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 terror (IPT), is characterized by power imbalance in the relationship that is enforced through psychological, emotional, physical, and sexual abuse (Stark, 2009). Symptoms of cluster B personality disorders (borderline, narcissistic, antisocial/psychopathic) link to patterns of abuse in perpetrators of IPT, typically perpetuating their relationship unawares of their partner’s disorder. The onset of abuse is insidious as the perpetrator gains power and control over their victim’s sense of self and reality testing while isolating her/him from social supports (Leedom, Goelen, & Hartsonian Almas, 2013). The abuse experience leads to anxiety, depression, PTSD, enduring use disorders and experienced physical illness. Although good evidence based therapies exist for these disorders, (cognitive behavioral therapy (CBT), interpersonal therapy (IPT), among others) there is research interest in designing such a therapy, to ascertain how and if the needs of perpetrators 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 referred to the therapists. The instrument was a 40 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 Helplessness dimensions). The therapists 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, 583 individuals indicated that they were victimized by an intimate partner. The remainder were victimized by other family members or close friends. 499 IPT therapists (89%) answered all or a bit of the Likert questions.

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. 13 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-occurring. Present issues were unanswered to survivors; 83% were more than 3 years from the abuse. PTSD (16, 8, 0); Depression (33, 22, 0); All of the Abuse (154, 120, 0); Other (26,6,38).

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.

Table 2. Victim Reported Perpetrator Psychopathy Scores. The severity of perpetrator psychopathy appeared to be related to their victim’s experiences of abuse and overall quality of the relationship.

Table 3. Victim Reported Perpetrator Psychopathy Scores. The severity of perpetrator psychopathy appeared to be related to their victim’s experiences of abuse and overall quality of the relationship.

Table 4. Victim Reported Perpetrator Psychopathy Scores. The severity of perpetrator psychopathy appeared to be related to their victim’s experiences of abuse and overall quality of the relationship.

RESULTS CONTINUED

Therapeutic Relationship and Therapist Approach

Therapeutic relationship quality was higher for individual as compared to couple therapy (F(2,494)= 2.88, p<0.001). Subjects reporting 4 and 5 categories of abuse found therapy significantly less helpful (t(2,493)=2.15, p<0.001) (Figure 6).

DISCUSSION

Couples therapy in the context of IPT is not recommended (Stark, 2007). Not withstanding, 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 who were aware of or disgusted the extent of the abuse in the relationship between. Interestingly, open ended responses indicated that some therapists who started therapy, stopped it once they became aware of the perpetrator’s disorder. Sixty one percent of couples therapists were judged to lack knowledge of psychopathy. 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 therapy. A combination of therapy was associated with poor therapeutic relationship quality and subsequent reduced helpfulness. Therapists who failed to identify their theoretical orientation were judged significantly less helpful; they also appeared a set of techniques. Open ended responses indicated that clients believed specific techniques were helpful. Stated theoretical orientations may be a misleading variable. Such techniques in conjunction with therapies that were associated with higher therapeutic relationship quality.

REFERENCES


Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

A standard multiple regression model that included Relationship Quality, Couples Therapy Status (IP therapy vs. individual therapy) Therapeutic Approach explained 59% of the variance in perceived helpfulness (R2=0.59, p<0.001) each of these 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(5,2,88)=8.02; Subjects reporting 4 and 5 categories of abuse found therapy significantly less helpful (t(2,88)=2.15, p<0.001) (Figure 6).

Which aspects of therapy were helpful? 202 participants discussed aspects of the individual therapy that were helpful and not helpful. Commonly discussed aspects included address-self-blame, challenging client, explain diagnosis, dating, giving support, therapist qualities, and coping techniques. "She helped me understand that my involvement in the relationship was healthy; not victim blaming." "He learned this by asking me "why you are still with him?" "I didn’t know what a sociopath was healthy; not victim blaming." "You know he is, dangerous you should leave him." "Helped in bringing to understanding that eventually you can stop the relationship between the two of you." "Helped in bringing to understanding that eventually you can stop the relationship between the two of you." "Helped the victim feel blamed when they were diagnosed a personality disorder in their partner. 45 % of couples therapists detected the personality disorder in their partner, 60 % of couples therapists stopped the therapy and urged the victim to leave the relationship. Therapist identification of perpetrator’s disorders was strongly related to therapist prior knowledge of the disorder and its impact on family members (F(2,493)= 30.08, p<0.001). Lack of therapist prior knowledge was related to blaming the victim in both couples and individual therapy (F(2,493)= 49.78, p<0.001) (Figures 1 and 2)."