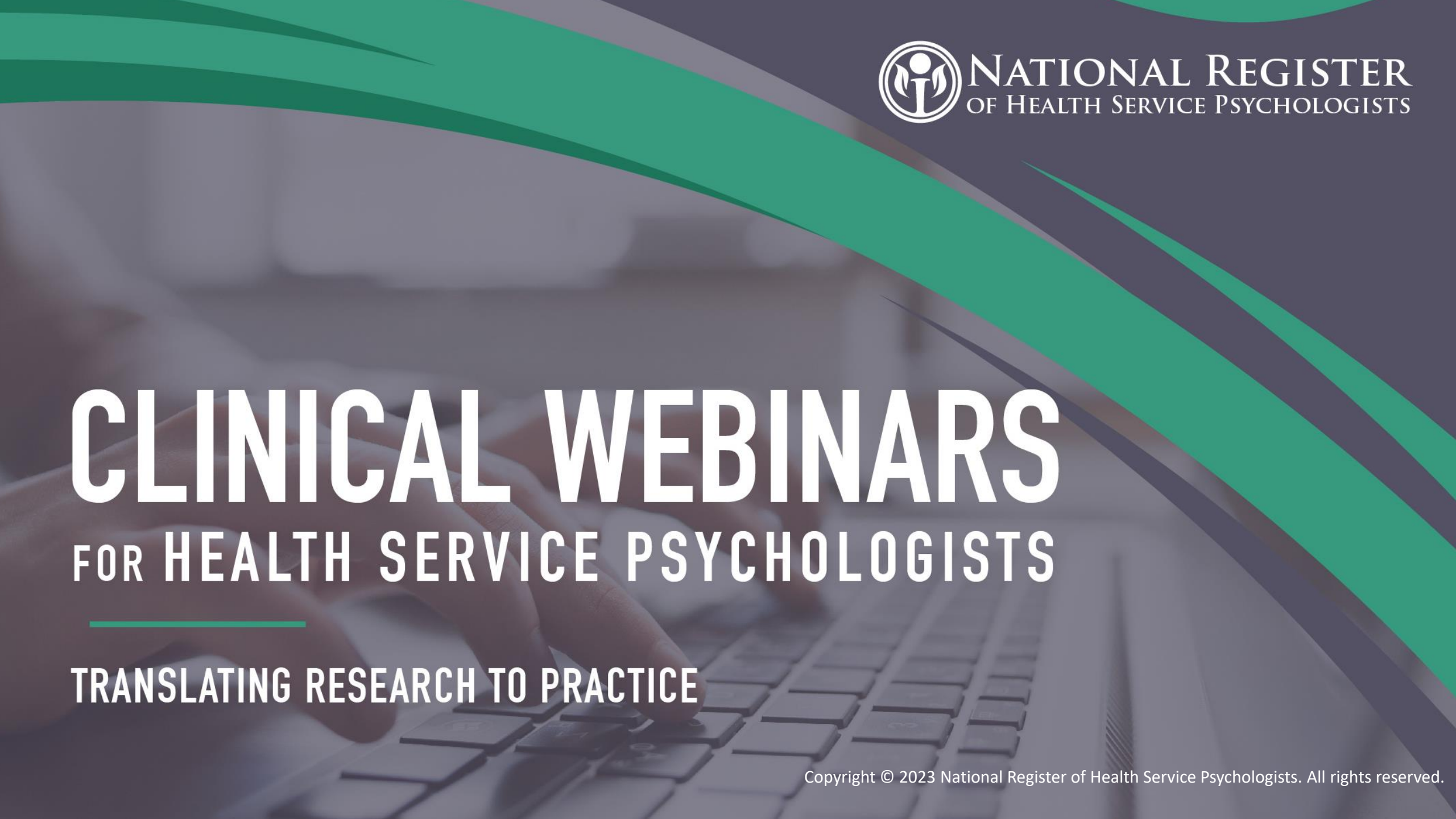

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Intimate Partner Violence Clinical Considerations

Julia Hammett, PhD

Arizona State University

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Julia Hammett, Ph.D.

