

# **A Survivor Informed Approach to Working with Intimate Partner Violence (IPV)**

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Uproot Their Invasion of Your Intimate  
Life and Our World* (coming March 2021)***



- **Survivor Experiences Seeking Help**
- **Helper Beliefs, Experiences, & Biases**
- **Assessment for IPV in Mental Health and Substance Abuse Work**
- **Essential Elements of Survivor Therapy**

## **AGENDA**

# **Survivor Experiences with Seeking Help**

- \* What society sees as success**
- \* “Are you safe?” responses**
- \* What survivors want from therapy**

# What Does Society Think Success Is for Survivors?

- Telling people
- Leaving
- Calling the police
- Setting limits with the abusers

*What does this focus on?*



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**What  
Interferes  
with Decisions  
and Doing?**

- Safety
- Survivor Circumstances
- Injuries/Effects of Trauma

## Stages of Change

### Prochaska's Model

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

### Influential Factors

- Victim's Reality
- Attachment to abuser vs. perceived threat
- Children

**Are you being  
abused?**

**Are you safe?**

## **Common Survivor Responses:**

- No, because they don't see it as abuse
- No, they view themselves as strong
- No, because they feel responsible
- No, because too dangerous; not trusting us
- Yes; this represents being ready to talk about it

# What Survivors Want

## CLARITY & MENTAL SPACE

**Whitney:** “I thought I was in a tightly controlled environment. However, I was confused if I was just not being a good wife or mother like my spouse said.”

**Ainsley:** “I was hoping to find support, . . . And to gain clarity from the reality I had been living in. . . I felt like I was drowning.”



**What Survivors**

**Want**

**VALIDATION**

**Randy:**

“Just getting up the courage to see a therapist and have someone validate my feelings was huge. Helped me see it wasn’t all in my head and that I wasn’t crazy.”

**What Survivors  
Want**

**UNDERSTANDING**

**Kasey:**

“You listen first and then share ideas. I feel heard and supported. You have a very calm, gentle, non-judgmental voice.”

# What Survivors Want

## COPING SKILLS

**Bess:** “To find help in coping, to find myself, to learn how to like myself, gain confidence, to learn why me, to get information and resources . . .

**Ainsley:** “I appreciate the emphasis on reframing negative thoughts or perspectives.”

**What Survivors  
Want**

**TIME**

**Kasey:** “You allow me the time I need to heal.” (not a limited time like ten sessions)

**Ainsley:** “I had some time to process.”

**What Survivors  
Want**

**CONNECTION**

**Bess:**

“You aren’t pushing me and yet you are making me do some thinking. I feel we are connecting and that is important.”

**What Randy  
found helpful:**

“Consistency with the messages, the validation of my feelings, having a safe place to cry, a place to trust. Having information on paper to take home to remind myself what we talked about, what I can focus on.”

**What Wasn't  
Helpful**

**Bess:**

“It was kind of like make a decision or stop therapy.”

## What Wasn't Helpful

**Kasey:**

{In couples therapy} “it was clear from the beginning that I was the problem and everything was in my head; I was ignored. I felt more trapped than ever.”



# Helper Beliefs, Experiences, & Biases

- \* **Preconceived Ideas**
- \* **Helper History**
- \* **Counter-transference**

# **Examples of Preconceived Ideas and Beliefs**

- Gender stereotypes
- Victims are weak, submissive, don't fight back
- IPV occurs with poor, uneducated
- Abusers are not likeable
- The problem is poor self-esteem, addiction, depression, etc.

## **Helper History**

- What did you learn about conflict or violence growing up or as an adult?
- How does that influence you when working with IPV victims or abusers?

# Uncovering Bias About Victims

creative-

interventions.org

Toolkit

- Is the victim acting with anger, meekness, manipulation, or other ways that feel repellant to us?
- Have we believed stories about the victim without checking them out?
- Are injuries from abuse being misunderstood as personal defects?

