

# Seeking Validation and Healing: Experiences of Intimate Partner Violence Victims in Psychotherapy

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## INTRODUCTION

The considerable personal and societal costs of domestic violence have prompted legislation regarding mandatory training in screening for the condition by health care providers. However, treatment resources are scarce. The costliest form of domestic violence, intimate partner terrorism (IPT), is characterized by power imbalance in the relationship that is enforced through psychological, emotional, physical, sexual and financial abuse (Stark, 2009). Symptoms of cluster B personality disorders (borderline, narcissistic, antisocial/psychopathic) link to patterns of abuse in perpetrators of IPT. Victims typically enter into the relationship unaware of their partner's disorder. The onset of abuse is insidious as the perpetrator gradually undermines the victim's self-confidence and reality testing while isolating him/her from social supports (Leedom, Geislin, & Hartoonian Almas, 2013). The abuse experience leads to anxiety, depression, PTSD, substance use disorders and stress-related physical illness. Although good evidence based therapies exist for these disorders, (cognitive behavioral therapy (CBT), psychodynamic, among others) there is little research regarding how the presence of IPT impacts treatment. There is no evidence based therapy that specifically targets the victim syndrome. The first step in designing such a therapy, is to ascertain how and if the needs of victims of IPT are served by current community treatments.

## Study Objective

The objective of this study was to survey a large number of IPT victims regarding their experiences in psychotherapy in order to determine the relative strengths and weaknesses of current community therapy practices. This study used a mixed methods approach that gathered numerical data and allowed victims to describe their experiences in their own words.

## METHODS

This study was IRB approved. Anonymous American participants were solicited to participate in a "Therapy Satisfaction Survey" from "Lovefraud.com" a popular website that serves to educate the public about psychopathy and its impact on the family and society. Participants were victims of abuse at the hands of a loved one and were not limited to IPT victims. The instrument was a 62 item questionnaire posted on Survey Monkey that consisted of Likert scale items and open ended questions. Psychopathy in perpetrators was estimated using items from an American Psychiatric Association Instrument that assesses interpersonal symptoms (Antagonism) and lifestyle symptoms (Disinhibition). The author previously used this instrument in this context. Symptoms of psychopathy in perpetrators were also assessed through open ended questions.

## RESULTS

701 individuals began the survey, of these, 68 individuals did not complete the survey beyond the sign in. 643 individuals completed the survey; of these, 563 individuals indicated that they were victimized by an intimate partner. The remainder were victimized by other family members or close friends. 499 IPT subjects (89 %) answered all or all but 1 of the Likert questions.

	Couples Therapy	Individual Therapy	Combined Therapy
Number of Participants	210	256	33
Gender	195 ♀, 15 ♂	236 ♀, 20 ♂	32 ♀, 1 ♂
Age 20s	3	7	0
Age 30s	31	40	2
Age 40s	64	72	9
Age 50s	82	97	19
Age 60s	27	40	3
Living with Perpetrator	20	9	4
Co-parenting w/Perpetrator	77	61	8

**Table 1. Characteristics of Study Participants** 210 participants reported on couples therapy experiences with the perpetrator; 256 subjects reported on their experiences in individual therapy; 33 subjects had concurrent individual and couples therapy with the same therapist. Most were in middle adulthood. Many were co-parenting with the perpetrator. Some were still living with the perpetrator at the time of the study. The majority of these were co-parenting. Presenting Issues included stress (16, 15, 0); Anxiety (14, 12, 0); PTSD (16, 8, 0); Depression (33, 22,0); All of the Above (154, 120, 0); Other (23,66,33).

