


“Looking back, the programs kept me alive”: Women’s Impressions of Counselling for Intimate Partner Violence

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Learning Objectives

1. To review different types of counselling offered to women abused by intimate partners (IPV).
 2. To cover the pros and cons of these counselling approaches as described by 660 women who sought counselling support for IPV.
 3. To describe the implications of the women's views on assessment and counselling approaches.
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The Healing Journey Project

- A tri-provincial (Alberta, Saskatchewan, Manitoba) study with 7 waves of data collection from 2004 to 2009.
- 1 wave specific to economic issues (DeRiviere, 2014).
- Examined IPV severity, mental health/well-being, mothering, post-separation coercion, custody issues & visitation problems among other issues.
- Also examined disabilities (both mental & physical).
- Disability defined as condition interfering in employability or daily activities.
- Can precede IPV (making women more vulnerable) or result from IPV.
- Limitation: non-random sample.
- Women had all accessed services.

Healing Journey Research Team (Community & Academy)

- Principal Investigators: E. Jane Ursel, Marlene Bertrand
- Alberta Research Team: Lorraine Radtke, Jan Reimer, Leslie Tutty, Kendra Nixon, Brenda Brochu, Pat Garrett, Erin Gibbs van Brunschot, Carolyn Goard, Ruth Grant-Kalischuk, Kristine Cassie, Caroline McDonald-Harker, & Wilfreda (Billie) Thurston
- Saskatchewan Research Team: Mary Hampton, Maria Hendrika, Bonnie Jeffries, Darlene Juschka, Stephanie Martin, Carol Soles, Karen Wood, Angele Wells, Wendee Kubik
- Manitoba Research Team: Christine Ateah, Janice Ristock, Johanna Loseho, Roberta Graham, Lori Wilkinson, Colin Bonnycastle, Anna Pazdzierski, Karen Peto, Linda DeRiviere, Margaret Marin & Darlene Sutherland

The Funders

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- Alberta Heritage Foundation for Medical Research
- Alberta Centre for Child, Community and Family Research
- *PrairieAction* Foundation
- Status of Women Canada
- TransCanada Pipelines

The Healing Journey Project

- 665 women from Alberta, Saskatchewan & Manitoba who were abused by intimate partners (336 Indigenous, 283 White, 40 visible minority).
- Recruited through shelters and other service providers.
- Longitudinal study (2004-2009)
- 7 waves of data collected about 6 months apart.
- Survey data collected in-person with same RA.
- 89 women were interviewed in-depth for their perceptions of their own Healing Journey.

Measures

- Composite Abuse Scale (Hegarty, et al., 2005) .
- Symptom Checklist-10: global assessment of psychological distress (Nguyen et al., 1983)
- Centre for Epidemiological Studies – Depression (CES-D-10) (Radloff, 1977)
- Clinical cut off of 15 (Björgvinsson et al., 2013)
- PTSD Checklist (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996)
- Clinical cut-off of 44 (Blanchard et al.)
- Quality of Life (Sullivan & Bybee, 1999)
- Mother’s Protective Strategies. Created by HJ team (20 items)

Key Findings from HJ Publications

- Mental health findings (Tutty et al., 2021)
 - Average women's scores not in clinical ranges.
 - Women with disabilities had most severe mental health scores.
- Indigenous women (Tutty et al., 2021)
 - Somewhat surprisingly, although Indigenous women had higher physical & emotional IPV, they did not differ on mental health measures.
 - Disability associated with more problematic mental health.
- Longitudinal analysis (Tutty et al., 2020b)
 - Women significantly improved QoL, mental distress & PTSD over 2.5 years.
 - Depression was constant but not in clinical range over time.
 - Severe IPV & disability associated with worse mental health at 2.5 years.

Key Findings from HJ Publications

- Mothering (Ateah et al. 2019)
 - Compared HJ mothers with children between 5 & 11 years (n = 282) to 929 women in the Canadian National Longitudinal Study of Children & Youth 2006.
 - HJ Mothers did not differ in their positive interactions or behavior management.
- Mothers & protective strategies (Nixon et al. 2017)
 - Women abused by partners often portrayed as bad mothers.
 - 350 HJ mothers most often showed affection and were nurturing.
 - Some strategies such as returning to partners need to be understood in the context of the IPV.

