

INTIMATE PARTNER VIOLENCE

Increasing attention has been devoted to intimate partner violence by the general public, government agencies, and mental health professionals over the past 50 years. Psychologists have focused their research on understanding couple violence in order to prevent it, or eliminate it once it has developed, as well as better understanding the consequences of this violence after it occurs. Currently, various approaches are taken in the prevention and treatment of couple violence and its consequences.

What Is Intimate Partner Violence?

The CDC defines intimate partner violence as physical violence, sexual violence, stalking, or psychological aggression that is experienced within a current or past intimate relationship. These acts can include use of physical force, such as pushing, hitting or kicking; forcing or attempting to force an intimate partner into a nonconsensual sexual event; repeated and/or unwanted attention and contact that causes fear or concern for one's safety; and/or verbal or nonverbal communication used with intent to harm or exert control over one's partner. This control can also involve threats and/or restricting access to resources like money, social support, or medical care. Often, more than one type of violence occurs in the same relationship and one or both partners may perpetrate.

How Common Is Intimate Partner Violence?

Intimate partner violence is shockingly common. Statistics vary, of course, depending on who's counting what when, but it has been seen in all countries and in all cultural, religious, and socioeconomic groups. Globally, 30% of women who have had an intimate partner have experienced physical or sexual violence by their partner and, sadly, 38% of female murder victims die by the hand of their current or former partner. Though men also experience intimate partner violence, less is known about how many men experience this globally. Nationally, the CDC contends that one in four women and one in 10 men have experienced stalking, or sexual or physical violence by an intimate partner at some point during their life, and that 43 million women and 38 million men experience some kind of psychological aggression by their intimate partner at some point in their lifetime.

Who Experiences Intimate Partner Violence?

According to current data, women are more likely to be victims of intimate partner violence. Women under 25, biracial women, and bisexual women appear to have the highest risk. Similar to what is found in women, bisexual men are more likely to experience intimate partner violence than gay or heterosexual men.

Individuals who perpetrate intimate partner violence tend to be younger, have lower verbal IQ/academic achievement, have lower income, have lower self-esteem, be unemployed, believe in strict gender roles, have a history of substance use, are a survivor of physical or psychological abuse themselves, and have perpetrated aggression in the past. However, abuse is complex, and there are aspects of the relationship, community, and society that can also make it more likely that abuse will occur. Relationships involving conflict,

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like confronting our feared thoughts
- A way of feeling, like helping a person be less scared, less depressed, or less anxious
- A way of thinking, like evaluating the probability of an event occurring
- A way of dealing with physical or medical problems, like lessening back pain or helping a person stick to a doctor's suggestions.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and training. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on "Find a CBT Therapist."

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

jealousy, instability, separation, economic stress, and/or relationships where one partner has dominance and control are more likely to include intimate partner violence. Poverty, poor neighborhood support, support of traditional gender norms and roles, and cultural norms that support aggression towards others are also associated with increased risk for intimate partner violence.

What Are the Consequences of Intimate Partner Violence?

Experiencing intimate partner violence can greatly impact physical and mental health. In addition to physical injuries sustained while experiencing violence (e.g., burns, cuts, broken bones, bruising, and head injury), experiencing intimate partner violence is related to physical health problems, such as sleep problems, chronic pain, cardiovascular problems, and diabetes. Intimate partner violence is also related to mental health problems, including depression, anxiety, suicidal behavior, eating disorders, and posttraumatic stress disorder (PTSD). Intimate partner violence can also impact children in the home. Children growing up in homes with intimate partner violence are more at risk for poor physical health, mental health problems, and behavioral problems.

What Help Is Available?

Survivors of domestic violence may have limited resources and often feel ashamed or as if they are somehow responsible for the violence, which can prevent them from seeking help. In these cases, the first step is for the person suffering abuse to admit that no person is responsible for his or her own abuse at the hands of someone else; the second step requires the courage to step forward and ask for assistance or intervention. There are three major forms of interventions for intimate partner violence: legal, community, and therapeutic.

