Treatment for Female Survivors of Intimate Partner Violence: Investigating Supporting Factors and Barriers in the Development of the Therapeutic Alliance

by

Alisha Kennedy

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Dr. Jason Walker, Supervisor

City University of Seattle

Abstract

The objective of this literature review was to gain a deeper understanding of the factors that impact the therapeutic alliance in the treatment of female survivors of intimate partner violence (IPV). Much of the existing literature on this topic focuses on perpetrators of IPV and intervention strategies for survivors. A gap in the current literature exists around the role of the therapeutic alliance when working with IPV survivors and the intricacies of the factors that could hinder or support the alliance. The literature review was conducted by collecting existing research and articles on topics related to the research question *investigating supporting factors and barriers in the development of the therapeutic alliance for female survivors of intimate partner violence.* Qualitative, quantitative, and mixed-methods articles were included based on relevance to the research topic, publication within the past seven years, and an inclusion of both practitioner and survivor participants. The findings from the literature review highlighted six major themes. Themes that support the development of the therapeutic alliance with IPV survivors included non-judgement, empowerment, and survivor-led practice. Themes that arose throughout the literature as posing a barrier to the development of the alliance included blame-attribution, power dynamics, and intersectional identity. Recommendations for practitioners include self-reflection of personal identity, increasing survivors' feelings of autonomy during treatment, avoiding language that implies blame, and engaging in additional psychoeducation around IPV dynamics.

Keywords: *intimate partner violence, therapeutic alliance, psychotherapy, power dynamics, depression, post-traumatic stress disorder, marginalized groups*

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Contents

Chapter 1: Treatment for Female Survivors of Intimate Partner Violence: Investigating Supporting Factors and Barriers in the Development of the Therapeutic Alliance

Intimate partner violence (IPV) has been identified as a health concern on a global scale, occurring across all groups and demographics, including socioeconomic status, cultural groups, and religions (Statistics Canada, 2022). This capstone will address the phenomenon of IPV including existing knowledge on the topic such as rates of violence, impacted populations, and interventions for female survivors of IPV. To gain a deeper understanding of a therapist's role in supporting IPV survivors, the literature review will work to address the potential intricacies that accompany treatment for IPV experiences and the factors that could potentially influence the development of the therapeutic alliance when working with this population.

This chapter will provide an overview and background information on the current understanding of intimate partner violence to support the understanding of the research problem. The chapter will address the justification for the research, including current gaps in the literature which have led to the development of the research question and the justification for the literature review. Additionally, this chapter will highlight the significance of the topic as well as the research question and the importance that this research holds for practitioners.

Overview of Intimate Partner Violence

Globally, 1 in 3 individuals will experience IPV at some point during their lifetime (World Health Organization [WHO], 2019). In 2021, there were over 100,000 people victimized by IPV across Canada, with 80% of these victims being female (Statistics Canada, 2022). Due to high rates of occurrence, IPV is an ongoing concern that is confronted by mental health practitioners, as mental health outcomes for those who experience IPV include lower well-being and psychological concerns such as post-traumatic stress disorder (PTSD) and depression (Cerda

De La et al., 2022; Leedom et al., 2019). Rates of PTSD within survivors have been reported as high as 64%, and depression impacting around 48% of individuals (Leedom et al., 2019). Additionally, research demonstrates that PTSD, and depression can occur concurrently amongst those who have had experiences of violence within their intimate relationships (Shaked et al., 2021). This compares to the general population where rates are 3.8% for individuals experiencing depressive disorder (WHO, 2023) and lifetime prevalence of PTSD is around 6.8% (National Institute of Mental Health, 2023).

Treatment for experiences of IPV incorporates forms of interventions including counselling and structured therapy that address the negative impacts of abuse endured during experiences of relationship violence (Condino et al., 2016). This process may require professionals to assess for the mental health concerns that are highly prevalent in survivors of IPV such as depression or post-traumatic stress disorder (PTSD), in order to determine the most effective intervention methods (Cerda De La et al., 2022; Condino et al., 2016; Shaked et al., 2021) Treatment outcomes for IPV are significant, with research suggesting that up to 76% of individuals who receive support for IPV experience some degree of benefit, and up to 60% of women feel an increased sense of empowerment and may be more likely to end unsafe relationships (Grillo et al., 2021; Miller et al., 2015). Because of the important positive impacts that counselling psychology can provide for IPV survivors, it is important to understand the therapist's role in the working with this population, as there are several components that could influence outcomes of treatment.

One of the components that impacts therapeutic outcomes is the relationship between the therapist and the client, also known as the therapeutic alliance (Stubbe, 2018). The therapeutic alliance is a cooperative relationship between the therapist and the client (Baier et al., 2020) and

has been shown to be one of the most common predictors of therapy effectiveness and positive outcomes (Lopez et al., 2019). The dynamic of the relationship between the therapist and the client is created over the course of treatment and is shown to be very significant, even across different therapy modalities (Stubbe, 2018). While different psychotherapy modalities such as cognitive therapy, exposure therapy, and interpersonal therapy are common approaches utilized to address experiences of IPV by mental health practitioners (American Psychiatric Association [APA], 2019), research has shown that regardless of these approaches, the therapeutic alliance is a strong predictor of treatment outcomes (Baier et al., 2020). The relationship in the therapeutic setting has been well researched, showing direct impacts on outcomes for a wide variety of presenting disorders including post-traumatic stress disorders, depression disorders, and anxiety disorders (Stubbe, 2018). This is especially relevant in the context of addressing the issue of IPV, as partner violence can result in negative outcomes for those who experience relationship violences such as physical injury or death, with 38% of female homicide victims being killed by an intimate partner (Ogbe et al., 2020; WHO, 2021).

There are a number of strategies that are discussed in the literature in the context of both formal and informal supports for women who have experienced IPV (Giorgi, 2022). Formal treatment modalities for IPV could include cognitive behavioural therapy, mindfulness strategies, or motivational interviewing (Karakurt et al., 2020). Additional types of informal supports could include expressive writing, building social support, and increasing feelings of empowerment in victims (Karakurt et al., 2020). However, it is important to note that some of the research demonstrates that women who are receiving psychological treatment for IPV have unique needs and considerations within the processes independent of the treatment modality itself. Research has shown that unique therapeutic preferences for survivors focus more closely on supporting the

physical safety of children, pets, and themselves. Additionally, those who had experienced violence in their relationship prioritized counselling that focused on the emotional health implications of the abuse (Iverson et al., 2016). Those who have experienced IPV may require specific treatment approaches that consider the challenging dynamics of violent relationships to ensure that clients' well-being is prioritized. Specific concepts such as the therapist's ability to be patient-centered, therapist flexibility, and the sense of empowerment that a client feels within the therapy setting have been identified as unique considerations for working with IPV victims (Shayani et al., 2022).

In addition to existing information around distinctive considerations for women receiving treatment for IPV, such as a sense of empowerment in the therapeutic setting and a patient-centered approach (Shayani et al., 2022), there is also some limited existing literature on barriers that practitioners may face when it comes to developing a strong therapeutic alliance in treating survivors of IPV (Nichols et al., 2018). Research has shown that there are common misconceptions regarding the victim's role in IPV that can be unhelpful and ineffective in the development of a strong alliance (Leedom et al., 2019; Nichols et al., 2018). While there are a number of components that could contribute to strains on the therapeutic alliance, some of the common issues within this process include therapist perceptions of the survivor choosing to remain with their partner, practitioners labelling survivors' behaviour as co-dependent, and language that implies blame on the victim (Leedom et al., 2019).

The power dynamic between the therapist and a client who has experienced IPV is another important consideration in the treatment process. Due to above mentioned factors such as therapist perceptions of the client's role in the relationship, language that implies blame, or observations that imply fault such as co-dependency (Leedom et al., 2019), it highlights the

importance of understanding the impacts of these challenging perceptions and dynamics within the therapeutic alliance. Individuals who have faced IPV in their life often experience a 'power-over' dynamic in their intimate relationship in which one partner elicits coercive control and there is a loss of autonomy or independence for the victim (Hodes & Mennicke, 2019). While this power-over dynamic is not obviously present within the therapeutic setting, there is an inevitable power imbalance between the therapist and the client within therapy processes. It is important to consider how the power dynamic between the therapist and the client can impact therapy outcomes, and how the client experiences empowerment, control over their life, or feelings of autonomy in therapy itself.