Key Findings from HJ Publications

- Intimate partner sexual assaults (IPSA) (Tutty & Nixon, 2022)
 - Original analyses not focused on IPSA. No subscale on IPSA on CAS.
 - So compared women on one CAS item, “My partner raped me.”
 - Of 665 Canadian women, 41% were sexually assaulted by partners; 53% were sexually abused as children.
 - Women with any IPSA had significantly higher scores on all Composite Abuse subscales (IPV), mental distress (SCL-10), and depression (CES-D-10).
 - PTSD higher for women with both IPSA & CSA histories.

Counselling & IPV

- A common belief is that abused women seldom seek formal assistance such as counselling.
- Most IPV studies do not focus on counselling.
- Only 3 Canadian population-based studies examining help-seeking & IPV mention counselling (Ansara & Hindin, 2010; Barrett & Pierre, 2011, Barrett et al, 2020).
- Barrett et al. (2020): 32% of female IPV survivors sought help from counsellors or psychologists compared to only 16% of males.
 - But no information on the women's impressions or satisfaction with counselling.
- Other studies focus on evaluations of a single program.
- Question for the current study: What do women think of the counselling that they received?

IPV-Specific Counselling

- IPV identified as an issue of concern by violence against women (VAW) shelters.
- First Canadian VAW shelter opened in 1973.
- IPV not seen as of clinical concern until the 1980's.
- VAW shelters offer many services i.e., information about IPV & crisis counselling (referred to as advocacy in the US).
- Shelter residents often refer to the emotional support & crisis counselling from shelter staff as vital (Tutty, 2015; Sullivan & Virden, 2017).

IPV-Specific Counselling

- Support groups for abused women are integral in many shelters and community programs (Abel, 2000).
 - Evaluations: statistically significant improvements in self-esteem, attitudes toward marriage and the family & depression (Allen, et al., 2021; Tutty et al., 2015).
- Currently, trauma-informed practice is offered in group or individual counselling (Baird et al., 2021; Wilson, et al., 2015).
- Cognitive therapy is one of the most common strategies for PTSD, with some models developed specifically for IPV (Arroyo et al., 2017), and applied in some VAW shelters (Johnson, et al., 2011).

Non-specific IPV counselling

- Marital & family therapy controversial as therapists may not identify IPV (Oka & Whiting, 2011) because of:
 - Therapist neutrality
 - Tendency not to recognize power in relationships.
- Some newer couple's approaches claim to address IPV (Stith et al., 2022).
- Some psychiatrists & psychologists have stigmatizing responses to IPV with a focus on the individual woman & mental health symptoms: No context for the IPV.

Non-specific IPV counselling

- Faith-based counselling:
 - Some clergy cling to traditional religious values such as the “sanctity of marriage” (Dyer, 2010).
 - Some have advocated for training faith-based leaders about IPV (Drumm et al., 2018).
- Indigenous healing approaches include Healing Circles, sweat lodges, consulting with Elders (Olsen Harper, 2006).
 - Not specific to IPV but might assist women in dealing with IPV.
 - Little known about their use.

The Current Study

- 660 women:
 - Average of 36.4 years.
 - Racial backgrounds: 50.8% (334) Indigenous, 43.1% (282) White, and 6.1% (40) visible minority
 - The majority (90.8%) had children.
- CAS subscales: well above suggested clinical cutoff scores.
- None of the mental health measures in the clinical range.
- 564 sought at least 1 type of counselling; 96 none.
- Those who did not seek counselling were significantly:
 - Younger & had significantly younger partners;
 - Significantly more likely to be Indigenous (79.1%).

The Current Study

- Number of counseling experiences:
 - 204 had accessed one counseling type or program,
 - 135 listed two, 111 listed three, 41 listed four, 32 listed five, and 42 women listed six or more (with an upper limit of ten).
- Total of 1,383 programs (at a minimum) indicates an average of 2.45 programs for the 564 women who attended counseling.

Helpfulness of Counselling

Type of Counselling	Not at all/A little bit helpful	Somewhat helpful	Quite a bit/Very helpful	Total
Professional Counsellor	34 (9.6%)	44 (12.4%)	276 (78%)	354
Shelter Counsellor/group	7 (7.1%)	5 (5.1%)	86 (87.6%)	98
IPV-specific program	6 (10.7%)	5 (8.9%)	45 (80.4%)	56
Couples Counselling	8 (66.7%)*	3 (25%)	1 (8.3%)*	12

IPV-Specific Counselling

- Our question about counseling was not specific to VAW shelters, yet 98 women described the counseling from shelter staff.
- Theme 1: Positives (n=54)
 - “Helpful, a neutral person to talk to. They asked the right questions, encouraged you to do you own problem-solving. Encouraged self-esteem. She showed a lot of compassion, was non-judgmental.”
- Theme 2: Learning about IPV (n=20).
 - “Made me realize that there are more kinds of abuse than just physical.”
- Theme 3: Concerns (n=24).
 - “I felt better talking to an outsider. They listened but didn’t give me practical help. They didn’t follow up.”

