. The strongest risk factor for males who become perpetrators of domestic violence is witnessing violence between one’s parents or caretakers (Break the Cycle, 2006). Boys who
witness domestic violence are *twice as likely* to abuse their own partners and children when they become adults (Strauss, Gelles & Smith, 1990) 30% to 60% of perpetrators of intimate partner violence also abuse children in the household (Edelson, 1999). Witnessing violence in the home seems to provide these young men with lessons that validate that it’s appropriate to control women and that physically acting out is one way to do so.

The relationship between witnessing domestic violence and acting out or entering an abusive relationship is not as clear-cut for women. There have been virtually no studies of women who become domestic abusers. Research does show that women who witness domestic violence are not any more likely to be battered as adults. Women who were physically or sexually abused as children, however, may be more likely to be abused as adults (Family Violence Prevention Fund).

*Family Systems Theory*

Family systems theory is based on the idea that each individual should be viewed not in isolation but in terms of the interactions, transitions, and relationships within the family. Family systems theories emphasize the stresses that inherently exist within the family as a social structure. Intrafamilial stress (e.g., having more children than the parents can afford, overcrowded living conditions, and having children with disabilities) can place a significant burden on the family system, particularly in terms of time and resources, which may contribute to violent behavior. There may also be familial beliefs in the idea of things that lead to violence such as physical punishment (Hyde Nolan & Juliano, n.d.).

*Cognitive-Behavioral Theories*

Cognitive-Behavioral theorists look at how a person perceives, interprets, and processes the events in any given situation (Todd & Bohart, 1994). Aggressive behaviors are influenced by what a person perceives and interprets prior to the aggression. Changing these thought patterns, then, will contribute to a change in behavior.

CBT also emphasizes that violence and aggression are choices. People cannot be ‘forced’ to act abusively, a cognitive-behavioral approach encourages the individual to acknowledge that they chose to behave in the way that they do.

A common CBT intervention is an *anger log*. This log encourages individuals to monitor and record the thoughts and behaviors which immediately preceded violent outbursts (Koonin, Cabarcas, & Geffner, 2002). This anger log is like other cognitive-behavioral thought logs but also includes awareness of the person’s physiology prior to aggression.

CBT has also been used to aid victims of domestic violence. Therapeutic interventions are aimed at addressing a victim’s core beliefs about herself and
her trauma, as well as promoting client safety, empowerment, coping skills, and more effective interpersonal relationships (Johnson & Zlontnick, 2009).

Learned Helplessness Theory
A question that often arises within the context of domestic violence is “why do women stay in abusive relationships?” This classic theory by Seligman (1975) The theory of learned helplessness was originally proposed to explain the loss of will that accompanies repeated barriers to escape from an aversive situation. Seligman discovered that sometimes dogs would “learn” that their behaviors did not bring about the expected or desired outcome in situations where barriers (electric shock) were present. As a result, the dogs would stop engaging in the behavior even once the barriers were removed. Women who are victims of domestic abuse may experience similar feelings of helplessness and powerlessness. This is not to suggest that there is a lack of hope as many women are able to leave situations in which there has been intimate partner violence.

Feminist/Domestic Violence Movement Framework

Emphasis on the importance of addressing domestic violence dates to the 1970s, which also coincides with a boom in feminist approaches to psychology. The feminist/domestic violence movement explains domestic violence as a result of “historically created gender hierarchy and sexual division of labor in the home, in which men dominate and control women” (Messerschmidt, 1986). In addition to looking at power/gender inequalities, an important part of the feminist approach is in educating society about the problem of intimate partner violence.

Many authors have written about the link between domestic violence and power and control dynamics in the relationship. One commonly used paradigm is The Power and Control Wheel (Domestic Intervention Programs, Duluth, Minnesota). It was developed based on focus groups of women who had been victims of domestic abuse.

The Power and Control Wheel describes the different tactics that are used by abusive individuals to maintain power and control over a partner. The Wheel is depicted below.
What is significant about this depiction is that it looks at domestic violence as part of a larger pattern of behavior rather than a single (although repeated) loss of control.

As an outgrowth of other research, domestic violence professionals have attempted to look at individual and familial variables in domestic violence. Crowell (1996) was one of the first researchers to conduct a study of family violence in the United States. She correlated domestic violence with households below the poverty line, racial minority households, and heads of household being 18-30 years old. These characteristic produced high degrees of stress. Straus et al. (1990) found that in middle or upper class households, family violence was much more sheltered.

There is also a body of research and antidotal information on individual factors that may heighten the risk of potential abuse (Alabama Coalition of Domestic Violence). Males who abuse may display the following:

- Jealousy
- Controlling behavior
- Quick involvement
- Unrealistic expectations
- Isolation of victim
- Blames others for his problems
- Blames others for his feelings
- Hypersensitivity
- History of past battering
- Threats of violence
- Breaking or striking objects
- Any force during an argument
- Objectification of women
- Tight control over finances
- Minimization of the violence
- Manipulation through guilt
Domestic Violence Introduction

- Cruelty to animals or children
- "Playful" use of force during sex
- Verbal abuse
- Rigid sex roles
- "Jekyll and Hyde" personality
- Extreme highs and lows
- Expects her to follow his orders
- Frightening rage
- Use of physical force
- Closed mindedness

In addition to identifying the characteristics of abusive men, domestic violence researchers have also developed a schema for what they term the "cycle of abuse." This classic conceptualization was developed by Lenore Walker in the 1970s (Walker, 1979).

