Therapist Perceptions of Intimate Partner Violence

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Background

- **Over a decade ago, Harway & Hansen (1993) and Hansen, Harway, & Cervantes (1991) showed that therapists were not effective in identifying intimate partner violence (IPV) issues using a clinical case vignette**

- **The case vignette was modeled after a real-world scenario where the male partner in the couple ultimately raped and then killed his female partner**

- **In their findings, Harway and colleagues found that psychologists addressed conflict in the vignette only about half of the time, while other mental health therapists did so only about 38% of the time**

- **Overall, 40% of all therapists in their sample failed to address conflict at all**

- **Lethality was not once addressed in their sample**

Background (cont.)

- **Since the studies by Harway and colleagues, IPV and domestic violence issues in general have become more visible within society as well as the mental health professions**

- **For instance, child abuse and neglect and elder abuse have become important ethical issues, especially since the widespread adoption of mandatory reporting statutes**

- **It is expected that, over a decade later, mental health service providers will be able to identify the issues surrounding IPV in a more effective manner**

Methods

SURVEY

- **Replication of Harway and colleagues' methods using the following case vignette:**

Case Vignette

Carol and James have been married 10 years. They have two children: Dana, 9, and Tracy, 7. James is employed as a foreman in a concrete manufacturing plant. Carol is also employed. James is upset because on several occasions Carol did not return home from work until two or three in the morning and did not explain her whereabouts to him. He acknowledges privately to the therapist that the afternoon prior to the session, he had seen her in a bar with a man. Carol tells the therapist privately that she has made efforts to dissolve the marriage and to seek a protection order against her husband because he has repeatedly been physically violent with her and the kids and on the day prior, he grabbed her and threw her on the floor in a violent manner and then struck her. The family had made plans to go shopping, roller skating, and out to dinner after the session.

Methods (cont.)

- **Initial questions included the following:**

    1) <u>**What is going on in this family**</u>?

    2) <u>**Using the most recent version of the DSM, what diagnosis would you make**</u>?

    3) <u>**How would you intervene**</u>?

    4) <u>**What outcome would you expect from your intervention**</u>?

    5) <u>**What are the legal/ethical issues raised by this case**</u>?

Methods (cont.)

- **Therapists were then notified later in the survey that James had raped and killed Carol shortly after the couples' session:**

  Within days of this therapy session, James raped and then murdered Carol.
  **Given that you now have this information,
  would you change any of your answers given above?
  If so, how?**

  1) **What is going on?**

  2) **DSM diagnosis?**

  3) **Interventions?**

  4) **Expected outcomes?**

  5) **Legal/ethical issues?**

Methods (cont.)

CODING OF RESPONSES

- **Two raters coded each survey according to narrative themes that emerged from the questions outlined above**

- **Each rater coded independently of the other**

- **Code sheets from the two raters were then compared**

- **Of the 111 returned surveys, only 16 code sheets did not match between the two raters**

- **The discrepancies found in the 16 code sheets were then reviewed and discussed by both raters until an appropriate coding value was reached**

NOTE: Copies of the actual survey, coding sheets, and coding keys are available from the authors upon request

Methods (cont.)

SAMPLE

- **Active practitioners in the field (N = 111 or about 11% return rate)**

- **Obtained from on-line websites currently maintained by 15 different states that listed independently licensed mental health providers**

Demographics of the Sample

*Gender***

Female	Male
62 (55.9%)	49 (44.1%)

*Highest Degree***

Masters	Doctorate
49 (44.2%)	62 (55.9%)

Age

Mean=55.01

SD=9.27

Range=29 to 84

Years Since Degree

Mean=21.08

SD=10.35

Range=3 to 48

* Chi-Square not statistically significant.

Methods (cont.)

Demographics of the Sample (cont.)

Professional Indentification	*N (%)*	*Theoretical Orientation*	*N (%)*
Psychologists	49 (44.1%)	Eclectic or Integrative	38 (34.2%)
Social Workers	34 (30.6%)	Systems Theory	23 (20.7%)
MFT*	19 (17.1%)	Cognitive/Behavioral	21 (18.9%)
Other	9 (8.1%)	Psychodynamic	13 (11.7%)
*MFT = Marriage & Family Therapists		Other (brief, gestalt, etc.)	9 (8.1%)
		Existential/Humanistic	7 (6.3%)

Methods (cont.)