# Uncovering Bias About Perpetrators

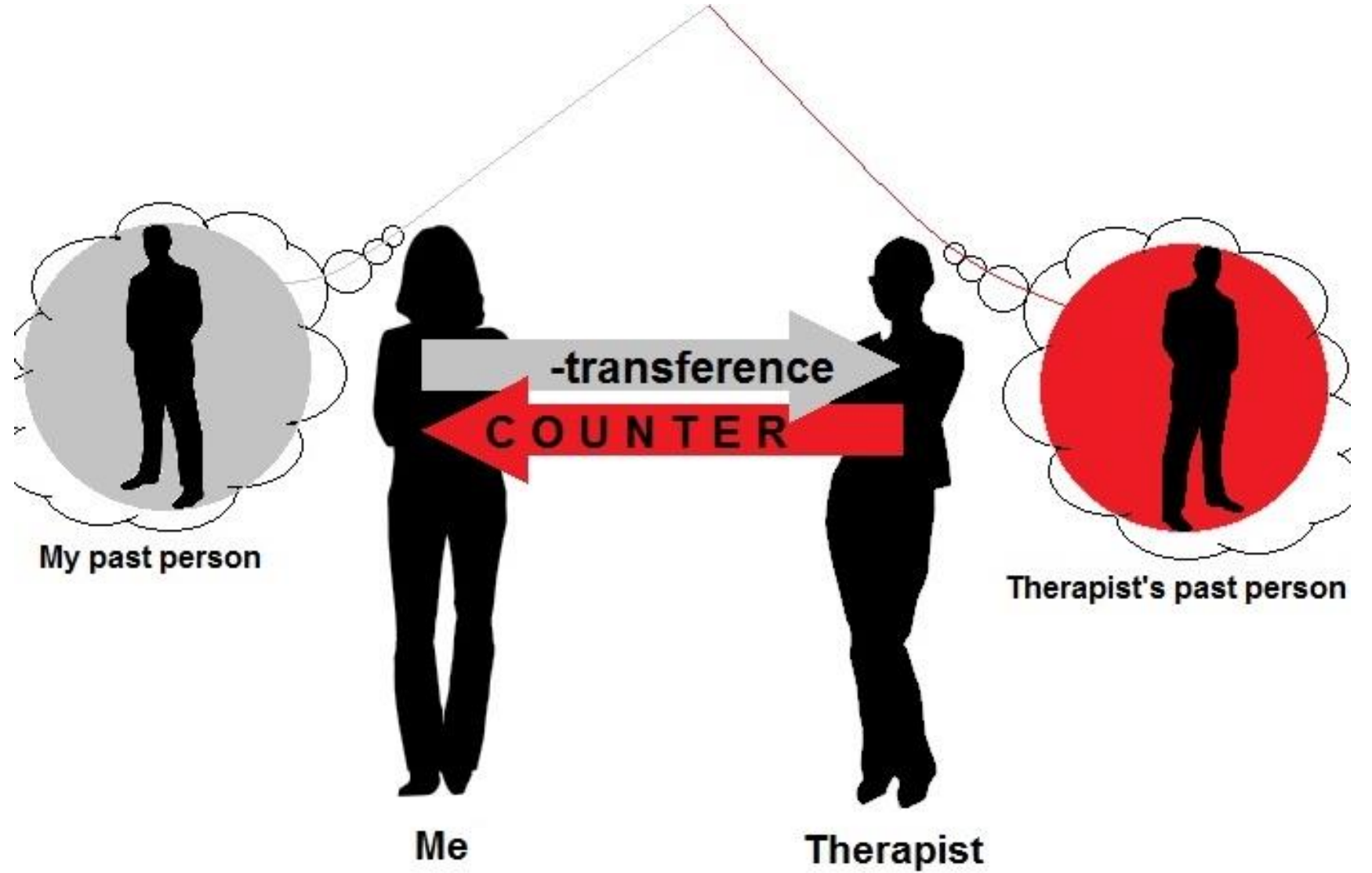
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- Has a charming client made it difficult to believe they are abusive?
- Do I see childhood victimization or substance use as the cause of abusive behavior?
- Do I get uncomfortable confronting a person who has been violent?