Research Problem Statement

The purpose of this research is to gain a deeper insight into processes and considerations contributing to development of the therapeutic alliance in working with IPV survivors. While there is research showing the importance of the therapeutic alliance for presenting concerns that include different outcomes for IPV such as depression and post traumatic stress disorder (Visla et al., 2018) there is little research indicating the implication of the therapeutic relationship for individuals in the context of IPV. As noted above, there are distinctive considerations in working with survivors of IPV that have been identified throughout the research such as patient-centered approaches, creating a sense of empowerment in the therapeutic setting, and a focus on physical safety (Iverson et al., 2016; Shayani et al., 2022), but this does not necessarily address the development of the therapeutic alliance in these considerations. Additionally, there is available literature discussing the therapeutic alliance as it pertains to the treatment of perpetrators (Lomo et al., 2018; Santirso et al., 2018; Walling et al., 2012). However, the literature seems to focus less on the therapist's role in developing a strong alliance during the treatment of survivors of

this phenomenon. It is important to gain further insight into this context, as those who have experienced IPV seek out and benefit from intervention (Grillo et al., 2021), making survivors of IPV an important demographic to further assess. Ultimately, while there is available literature on several topics related to IPV and the therapeutic alliance separate from one another, such as treatment and mental health outcomes, the research on the therapeutic alliance itself within outcomes for IPV survivor treatment is more limited.

The objective of the research question is to understand the following: What are the barriers and the supporting factors of the development in the therapeutic alliance when working with female survivors of intimate partner violence? While much of the current research focuses on different components of intervention (Karakurt et al., 2020), presenting symptoms/diagnoses of IPV experiences (Shaked et al., 2021), there is limited research on the nuances of the therapeutic alliance itself within the therapy context when working with victims of IPV (Leedom et al., 2019). Research has shown that survivors' impressions of counselling are important considerations in therapy outcomes (Tutty, 2023) which highlights a need for understanding some of the microprocesses within the efficacy of treatment, including the therapeutic alliance. Understanding the development and effectiveness of the therapeutic alliance for IPV survivors is an important piece of therapy outcomes for these individuals as well as the practitioners working with them (Paphitis et al., 2022). It is also important for therapists to understand how power dynamics influence the development and success of the therapeutic alliance and ways to bring distinctive considerations for a strengthened, successful alliance into their work (Proctor, 2017). Further research into the specific strategies and interactions that can lead to a stronger alliance would be helpful in supporting survivors of IPV.

Significance

IPV has been addressed as a global health concern (Paphitis et al., 2022). In 2021, in Canada alone, there were 114,132 victims of IPV across the country. While this phenomenon impacts individuals across groups and demographics, research has shown that almost 80% of victims of IPV are women (Statistics Canada, 2022). The rates of IPV have also been increasing over the previous 6 years across the nation. It is important to note that the rates of IPV are especially high among the prairie provinces, with Saskatchewan having the highest rates province wide at 724 per 100,000, which is double the national average (Statistics Canada, 2022). This could potentially be a result of large Indigenous populations within the province, as research has shown that Indigenous women have been deemed to be at heightened risk for IPV (Edwards et al., 2023, Varcoe et al., 2021). There has been research addressing the impressions of counselling for victims within domestic violence shelters within Canada, and also highlighted that over half of the population in shelters who participated in the research are Indigenous (Tutty, 2023). The high rates of Indigenous people seeking shelter and support after leaving unsafe living environments highlight an undeniable importance for addressing the well-being of this population in Canada, and also being mindful of this in the context of IPV treatment and therapy outcomes. Due to the increasing rates of individuals experiencing IPV including women and Indigenous populations, it is important to address this in a treatment and support context for practitioners who may work with individuals facing these challenges (Varcoe et al., 2021). Considerations around the development of the therapeutic relationship and the impacts on therapy outcomes are significant to the field of counselling psychology.

While victimization rates of IPV are quite high with global rates exceeding 30% (WHO, 2019), research has suggested that many individuals who have experienced IPV tend not to seek

support after these experiences. Less than half of individuals with experiences of IPV seek support, and a large majority of victims also report facing barriers within the support process (Zark et al., 2022) and only 32% of victims seeking some form of support or intervention (Tutty, 2023). Given the low rates of reporting, it is becoming increasingly important to understand how practitioners can encourage feelings of safety and success in seeking treatment. With high rates of occurrence, as well as growing access to resources and societal acceptance around mental health and support services (APA, 2019), practitioners may experience an increase in clients seeking support for exposure to IPV. It is critical that practitioners are well-prepared to support individuals seeking support with these concerns and understand the nuances of different microprocesses such as the therapeutic relationship, practitioner sensitivity, language, and presentations of power that could impact outcomes (Iverson et al., 2016; Leedom et al., 2019; Proctor, 2017). The therapeutic alliance has been shown to be an effective predictor throughout several treatment modalities as well as to address a number of diagnoses (Visla et al., 2018), making it important to understand in the context of therapy considerations and outcomes when addressing the concern of IPV. There have been considerations noted in the barriers toa strong alliance within the context of IPV (Leedom et al., 2019), also highlighting the importance for further knowledge of this process for mental health practitioners. The need for practitioners to have a deeper understanding of their role in developing a strong therapeutic alliance and effectiveness in treatment outcomes is significant to the field of counselling and psychology as a whole.

Definitions of Key Terms

The following terms are of significant relevance to the research question. These terms will be used throughout the literature review and hold significance to the findings of the research.

Blame Attribution

Blame attribution is defined as the act of blaming a victim of a crime of the acts committed against them (Hill et al., 2023).

Control

Control, also known as coercive control in an intimate relationship, is a systematic pattern of behaviour enacted by one partner that attempts to dominate, isolate, and intimidate the other partner, often through violence or threats of violence (Dichter et al., 2018)

Depression

Depression, also known as major depressive disorder, is a common mental health disorder that is characterized by depressive mood, loss of interest or pleasure in previously enjoyed activities (APA, 2022).

Intimate Partner Violence

Intimate partner violence is defined as an act conducted by an individual's current or previous partner that inflicts physical, sexual, or psychological harm (Karakurt et al., 2022). This can include behaviours such as eliciting control over a partner, emotional abuse, sexual coercion, or physical aggression (Andersson et al., 2021).

Marginalized Groups

Marginalized groups include social identities such as gender, social class, race, or sexuality that face exclusion and inequity in the context of economic, physical, and social resources (National Collaborating Centre for Determinants of Health, 2023).

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder, also referred to as PTSD, is a mental health disorder that is caused by witnessing or experiencing a traumatic event such as serious injury, sexual violence, or threatened death (APA, 2022). PTSD may present as severe anxiety, flashbacks, or nightmares (Mayo Clinic, 2022)

Psychotherapy

Psychotherapy is a treatment that helps individuals who may be experiencing a variety of different mental health concerns. Psychotherapy can help to alleviate emotional challenges and symptoms as well as determining the root cause of the presenting concerns (APA, 2023).

Sexual Violence

Sexual violence refers to any type of sexual activity that occurs against a person without consent being obtained or where consent is freely given (Center for Disease Control and Prevention [CDC], 2022).

Therapeutic Alliance

The therapeutic alliance is defined as the relationship between the therapist and the client that is both collaborative and cooperative in nature. This relationship is impacted by a positive emotional connection between the client and practitioner that is often formed through mutual treatment goals and tasks within the therapeutic process (Baier et al., 2020).

Theoretical Framework

A feminist framework will be used to address and review the literature on this topic. A feminist theoretical framework is utilized to focus on women's diverse situations and

experiences and how these experiences may be impacted by institutions or larger societal thoughts (Creswell & Poth, 2018). Feminist frameworks take into consideration the way that power imbalances, cultural meanings of gender, and gendered structural arrangements contribute to understanding and knowledge of IPV (De Coster & Heimer, 2021). Due to the high rates of IPV victimization amongst females, it is important that theoretical approaches within the literature review take into account the potential impacts of women's diverse experiences and institutional contributions to the phenomenon.

The specific feminist framework that will be utilized to address the research question is an intersectional feminist approach. Intersectional feminist theory helps to conceptualize the way in which power and knowledge impact specific social phenomenon and supports researchers in understanding these occurrences (Saeidzadeh, 2023). There have been recent trends in this feminist framework that address the intersection of race, class, and sexuality with feminist research (Creswell & Poth, 2018). This framework allows the research to incorporate multidimensional understandings of systems of power and privilege, while including marginalized populations impacted by social phenomenon such as IPV (Saeidzadeh, 2023).