Dr. Julia Hammett is a licensed psychologist in Arizona and a postdoctoral research fellow at Arizona State University. She holds a PhD in Clinical Psychology from the University of California, Los Angeles and Master's and Bachelor's degrees from San Diego State University. Dr. Hammett's research focuses on risk and resilience factors of intimate partner violence among couples from low-income communities, and how to target these factors in brief and accessible evidence-based interventions.

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Disclosures/Conflicts of Interest

I have no conflicts of interest to disclose.

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Learning Objectives

Describe	Describe risk and protective factors associated with intimate partner violence
Identify	Identify evidence-based interventions for individuals and couples
Discuss	Discuss cultural considerations in treatment planning

Agenda

- Intimate Partner Violence: An Overview
- Predictors & Outcomes
- Assessment & Screening
- Treatment Approaches
- Clinical Considerations

Intimate Partner Violence: An Overview

Intimate Partner Violence

- Violence by a current/former partner in an intimate relationship against the other partner

Physical violence

Sexual violence

Stalking

Psychological aggression

Centers for Disease Control & Prevention (2022)

Intimate Partner Violence

Lifetime Prevalence

	Men	Women
Physical violence	42.3%	42.0%
Sexual violence	7.6%	19.6%
Stalking	5.2%	13.5%
Psychological aggression	45.1%	49.4%

Disproportionate risks among marginalized groups

Centers for Disease Control & Prevention (2022)

Physical Health Concerns

Mental Health Symptoms

Mortality

Societal Costs

People from groups that have been marginalized are not only at greater risk for IPV but are also at greater risk for its negative health impacts

Vulnerable Populations

Intersectionality between different social determinants of health

- History of violence and trauma (Past IPV, ACEs)
- Socioeconomic disadvantage (housing, income, education)
- Gender and sexual minorities at higher risk for IPV

Individuals from marginalized communities may be less likely to receive the care they need

- Barriers: Mistrust of police/authority, stigma, affordability
- Quality of care received

Gender Symmetry & Directionality

Gender Symmetry	**Gender Asymmetry**
Men and women perpetrate IPV at about equal rates	Men perpetrate IPV at higher rates

Bidirectional IPV	**Unidirectional IPV**
Perpetrated by both partners	Perpetrated by one partner against the other

Gender Symmetry & Directionality

	Symmetry/Bidirectional	Asymmetry/Unidirectional
Type of sample	Population and community samples	Criminal justice, legal, or military samples
Type of data	Self-report	Existing records
Assessment methods	Behavioral checklists, incident-based items	Complex questionnaires (w/ incident-level & follow-up items)
Severity/form of IPV	Less severe forms (verbal, psychological IPV)	More severe forms (sexual IPV, injury)

Resolving the Controversy: IPV Types

There are different types of IPV.

Situational Couple Violence (SCV)