APRIL GRISHAM

WHEN SOMEONE IS PUSHING  
YOUR BUTTONS, PAY CLOSE  
ATTENTION. THEY ARE  
SHOWING YOU WHERE YOU  
NEED TO GROW.

GAG-GOD ACCEPTANCE GRATITUDE RECOVERY



# Common Buttons



- Feeling powerless or loss of control
- Need to be an authority
- Fear of emotions
- Perfectionism
- Discomfort with dependency

# More Buttons



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- Black/white thinking
- Their experience is dissimilar to ours  
“People really only believe in what they’ve seen before.” Orson Scott Card, *The Xenocide*
- Their experience is similar to ours
- They don’t do what you recommend



**How do we  
react when  
our buttons  
are pushed?**

- Simplifying
- Disbelief
- Blaming
- Minimizing
- Dissociating or blocking
- Over-identifying & over-involvement

# Poll



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- How may prior experiences or beliefs help you in your client relationships?
- How may they interfere with your client relationships?

# Assessment

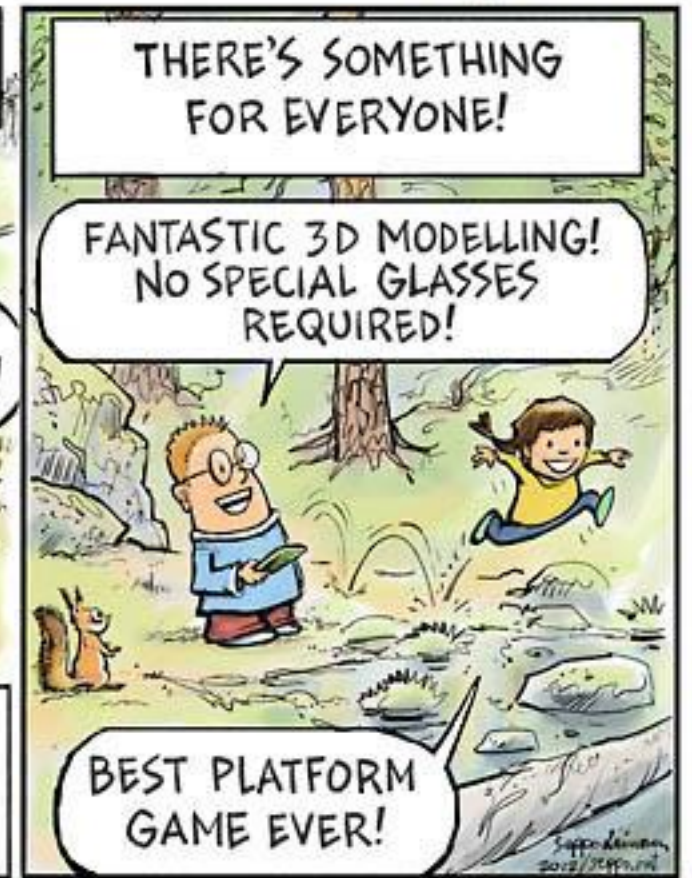
IPV in Mental Health and  
Substance Abuse Therapy



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# NATURE THERAPY

seppo.net



**Meeting  
Clients  
Where They  
Are**

**Most Important Interventions:**

- Hearing their story
- Establishing it's safe to be with you
- Assessing their immediate safety
- Treating the effects of trauma

# **Violence & Trauma Measurement**

- Conflict Tactics Scale (1979, Straus)
- Severity of Violence Against Women/Men Scales (1992, Marshall)
- Trauma Symptom Inventory (1996, Briere)

## Checklists for Clients

- Controlling Behavior Checklist  
(Schechter/Jones, *When Love Goes Wrong*)
- Coercive Control Checklist  
(handout taken from upcoming book  
*Coercive Relationships*, March 2021)