IPV Groups (n = 85)

- Theme 1: Hearing other' women's stories (n=45).
 - "To be with women and listen to their stories and realize that my relationships could get worse. I was able to help them too."
- Theme 2: Learning about IPV resources (n=24)
 - "I learned a lot about abuse, I learned I'm not alone, not crazy. I learned that I can live an abuse-free lifestyle."
- Theme 3: Concerns (n=31) i.e., group process issues, including a need for longer groups & better group leadership.
 - "Lacking regular participation by other clients. Control of group could have been better (moving along women holding up the discussion)."

Non-IPV-specific Counsellors

- 86% (n = 228) were positive about their counseling.
 - We could not tell whether the counsellors were knowledgeable about IPV.
- Theme 1: Positive therapy outcomes (n=158)
 - “For the first time in my life I feel able to express myself & face some demons I’ve let sleep for years.”
- Theme 2: Learning about IPV (n=52)
 - “I learned safety issues & the dynamics of abuse, how to recognize the signs so I won’t get caught up in it again.”

Non-IPV-specific Counsellors

- Theme 3: Concerns about counsellor (n=48).
 - “Counsellor seemed distracted & didn’t provide feedback.”
- Theme 4: Lack of IPV knowledge (n=16).
 - “He doesn’t focus on abuse issues. He was superficial on domestic violence.”
- Theme 5: Lack of accessibility (n=41).
 - “You have to be a detective to find help. You seemed to need to be in crisis before people would tell you.”

Couples Counselling (n = 35)

- Theme 1: Major Issues (n=19)
 - “Counsellor had no control over the session & let my husband yell at me.”
 - “He never admitted that he abused me. I feel extremely let down by the counsellor. She really seemed to be buying into his story; was sympathetic with him.”
- Theme 2: Helped her but not partner (n=12)
 - “Couples counselling helped my decision to leave him, but not in repairing relationship because it was clear he didn’t want to be there.”
 - “My husband and I had marriage counselling. While I received something out of it, my husband did not. He was just there because his probation demanded it. My husband was just not interested in changing.”

Mental Health Intervention (n = 32)

- Theme 1: Helpful (n=19)
 - Medication helped (n=6)
 - Having a diagnosis was useful (n=5)
 - Assisted with the IPV, or history of sexual abuse (n=5)
 - Counselor provided useful resources & support (n=5)
- Theme 2: Not helpful (n=13)
 - No connection with counsellor (n=7)
 - Knew little about IPV (n=3)
 - Unwanted medication (n=2)

Addictions Interventions (n = 16)

- Theme 1: Interventions (including AA) useful (n=13).
 - “They helped me overcome addiction & realize I don’t need to numb myself to deal with life problems.”
- No knowledge of IPV (n=3).
 - “helped deal with addictions at that time in my life but didn’t help me see the abuse”

Faith-Based Counselling (n = 13)

- Theme 1: Helpful (n=8)
 - “Helpful for compassion, empathy & direction. A healing experience.”
- Theme 2: Limitations (n=5)
 - “The counsellor was more focused on reconciliation. My ex convinced the counselor that he has turned over a new leaf. The counselor was taken in by him.”

Indigenous healing (n = 19)

- Not typically specific to IPV.
- Theme 1: Helpful (n=16)
 - “I went on sweats. They showed me ways to cope, anger management.”
- Theme 2: Learned about IPV & CSA (n=3)
 - “Medicine Man provided validation that I was not the problem and that my husband needed to change.”

Study Conclusions

- Unlike stereotypes of abused women, a majority sought counselling, many from more than one source.
- Indigenous women were least likely to seek counselling.
- Across the most often-used counseling types (shelter-counseling [N=85, 88% positive], IPV groups [N=85, 80% positive], and general counseling [N=265, 80% positive], most referred to their personal improvements while connecting with the counselors & learning about IPV & community resources.
- In comparison, the dissatisfaction with couples counseling (N=35, 45.7% positive) was notable.