Role of the Researcher

The role of the researcher within this literature review is important to address for a number of reasons. Professional interests and predisposition with the topic are influenced by the author currently completing a graduate program in the field of counselling psychology. Additionally, geographical location impacts the researcher's professional interests as the researcher resides in Saskatchewan where IPV rates are quite prevalent, being the highest among all Canadian provinces (Statistics Canada, 2021). It is very likely that this will be consistently present throughout the researcher's work within the Saskatchewan community. Additionally, the

author is a female with experiences of IPV during adolescence and early adulthood. This has resulted in an interest in supporting others with experiences of IPV and a desire to work with this population in future career settings. Because of this, the researcher has an interest in the treatment process of these presenting concerns, experiences, and the different considerations throughout.

In order to account for potential biases in the research process, a structured plan was developed, and diverse forms of literature were reviewed to ensure that a variety of perspectives and sources contributed to the understanding of the topic. Personal experiences may lead to biases around what the researcher believes would have been helpful on a personal level and may contribute to seeking out articles or literature that support these ideas. Incorporating different pieces of academic work that include data from different populations, paradigms, and research methods can support in managing potential biases and providing different perspectives on the topic.

As a mental health practitioner, it feels imperative to not only understand the treatment strategies, but also have further knowledge of the underlying components of treatment processes such as the therapeutic alliance. Due to personal experience, close relationships with individuals who have experienced IPV, and residing in a location with high rates of occurrence, this issue holds significance for the researcher. Additionally, gaining a deeper understanding of the therapeutic processes outside of the actual treatment modality will support further skill development and effectiveness as a practitioner in the field.

Overview of the Capstone

This capstone will explore the treatment of female survivors of IPV and how the development of the therapeutic alliance is impacted by different barriers and supporting factors. The following chapters included in this paper will include a brief description of the research methodology. The description of the methodology will include an overview of the processes in the literature search and how the researcher chose specific studies and articles that were included. The paper will also include a review of the current understanding around IPV and the therapeutic alliance. This will provide readers with a deeper insight into the topic and some of the current statistics surrounding the phenomenon of partner violence as well as therapeutic topics as they relate to IPV. Chapter 3 of the paper will also include a review of 20 existing published articles on the topic of IPV which will focus on pieces of the research such as data collection and data analysis. The paper will then discuss clinical implications of the findings, followed by a summary of the information presented and how this contributes to existing knowledge on the topic.

Chapter 2: Methodology

The literature search consisted of several important steps and considerations that contributed to locating relevant materials for the review. This chapter will briefly review the databases and search engines that were utilized, the search parameters followed by the researcher, and decisions made to further refine literature that was found. Additionally, this chapter will address some of the challenges that inevitably presented during the research process and how these impacted the overall literature review.

Search Engines

Several search engines and databases that were used to conduct the literature review. These included the City University of Seattle online library, Google Scholar, and Google. Articles related to the topic of IPV and the therapeutic alliance were gathered from these search engines and were reviewed by the researcher in order to gain a deeper understanding of the current literature on the topic. Articles found through these platforms were found within the databases EBSCO, PsychInfo, ProQuest, PubMed, or ScienceDirect.

Search Parameters

The search was conducted using a combination of different terms that focused on topics related to the research question. Search parameters included terms such as *intimate partner violence, intimate partner violence survivors, domestic violence survivors*, and *domestic violence interventions for survivors*. Additional terms as relating to therapeutic processes when working with survivors were also used in combination with terms such as *treatment, therapeutic alliance, therapeutic relationship,* and *treatment efficacy.* As the therapeutic alliance is the relationship between the client and the therapist, the search parameters also gathered scholarly articles on

therapeutic process as they related to practitioners, including *therapist role, practitioner bias, barriers of therapeutic alliance*, *facilitators of therapeutic alliance, therapy power dynamic,* all in combination with the term *intimate partner violence treatment*.

As IPV is a widely occurring phenomenon, there were extensive search results on the topic. The search parameters for the articles to be reviewed also focused on a specific time frame as inclusion criteria. The search included scholarly work published between the years of 2016 to 2023. This was to ensure that articles included in the review section were done within the last seven years. These articles were then reviewed to determine if they were congruent with the research question and would contribute to the understanding of the topic.

There were four different types of scholarly work that were included specifically in the literature review. This included qualitative studies, quantitative studies, as well as integrative and systematic literature reviews. However, in order to gather in-depth information and gain a strong understanding of the topic, other sources were also utilized in order to provide background information on the topic. This included government publications of statistics around IPV, including information by Statistics Canada as well as the World Health Organization. These sources were utilized to provide foundational knowledge and build a case for the research question. These sources were excluded from the articles utilized for the literature review portion of this paper.

The literature was refined through a process of reviewing and comparing some of the literature as it related to the research question (Creswell & Poth, 2018). In addition to the search parameters of specific terms and years, the researcher chose studies and articles that included both survivors and practitioners as participants or included comprehensive review of current treatments. The search included those who had either previously or were currently experiencing

violence from an intimate partner. Additionally, the inclusion criteria focused on studies that involved practitioners who had previously or currently worked with individuals experiencing partner violence in a supporting role. Both practitioner and survivor populations were chosen to be included in the search parameters in order to create a deeper understanding of the unique processes of the therapeutic alliance. Including perspectives of both parties involved in the therapeutic alliance proved relevant to the research question as existing literature was being reviewed.

Challenges

Challenges that arose as a part of the literature search are also of important note for this section. As discussed in the first chapter, a considerable amount of the existing literature on this topic focuses on the population of perpetrators rather than survivors (Lomo et al., 2018; Santirso et al., 2018; Walling et al., 2012). Many of the search terms, even when combined with the term *victims,* still presented results that focused on perpetrators. While this is undoubtedly valuable information, this population was not necessarily of relevance to the specific research question. Additionally, a significant amount of the research was conducted outside of Canada (Argyroudi & Flora, 2021; Giorgi, 2022; Hill et al., 2023; Nichols et al., 2018; Notestine et al., 2017; Shayani et al., 2021). The information that the literature provides is still extremely valuable and relevant if conducted outside of Canada. However, for the specific purpose of the research topic, geographically relevant information would have contributed significantly to the findings. A final challenge is that there is a lack of current literature, very likely due to the COVID-19 pandemic. The topic of IPV may have evolved since the occurrence of the pandemic and global shutdowns (Estlein et al., 2022), and recent, relevant information on this topic is extremely critical to the safety and well-being of survivors. Overall, there was an adequate amount of existing literature

on the topic that allowed for the literature review to be conducted. It may have been beneficial to the understanding of the topic if there was more geographically relevant and current research existing on the topic.

Chapter 3: Literature Review

The purpose of this paper is to gain a deeper understanding of some of the unique considerations for practitioners in treating IPV in order to contribute to existing knowledge and supports. Specifically, the research question seeks to understand what may facilitate a strong, effective relationship between counsellors and survivors of IPV, and conversely what may serve as a barrier in the development of this relationship.

Overview

Intimate partner violence (IPV) is defined as an act conducted by an individual's current or previous partner that inflicts physical, sexual, or psychological harm (Karakurt et al., 2022). IPV is also a global health concern (Paphitis et al., 2022; Statistics Canada, 2022; WHO, 2019) highlighting a need for further research and understanding for those who are impacted by this phenomenon. Because of this far-reaching occurrence impacting over30% of women (Hill et al., 2023), it is important for those in professional roles such as health care and mental health professionals to understand the nuances of this phenomenon. It is also imperative that survivors of IPV are provided with adequate and effective support in order to ensure safety and well-being.

To gain a deeper understanding of the research question, this chapter will first provide insight into some of the important pieces of IPV victimization such as prevalence, impacted populations, impacts of IPV, and interventions for IPV survivors. These topics provide valuable information around some of the statistics and processes that are relevant within the context of IPV, as well as some of the current treatment modalities that are used to treat individuals who have experienced relationship violence. This chapter also provides a look at the current knowledge around the role of the therapeutic alliance as part of the therapy process, and how it

may impact therapeutic outcomes. Finally, this chapter will present a review of existing literature on the different components of the research question including treatment for IPV survivors, the therapeutic alliance to gain a deeper understanding of IPV and the importance of the therapeutic alliance.