	Couples Therapy	Individual Therapy	Combined Therapy
Physical	72	93	13
Emotional	205	250	33
Psychological	201	245	33
Sexual	105	130	18
Financial	138	174	22
1 of Above	9	8	0
2 of Above	39	39	6
3 of Above	83	83	8
4 of Above	65	65	12
5 of Above	61	61	7

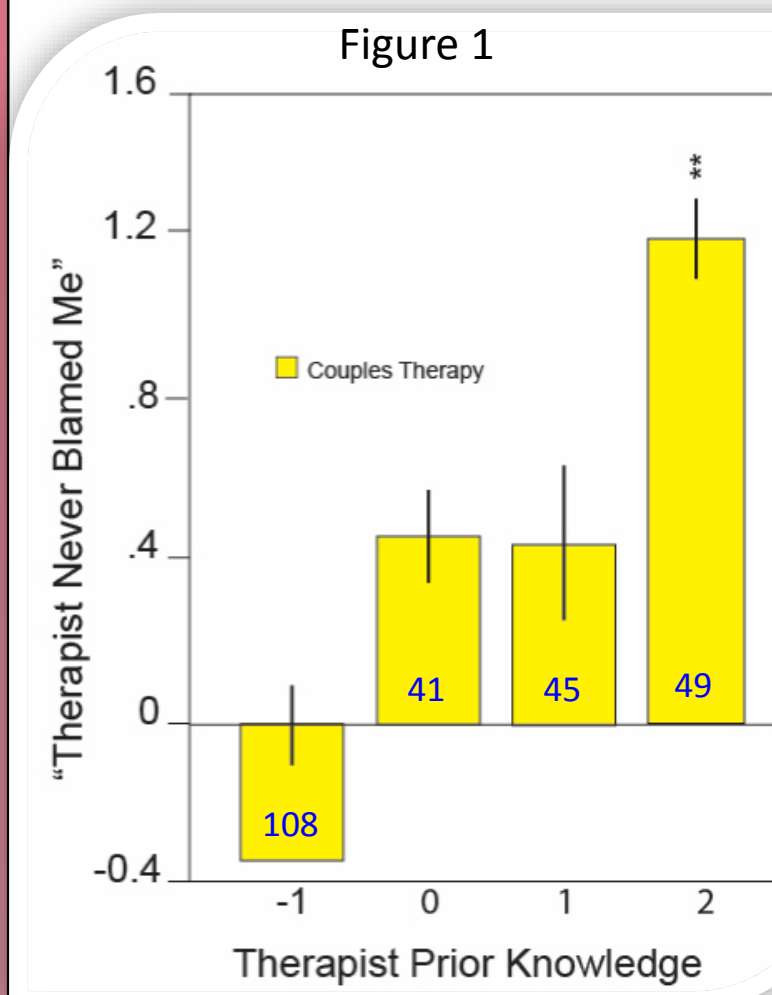
**Table 2. Types of Abuse Reported by Participants.** Physical, emotional, psychological, sexual, and financial abuse were prevalent. Most participants had experienced multiple forms of abuse.

## RESULTS CONTINUED

### Perpetrator Personality Disorder Symptoms

Psychopathy Scores of Perpetrators as Reported by Victims (Mean ± SEM)			
Symptoms	Couples Therapy	Individual Therapy	Couples & Individual
Interpersonal Antagonism	16±.16	16±.17	16±.37
Disinhibition	7±.14	7±.13	6±.35
Total	23±.25	23±.24	22±.56

**Table 2. Victim Reported Perpetrator Psychopathy Scores.** The severity of perpetrator personality disorder symptoms did not differ by therapy type. Subjects who participated in couples therapy indicated whether or not the therapist detected the personality disorder in their partner. 45 % of couples therapists detected the disorder to some degree. 20 % of therapists discerned the severity of the perpetrator's disorder. Victim open ended responses indicated that many of these therapists stopped the therapy and urged the victim to leave the relationship. Therapist identification of perpetrator traits was strongly related to therapist prior knowledge of the disorder and its impact on family members ( $F_{(3,233)}=30.08, p<0.001$ ). Lack of therapist prior knowledge was related to blaming the victim in both couples and individual therapy ( $F_{(3,494)}=49.78, p<0.001$ ) (Figures 1 and 2).



**Figure 1. (Right)** The relationship between therapist prior knowledge of psychopathy and victim experiences of blame in couples therapy. Numbers indicate N ( $F_{(3,239)}=17.86, p<0.001$ ).