**Tension Building Phase**
Characterized by poor communication, tension, fear of causing outbursts. During this stage the victims try to calm the abuser down, to avoid any major violent confrontations.

**Violent Episode**
Characterized by outbursts of violent, abusive incidents. During this stage the abuser attempts to dominate his/her partner (victim), with the use of domestic violence.

**Honeymoon Phase**
Characterized by affection, apology, and apparent end of violence. During this stage the abuser feels overwhelming feelings of remorse and sadness. Some abusers walk away from the situation, while others shower their victims with love and affection.

**Calm phase**
During this phase (which is often considered an element of the honeymoon/reconciliation phase), the relationship is relatively calm and peaceable. However, interpersonal difficulties will inevitably arise, leading again to the tension building phase.

**Case Vignette**
Anna has been attending therapy sessions, a bold move considering how fearful she is that her physically abusive husband will discover it. Following a particularly brutal encounter, she tells her therapist that she feels that her husband has “finally made a change.” He appears attentive, and has even brought her flowers, something that has not occurred since their earliest years together. Although her therapist cautions that abusive situations are very difficult to change without therapy and support, Anna is shocked when he again hurts her after an argument.

**Integrative Models**

*The Socio-Ecological Model*
The Socio-Ecological Model (Heise, 1998) attempts to integrate many of these approaches as a means of creating change. As depicted in the graphic below, this model places individual characteristics within the family/relationship, the individual and family within the community, and the individual, family and community within society.

When applied to domestic violence prevention, this framework allows for development of specific interventions. For example, an individual factor may include use of power and control, and an appropriate strategy may be coaching. This must be viewed, however, within the larger societal context. For example, domestic violence may be associated with historical patterns that glorify violence against women and a strategy may include public education campaigns.

**Risk Factors for Domestic Violence**

The Socio-Ecological Model (Heise, 1998) allows us to look more closely at risk factors for intimate partner violence, which can help in developing prevention programs and in identifying individuals who may be victims of domestic abuse. Domestic violence spans all cultures, ethnic and socioeconomic groups and genders. Studies generally agree that family violence is caused by multiple factors and that when these factors co-occur, risk is increased. Thus we may need to intervene at multiple levels.

We generally look at *individual risk factors*, *family risk factors*, *community risk factors* and *societal risk factors*.

*Individual risk factors* include:

1. A history of childhood abuse or of witnessing violence in the home
2. Being in a vulnerable situation, such as being a very young parent
3. Sexist attitudes about the role of men and women. These are often communicated in the family of origin.

Family risk factors include:

1. Severe family dependency or disempowerment. Families that rely on social welfare systems for financial support may be at increased risk
2. Families have a lack of practical, social, psychological and financial support
3. Families with a parental incapacity (e.g., psychological, intellectual), parental illness.
4. Control of wealth and decision-making within the family centered on one partner, most often the male.
5. One or both caregivers abuse substances of any kind.

Community risk factors include:

1. A lack of inclusive and nurturing communities. This factor may limit opportunities for intervention and the transmission of non-violent norms of behavior. This could also contribute to the isolation and lack of social support for family members.
2. Peer groups in which violence is a norm.
3. Barriers that limit community participation (e.g., poverty, cultural alienation, and racism). These barriers often create or sustain the family’s social isolation.

Societal risk factors include:

1. Acceptance of violence as a means to settle disputes especially interpersonal disputes
2. Reinforcement and glamorization of violence (such as through television, video gaming, etc.)
3. Tolerance of physical punishment of women and children
4. The lack of effective sanctions against violence within families
5. Rigidly defined and enforced gender roles and norms
6. Acceptance of masculinity as akin to toughness and dominance
7. Tolerance for the idea of ‘ownership’ of women, or that parents have ‘ownership’ of children
8. Barriers to independence, participation, self-fulfillment, dignity and the resulting isolation and low self esteem
9. Cultural norms about women’s primarily role as family caregivers
10. A lack of funding for family violence prevention programs.

Warning Signs of Domestic Abuse
As noted in this training, healthcare and clinical providers are key in identifying warning signs of abuse. As indicated on the list, these warning signs range from subtle to overt.

The following warning signs may alert practitioners to the possibility of abuse.

**Psychological warning signs of abuse**
- Depression, anxiety, or suicidality or post traumatic stress symptoms.
- Clients that display outbursts of anger or poor impulse control.
- Clients that display extreme hypervigilance
- Clients that have very low self-esteem, or report that they used to be confident.
- Clients that demonstrate major personality changes (e.g. an outgoing person becomes withdrawn).