Prevalence of Intimate Partner Violence

As noted earlier in this chapter, IPV is a widely occurring phenomenon. It is witnessed on a global scale and exists across a wide range of populations, demographics, and cultures (Statistics Canada, 2022). Globally, IPV impacts 30% of females (Paphitis et al., 2022) and 14% of males who have experiences in intimate relationships (Park et al., 2022). Research shows that experiences of IPV victimization in Canada are significant, with around 44% of women and about 36% of men having experienced some form of IPV since the age of 15 (Cotter, 2021). In a publication released by Statistics Canada in 2021, it was noted that during that year alone there were over 100,000 survivors of IPV. This was following a significant six-year increase in rates of IPV across the nation (Statistics Canada, 2022). This publication also followed the occurrence of a global pandemic that forced many into isolation, contributing to increased rates of conflict and restriction of resources for survivors (Estlein et al., 2022). The highest rates of IPV occur in Saskatchewan in particular, with the rates of IPV over double the national average (Giesbrecht et al., 2023). The province contains significantly larger rural populations that may experience barriers in accessing resources due to geographic isolation and limited access to supports (Giesbrecht et al., 2023) which will be discussed in the next section of this chapter. In acknowledging the heightened rates within the province, it is important to understand the different populations and demographics that may be at higher risk of being impacted by IPV.

Populations Impacted by Intimate Partner Violence

Gender

Gender is an important consideration when it comes to understanding IPV. While men are also impacted by and victims of partner violence (Park et al., 2022), women are considerably more likely to be victims of violence or abuse in intimate relationships (Cotter, 2021). On an international scale, one in three women have experienced some form of IPV throughout their lifetime (WHO, 2019). These high rates of violence against women have been described as a violation of women's human rights and have resulted in considerable individual and social costs on a global scale (Potter et al., 2021). There are a number of factors that contribute to increased occurrences of violence against women, such as community norms, lower levels of access to employment for women, previous exposure to abuse/maltreatment, difficult relationship dynamics, alcohol misuse, or lower levels of education. However, the overarching theme when addressing IPV against women is gender inequality and an increased acceptance of violence towards women (WHO, 2021) In Canada alone, 6.2 million women have been the victim of IPV throughout their life, and reports have shown that 44% of Canadian women who have experiences in an intimate relationship have also reported experiences of violence by an intimate partner whether it be emotional, physical, or sexual violence (Cotter, 2021). Overall, 80% of individuals who are survivors of IPV within Canada are women (Statistics Canada, 2022). The high impact on this demographic is noteworthy for the research topic, as practitioners and those in helping roles may face significantly higher percentages of females receiving treatment for IPV experiences.

Marginalized Racial Groups

IPV also disproportionately impacts communities of colour and marginalized demographics. Minority racial groups are significantly more likely to be survivors of relationship violence due to several different factors (Edwards et al., 2020). In Canada specifically, Indigenous populations are considerably more likely to face domestic violence situations during their lifetime (Edwards et al., 2023; Varcoe et al., 2021). Indigenous women in particular are at a higher risk, with 61% of Indigenous women having experienced IPV in comparison to 44% of non-Indigenous women in Canada (Statistics Canada, 2022). While these rates may vary across provinces, there is still cause for concern surrounding support and treatment options for individuals within cultural groups. In a recent study, researchers found that over half of the current population residing in women's shelters across Canada are Indigenous (Tutty, 2023), highlighting the significant impact that IPV has on this demographic. In looking at the provinces with heightened rates of partner violence, it is important to be mindful of the different demographics and populations in each region. Saskatchewan's Indigenous population is 16.3%, in comparison to the national population of 4.9%. Survivors of IPV from Indigenous communities may face barriers to safety due to transportation issues, isolation, and physical distance to resources (Giesbrecht et al., 2023). These numbers highlight a high-risk population, and the need for additional supports and resources within these regions.

Sexual Minority Groups

Individuals who identify as being part of sexual minority groups are also at heightened risk for experiencing IPV. Individuals who are part of sexual minority populations are shown to be at two to three times higher risk than those belonging to heterosexual populations (Dyar et al., 2019). While rates for prevalence are noted to be similar for heterosexual males and sexual

minority males, rates of occurrence for individuals who identify as bisexual are reported to be the highest (Savage et al., 2022). Individuals who identify as belonging to a sexual minority group often face societal devaluation based on social constructs of heteronormativity (Hill et al., 2023). Recent research in this area has shown that sexual minority women (SMW) are at particularly high risk (Porsch et al., 2022, Steele et al., 2020), with 67% of SMW having experienced some form of IPV during their lifetime (Jaffray, 2021). Data has shown that SMW were five times more likely than heterosexual women to have experienced violence from an intimate partner in the past year alone (Jaffray, 2021). Risk factors contributing to heightened rates of IPV experiences for this demographic are seen to be similar to individuals identifying as heterosexual, including power imbalances, challenging relationship dynamics, or alcohol misuse (Porsch et al., 2022). However, additional risk factors for this demographic also include stigma, hiding one's sexual identity, or internalized homophobia (Porsch et al., 2022). Additionally, individuals who have experiences of relationship violence within same-sex relationships are also at higher risk for negative outcomes including emotional distress or symptoms consistent with PTSD (Jaffray, 2021; Savage et al., 2022).

There are a number of other risk factors that are noteworthy in the context of IPV. Research has indicated that low socioeconomic status, substance use, or experiences of IPV at a young age may also lead to higher likelihood of IPV experiences (Dim et al., 2020). In addition to this, some research has shown that ADHD has been noted to serve as a potential risk factor for both victimization as well as perpetration of relationship violence (Wymbs et al., 2019). These risk factors cover a wide range of different individuals and demographics, making it important for practitioners and researchers to understand some of the underlying nuances that may contribute to intimate partner victimization.

Intimate Partner Violence Outcomes

Mental Health

IPV has been shown to lead to many negative outcomes for survivors such as chronic mental health and physical health concerns, substance use, and injury (Ogbe et al., 2020). IPV can lead to both short-term and long-term impacts for survivors, as well as some large-scale implications such as intergenerational trauma through patterns of ongoing violence (Cotter, 2021). Intergenerational trauma is generally referring to the way in which trauma experienced by an individual in one generation, may impact the well-being of descendants and future family members of that individual, which could potentially lead to greater vulnerability to stress and other psychiatric disorders (Sangalang & Vang, 2017). In looking at the way this may impact individuals experiencing trauma as a result of IPV, it is evident how this could contribute to ongoing patterns of trauma in future generations. Research has shown that a significant risk factor for both IPV perpetration and victimization is adverse childhood experiences (ACE's) with family violence (WHO, 2021), making the intergenerational transmission of IPV a critical consideration when addressing both long-term and large-scale impacts.

Individuals who have experienced IPV typically report lower well-being and quality of life in addition to serious mental health concerns (Cerda-De la O et al., 2022). Survivors of IPV may experience both short-term and long-term mental health concerns as a result of partner violence (Cotter, 2021). Short-term mental health implications for survivors of IPV could include feelings of shame, guilt, and a lack of trust in others (Jaffray, 2021). Additionally, survivors may experience a loss of autonomy with feelings of entrapment and a lack of control over their life (Hodes & Mennicke, 2019). The short-term mental health concerns have been

noted to contribute to more long-lasting implications including lower-self esteem and depression (Government of Canada, 2021; Jaffray, 2021).

Long-term mental health implications for survivors are significant, with 20% of survivors noting onset of psychological disorders as a result of IPV victimization (APA, 2019) which include anxiety disorders, depressive disorders, eating disorders, and PTSD (WHO, 2021). Some research has shown rates significantly higher than 20% for mental health implications for those have experienced IPV (Leedom et al., 2019; Shaked et al., 2021). Current statistics on IPV survivors indicates that rates are significant for diagnosable psychological disorders with 64% of individuals meeting diagnostic criteria for PTSD (Shaked et al., 2021), and around 48% of survivors meeting diagnostic criteria for depressive disorders (Leedom et al., 2019). Rates of comorbid PTSD and depression are significant, with some research indicating that almost 50% of survivors meet criteria for both depression and PTSD (Shaked et al., 2021; Warshaw et al., 2009). In addition to post traumatic stress disorder and depressive disorders, long-term implications for survivors also include risk of developing generalized anxiety disorder (GAD) and substance use disorders (SUD) (APA, 2019). Due to the implications of mental health concerns and decrease in well-being, those who have experienced IPV often demonstrate heightened risk of suicide and more frequent suicidal ideations (Cerda-De la O et al., 2022). Researchers have indicated that up to one in five females who have experienced IPV have considered suicide. Canadian rates of suicide indicate 11.4 deaths per 100,000 people (Pollock et al., 2021), with some researching suggesting that IPV is a precipitating factor for 4.5% of deaths by suicide (Kafka et al., 2022).