Demographics of the Sample (cont.)

Respondents by State (N)

CA=14	NJ=9	NC=6	PA=5
NY=13	VA=9	FL=5	IL=3
WA=12	TX=8	MA=5	GA=1
OH=9	MI=6	MD=5	Unknown=1

Methods (cont.)

DEMOGRAPHIC DIFFERENCES FROM HARWAY & COLLEAGUES

- **Mean age of 55 was about 5 years older than that reported by Harway and colleagues**

- **Similar to Harway's results, psychologists made up about 44% of our sample**

- **Harway reported that 29% of psychologists were female, while in our sample over 40% of psychologists were female**

- **Gender of family therapists was very similar between Harway's sample and our sample (about 60% female), while 71% of social workers were female**

- **Even though over 10 years had elapsed, both Harway's sample and our sample showed that males were more likely to hold doctorates and females were more likely to hold masters-level degrees**

Results

GENDER AND THEORETICAL ORIENTATION

Psychologists*		Male	Female	
Orientation				*Total*
Eclectic or Integrative		11	6	17 (34.7%)
Cognitive/ Behavioral		9	4	13 (26.5%)
Existential/Humanistic		3	3	6 (12.2%)
Psychodynamic		4	2	6 (12.2%)
Family Systems		2	3	5 (10.2%)
Other		0	2	2 (4.1%)
$^{*}X^2$ (5, 19.499) = p < 0.002.		*29*	*20*	*49 (44.1)*

Ecl/Int and Cog/Beh > than other orientations.

Results (cont.)

GENDER AND THEORETICAL ORIENTATION (cont.)

Social

*Workers***

Orientation	*Male*	*Female*	*Total*
Eclectic or Integrative	4	10	14 (41.2%)
Psychodynamic	2	4	6 (17.6%)
Other	0	6	6 (17.6%)
Cognitive/ Behavioral	4	1	5 (14.7%)
Family Systems	0	3	3 (8.8%)
	10	*24*	*34 (30.6%)*

**X^2 (4, 10.412) = p < 0.034.

Females > Males.

Ecl/Int > than other orientations.

Results (cont.)

GENDER AND THEORETICAL ORIENTATION (cont.)

MFT***

Orientation	Male	Female	Total
Systems Theory	4	8	12 (63.1%)
Eclectic or Integrative	3	2	5 (26.3%)
Existential/Humanistic	1	0	1 (5.2%)
Other	0	1	1 (5.2%)
	8	11	19 (17.1%)

*** X^2 (3, 17.00) = p < 0.001.

Systems Theory > than other orientations.

MFT = Marriage & Family Therapists.

Results (cont.)

GENDER AND THEORETICAL ORIENTATION (cont.)

- **Similar to Harway and colleague's results, we found virtually no differences in theoretical orientation based on gender**

- **Our present sample reflected an array of orientations across psychotherapy professions quite similar to Harway's findings**

- **Also similar to Harway's results, we found that marriage and family therapists predominantly identified systems theory as their theoretical orientation**

Results (cont.)

RECOGNITION OF RELATIONSHIP CONFLICT BY PROFESSION

Profession*	*Conflict Addressed*	*Conflict Not Addressed*	*Total*
Psychologists	40 (81.6%)	9 (18.4%)	49 (100%)
Social Workers	31 (91.2%)	3 (8.8%)	34 (100%)
MFT	18 (94.7%)	1 (5.3%)	19 (100%)
Other	8 (88.8%)	1 (11.1%)	9 (100%)
Total	97 (87.4%)	14 (12.6%)	111

* Chi-Square not statistically significant for Profession. MFT = Marriage & Family Therapists.

Results (cont.)

RECOGNITION OF RELATIONSHIP CONFLICT BY PROFESSION (cont.)

- **Harway and colleagues found that 40% of their sample failed to addressed conflict at all compared to about 13% in our sample, representing a dramatic overall improvement**

- **Harway found that approximately 50% of psychologists completely failed to address the conflict at all, while only about 18% of the psychologists in our sample failed to do so**

- **Harway found that about 62% of other mental health therapists failed to identify conflict, while in our sample only about 8% of other psychotherapists failed to do so**

- **Interestingly, across the decade psychologists lost the "edge" over other mental health therapists in their ability to correctly identify conflict (about 10% less likely)**

Results (cont.)