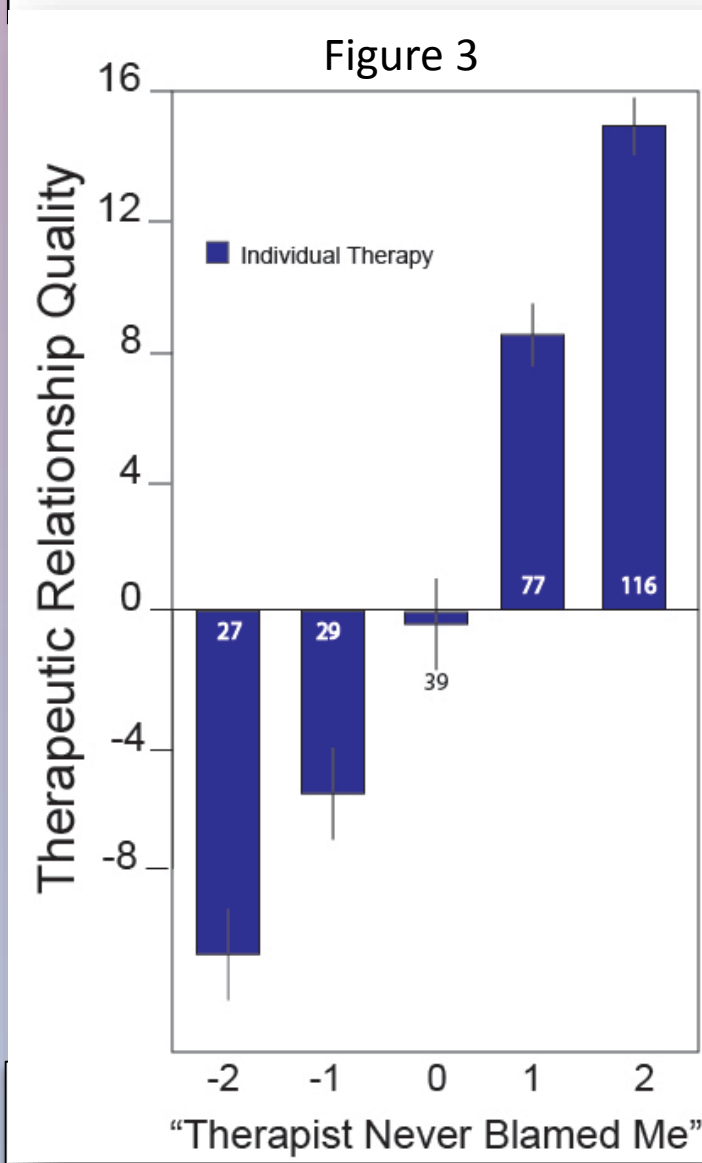
**Figure 2. (Below)** The relationship between therapist prior knowledge of psychopathy and victim experiences of blame in individual therapy. Numbers indicate N ( $F_{(3,239)}=17.86, p<0.001$ ).

### Narrative Analysis of Blame

Subjects gave examples of the manner in which therapists blamed them or did not blame them for their victimization. 444 subjects wrote responses to this question. In couples therapy the victim felt blamed when they perceived the therapist sided with the abuser (N=20) or failed to acknowledge the abuse (N=9). In individual therapy, subjects felt blamed when they were diagnosed a "co-dependent" (N=15) or the therapist indicated they "should have known better" (N=41).