Physical Trauma

In addition to negative mental health outcomes (APA, 2019) and lower rates of well-being (Cerda-De la O et al., 2022) there are also often physical implications of IPV for survivors (WHO, 2019). With the physical nature of some instances of partner violence, it is not surprising that survivors may acquire severe physical injuries and traumas (Ogbe et al., 2020). Recent data has shown that over 40% of females who have experienced violence from an intimate partner have incurred physical injuries as a result of IPV (WHO, 2019). Physical implications of relationship violence may occur as a result of acts such a strangulation, sexual violence, pushing, violent shaking, or punching to name a few (Meyer et al., 2022). Due to the serious nature of these experiences, survivors may be faced with physical issues such as chronic pain or injury, including sensory damage, bruising, and internal injuries (Karakurt et al., 2022; Skop et al., 2022) More serious cases of physical violence could leave survivors at risk of traumatic brain injuries or hypoxic brain injuries (Meyer et al., 2022). Long-term physical outcomes also exist for survivors of relationship violence. Chronic illness issues such as migraines, pelvic pain, chronic disease, and gastrointestinal concerns have also been shown to be linked to domestic violence (Skop et al., 2022).

Sexual and reproductive health are also significant physical implications of IPV. Women are at heightened risk of sexual harm intimate relationships, with 12% of women reporting experiences of sexual abuse in comparison to 2% of males (Government of Canada, 2022). It is important to note that available data on the rates of IPV experiences such as sexual abuse of male survivors may be limited, as research has shown that rates of reporting are significantly lower for males due to gendered societal perceptions and a fear of how this victimization may be perceived (Walker et al., 2020). Sexual abuse has detrimental implications on both sexual and reproductive

health for female survivors (Gmelin et al., 2018). Survivors of sexual abuse are more likely to face sexual health concerns such as increased risk of sexually transmitted infections (STIs) and gynaecological issues (WHO, 2021). Additionally, individuals who are experiencing IPV may be at heightened risk for unplanned pregnancy, miscarriage, stillbirth, and abortion (Gmelin et al., 2018). Contributing factors to these reproductive health implications could include reproductive coercion, forced unprotected sex, or abuse leading to physical trauma/miscarriage (Gmelin et al., 2018).

In addition to physical injury and health implications, death is a serious concern for those who are victims of IPV. On a global scale, 38% of female victims of homicide have been killed by an intimate partner (WHO, 2021). In Canada, women are also at significantly higher risk of being homicide victims of an intimate partner. In a 5-year span leading up to 2019, there were almost 500 victims of IPV homicide, with 80% of these individuals being women (Government of Canada, 2022). The critical aspect of some IPV scenario outcomes including intimate partner homicide is an important consideration for practitioners, victims, and care providers.

Interventions for Intimate Partner Violence

Legal

Legal interventions for IPV occur according to the *Criminal Code of Canada* (CCC) (Government of Canada, 2021). The CCC is a federal law that has been implemented by the Parliament of Canada to encompass a wide range of different acts and behaviours that are considered crimes within the justice system (Government of Canada, 2021). Acts within the CCC are utilized to address different crimes that may occur in IPV scenarios such as assault, sexual violence, physical aggression, or homicide (Andersson et al., 2021; Saxton et al., 2021).

There are also behaviours within the context of emotional harm that are considered crimes under the CCC which addresses components such as stalking, harassment, or making threats against a partner (Government of Canada, 2022). Additionally, financial abuse, also called economic abuse, is another piece that is important to consider that falls under the CCC, as this offence can often be seen within the context of IPV relationships (Adams et al., 2023).

There are also provincial legislations around IPV. Numerous provinces and territories including Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, Northwest Territories, Nunavut, and the Yukon have created specific policies surrounding family violence (Government of Canada, 2022). These policies have been created in order to adequately address the gaps that may be present in federal legislations to complement the laws that have already been put in place to protect survivors of IPV and family violence (Government of Canada, 2022; Heslop et al., 2017). In Saskatchewan for example, where the rates of IPV are over double the national average, there is a specific legislation called the *Victims of Interpersonal Violence Act* that includes emergency orders and victims' assistance (*Victims of Interpersonal Violence Act*, 1994). The large majority of provincial legislations provide added protections such as emergency intervention orders, which offer additional measures for survivors to ensure safety (Government of Canada, 2022).

Survivors are also able to take legal action through family or civil laws in order to protect themselves and their children if necessary (Government of Canada, 2021). Civil case proceedings are private as well as complex and allow survivors to take action against their perpetrator for injury or damages (Government of Canada, 2021). Another option is for survivors to go through the family court system for situations such as divorce or separation from an abusive partner, child protection concerns, or custody disputes (Government of Canada, 2016).

Individuals who are experiencing IPV are able to follow through with legal procedures that ensure additional safety and well-being such as restraining orders or protected access to their family home (Statistics Canada, 2022). The criminalization of relationship violence within Canada exists with the intent of deterring perpetration as well as acting as a moral guideline for citizens (Saxton et al., 2021). Currently, perpetrators of IPV may face repercussions as a result of abuse and relationship violence in order to protect those who have endured IPV. Sentencing for offenders could include prison, probation, conditional sentencing, or fines (Government of Canada, 2022). 60% of IPV offenders face conviction as a result of court proceedings.

Sentencing for those convicted of offenses related to IPV such as physical harm, stalking or harassment, or economic abuse vary based on severity of the offense, with probation being the most commonly occurring sentence (49%) followed by custody sentencing (31%). The timelines for the sentences also vary, as those who face custodial sentences typically spend under 6 months in custody (Department of Justice Canada, 2017). Probation sentences are slightly longer for IPV offenders, ranging from 6 to 12 months (Department of Justice Canada, 2017). It is important to note however, that up to 70% of IPV offenses in Canada go unreported. While conviction and sentencing rates for IPV offer survivors legal procedures and protection to rely on, many survivors choose not to report these experiences for differing reasons including fear of their partner finding out or a risk that the abuse may increase (Goodman et al., 2020; Saxton et al., 2021). These high rates of underreporting are an important argument for alternative interventions for victims to support safety and well-being.

Psychotherapy

Psychotherapy is one of the available interventions that survivors can access to address the mental health impacts of experiencing IPV. There are a number of different theories and practices that are used to support survivors, including cognitive therapies (APA, 2019), interpersonal therapies (Arroyo et al., 2017), and exposure therapies (APA, 2017). Psychotherapy treatment options may focus on more structured interventions to support clients with recognizing and challenging thought patterns as they relate to their experiences (Karakurt et al., 2022) or less structured forms of therapy such as art therapy or mindfulness practice (Karakurt et al., 2022; Skop et al., 2022). As IPV can result in long lasting mental and physical health implications, it is critical that psychotherapy interventions incorporate trauma-informed care (TIC) into the therapeutic processes. The principles of TIC are largely important to consider in the context of IPV (Anyikwa, 2016). TIC prioritizes four different components including trauma awareness, emphasis on safety, strength-based interventions, and opportunities for clients to rebuild feelings and experiences of control (Hopper et al., 2010). Providing these principles within the context of psychotherapy can happen under several different modalities, but it is important for practitioners to consider this as a basis for client well-being.

Cognitive Therapy. Cognitive therapies such as cognitive behavioural therapy (CBT) and cognitive processing therapy (CPT) are treatment modalities used to work with IPV survivors (APA, 2019). CBT is a common type of psychotherapy that is used when working with survivors of IPV (Karakurt et al., 2022). CBT is a therapy that proposes that dysfunctional thoughts are a common factor across all psychological disorders, which in turn impacts an individual's emotions and behaviours (Beck, 2020). CBT treatment for those who have

experienced IPV is based on different goals and procedures that aims to increase short-term safety as well as long-term well being (Latif et al., 2017).

CBT methods can be delivered in both individual and group therapy for survivors, allowing practitioners to work on a number of different supportive strategies (APA, 2019). CBT treatment may focus on effective coping skills, communication skills, emotional effectiveness, identifying core beliefs contributing to thoughts around their trauma, and improving relationships (Latif et al., 2017). Practitioners may also use CPT as a specific type of cognitive therapy that is often used to treat PTSD (APA, 2017). CPT is based largely on ideologies that are similar to CBT such as the connection between thoughts, emotions, and behaviours (APA, 2019). However, it focuses more closely on trauma experiences, making it a supportive treatment option for partner violence survivors and those with related PTSD (Galovski et al., 2022).

Eye Movement Desensitization Reprocessing Therapy. Exposure therapies such as eye movement desensitization reprocessing (EMDR) therapy may also be used to treat survivors of IPV (APA, 2017). EMDR treatment typically contains eight different stages that support clients in changing their responses to traumatic memories. Treatment aims to create a more positive self-cognition through rapid eye movements and bilateral stimulation while addressing the traumatic memory (Schwarz et al., 2020). EMDR can support individuals who are experiencing symptoms of anxiety, depression, or PTSD, which often occur as a result of IPV victimization (Schwarz et al., 2020). EMDR has been specifically assessed as a trauma-informed practice in working with IPV survivors and was noted to be effective in relieving symptoms of abuse experiences (Schwarz et al., 2020).