TYPE OF CONFLICT BY PROFESSION

Profession	*Violence/ Battering*	*Infidelity*	*Child Abuse*	*Substance Abuse*	*Trust Issues*	*Other Abuse of Partner*	*Power Struggle*
Psychologists N=49	34 (69.4%)	14 (28.5%)	13 (26.5%)	2 (4.1%)	4 (8.2%)	6 (12.2%)	3 (6.1%)
Social Workers N=34	27 (79.4%)	11 (32.5%)	9 (26.5%)	9 (26.5%)	3 (8.8%)	2 (5.9%)	3 (8.8%)
MFT N=19	17 (89.5%)	7 (36.8%)	4 (21.1%)	2 (10.5%)	4 (21.0%)	0 (0.0%)	1 (5.2%)
Other N=9	8 (88.8%)	3 (33.3%)	5 (55.5%)	2 (22.2%)	0 (0.0%)	2 (22.2%)	1 (11.1%)
Total (N=111)	86 (77.5%)	35 (31.5%)	31 (27.9%)	15 (13.5%)	11 (9.9%)	10 (9.0%)	8 (7.2%)

Results (cont.)

TYPE OF CONFLICT BY PROFESSION (cont.)

Profession	*Denial of Problems*	*Anger*	*Out of Control*	*Lethality*	*Family of Origin Issues*	*More Info. Needed/ Can't Answer*
Psychologists N=49	0 (0.0%)	1 (2.0%)	1 (2.0%)	0 (0.0%)	0 (0.0%)	3 (14.3%)
Social Workers N=34	3 (8.8%)	3 (8.8%)	4 (11.8%)	1 (2.9%)	0 (0.0%)	0 (0.0%)
MFT* N=19	2 (10.5%)	1 (5.3%)	1 (5.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other N=9	1 (11.1%)	1 (11.1%)	0 (0.0%)	0 (0.0%)	1 (11.1%)	1 (11.1%)
Total (N=111)	6 (5.4%)	6 (5.4%)	6 (5.4%)	1 (0.1%)	1 (0.1%)	4 (3.6%)

*Percentages sum to greater than 100% due to multiple descriptors given by respondents.
MFT = Marriage & Family Therapists.

Results (cont.)

TYPE OF CONFLICT BY PROFESSION (cont.)

- **In marked improvement over Harway and colleague's findings, about 78% of our total sample identified violence and battering as the type of conflict depicted in the vignette**

- **Approximately 90% of marriage and family therapists, about 80% of social workers, and about 70% of psychologists identified the conflict as violence and battering**

- **While about 30% of Harway's sample stated they needed more information to determine the nature of the conflict, only about 4% of our sample stated this**

- **Similar to Harway's results, only 1 respondent in our entire sample, a social worker, identified possible lethality as a clinical issue**

Results (cont.)

RESPONSIBILITY FOR THE CONFLICT BY PROFESSION

Profession	Couple Dynamics	James	Carol	Not Enough Information
Psychologists (N=49)	17 (34.7%)	9 (18.4%)	2 (4.1%)	21 (42.8%)
Social Workers (N=34)	20 (58.8%)	2 (5.9%)	2 (5.9%)	10 (29.4%)
MFT* (N=19)	7 (36.8%)	1 (5.3%)	2 (10.5%)	9 (47.4%)
Other (N=9)	4 (44.4%)	1 (11.2%)	0 (0.0%)	4 (44.4%)
Total (N=111)	48 (43.2%)	13 (11.7%)	6 (5.4%)	44 (39.7%)

*MFT=Marriage & Family Therapists.

Results (cont.)

RESPONSIBILITY FOR THE CONFLICT BY THEORETICAL ORIENTATION

Theoretical Orientation	*Couple Dynamics*	*James*	*Carol*	*Not Enough Information*
Eclectic or Integrative (N=38)	19 (50.0%)	1 (2.6%)	1 (2.6%)	17 (44.8%)
Family Systems (N=23)	8 (34.8%)	3 (13.0%)	3 (13.0%)	9 (39.2%)
Cognitive/Behavioral (N=21)	7 (33.3%)	3 (14.3%)	2 (9.5%)	9 (42.9%)
Psychodynamic (N=13)	7 (53.8%)	3 (23.1%)	0 (0.0%)	3 (23.1%)
Other (N=9)	5 (55.5%)	1 (11.2%)	0 (0.0%)	3 (33.3%)
Existential/Humanistic (N=7)	2 (28.6%)	2 (28.6%)	0 (0.0%)	3 (42.8%)
Total (N=111)	48 (43.2%)	13 (11.7%)	6 (5.4%)	44 (39.7%)

Results (cont.)