# Testing Precautions

	Strongly Disagree	Somewhat Disagree	No Opinion	Somewhat Agree	Strongly Agree
am easygoing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have high standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enjoy time alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
work well with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dislike confrontation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
prefer crowds over intimacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- Misdiagnosis due to no norms for victims (Rosewater, 1985, 1987)
- Victims most likely to show testing abnormalities (Poorman 1988)
- Abusers testing as “normal” have often led to abuse being minimized



# Danger

## Assessment

Jacqueline Campbell



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# Brief Risk Assessment for Clinicians

(3 to 5 yes responses = *referral*)

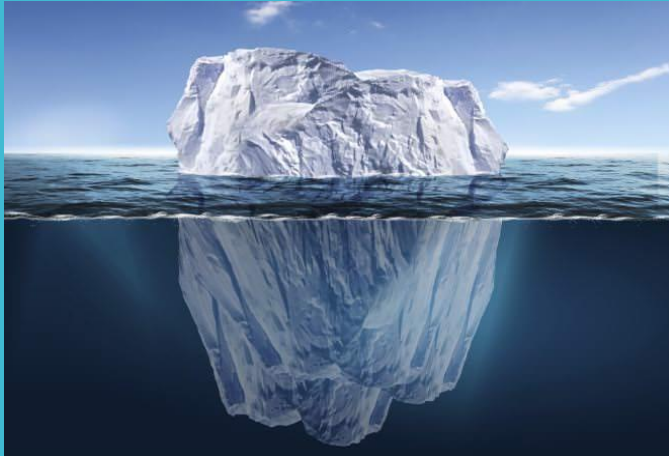
- Belief partner could kill them
- Constant jealousy
- Escalation of physical violence
- Use of or threats to use weapons
- Choking and strangling

*How do you discern who the victim is if both claim to be abused?*

## Questions to guide you:

- Who initiates violence?
- Who is more afraid? And of what?
- Who suffers the greatest physical or emotional injury?

# Discernment Questions



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- Who acknowledges their violence is a problem?
- What is the motivation for using abuse?
  - Is it used for power and control?
  - Is it used in self-defense?

## **Follow Up Questions**

- What happened? Get specifics about behavior and injuries.
- Why did you choose to do that?
- What did you want to happen as a result?
- What do you think your partner was feeling?
- Do you wish you had done anything differently?

# Discernment

## Questions



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- Who sets the weather in the relationship?
- Is empathy shown for the other partner's feelings or needs?
- Is someone's economic or social status used to manipulate or abuse them?

**Mental Health**

**&**

**Substance**

**Abuse**

**Assessment**

*Pre-existing mental health or AODA  
diagnoses do not cause abuse*

- Two separate issues to address
- Intersection of IPV with MI and/or AODA may increase victim vulnerability & abuser volatility but one problem does not cause the other

**Trauma  
Caused  
Cognitive  
Impairments**

PTSD symptoms:

- Unbidden thoughts
- Intrusive images
- Flashbacks
- Nightmares

- Attention
- Concentration
- Mental confusion
- Cognitive paralysis

# Poll



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- Have you ever found it difficult to know who is abusive and who is the victim?



# Therapy

- \* Reframing Symptoms as Injuries
- \* Essential Elements of Survivor Therapy
- \* Common Therapy Issues