Recent research conducted on the efficacy of EMDR as an intervention for females who have survived sexual abuse or IPV highlights positive outcomes for survivors including a 21%

increase in general wellbeing, a decrease in symptoms of depression by 44%, a decrease in symptoms of anxiety by 44%, and a decrease in symptoms of PTSD by 36.5% (Schwarz et al., 2020). Schwarz and colleagues analyzed outcomes for those who were seeking support services from a community agency after experiencing ongoing IPV or sexual abuse (2020). EMDR was utilized as a treatment strategy for the individuals seeking support and researchers noted significant results across the findings. Participants showed improvement in several areas including self-control, self-acceptance, assertiveness, and functionality (Schwarz et al., 2020). This research indicates the effectiveness of utilizing EMDR as a psychotherapeutic tool for those who have experienced IPV, and how this strategy may contribute to survivors' well-being and autonomy.

Interpersonal Therapy. Interpersonal therapy (IPT) is an additional intervention strategy that may be used as a psychotherapeutic tool to support survivors (Arroyo et al., 2017). IPT is a type of time-limited psychotherapy that occurs in three different stages over 12-16 weeks. This form of intervention focuses on concerns such as role transition, role dispute, or interpersonal deficits (Koszycki et al, 2023). These three areas are important when it comes to the phenomenon of IPV, as survivors may experience these concerns throughout intimate relationships. Practitioners can support those impacted by IPV by working on interpersonal skills throughout this form of treatment, as well as addressing symptoms that may be concurrent with trauma (APA, 2019). Practitioners play an important role in supporting individuals in this relationship-focused form of therapy, and the relationship between the therapist and the client can serve as an important tool in initial stages of intervention (Barbisan et al., 2022).

Interpersonal therapy has also been identified throughout the research as being an effective intervention for those with experiences of trauma. Similar efficacy and treatment

outcomes to cognitive behaviour therapy have been noted in utilizing IPT to support those with depression and previous experiences of abuse (Duberstein et al., 2018). In addition to depression, IPT has also been highlighted as an effective treatment strategy for those experiencing post-traumatic stress disorder (PTSD). Research on the use of IPT to treat PTSD notes improvements in the aspect of depression symptoms, social functioning, and general well-being of individuals with PTSD diagnoses (Glanton et al., 2022). As discussed earlier in this chapter, survivors experience high occurrences of both depression and PTSD as a result of IPV. Utilization of IPT as an intervention strategy works to support survivors through interpersonal challenges and also addresses symptoms of psychological disorders present as a result of relationship trauma.

Therapeutic Alliance

The therapeutic relationship, also known as the therapeutic alliance, is based on mutual treatment goals and a positive emotional connection between the therapist and the client (Baier et al., 2020). The alliance between the therapist and client is a critical component of the therapeutic process (Lopez et al., 2019). The therapeutic alliance has been noted to be related to positive therapy outcomes regardless of the therapy modality. Furthermore, the therapeutic alliance is noted to be effective in supporting a wide range of clients and populations regardless of presenting concerns (Stubbe, 2018). In addition to outcomes, research has also indicated that the alliance alone has been highlighted as a mediator of change for clients receiving support (Baier et al, 2020).

Therapeutic Alliance and Intimate Partner Violence

Individuals receiving intervention for experiences of IPV are also impacted by the quality of the alliance within the therapeutic relationship. Research has highlighted this as an important

piece for practitioners to consider when working with this population, as the quality of the alliance can have implications on client experiences of treatment and therapy outcomes (Leedom et al., 2019). As it relates to the therapeutic alliance, the current understanding of this topic is the role of the therapist as a model for positive attachment and interpersonal skills for the survivor. Because experiences of violence or ongoing controlling behaviour in an intimate relationship may contribute to feelings of helplessness, low self-esteem, or shame, relational theories of IPV propose that positive therapeutic relationships can support survivors in healing from stressed interpersonal relationships (Brown et al., 2018). Practitioners are able to support clients by contributing to rebuilding of relational development (Brown et al., 2018). For survivors of IPV, this is an incredibly important piece of the therapeutic process. Relational disconnections often occur for women who experience IPV. This may be attributed to the power dynamics of abusive relationships and can result in a number of negative outcomes for survivors including poor self-concept, concerns around emotional and physical health, and higher risks of perpetuating further abusive or challenging relationships (Brown et al., 2018).

Therapeutic Alliance and the Role of Power

Another important piece that exists within the current understanding of the research topic is that of the role of power in both intimate relationship violence as well as within the therapeutic alliance. The existence of power imbalances within the relationship between the client and the practitioner are a natural part of the therapeutic process (Proctor, 2017). Practitioners may choose different therapeutic modalities that incorporate diverse presentations of power in order to support diverse dynamics within the process. Survivors may view therapists as an expert, which could cause an inadvertent shift in control and additional feelings of powerlessness for the survivor during treatment (Brown et al., 2018). Practitioners may be mindful of this and choose

to incorporate a more mutual approach to treatment (Brown et al., 2018). Considerations that may influence this decision may be dependent on presenting concerns, counsellor preference, and treatment considerations (Proctor, 2017). When working with survivors of IPV, this piece needs to be closely considered when practitioners are creating treatment plans and determining methods of support for clients.

Within the context of IPV, there are often power-over dynamics present within relationships in which IPV is occurring (Hodes & Mennicke, 2019) Power-over is an assertion of power and control by one person over another in order to remove the individual's feelings of autonomy (Hodes & Mennicke, 2019). Survivors of violence and abuse often have partners who engage in behaviours that exhibit power-over dynamics which leads to different forms of abuse and violence towards the victim (Hodes & Mennicke, 2019). Other research has also highlighted the relevance of power dynamics within IPV, as power theory has often been used to conceptualize abusive relationships and the role of both the perpetrator and the victim within these contexts (Burelomova et al., 2018). Power dynamics have been noted to be present within the therapeutic relationship, as practitioners hold a role of power within the therapy setting (Proctor, 2017). Additionally, practitioners could potentially face ethical situations in which they could hold a duty to report if IPV is putting other family members (particularly minors) at risk (Goodman et al., 2020). This could also contribute to survivor feelings of helplessness and powerlessness if the practitioner is required to report without the survivor's permission, or if the report makes the client feel at risk of increased abuse or their partner finding out (Goodman et al., 2020). Due to the ongoing incidence of power imbalance within the context of an individual's intimate relationship experience as well as within the therapy setting, practitioners

have increased considerations around the role of power in the therapeutic setting and the way this could impact the alliance as well as the therapeutic outcomes.

Methodology

The methodology of the literature review includes important aspects of the research process including sampling and recruitment, data collection, and data analysis as seen within the included articles. Additionally, the methodology will address the ethical considerations of the topic and the included articles.

Literature Search

This literature review is examining a number of different academic articles that incorporate elements of the research question looking at barriers and facilitators of the therapeutic alliance between practitioners and survivors of IPV. The City University Library as well as Google Scholar were used as databases to find existing literature on the topic. The key search terms used to find the articles included *intimate partner violence*, *therapeutic alliance*, *therapeutic relationship*, *domestic violence victims*, *intimate partner violence treatment*, *therapy power dynamics*, *victim experiences with intimate partner violence treatment*. These key terms were used as a base for finding additional academic articles relevant to the topic. In order to provide a comprehensive analysis of the existing literature, a total of 20 articles were reviewed that relate to the topic of IPV and the therapeutic alliance.

There were a variety of studies chosen that were published within the past seven years to ensure that the data being reviewed is recent. The articles ranged in research methodology and included eight qualitative articles (Argyroudi & Flora, 2021; Giorgi, 2022; Goodman et al., 2020; Nichols et al., 2018; Notestine et al., 2017; Poleshuck et al., 2018; Roeg et al., 2022,

Shayani et al., 2021) , six literature/integrative/systematic reviews (Brown et al., 2018; Burelomova et al., 2018; Craven et al., 2022; Hodes & Mennicke, 2019; Karakurt et al., 2022; Kulkarni, 2019), four mixed-methods articles (Goodman, Thomas, et al., 2016; Leedom et al., 2019; Paphitis et al., 2022; Tutty, 2023), and two quantitative studies (Goodman, Fauci, et al., 2016; Hill et al., 2023).