RESPONSIBILITY FOR THE CONFLICT (cont.)

- **About 40% of the present sample said they didn't have enough information to determine responsibility, and another 40% said the problem was couple dynamics**

- **Strikingly, only 12% said that James was responsible, even though violence and battering had been earlier identified by most respondents as the primary conflict in the vignette**

- **About 5% of the sample said Carol was responsible**

- **Social workers were more likely to cite couple dynamics as the problem (59%), while marriage and family therapists were more likely to state there wasn't enough information (47%)**

- **Interestingly, those with a family systems orientation were NOT the most likely to cite couple dynamics as the problem**

Results (cont.)

POSSIBLE MENTAL HEALTH DIAGNOSES

- **A "Marital Problem" V-code was the most common diagnosis in Harway's sample (23%) as well as ours (33% although about 10% higher than earlier findings)**

- **An individual diagnosis was provided for BOTH James and Carol by about 27% of the present respondents**

- **Compared to 36% in Harway's sample, 23% refused to give a diagnosis due to insufficient evidence**

- **Compared to 16% in Harway's sample. 12% diagnosed only James**

- **Similar to Harway's results, the most common diagnosis for James was Intermittent Explosive or Other Impulse Disorder (27%)**

- **In our sample, 6% diagnosed only Carol, slightly higher than Harway's findings**

- **In our sample, the most common diagnosis for Carol was Depression/Dysthymia (21%), followed by Masochistic PD or other blaming stance (20%)**

Results (cont.)

POSSIBLE MENTAL HEALTH DIAGNOSES (cont.)

	James *(N=85 responses)*		*Carol* *(N=70 responses)*
Type of Diagnosis		*Type of Diagnosis*	
Intermittent Explosive or Other Impulse Disorder	23 (27.1%)	Depression, Dysthymia	15 (21.4%)
Paranoia, Delusions, Psychosis, Other Thought Disorders	13 (15.3%)	Masochistic PD, Conduct Disorder, Other Blaming Stance	14 (20.0%)
PD Not Otherwise Specified	13 (15.3%)	Anxiety, PTSD, Generalized Anxiety Disorder	12 (17.1%)
Depression/Dysthymia	12 (14.1%)	Substance Abuse	10 (14.3%)
Antisocial PD	7 (8.2%)	Adult Physical Abuse (victim)	9 (12.8%)
Substance Abuse	6 (7.1%)	Dependent PD	3 (4.3%)
Child Abuse	6 (7.1%)	Borderline PD	3 (4.3%)
Adult Physical Abuse (perpetrator)	3 (3.5%)	PD Not Otherwise Specified	2 (2.8%)
Anxiety, PTSD	2 (2.3%)	Child Abuse	1 (1.5%)
		Sexual Abuse (child/adult victims)	1 (1.5%)

Results (cont.)

LEGAL/ETHICAL ISSUES

- **Duty to Report Child Abuse**
  - **Present sample: 58%   Harway's sample: 5%**

- **Duty to Protect Intended Victim (Carol)**
  - **Present sample: 50%   Harway's sample: 19%**

- **Duty to Warn Intended Victim (Carol)**
  - **Present sample: 24%   Harway's sample: 23%**

- **Confidentiality Due to Reporting Issues**
  - **Present sample: 35%   Harway's sample: none reported**

- **Secrecy Between Partners and/or Between Couple and Therapist**
  - **Present sample: 11%   Harway's sample: 8%**

- **Denied Any Legal/Ethical Issues Involved**
  - **Present sample: 12%   Harway's sample: 4%**

Results (cont.)