Clinical Practice Implications

- Clinicians need education about IPV.
 - Recent studies in social work (Fedina et al., 2018), nursing students (Connor et al., 2013), & mental health professionals (Nyame et al., 2013) document the general lack of teaching about IPV.
 - They suggest the importance of education in post-secondary institutions or professional training programs

Clinical Practice Issues: Assessment

- Tutty, L. M. (2022). Identifying, assessing, and counselling male intimate partner violence (IPV) perpetrators and abused women. In R. Alaggia & C. Vine (Eds.), *Cruel but not unusual: Violence in Canadian families* (3rd ed.) (pp. 510-535). Waterloo, ON: Wilfrid Laurier Press.
- Assess all women clients for IPV and tell women that you do this with all clients, so they do not feel stigmatized.
- Could use the 4-item Humiliation-Afraid-Rape-Kick (HARK) (Sohal et al., 2007).
 - HUMILIATION: Within the last year, have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?
 - AFRAID: Within the last year, have you been afraid of your partner or ex-partner?
 - RAPE: Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?
 - KICK: Within the last year, have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?

Clinical Practice Issues: Assessment

- Couples rarely identify IPV when seeking conjoint counselling.
- In assessment, let them know that, at one point, you will meet with each separately. Then assess for IPV.
- If IPV identified, discuss how to approach partner.
- With all who identify IPV, make a safety plan (Sullivan, 2018).
- Provide information on the cycle of violence (Walker, 1978), the location of the closest emergency shelters, legal protection etc.
- Do not push “going to a shelter.” Trust the woman to choose.
- Offer trauma-informed counselling, whether group or individual.

Discussion questions

- Questions or Comments?
 - Study is a secondary analysis on older data. Do the results still have meaning?
 - Are the results surprising?
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References

- Abel, E. M. (2000). Psychosocial treatments for battered women: A review of empirical research. *Research on Social Work Practice, 10*(1), 55-77. <https://doi.org/10.1177/15527581-00010001-07>
- Allen, A. B., Robertson, E., & Patin, G. A. (2021). Improving emotional and cognitive outcomes for domestic violence survivors: The impact of shelter stay and self-compassion support groups. *Journal of Interpersonal Violence, 36*(1-2), NP598–624NP. <https://doi.org/10.1177/0886260517734858>
- Ansara, D. L., & Hindin, M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine, 70*(7), 1011-1018. <https://doi.org/10.1016/j.socscimed.2009.12.009>
- Arroyo, K., Lundahl, B., Butters, R., Vanderloo, M., & Wood, D. S. (2017). Short-term interventions for survivors of intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence, & Abuse, 18*(2), 155-171. <https://doi.org/10.1177/1524838015602736>
- Baird, S. L., Alaggia, R., & Jenney, A. (2021). "Like opening up old wounds": Conceptualizing intersectional trauma among survivors of intimate partner violence. *Journal of Interpersonal Violence, 36*(17-18), 8118-8141, <https://doi.org/10.1177/0886260519848788>
- Barrett, B. J., & Pierre, M. S. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence Against Women, 17*(1), 47-70. <https://doi.org/10.1177/1077801210394273>
- Barrett, B. J., Peirone, A., & Cheung, C. H. (2020). Help seeking experiences of survivors of intimate partner violence in Canada: The role of gender, violence severity, and social belonging. *Journal of Family Violence, 35*(1), 15–28. <https://doi.org/10.1007/s10896-019-00086-8>
- Blanchard, E. B., Jones-Alexander, J., Buckley, T. C., & Forneris, C. A. (1996). Psychometric properties of the PTSD checklist (PCL). *Behaviour Research and Therapy, 34*(8), 669–673. [https://doi.org/10.1016/0005-7967\(96\)00033-2](https://doi.org/10.1016/0005-7967(96)00033-2)
- Connor, P. D., Nouer, S. S., Speck, P. M., Mackey, S. N., Tipton, N. G. (2013). Nursing students and intimate partner violence education: Improving and integrating knowledge into health care curricula. *Journal of Professional Nursing, 29*(4), 233-239. <https://doi.org/10.1016/j.profnurs.2012.05.011>
- DeRiviere, L. (2014). *The Healing Journey: Intimate partner abuse and its implications in the labour market*. Fernwood Press and RESOLVE.