Articles were selected based on relevance to the research question and were only included if the research was examining topics related to IPV victims or IPV treatment. Additionally, research articles that included both survivor and practitioner populations were included due to the nature of the research question analyzing dynamics that are unique to the client and practitioner relationship. Each of these articles will contribute to a deeper understanding of the research question and why it is important to acknowledge some of the unique themes that occur in treatment of IPV survivors. Table 1 provides a list of the articles that were included in the literature review which identifies each article title, author, the year it was published, the relevance to the research question, as well as the research method and paradigm.

Table 1

Summary of Research Articles

Author(s)	*Title*	*Year*	*Method/Paradigm*	*Relevance*
Argyroudi, A., & Flora, K.	Meaning attribution to intimate partner violence by counselors who support women with intimate partner violence experiences in Greece.	2021	Qualitative methods/Constructivist	The study explores practitioner attitudes around survivors' role in IPV scenarios and addresses potential biases held by those in support roles.
Brown, S., McGriff, K., & Speedlin, S	Using relational-cultural theory to negotiate relational rebuilding in survivors of intimate partner violence.	2018	Integrative review	The article assesses theory of relationship building within the therapeutic alliance as it relates to treatment of IPV survivors.
Burelomova, A. S., Gulina, M. A., &	Intimate partner	2018	Integrative review	Authors of this article provide a review and

Tikhomandritskaya, O. A.	violence: An overview of the existing theories, conceptual frameworks, and definitions			analysis of current theories and processes occurring in the context of IPV. The article provides deeper inside to some of the important considerations around treatment and occurrences in relationship violence.
Craven, L. C., Carlson, R. G., & Waddington, A. F	Using the stages of change to counsel victims of intimate partner violence.	2022	Integrative review	Authors conduct a review of existing knowledge surrounding the motivational interviewing model and the transtheoretical model as applied to IPV survivor treatment to assess efficacy of both theories.
Giorgi, A	Female victims of intimate partner violence.	2022	Qualitative methods/Constructivist	Researcher collected data from female victims of IPV currently living in shelters or engaged with supports to measure perceptions of current treatment options and what participants found most effective.
Goodman, L. A., Fauci, J. E., Hailes, H. P., & Gonzalez, L.	Power with and power over: How domestic violence advocates manage their roles as mandated reporters	2020	Qualitative methods/Constructivist	The researchers assessed the impact of support practitioners' duty to report on perceptions of effectiveness of treatment, how this influences outcomes for survivors, and the therapeutic relationship
Goodman, L. A., Fauci, J. E., Sullivan, C. M., DiGiovanni, C. D., & Wilson, J. M	Domestic violence survivors' empowerment and mental health: Exploring the role of the alliance with advocates	2016	Quantitative methods/Postpositivist	Researchers studied the role of the therapeutic relationship in IPV treatment and if this impacts risk factors such as PTSD, depression, and overall well-being.
Goodman, L. A., Thomas, K., Cattaneo, L. B., Heimel, D., Woulfe, J., & Chong, S. K.	Survivor-defined practice in domestic violence work: Measure development and preliminary evidence of link to empowerment.	2016	Mixed methods/Postpositivist	The study gathered data from survivors residing in domestic violence shelters surrounding their experiencing with client-led practice and assessed the contribution of this treatment to outcomes
Hill, E., Moreland, G., Boduszek, D., & Debowska, A.	Attribution of blame in an intimate partner violence situation: The effect of victim sexuality and observer sex.	2023	Quantitative methods/Postpositivist	Researchers analyzed how survivor sexual identity impacts the perceptions of accountability and blame in IPV scenarios.

Hodes, C., & Mennicke, A	Is it conflict or abuse? A practice note for furthering differential assessment and response	2019	Integrative review	Authors combine a wide combination of recent literature to discuss the current understandings of IPV abuse, power dynamics, and treatment. Further exploration is done surrounding the difference between abuse and escalated conflict.
Karakurt, G., Koç, E., Katta, P., Jones, N., & Bolen, S. D.	Treatments for female victims of intimate partner violence: Systematic review and meta-analysis	2022	Systematic review	This study conducted a review to assess the effectiveness of different treatment interventions that are related to adult female well-being after IPV experiences
Kulkarni, S	Intersectional Trauma-Informed Intimate Partner Violence (IPV) Services: Narrowing the Gap between IPV Service Delivery and Survivor Needs.	2019	Integrative review	The author looks to determine current interventions that are not serving as effective supports for victims, and how this may be adapted to more closely meet the unique needs of those impacted by IPV.
Leedom, L. J., Andersen, D., Glynn, M. A., & Barone, M. L.	Counseling intimate partner abuse survivors: Effective and ineffective interventions.	2019	Mixed-methods/Postpositivist	Researchers interviewed survivors of IPV around what they found both helpful and unhelpful throughout therapeutic processes
Nichols, E. M., Bonomi, A., Kammes, R., & Miller, E.	Service seeking experiences of college-aged sexual and intimate partner violence victims with a mental health and/or behavioral disability	2018	Qualitative methods/Constructivist	The study interviewed college students to gather deeper insight around mental health support and barriers that they faced throughout the experience.
Notestine, L. E., Murray, C. E., Borders, L. D., & Ackerman, T. A	Counselors' attributions of blame toward female survivors of battering	2017	Qualitative methods/Constructivist	Researchers sought to understand what led practitioner bias or perceptions of blame for survivors of IPV
Paphitis, S. A., Bentley, A., Asher, L., Osrin, D., & Oram, S.	Improving the mental health of women intimate partner violence survivors: Findings from a realist review of psychosocial interventions	2022	Mixed-methods/Postpositivist	The study conducted a realist review of current literature on IPV programs to assess effectiveness/ineffectiveness of interventions
Poleshuck, E., Mazzotta, C., Resch, K., Rogachefsky, A.,	Development of an innovative treatment paradigm for intimate partner violence victims	2018	Qualitative and participatory community-based methods/Constructivist	The study aimed to gain further insight into unique treatment needs of survivors of IPV experiencing

Bellenger, K., Raimondi, C., Thompson Stone, J., & Cerulli, C	with depression and pain using community-based participatory research.			depression and physical symptoms
Roeg, D. P. K., Hilterman, E. L. B., & Van Nieuwenhuizen, C.	Professionals' perception of the needs of female victims of intimate partner violence: A vignette study	2022	Qualitative methods/Constructivist	The study assesses the perspectives of practitioners regarding the victims' role in IPV scenarios
Shayani, D. R., Danitz, S. B., Low, S. K., Hamilton, A. B., & Iverson, K. M.	Women tell all: A comparative thematic analysis of women's perspectives on two brief counseling interventions for intimate partner violence.	2021	Qualitative methods/Constructivist	A comparison of women's experiences of two different brief interventions for IPV
Tutty, L. M	"Looking back, the programs kept me alive": Women's impressions of counseling for intimate partner violence.	2023	Mixed methods/Constructivist	Study surveyed female survivors regarding their experiences of counselling

Methodological Analysis

Articles that included four different types of research methodology were chosen for the purpose of this literature review. Eight of the studies that were reviewed were qualitative in nature (Argyroudi & Flora., 2021; Giorgi, 2022; Goodman et al., 2020; Nichols et al., 2018; Notestine et al., 2017; Poleshuck et al., 2018; Roeg et al., 2022; Shayani et al., 2021). These studies often included interviews and focus-groups that explored experiences of the participants. Additionally, two quantitative articles were reviewed (Goodman, Fauci et al., 2016; Hill et al., 2023) that analyzed cause and effect factors that occur within the therapeutic process, therapeutic alliance, and IPV. Four of the studies utilized mixed-methods approaches to conduct research with a combination of qualitative and quantitative collection and analysis methods to conduct the research (Goodman, Thomas et al., 2016; Leedom et al., 2019; Paphitis et al., 2018; Tutty, 2023). There were also several different types of reviews used to conduct this literature review, including systematic reviews (Karakurt et al., 2022), integrative reviews (Brown et al., 2018;

Burelomova et al., 2018; Craven et al., 2022; Hodes & Mennicke, 2019), and a literature review (Kulkarni et al., 2019). Differing research methodologies were chosen for this review to assess the different existing theories and knowledge on the topic.