Legal intervention for intimate partner violence consists primarily of arrest and criminal prosecution of perpetrators, and court orders of protection for the survivors. Survivors of intimate partner violence can contact their local precinct, district attorney's office, domestic violence shelter or domestic violence hotline for information and assistance with legal resources.

Community intervention consists of local domestic violence shelters offering temporary housing and legal, psychological, and social services typically for female survivors and their children. Although fewer shelters exist for men and for those specifically in the LGBTQ community who experience intimate partner violence, more shelters are becoming available for these underserved groups. Location of shelters often are not disclosed to the public in order to maximize the safety of shelter residents and staff. Individuals needing shelter services may call shelter hotlines or their local precincts to make appropriate arrangements. When resources allow, shelter networks may also offer transitional housing: housing at a reduced cost for a longer period to assist individuals who decide to leave their partners permanently.

What Types of Therapy Are Available?

There are various forms of therapy available for intimate partner violence. The major goal of all forms of therapy is the elimination of violence. Generally, in treating people involved in intimate partner violence, one of three distinct formats is employed: individual therapy, group treatment, or couples therapy. The goals of treatment remain similar across all forms of intervention, and all interventions emphasize the importance of the survivor's safety and the perpetrator's willingness to ac-

cept responsibility for the violence and better control this behavior. However, these different interventions vary in their assumptions about the major causes of intimate partner violence, the specific issues emphasized in therapy, and the techniques and strategies used to accomplish treatment goals.

Behavior therapy and cognitive-behavior therapy is goal-oriented; addresses current or ongoing problems; works with the individual's thoughts, feelings, and behaviors, especially those that precede and follow incidents of abuse; and focuses on the dynamics of the relationship in which the abuse is taking place. Therapy can involve the perpetrator, the survivor, or both, and can take place one-on-one, in a group, or involve the couple and their therapist.

Individual therapy. Typically, individual therapeutic interventions are designed on the basis of cognitive-behavioral conceptualizations of human behavior. Cognitive-behavioral approaches focus on what and how we think, and on the effects of our thoughts on our behavior. Individual cognitive-behavior therapy approaches to intimate partner violence are based on the assumption that a set of beliefs, thoughts, or behaviors are responsible for the violence. The objective of individual cognitive-behavior therapy is to discover and change the perpetrator's beliefs, thoughts, and/or behaviors in order to stop violence. The focus of therapy is on the perpetrator's background, current experiences, thoughts, and behavior. Anger control, problem-solving, and social skills training are commonly used by therapists treating perpetrators individually. Of course, the perpetrator must be willing to enter therapy for this to work.

In addition to individual cognitive-behavior therapy for the perpetrator, *individual therapy for the survivor of intimate partner violence* is available. Therapy for the survivor may be conducted concurrently with or independent of therapy for the perpetrator. Choosing to treat both the perpetrator and the survivor or only one partner depends on the individual therapist's training and assumptions, and availability and willingness of each partner to be treated. Individual therapy for the survivor attempts to correct the emotional damage created by the violence and to empower the survivor, thereby enabling him or her to make a personal decision regarding relationship maintenance. Typically, cognitive-behavioral approaches are employed to reduce anxiety and depression, to address PTSD symptoms, to increase and maintain self-esteem, to promote empowerment, and to develop or strengthen assertiveness and problem-solving skills.

Group cognitive-behavior therapy. Treating perpetrators using a group format is a commonly advocated and practiced form of intervention for intimate partner violence. This is typically how treatment is administered when it is court-ordered. This approach is based on the belief that the causes of intimate partner violence are not limited to the personality or psychological characteristics of the perpetrator. Rather, the choice of violence for resolving couple disputes is assumed to be influenced by the environment in which this behavior occurs. Issues such as attitudes toward women's and men's gender roles and society's tolerance of family violence are issues sometimes addressed in group interventions. The support of other perpetrators in the group, sharing similar situations, is thought to allow the perpetrator to reject social mores that facilitate intimate partner violence and to accept responsibility for his or her use of violence. The perpetrator's acceptance of responsibility for domestic violence is viewed as the key to change. Capitalizing on the support provided by the group, group intervention programs include cognitive-be-