SUGGESTED THERAPUETIC INTERVENTIONS

- **Crisis intervention was suggested by 81% of respondents, a marked improvement from Harway's findings (45%)**

- **Couple's therapy was also recommended by 40% of respondents, an unfortunate increase over Harway's findings (28%)**

- **Crisis intervention with Carol only was recommended by 79% of the sample**

- **Crisis intervention with BOTH Carol and James was recommended by 28%**

- **Crisis intervention with James only was recommended by 27% (sums to >100% due to multiple responses)**

- **Possible or immediate separation was recommended by 51% (Carol going to a shelter and/or explicit use of words "separation" or "divorce")**
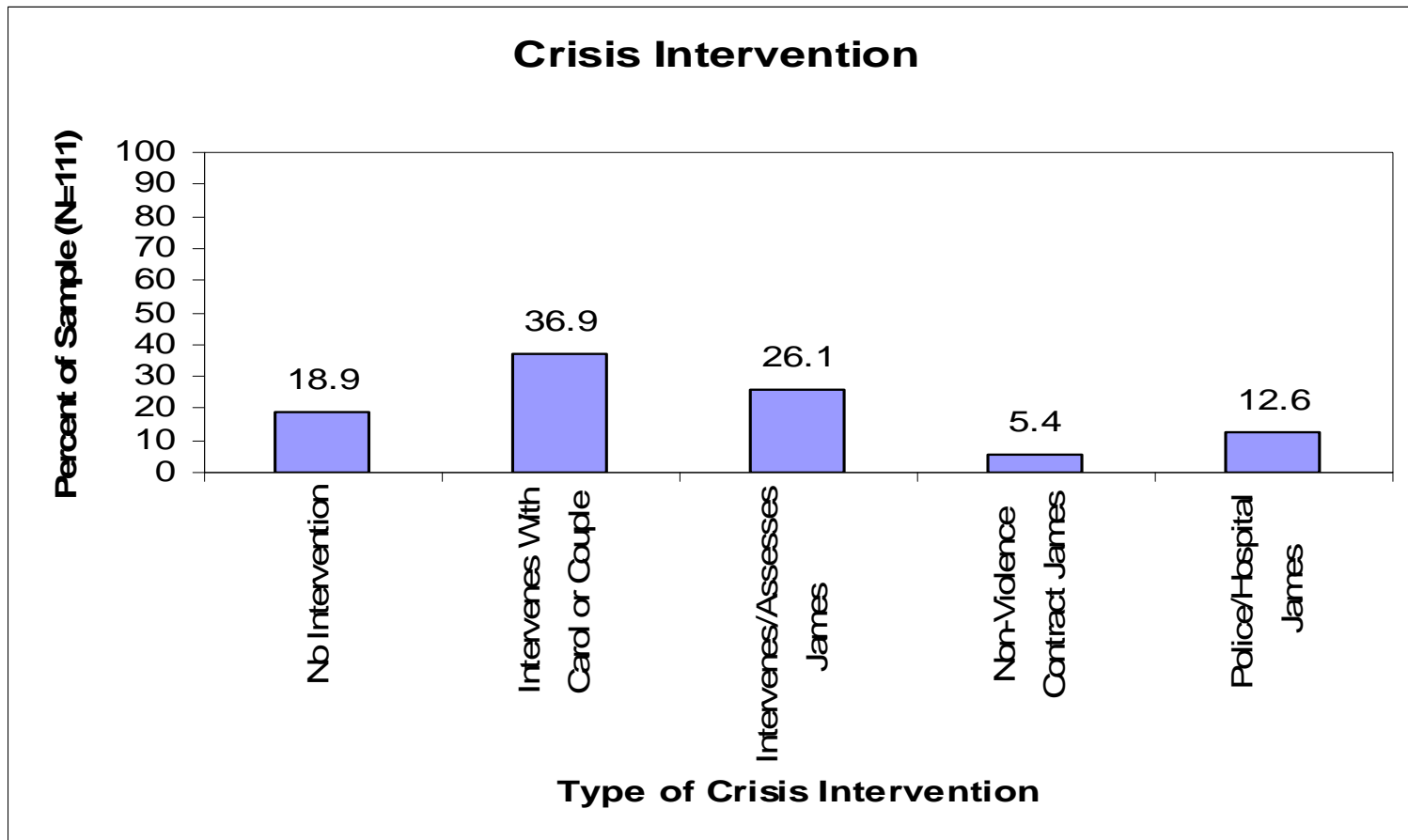
Results (cont.)