**General warning signs of domestic abuse**
- Secrecy about entering therapy, in particular keeping the decision from a partner or spouse.
- Clients that seem overly afraid or anxious to please their partner, or who go along with everything their partner says and does.
- Clients that check in often with their partner to report where they are and what they’re doing.
- Clients that receive frequent, harassing phone calls from their partner or who are constantly checking the cell phones for messages from a partner
- Client who talk about their partner’s temper, jealousy, or possessiveness.

**Warning signs of physical abuse**
- Clients that have frequent injuries, with the excuse of “accidents.”
- Frequently missing appointments without explanation.
- Clients that dress in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors).

**Warning signs of isolation**
- Clients who report being restricted from seeing family and friends.
- Clients that rarely go out in public without their partner.
- Clients that have limited access to money, credit cards, or the car.

**Increasing Provider Competency**

Mental health professionals are key in identifying and responding to intimate partner and family violence. Competencies include knowing how to ask questions to identify the presence of abuse, skills to support intervention and/or appropriate referral of identified victims.

Training needs include:
Domestic Violence Introduction

- Cultural competency. Culture affects a woman's experience with violence and her perception of abuse
- Principles of increasing safety and respecting autonomy of abused women, including safety planning
- Issues related to child abuse (which often co-occurs with domestic violence)

Treatment of Domestic Abuse

While there is no clear recommendation Evidence-Based Treatments for Intimate Partner Violence there are a number of treatments that show promise. Corvo, Dutton and Chen (2007) conducted a meta-analysis of available treatments. The review concludes that individualized assessment and treatment approach seems to hold the most promise. While many programs rely on Cognitive Behavioral Approaches, study of the psychology of perpetrators and victims suggests that this approach, while effective, may need to be expanded to take into account the individual psychologies of the client.

Some of the attributes of effective treatment are: culturally competent practice (Chang and Saunders, 2002), directly addressing the relationship between domestic violence and substance abuse (Corvo et al., 2007), as well as addressing relationship and attachment issues (Babcock et al., 2000).

Solutions Focused Therapies

While Cognitive Behavioral Treatment of domestic violence is perhaps the best researched approach, a related approach that appears to hold some promise is Solutions Focused Treatment, which has been applied to perpetrators and victims. Solution-focused therapy emphasizes the strengths and potential of the individual rather than the problems and dysfunctions.

Proponents believe that lasting, positive changes can occur through a focus on current client strengths, competencies, and solution-building abilities rather than deficiencies. Language is viewed as the medium through which personal meanings are constructed. The language is one of "solution and strengths" rather than "deficits and blame." Clinicians assist clients with a series of questions that reframe the person and the problem. When applied to work with perpetrators, examples of these questions are:

- (Exceptions) What do you notice that stands out or is different about the times when you don't lose your temper?
- (Outcome) Suppose that the problem you are facing miraculously disappeared. What would tell you this? What would be different?
- (Coping) How do you cope with the stresses in your relationship? With your children?
• (Scaling) I know you are still losing your temper at times, but have you noticed how times when the intensity or duration these episodes seems lower?

Similar questions can be applied to abuse victims. In the treatment of female survivors, the therapist uses different questions to assist clients to construct solution patterns that do not subject them to violence and abuse in intimate relationships.

• (Exceptions) When was the last time that your partner may have managed to hot you but that you were able to protect yourself? How did you decide to call the police rather than allowing him to continue hitting you? When was the last time you may have gone back to him but didn’t?
• (Outcome) Suppose that the problem you are facing miraculously disappeared. What would tell you this? What would need to be different for a small part of this miracle to continue happening?
• (Coping) What keeps you going despite your situation? What are you doing to keep your situation from getting worse? How do you cope with [changes]?
• (Scaling) On a scale of 1 to 10, how bad have things been recently?
• (Relationship questions) What will your child notice is different about you when you are no longer in this abuse relationship?

The solution-focused approach also uses task assignments to help clients identify exception behaviors to the problem for which they are encouraged to “do more of what works.” For clients with more stability observations task can also support growth: “Between now and next time we meet, I want you to observe, so that you can tell me next time, what happens in your (life marriage, family, or relationship) that you want to continue to have happen”

Safety Planning

No introduction to domestic violence is complete without a general introduction to safety planning. Safety planning refers to an organized strategy to follow in the event of violence and may ultimately involve leaving an abusive situation altogether. Advance planning allows for the highest degree of safety when a person is at risk.

The Domestic Violence Resource Center offers the following guidelines:

Safety During an Explosive Incident

• If an argument is unavoidable, the person should stay in an area where they have access to an exit.
• Practice getting out of the home safely.
• Keep a packed bag at a trusted relative’s or friend’s home.
• Tell trustworthy neighbors about the violence. Devise a code word or signal to use with children, family, friends, and trustworthy neighbors.
• Plan where you will go if you have to leave.
• Trust your instincts and judgment.

**Safety When Preparing to Leave**
• Establish financial independence (credit card accounts).
• Leave money, extra keys, copies of important documents, etc. with trusted others.
• Keep hotline phone numbers handy.

**Safety in the New Setting**
• If possible, obtain a restraining order.
• Inform schools or child caregivers of the situation.

More specific safety planning templates are available from many sources and is an important part of the therapy process.
References


