



Wilcoxon, Remley, and Gladding; Chapter 6 (v5.4.0)
For discussion on October 6, 2022

Intimate Partner Violence and the Ecology of Therapy

1. Intimate Partner Violence (IPV) [formerly known as Domestic Violence (DV)] is distinguished from criminal acts that may occur between strangers, such as assault, battery, or other similar crimes by its more hidden nature (Johnson, 1995, p. 106).
2. As noted in the text, the perpetrators of IPV, continue to predominantly be the male partner in a male-female couple. The incidence of reciprocal or female perpetration is on the rise.
3. Note the "other variables" contributing to IPV as cited by Danis and Lockhart (2003) and Gerlock (2001, p. 107), which include unemployment, poverty, stress, suicidal ideation, and homelessness. This seems like a very incomplete list that **SHOULD** include mental health problems, substance use/abuse, among others. Add your suspicions to the list.
4. Notice how the terms "Battle for Structure" and "Battle for Initiative" are constant drumbeats throughout this text. **As Napier described them, the therapist must win the former, the patient must win the latter.**
5. Although IPV and child abuse may be simultaneously occurring in the home, there is a strong distinction where mandates are concerned. Children have no choice but to be there and are subject to mandates when abuse is suspected. With partners, the problem is more difficult because they presumably they are adults and have a choice about the treatment they wish to tolerate.
6. According to Bergin and Bukovic (2006) and others, "the perpetrator's intermittent but persistent abuse has destroyed their [victim's] subjective reality," which therefore, "lends support to acting on behalf of a victimized partner" (p. 111).
7. In another effort to rally MFTs into overt action, the authors state, "Victimized partners sometimes experience a form of learned helplessness because of a consistent and well-reinforced message that nothing they can do will change their situation ... and therefore need someone to assist them to get out of this hopeless situation" (p. 113). There are lots of questions here about how much help is too much help and thus "crosses the line." There is no definitive answer, unfortunately.
8. What about that statement that one who is victim to persistent abuse "experiences terror which traumatically infantilizes her [or him]" (Symonds, p. 113)?

9. The authors indicate that patients have cultural and familial traditions that affect their viewpoints on IPV (Buttell, p. 114).
10. Does the therapist have an obligation to prescribe to weak and confused patients "the ideal of a good life" for a victim (Kurri & Wahlstdrom, 2001, p. 114)? What do you think? **This is a very serious therapist question.**
11. Notice how the authors are continuing to make their case for therapists asserting that victimized partners must be encouraged to leave the relationship. **Where are you on this? Is IPV a special case that demands we have a different set of values for this particular interactional problem?**
12. Please note that almost everything on pages 114 and 115 is trying to make a case for stepping in on behalf of our victimized patients, with the notion that promoting safety of the victim overrides other considerations.
13. If I'm standing on the side of the road, minding my own business, and I'm killed by a drive-by shooter, then I'm indeed a "victim." It happened for no reason, and I incurred a loss (my life). In a different scenario, if I go home every night to the beating that I've always had, and I voluntarily drive my car to that location and go inside for what I know is there, am I still a victim? I'm not making any big point here except there are some terminology issues that are confusing.
14. "It seems ethically justifiable to encourage a partner in a violent intimate relationship to leave that relationship if the victim is judged to have limited psychological competence because of the severity of the circumstance" (p. 116). What do you think about this? **This is a very serious therapist question.**
15. What do you think of the four clinical positions put forth by Willbach (1989, p. 117) on family therapy with these families, including the one where family therapy is contraindicated unless the violent member is able to **contract** for nonviolence?
16. I have always liked the quote by Mathias (1986) on page 117, "Violence signals a breakdown in the very bedrock of family life, a family's willingness to take responsibility for the safety of its members." Seems legit.
17. What about the statement by Bograd on page 117, that "therapists must take an unapologetically value-laden stand" on the matter of violence? Lots of stuff here on where to put blame and/or responsibility for violent behaviors.
18. The authors suggest that abusive men require strong external pressures as motivation to seek treatment, and the threat by their partner to leave is the most effective pressure (p. 117). What do you think?

19. Stith et al. (2004, p. 117) suggests that "family therapy" as we view it is probably not the best treatment for these families, but rather multi-couple therapy following a brief separation. Actually, this is seen by many as the best approach, and one that provides the greatest safety to families. Can you visualize yourself doing this kind of work?

20. Funny how Wilcoxon et al. go on and on in their little book about cultural mores and the like, but they never mention violence in same-sex couples. Is this a problem? What do you know about IPV within same-sex couples?