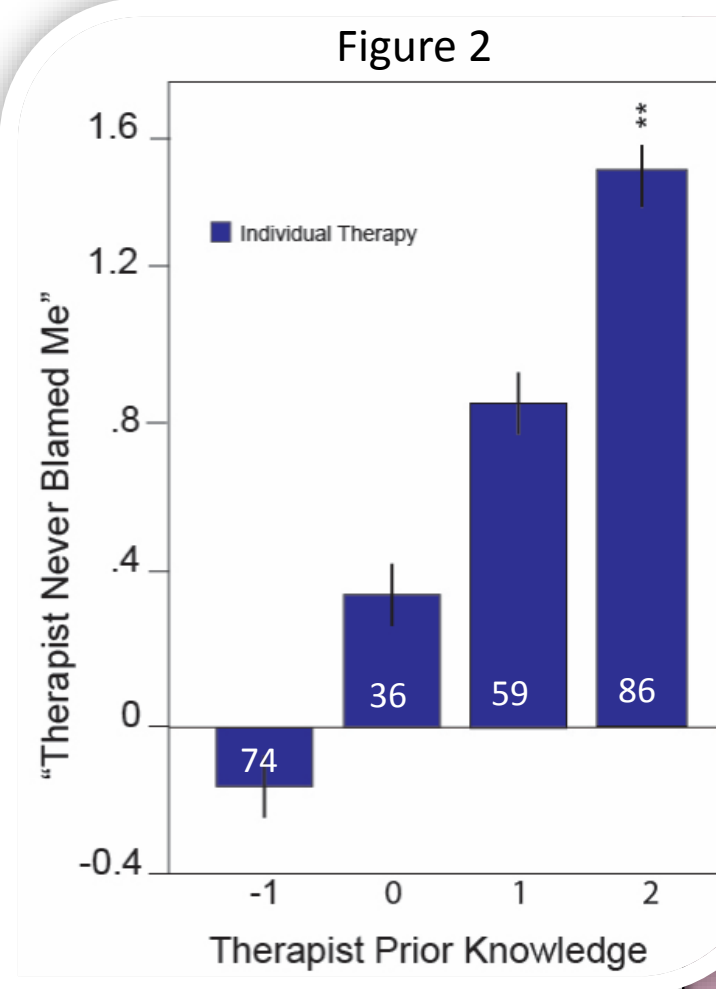
### Victim experiences of Validation

Participants indicated therapists who did not blame them validated their abuse experiences (N=7), explained the partner's disorder (N=47) and/or encouraged them to seek protection (N=49). Therapist validation and lack of blaming behavior was strongly associated with the quality of the individual therapeutic relationship as assessed by our survey (which used questions previously established for this purpose) ( $F_{(4,283)}=106, p<0.001$ ) (Figure 3).



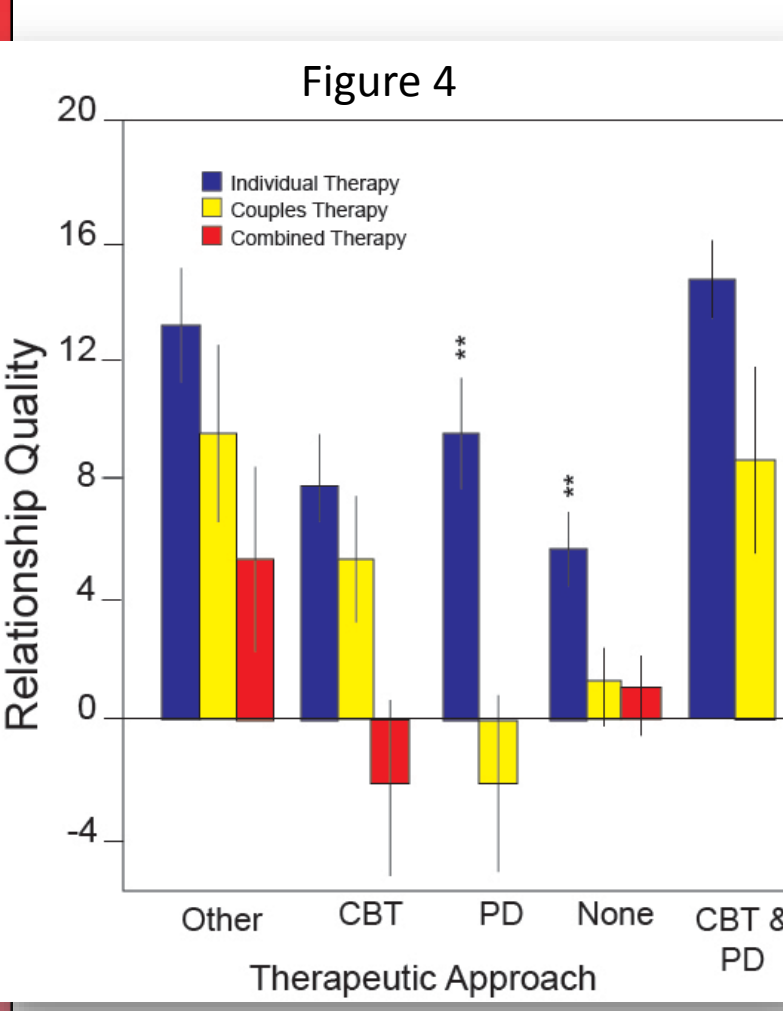
"She made it clear it was his problem."