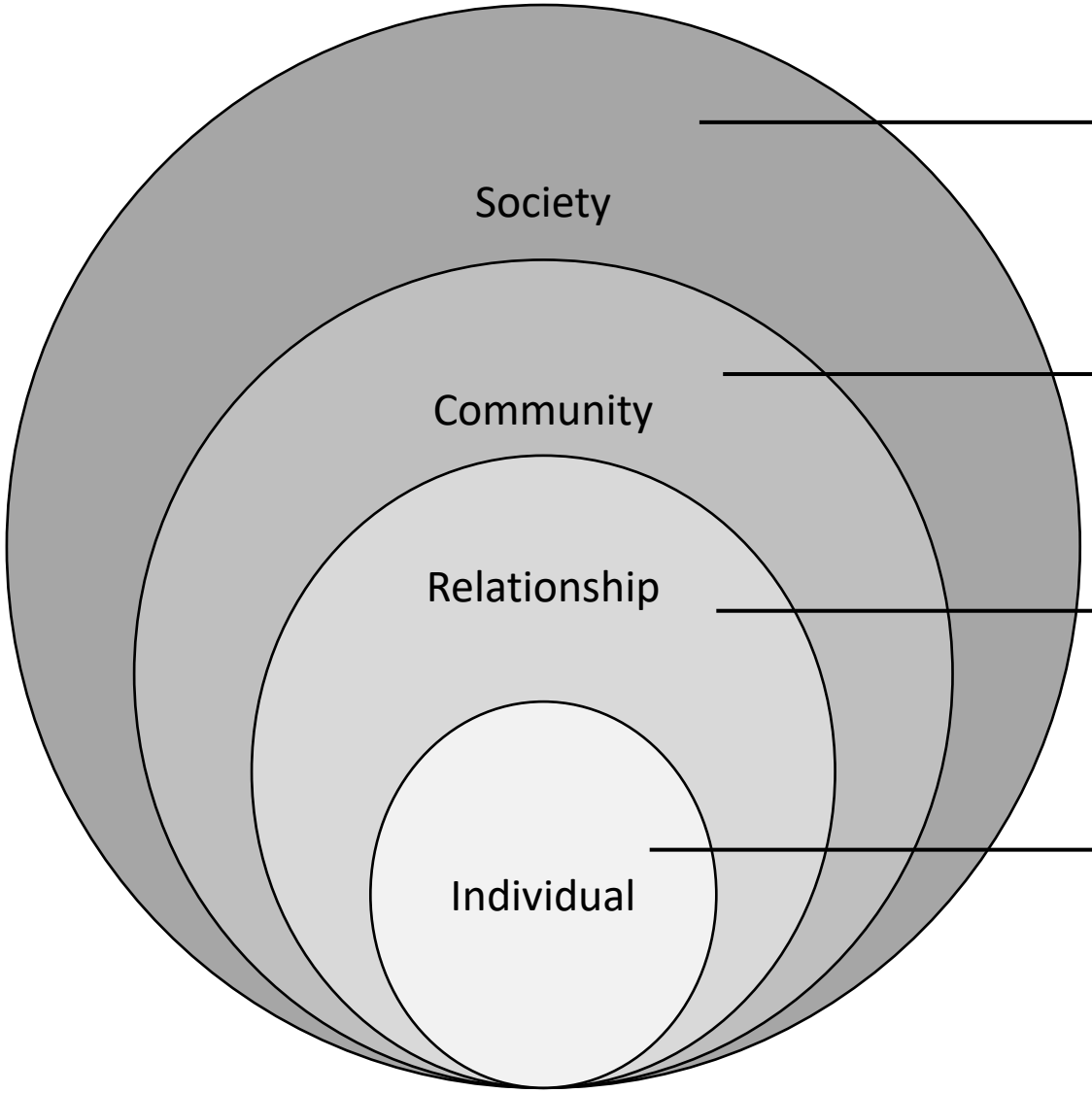
- Measured on surveys
- Motivated by frustration
- Involves arguing
- Mutual
- Reactive and emotional
- *Can still be fatal*

Coercive Controlling Violence (CCV)

- Measured by police and crime records
- Motivated by desire to control partner
- Involves physical and emotional abuse
- Proactive and strategic

Risk & Protective Factors

Socio-Ecological Framework



Sociopolitical, cultural, and religious norms
Gender inequity
Societal costs

Unemployment
Low average income
Social disorganization

Commitment
Distressed communication
Relationship satisfaction

Demographics (e.g., age)
Dispositional factors (e.g., anger)
Family history of violence
Mental/physical health

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Assessment & Screening

Commonly Used Instruments

Conflict Tactics Scales (CTS-2)

- Considered by many the ‘gold standard’ for research purposes
- 39 behaviorally specific statements
- 5 scales: physical assault, sexual coercion, psychological aggression, injury, negotiation
- Frequency of behavior on a 7-point scale (0--never to 6-->20 times)

Conflict Tactics Scales

Perpetration

- I pushed, shoved, or slapped my partner
- I insulted or swore or shouted or yelled at my partner
- I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)

Victimization

- My partner pushed, shoved, or slapped me
- My partner insulted or swore or shouted or yelled at me
- My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)

(Straus et al., 1996)

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Screening Tools for Clinical Practice

- Modified Extended Hurt/Insult/Threaten/Scream (HITS) Intimate Partner Violence Screening Tool
- Perpetrators Rapid Scale
- Perpetration Screening Tool

Modified Extended HITS

In the past 6 months, how often have you done the following to a past or current intimate partner:

1. physically hurt him or her (e.g., pushed, shoved, slapped, punched, kicked, or beat-up),
2. insult or talk down to him or her (e.g., called him or her names, belittled him or her),
3. threaten him or her with harm,
4. scream or curse at him or her, and
5. forced him or her to have sex or do sexual things (e.g., insisted on sexual activities when he or she didn't want to or used force or threat of force)

(Portnoy et al., 2018)

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Perpetrators Rapid Scale

1. Have you ever forced your partner to have sex or hurt your partner during sex?
2. Have you ever pushed or shoved or poked your partner violently?
3. Have you ever hit or punched your partner's arms, body, head, or face?