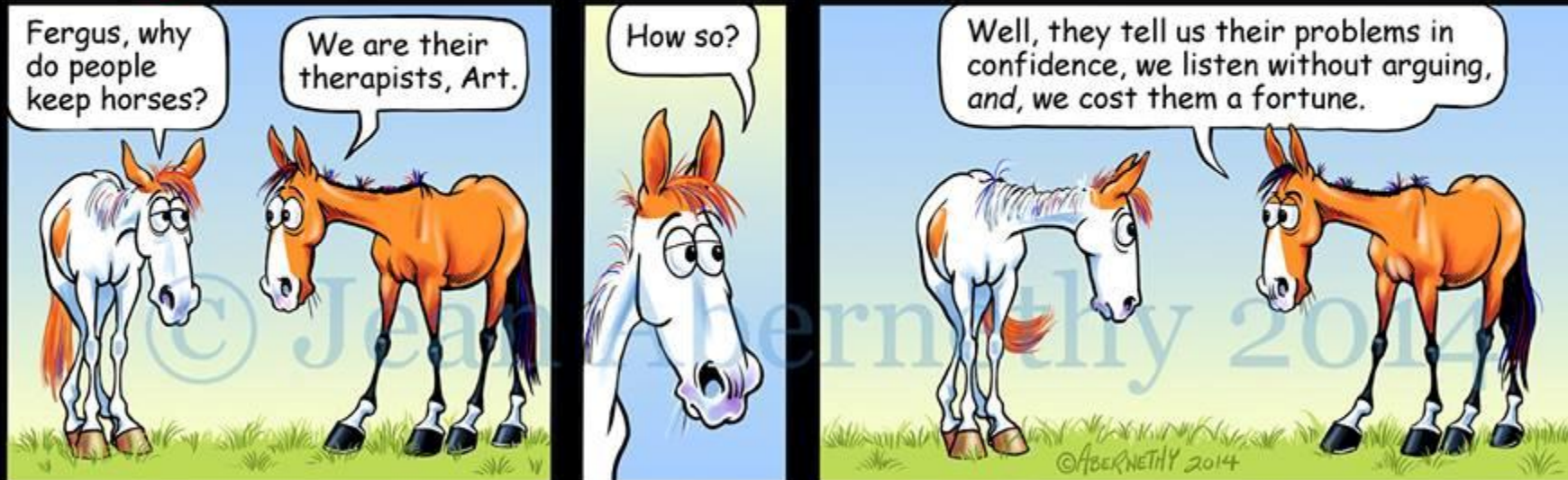


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# Fergus (Equus hilarious)

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[www.FergusTheHorse.com](http://www.FergusTheHorse.com)



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**Essential  
Elements of  
Survivor  
Therapy**  
*Handout*

- Opportunity to tell lived experiences and receive recognition
- Education about abuse & its effects
- Safety planning
- Identification of emotional, mental, physical, behavioral, and spiritual injuries
- Acknowledge strengths & set tx goals

## **Emotional Injuries**

- **Overwhelming emotions: fear, shame, helplessness**
- **Confusion**
- **Numbing**
- **Suicidal ideation**

*Interventions: Education, Emotional regulation, Mindfulness, CBT*

## **Physical Injuries**

- **Chronic fatigue**
- **Headaches, shortness of breath**
- **Body tension, blood pressure**
- **Illness and disease**
- **Wounds, bruises, broken bones, death**

*Interventions: Medical attn., Education*

# Mental Injuries

- **Altered beliefs about world**
- **Self-doubt & battered self-esteem**
  - **Responsibility confusion**
  - **Boundary difficulties**
  - **Communication & assertiveness**
- **Situational depression, anxiety, PTSD**
- *Interventions: Education, CBT and trauma therapies, meds*

**Behavioral  
Injuries:  
Coping  
Strategies that  
Backfire**

- Hypervigilance, avoidance, submission
- Self-deprecation & neglect
- Codependency
- Addiction
- Affairs

*Interventions: Emotional management, CBT, AODA or other addiction tx*

**Behavioral  
Injuries:  
Trauma  
Induced**

- Learned helplessness
- Changes in performance & creativity
- Frequent accidents
- Self-harm (cutting, picking)
- Suicide attempts