TYPE OF CRISIS INTERVENTION

None		*Total*	21 (18.9%)

With Carol Only			
	Carol/children to shelter or family/friends		39 (35.1%)
	Have Carol get a restraining/protection order against James		23 (20.7%)
	Safety plan with Carol		18 (16.2%)
	Have Carol call the police		6 (5.4%)
	Non-violence contract with Carol		2 (1.8%)
		Total	88 (79.3%)

With Both Carol and James			
	Separation (possible or immediate)		18 (16.2%)
	Non-violence contract with both		7 (6.3%)
	Safety plan with both		6 (5.4%)
		Total	31 (27.9%)

With James Only			
	Therapist calls police if James assessed as lethal and have him arrested		14 (12.6%)
	Anger management or batterer's treatment referral		8 (7.2%)
	Hospitalize James		5 (4.5%)
	Non-violence contract with James		3 (2.7%)
		Total	30 (27.0%)

Results (cont.)

TYPE OF CRISIS INTERVENTION (cont.)

Results (cont.)

SUGGESTED INTERVENTIONS – WHO IS THE LETHAL CLIENT?

- **Only 14 times did therapists suggest a call to the police concerning James' lethality**

- **Only 5 times was possible hospitalization for James suggested**

- **Therapists recommended crisis intervention 119 times with either Carol alone or with Carol and James together**

- **Even though Carol was NOT the adult who was in danger of acting in a potentially lethal manner and was the target of James' lethality, therapists overwhelmingly focused on Carol or otherwise included her in couples' therapy interventions**

Results (cont.)

PREDICTED OUTCOMES OF INTERVENTION

- **Slightly over 50% of therapists failed to predict any outcomes at all**

- **Approximately 27% of the therapists expected a reduction in conflict as a result of their interventions**

- **About 20% predicted an increase in conflict and/or violence regardless of therapeutic intervention**

- **Only one therapist predicted possible lethal violence in our sample (Harway = none)**

- **These results suggest somewhat of an improvement over the decade**
  - **Only 4% of Harway's sample predicted an increase in conflict regardless of therapeutic intervention**

Results (cont.)

AFTER NOTIFICATION OF RAPE/MURDER – "Would you change your approach?"

- **No Changes at All**
    - **About one-third (32%) of the sample did not change any of their answers**

- **Recognition of Conflict and/or Violence**
    - **35% would change their answer to recognize battering as the central presenting problem**

- **Preliminary Diagnoses**
    - **27% would change their answer, mostly focusing on James**

- **Suggested Interventions**
    - **50% would act more strongly to protect Carol and/or intervene with James**

- **Expected Outcomes**
    - **Only 29% would expect a more lethal and/or negative outcome**

- **Legal/Ethical Issues**
    - **Only 18% identified additional legal/ethical issues**

Take-Home Messages

- **Compared to a decade earlier, our results show an increase in therapists' ability to identify violence and battering as a central clinical issue given minimal information**

- **A Marital Problem V-code was still the single most likely diagnosis given**

- **About one-third of the therapists gave a diagnosis to both Carol and James**

- **Therapists were less likely to give Carol the diagnoses of Dependent or Self-Defeating PD than a decade ago**

- **However, therapists were MORE likely to give Carol diagnoses from an overall blaming stance (e.g., Masochistic, Conduct Disorder, Borderline PD, etc.) than before**

Take-Home Messages (cont.)

- **Therapists were more likely to identify the duty to report child abuse and to protect the intended victim as legal/ethical issues**

- **Therapists were also more likely to respond with crisis intervention techniques compared to a decade ago**

- **However, therapists recommended crisis intervention with the victim 79% of the time, and with the victim and perpetrator together 28% of the time**

- **Therapists recommended crisis intervention with the perpetrator only 27% of the time**

- **Unfortunately, the victim was not the individual at risk for raping and murdering her partner – yet therapists were still predominantly drawn to intervene with the victim**

- **In addition, approximately 1 out of every 2 therapists would recommend a course of action for the victim that could severely increase the perpetrator's risk of lethality – leaving the relationship either through going to a shelter, officially separating, or divorcing**

Conclusions

- **Training and exposure to domestic violence issues of all kinds seems to be "paying off" – therapists are more likely to identify violence and battering in a clinical vignette than about ten years ago**

- **Overall, therapists are STILL not able to adopt a non-blaming stance with the IPV victim or intervene in an appropriate and non-risky way**

- **RECOMMENDATIONS**

  - **Advocacy**

  - **Training**

  - **And if THAT Fails, Legislation**