(Ernst et al., 2012)

Perpetration Screening Tool

Please indicate if the following has occurred in the past year.

1. I threatened to hit or throw something at my partner.
2. I pushed or shoved my partner.
3. My partner had a sprain, bruise, or small cut because of a fight with me.
4. I slapped my partner.

(Crane et al., 2017)

Treatment Approaches

Batterer Intervention Programs (BIP)

- Primary intervention for IPV
- Goals: Accept responsibility & reduce recidivism
- Examples: Duluth power and control framework, cognitive-behavioral therapy, psychoeducational approaches
- Limited efficacy in producing behavior change
- Mixed results in recidivism

Individual and Couple Interventions

Strength at Home (SAH) (Taft et al.)

- Trauma-informed & evidence-based
- Can be used for the civilian, military, or Veteran population
- Intervention with groups, couples, and individuals

Achieving Change Through Values-Based Behavior (ACTV) (Zarling et al.)

- Trauma-informed and evidence-based intervention for offenders
- Based on principles of Acceptance and Commitment Therapy

Systemic Interventions

Restorative Justice (RJ)

- Holistic approach involving perpetrators, survivors, and other relevant stakeholders
- Inherent flexibility
- Mixed empirical support for effectiveness

Coordinated Community Response (CCR)

- Accountability on multiple levels (including individual, relationship, community, and societal)
- BIPs, the criminal justice system, victim services, child services, family courts, health systems
- Empirical support for effectiveness
- Culturally relevant coordinated response

Clinical Considerations

Case Study #1

Mike is a 45-year-old Caucasian male who is court-ordered for treatment. He reports having physically insulted his wife Maya on multiple occasions, resulting in at least 2 hospital visits. When meeting with Mike for the first time, he asks you about the possibility of doing couples therapy instead of individual treatment as he believes this would help overcome their relationship issues and ultimately result in less IPV, better relationship quality, and better co-parenting of their 5-year-old twins. He also does not want Maya to be at home by herself while he is in treatment because “who knows what stupid ideas she might get while I am gone.”

Case Study #2

Maria is a 37-year-old Mexican American female. She presents to treatment because she has been feeling down, largely due to the fact that her romantic relationship is "falling apart." As you conduct your intake, Maria discloses that she frequently calls her partner Jose names and that on one occasion, she even shoved Jose in the heat of the moment, resulting in Jose stomping out of the room. Maria says she and Jose still very much love each other and want to find a way to make things work. She also notes that they don't have a lot of money, each work multiple jobs, and generally find it hard to find times that work for both of their schedules.

Choosing & Tailoring Interventions

Things to take into Consideration

- Type of IPV
  - SCV or CCV?
- Safety
  - Type of IPV – Severity & Directionality
  - Presence of other family members
- Presenting concerns
  - Main presenting concern (e.g., IPV vs relationship distress)
  - Co-occurring issues (substance use, PTSD)
- Context
  - Culture, values
  - Intersectionality
  - Barriers to change

Choosing & Tailoring Interventions

Decision Points	Mike	Maria
Individual vs couple vs group?	Individual	Couple
In-person vs telehealth?	In-person	Telehealth
Focus of tx?	IPV	Relationship distress, mental health
…	…	…

Final Thoughts

- Working with clients involved in violent relationships can be clinically and personally demanding
- Many of us struggle with maintaining a person-centered approach, refraining from overtly directing the course of treatment, and maintaining a motivational stance
- Self-care, clinical consultation, and ongoing training/professional development are key

Resources

- Centers for Disease Control: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html
- Strength at Home: https://strengthathome.org/
- ACTV: https://www.news.iastate.edu/news/2017/07/05/actv
- National Domestic Violence Hotline 1-800-799-7233 (SAFE) and http://www.thehotline.org/
- Futures without Violence: http://www.futureswithoutviolence.org/
- National Coalition Against Domestic Violence: http://www.ncadv.org/

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Q&A With Dr. Hammett

Thank you!

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