havioral strategies to facilitate both attitudinal and behavioral change. As with individual therapy, the focus of group intervention is on the perpetrators' background, current experiences, perceptions and attitudes, and behavioral choices. Common interventions similarly include anger management, problem solving, and social skills training. In addition to traditional group cognitive-behavior therapy, acceptance and commitment therapy is also being used to reduce violent behavior by perpetrators in certain settings. This treatment teaches mindfulness and acceptance skills to promote psychological flexibility and ultimately to reduce violent behavior. Success of these treatments is sometimes determined by the degree of motivation shown by the perpetrator to change. Typically, court-referred perpetrators may be less likely to change than perpetrators who elect therapy on their own.

Group interventions for survivors are equally common. Group therapy capitalizes on the support of other group members to help survivors assess their relationships realistically and to follow through on choices made regarding those relationships. As in groups for perpetrators, there is a strong emphasis on attitudes toward gender roles and the expectations of men and women. The focus of the group intervention is on members' backgrounds, current experiences and perceptions, attitudes, and options for choice. Cognitive-behavioral strategies are employed to decrease anxiety and depression, to increase self-esteem, and to enhance problem-solving skills.

Group therapies also exist that involve the couple, rather than only one member of the couple. These therapies often teach skills to enhance conflict management and reduce violence. A specific treatment developed to help veterans also focuses on how the trauma the servicemember experienced can impact social interactions, including their relationships.

Couples therapy. Cognitive-behavioral models of human behavior have also been used to design couples therapy programs to eliminate intimate partner violence. Couples therapy approaches conceptualize conflict and violence as the result of dysfunctional patterns of interaction. Specifically, use of violence by an individual is seen as the extreme on a continuum of coercive methods for controlling the partner. Couples therapy programs attempt to reduce the amount of conflict that couples experience and change unhelpful methods for resolving conflict. The focus of couples therapy is the relationship. Attention is devoted to the partners' perceptions of each other's behavior and the cues and signals they provide each other when they interact. Communication, listening skills, and problem-solving skills are taught so that couples can learn how to negotiate differences while avoiding violence. While couples therapy programs help both partners recognize how each contributes to dysfunctional communication and ineffective conflict resolution, the perpetrator is taught to accept responsibility for the choice of violence as a response to conflict. Often, individual therapy with the perpetrator concurrently or before couples therapy is employed to address issues of responsibility and anger management.

What Is the Best Method of Treatment for Intimate Partner Violence?

Currently, there is no agreement on which method of treatment is best. Therapists choose a method of treatment based on their own and their colleagues' experiences with intimate partner violence, and on the models of human behavior consistent with their professional training. Thus, in choosing a therapist, it is important to inquire about training background and assumptions about the causes of intimate partner violence. Because behavior therapy and cognitive-behavior therapy are short-term

and goal-oriented and emphasize problem-solving, many people find it to be especially useful for many of the problems encountered in a violent relationship.

The availability of types of therapy and the willingness of each partner to commit himself or herself to therapy will influence your form of treatment choice as well. If the abusive partner is unwilling to enter therapy, for instance, couples therapy is not an option. However, problems can be improved even if only one member of the couple seeks treatment. When making a choice, it is important to make sure that the form of therapy you are considering includes the following ingredients: methods to help the perpetrator assume responsibility for his or her behavior, methods for managing anger, and nonviolent ways of disagreeing and resolving problems with a partner. The therapy should also have a goal of helping the abused partner become empowered to set limits for the psychological and physical assaults that he or she is willing to endure. Research in cognitive-behavior therapy with family and intimate partner violence has shown it to be effective. Above all else, choose therapists employing treatment programs that are sensitive to the safety of the survivors of intimate partner violence and that make provisions for monitoring that safety during treatment.

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