"She told me that what my husband had done was cruel and traumatic and that I am not to blame for it and she pointed out the positive steps that I have taken and told me that I am a strong person."



## RESULTS CONTINUED

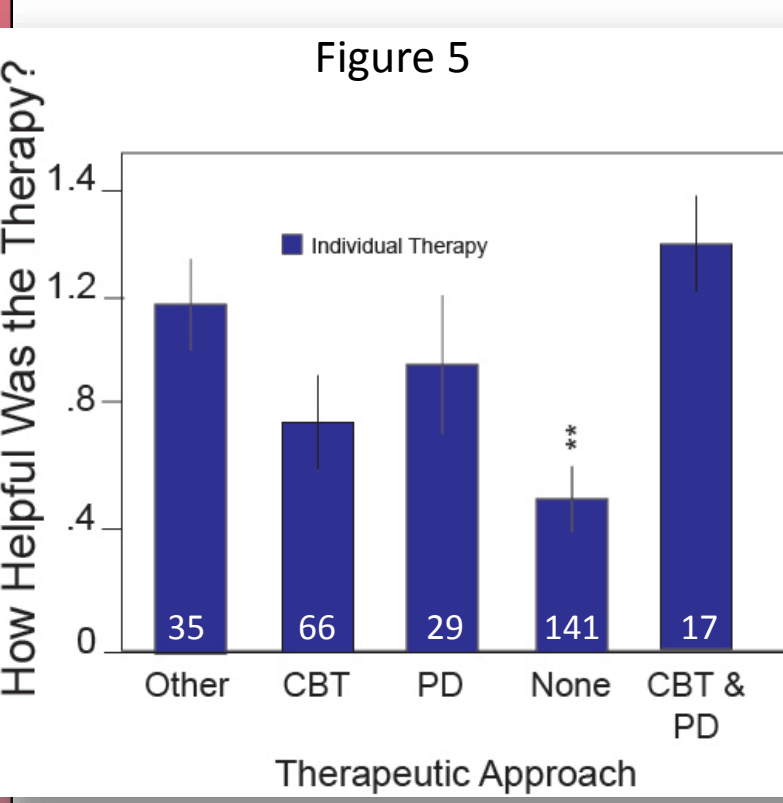
### Therapeutic Relationship and Therapist Approach



Therapeutic relationship quality was higher for individual as compared to couple therapy ( $F_{(2,494)}=13.06, p<0.001$ ) and depended on therapeutic approach.

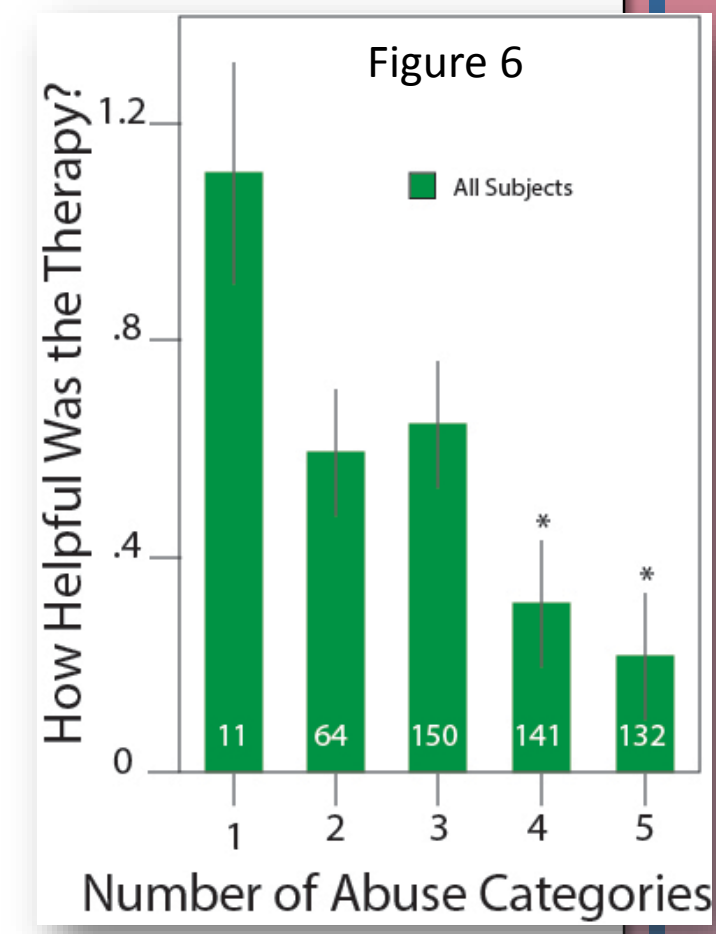
Therapists who did not identify with a theoretical orientation had the lowest scores on relationship quality for both couples and individual therapy (Couples:  $F_{(2,234)}=2.65, p=0.034$ ) (Individual:  $F_{(2,494)}=3.10, p<0.01$ ) (Figure 4).