References

- Sohal, H., Eldridge, S., & Feder, G. (2007). The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: A diagnostic accuracy study in general practice. *BMC Family Practice*, 8(1). <https://doi.org/10.1186/1471-2296-8-49>
- Stith, S. M., Topham, G. L., Spencer, C., Jones, B., Coburn, K., Kelly, L., & Langston, Z. (2022). Using systemic interventions to reduce intimate partner violence or child mal-treatment: A systematic review of publications between 2010 and 2019. *Journal of Marital and Family Therapy*, 48(1), 231–250. <https://doi.org/10.1111/jmft.12566>
- Sullivan, C. (2018). Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of Family Violence*, 33(2), 123–131. <https://doi.org/10.1007-s10896-017-9931-6>
- Sullivan, C. M., & Bybee, D. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43–53. <https://doi.org/10.1037/0022-006X.67.1.43>
- Sullivan, C. M., & Virden, T. (2017). Interrelationships among length of stay in a domestic violence shelter, help received, and outcomes achieved. *Journal of Orthopsychiatry*, 87(4), 434-442. <https://doi.org/10.1037/ort0000267>
- Tutty, L. M. (2022). Identifying, assessing, and counselling male intimate partner violence (IPV) perpetrators and abused women. In R. Alaggia & C. Vine (Eds.), *Cruel but not unusual: Violence in Canadian families* (3rd ed.) (pp. 510-535). Waterloo, ON: Wilfrid Laurier Press.
- Tutty, L. M. (2015). Addressing the safety and trauma issues of abused women: A cross-Canada study of YWCA shelters. *Journal of International Women's Studies*, 16(3), 101-116. Available at: <http://vc.bridgew.edu/jiws/vol16/iss3/8>.
- Tutty, L. M., Babins-Wagner & Rothery, M. A. (2015). You're Not Alone: Mental health outcomes in therapy groups for abused women. *Journal of Family Violence*, 31(4), 489-497. <https://doi.org/10.1007/s10896-015-9779-6>
- Walker, L. (1978). Battered women and learned helplessness. *Victimology*, 2(3-4), 525-534.
- Wilson, J. M., Fauci, J. E., & Goodman, L. A. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American Journal of Orthopsychiatry*, 85(6), 586-599. . <https://doi.org/10.1037/ort0000098>

Healing Journey publications

Tutty, L. M., Radtke, H. L., & Nixon, K. L. (2023). "He tells people that I am going to kill my children": Post-separation coercive control in men who perpetrate IPV. *Violence Against Women*. <https://doi.org/10.1177/10778012231166408>

Tutty, L. M., & Nixon, K. L. (2022). #MeToo on the Canadian prairies: Raising awareness of sexual assaults and mental health in women abused by intimate partners. *Violence Against Women*, 28(6/7), 1398–1419. <https://doi.org/10.1177/10778012211032699>

Tutty, L. M., Ogden, C. L., & Nixon, K. L. (2023). "Your skin crawled every time he touched you": A secondary qualitative analysis exploring Bagwell-Gray's taxonomy of intimate partner sexual violence. *Violence Against Women*. <https://doi.org/10.1177/10778012231174352>

Tutty, L. M., Radtke, H. L., Thurston, W. E., Ursel, E. J., Nixon, K. L., Hampton, M., & Ateah, C. (2020b). A longitudinal study of the well-being of Canadian women abused by intimate partners: A healing journey. *Journal of Aggression, Maltreatment and Trauma*, 30(9), 1125-1147. <https://doi.org/10.1080/10926771.2020.1821852>

Tutty, L. M., Radtke, H. L., Thurston, W. E., Nixon, K. L., Ursel, E. J., Ateah, C. A. & Hampton, M. (2020a). The mental health and well-being of Canadian Indigenous and non-Indigenous women abused by intimate partners. *Violence Against Women*, 26 (12-13), 1574-1597 . <https://doi-org.uml.idm.oclc.org/10.1177/1077801219884123>

Tutty, L. M., Radtke, H. L., Ateah, C. A., Ursel, E. J., Thurston, W. E., Hampton, M., & Nixon, K. L., (2021). The complexities of intimate partner violence: Mental health, disabilities, and child abuse history for White, Indigenous, and other visible minority Canadian women. *Journal of Interpersonal Violence*, 36(3-4), 1208–1232. <https://doi.org/10.1177/0886260517741210>

Nixon, K., Tutty, L. M., Radtke, H. L., Ateah, C., & Ursel, J. (2017). Protective strategies of mothers abused by intimate partners: Rethinking the deficit model. *Violence Against Women*, 1-22. <https://doi.org/10.1177/1077801216658978>

Ateah, C., Tutty, L. M., Radtke, H. L., Nixon, K. & Ursel, J. (2019). Mothering, guiding, and responding to children: Are women abused by intimate partners different? *Journal of Interpersonal Violence*, 34(15), 3107-3126. <https://doi.org/10.1177/0886260516665109>

Tutty, L., M., & Nixon, K. L. (2020). Mothers abused by intimate partners: Comparisons of women whose children were removed by child protective services and those whose were not. *Children and Youth Services Review*, 115. <https://doi.org/10.1016/j.childyouth.2020.105090>

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