*Interventions: Education, Trauma therapies, Mindfulness, CBT, Meds*



# Spiritual Injuries

**Margaret Paul says “all abuse is ultimately spiritual abuse.”**

Loss of freedom of expression is most profound injury

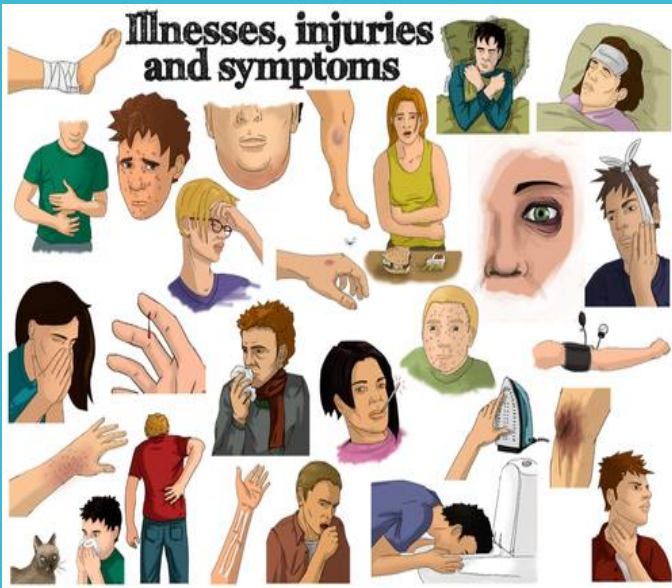
- “I don’t know who I am anymore”
- “I don’t know what I want.”

## **Additional Treatment Elements**

- Linking their domination with beliefs that support oppression and violence
- Discovering options and making decisions that seem right for them
- Coordinating with other services and treatment providers if needed

# Poll

- How do you think reframing symptoms of trauma as injuries affects IPV survivors?



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# Group Therapy and Support Groups

*Women's Voices  
therapy group*



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# Relationship Building

- Demonstrate it is safe to disclose to you
- Show empathy, understanding, validation
- Provide reality checks
- Give permission to “be”, make own decisions
- Identify strengths

# IPV

## Resources:

## Information & Referral

- Domestic violence programs
  - Your Local Program
  - State: End Domestic Abuse WI  
<https://www.endabusewi.org/>
  - National: National Coalition Against Domestic Violence  
<https://ncadv.org/>

**Pre-  
contemplation  
Therapy**

*Marty*

- Lived experience:
  - Focus on questions and information that addresses their concerns
  - Look for openings to give another perspective, education about abuse and injuries
  - Give safety information only if they raise a concern

# Contemplation Therapy

- Lived experience:
  - Recognize, support, & share insights
  - Assess safety as needed
  - Educate about injuries & treat
  - Expand support network
  - Connect with cultural dominator beliefs
  - Work on personal goals



# **Common Therapeutic Focuses**

- Grounding and mindfulness
- Trust in themselves
- Emotional management
- Cognitive restructuring
- Assertiveness, Boundaries
- Trauma symptoms

# Preparation Therapy

- Lived experience:
  - Explore options; make decisions
  - Make safety plan
  - Work on personal goals
  - Expand support network

# Action & Maintenance

- Lived experience:
  - Support through the rough times
  - Continue work with their goals
  - Help respond rather than react

## **Therapy**

### **Issues:**

## **Adaptive**

### **Styles**

- Concern about what you'll think
- Over-caring - taking care of you
- Submission to what you want
- Difficulty with any conflict or negative feedback

*Use examples as interventions*

# Common Therapy Issues

- Difficulty moving from telling their story to goal-setting
- Stuck on “why” questions
- Lack of acceptance

## Other Issues

- Partners who are in treatment
- Balancing therapy interventions with individual needs
  - AODA
  - Depression, anxiety, other illnesses

## **Factors that Complicate Survivors' Work**

- \* Vulnerable Populations: Immigrants, LGBTQ, Racial Minorities**
- \* Divorce Proceedings and Coparenting Problems**

**Discussion:**

**Poll**







# Survivor Story



**“For a seed to achieve its greatest expression, it must come completely undone. The shell cracks, its insides come out, and everything changes. To someone who doesn’t understand growth, it would look like complete destruction.” Cynthia Ocelli**

*Intimate Partner Abuse Blog at*  
**[www.madisonmentalhealthcounselor.com](http://www.madisonmentalhealthcounselor.com)**

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