### Did the Therapy Help?



Individual therapy was judged significantly more helpful ( $M=0.83±.07$ ) than couples ( $M=0.02±.10$ ) or combined ( $M=0.06±.24$ ) therapy ( $F_{(2,495)}=24.75, p<0.001$ ). Scores indicated that neither couples nor combined therapy were helpful; individual therapy was helpful depending on approach ( $F_{(6,281)}=2.97, p<0.01$ ) ( $t_{(3,556)}=-4.34, p<0.001$ ) (Figure 5).

A standard multiple regression model that included Relationship Quality, Couples Therapy Status, and Therapeutic Approach explained 59% of the variance in perceived helpfulness ( $R^2=0.59, F_{(1,495)}=659.71, p<0.001$ ) each of those factors contributed significantly to the final model. Although the number of abuse categories did not add to the model, this factor was a significant predictor of the perceived helpfulness of therapy ( $F_{(4,493)}=2.88, p=0.02$ ); Subjects reporting 4 and 5 categories of abuse found therapy significantly less helpful ( $t_{(3,554)}=2.15, p<0.03$ ) (Figure 6).



### Which aspects of therapy were helpful?

202 participants discussed aspects of the individual therapy that were helpful and not helpful. Categories of responses included: addressing self-blame, challenging client, explain diagnosis, listening, giving support, therapist qualities, and coping techniques.

"She helped me understand that my involvement in the relationship was typical with that type of person and she helped to ease my guilt and disappointment in myself."

"The method of asking how I felt "then and now" was very helpful in understanding why I stayed in the relationship for so long. It helped to ease my feeling of stupidity for putting up with his abusive behavior despite the warnings from friends and family who could clearly see that I was in a toxic relationship."

"Helped in bringing to understanding that eventually you can stop being a victim and become a survivor."

## DISCUSSION

**Couples therapy** in the context of IPT is not recommended (Stark, 2007). Notwithstanding, this study found that therapists do attempt to work with these couples; and that indeed couples therapy does not appear to be helpful under these circumstances. Nearly half of the therapists were unaware of or disregarded the extent of the abuse in the relationship. Interestingly, open ended responses indicated that some therapists who started therapy, stopped it once they became aware of the abuse. Sixty one percent of couples therapists were judged by participants to lack knowledge of psychopathy and its impact on the family. Attributed lack of knowledge was associated with perceptions of blame.

Forty three percent of **individual therapists** were judged to lack knowledge of psychopathy. Lack of knowledge was associated with victim perceptions of blame for these therapists. Blame was associated with poor therapeutic relationship quality and subsequent reduced helpfulness. Therapists who failed to identify their theoretical orientation were judged significantly less helpful than those who clearly practiced a set of techniques. Open ended responses indicated that clients believed specific techniques were helpful. Stated theoretical orientation also may have been a marker for therapist expertise since it was associated with higher therapeutic relationship quality.

## REFERENCES

- Leedom, L. J., Geislin, E., & Hartoonian Almas, L. (2013). "Did he ever love me?" A qualitative study of life with a psychopathic husband. *Family & Intimate Partner Violence Quarterly*, 5(2), 103-135.
- Stark, E. (2007). *Coercive control: How men entrap women in personal life*. New York, NY US: Oxford University Press.