Research Paradigms

Paradigms are beliefs or perspectives on a topic that influence action (Creswell & Poth, 2018). Paradigms are seen throughout research, as investigators inevitably bring in their own perspectives and frameworks into the research process. Examples of different research paradigms could include postpositivist, constructivist, postmodern, or transformation (Creswell & Poth, 2018). Several of the studies used a constructivist approach to the research to gain a deeper understanding of participant experiences in the context of IPV (Argyroudi & Flora, 2021; Giorgi, 2022; Goodman et al., 2020; Nichols et al., 2018; Notestine et al., 2017; Poleshuck et al., 2018; Roeg et al., 2022; Shayani et al., 2021; Tutty, 2023). Social constructivism allows for participants within research to develop their own meaning of experiences throughout the research (Creswell & Poth, 2018). Additionally, constructivism within research provides focus on the processes that occur, with slightly less focus on actual outcomes (Creswell & Poth, 2018). The studies that included constructivist paradigms were interested in gaining closer insight into the experiences of both practitioners and survivors and the processes that occurred to impact these experiences.

A number of the studies reviewed held a postpositivist framework of the research**.** Postpositivist paradigms are cause-and-effect oriented and provide some logical guidelines for steps within the research being conducted (Creswell & Poth, 2018). Five of the studies included in the literature review incorporated a postpositivist paradigm (Goodman, Fauci et al., 2016; Goodman, Thomas et al., 2016; Hill et al., 2023; Leedom et al., 2019; Paphitis et al., 2018).

Many of the studies that were included in the literature review focused on outcomes based on numerous different factors. Some examples of these components within the postpositivist frameworks may have been feelings within therapy as impacting therapy outcomes (Goodman, Thomas, et al., 2016), sexual identity of survivor as impacting practitioners' perceptions (Hill et al., 2023), or different interventions that had varying outcomes on therapy experiences (Leedom et al., 2019).

Recruitment and Sampling

Recruitment is any activity that involves participant planning and engagement throughout the research process (Bonisteel et al., 2021). Sampling is also dependent on the type of research and framework that is influencing the methods (Creswell & Poth, 2018). Within the articles reviewed that included participants, several strategies were used in recruitment processes. The articles that recruited human participants (Argyroudi & Flora, 2021; Brown et al., 2018; Giorgi, 2022; Goodman et al., 2020; Goodman, Fauci et al., 2016; Goodman, Thomas et al., 2016; Hill et al., 2023; Leedom et al., 2019; Nichols et al., 2018; Notestine et al., 2017; Poleshuck et al., 2018; Roeg et al., 2022; Shayani et al., 2021; Tutty, 2023) included samples from both practitioner and survivor populations. Purposeful sampling was utilized in a large majority of the articles reviewed for the research question (Argyroudi & Flora, 2021 Brown et al., 2018; Giorgi, 2022; Goodman et al., 2020; Goodman, Fauci et al., 2016; Goodman, Thomas et al., 2016; Leedom et al., 2019; Nichols et al., 2018; Notestine et al., 2017; Poleshuck et al., 2018; Roeg et al., 2022; Shayani et al., 2021; Tutty, 2023), which is a key strategy in qualitative research that intentionally selects participants with certain experiences to contribute to the understanding of the research question (Creswell & Poth, 2018). Three of the studies recruited participants over the internet who had experiences of IPV (Hill et al., 2023; Leedom et al., 2019; Nichols et al.,

2018). Due to the nature of the research question, studies that included both practitioner and survivor populations posed relevant to understanding some of the microprocesses that could potentially occur in the context of IPV treatment. Understanding perspectives and experiences of the survivors, as well as potential practitioner beliefs or biases is important in understanding unique considerations of the therapeutic alliance with those who have experienced IPV.

Seven of the studies that were included in the literature review recruited survivors of IPV (Giorgi, 2022; Goodman, Thomas et al., 2016; Leedom et al., 2019; Nichols et al., 2018; Poleshuck et al., 2018; Shayani et al., 2021; Tutty, 2023). The studies that included survivors chose sampling methods through several different strategies, but largely recruited through shelters and other support services for survivors (Giorgi, 2022; Goodman, Thomas et al., 2016; Leedom et al., 2019; Shayani et al., 2021; Tutty, 2023). Studies also included those who had previously sought support services and had experiences with treatment interventions for IPV (Nichols et al., 2018; Poleshuck et al., 2018).

Seven of the studies that included participants in the sample highlighted and assessed the perspectives of mental health practitioners and support workers who have worked with IPV survivors. The studies addressed the clinician perspectives on IPV treatment as well as their views of IPV survivors (Argyroudi & Flora, 2021; Brown et al., 2018; Goodman et al., 2020; Goodman, Fauci et al., 2016; Hill et al., 2023; Notestine et al., 2017; Roeg et al., 2022). All studies included clinicians who were currently practicing and had worked with IPV survivors in the past. Studies that included this population were included in order to address and compare themes that may occur in survivor experiences of treatment and provide further insight into some of the potential beliefs and biases of practitioners that could impact these experiences.

Data Collection

Data collection is a series of interrelated actions that aims to accumulate information related to the research question (Creswell & Poth, 2018). There are numerous forms of data collection that will be seen throughout research, including interviews, surveys/questionnaires, observations, reviews of digital/audiovisual materials, focus groups, case studies, or experimental studies (Creswell & Creswell, 2017). Qualitative forms of data collection focus on unstructured or semi-structured forms of collection such as interviews, observations, documents/visual materials. Comparatively, quantitative data collection typically focuses more closely on methods such as surveys, questionnaires, or experimental designs (Creswell & Creswell, 2017).

Qualitative strategies were seen in a number of the studies in this literature review. Semi-structured interviews were a common strategy seen in the studies (Argyroudi & Flora, 2021; Giorgi, 2022; Nichols et al., 2018; Roeg et al., 2022; Shayani et al., 2022). Most interviews used to collect data only conducted a single interview with participants (Argyroudi & Flora, 2021; Giorgi, 2022; Nichols et al., 2018; Roeg et al., 2022). However, one of the studies conducted interviews on multiple occasions (Shayani et al., 2022). The researchers collected data from IPV survivors who had recently received treatment for their experiences and conducted semi-structured interviews at both 10- and 14-weeks post-treatment (Shayani et al., 2022). Focus groups were also used in two of the studies in which researchers used open-ended questions to create group discussions surrounding topics related to the treatment of IPV (Goodman et al., 2020; Poleshuck et al., 2018).

Quantitative data collection strategies were also noted throughout the literature review. Several studies used surveys to collect data (Goodman, Fauci, et al., 2016; Goodman, Thomas et

al., 2016; Hill et al., 2023; Leedom et al., 2019; Notestine et al., 2017; Tutty, 2023). Surveys seemed to be the most frequently occurring data collection across the studies. Surveys are often used to reach a larger audience than interviews and offer a less time consuming and inexpensive strategy to collect the data, making it a helpful strategy for quantitative research when trying to reach larger populations (Jain, 2021). Some of the studies collected data from participants in person (Goodman, Fauci, et al., 2016; Goodman, Thomas et al., 2016), but the majority of the surveys were conducted online (Hill et al., 2023; Leedom et al., 2023; Notestine et al., 2017). While surveys are often highlighted to be a quantitative data collection strategy (Creswell & Creswell, 2017), this was seen as a data collection strategy in some of the qualitative articles that were reviewed (Goodman et al., 2020; Notestine et al., 2017). The remaining studies were identified as mixed-methods approaches (Leedom et al., 2019; Tutty, 2023).

Integrative and systematic reviews of literature were also used to collect data throughout some of the articles that were reviewed for the purpose of this chapter (Brown et al., 2018; Burelomova et al., 2018; Craven et al., 2022; Hodes & Mennicke, 2018; Karakurt et al., 2022; Kulkarni, 2019). A literature review is a critical analysis of already existing published research (Dhollande et al., 2021). Integrative literature reviews are often used in the field of psychology and aim to cover numerous disciplines and topics in the review process. These forms of reviews work to integrate information and data in a way that creates new understandings and meanings of already existing literature and knowledge (Cho, 2022). The majority of the review articles included in this paper were integrative in nature (Brown et al., 2018; Burelomova et al., 2018; Craven et al., 2022; Hodes et al., 2018; Kulkarni, 2019). Integrative reviews value both qualitative and quantitative research and will include both forms of research in the literature review (Dhollande et al., 2021). For example, Burelomova and colleagues (2018) conducted an

integrative review of existing theories on violence as it pertains to intimate partner relationships. Researchers compiled research from different theories including feminist theory, social learning theory, and power theory in order to integrate existing knowledge and work towards new understandings of the topic (Burelomova et al., 2018).

A systematic review can be both qualitative and quantitative in nature. Qualitative approaches to a systematic review follow a process of different steps and explicit methods (Cho, 2022). However, only one of the literature reviews included in this paper was identified as systematic, and contained a quantitative, meta-analysis approach (Karakurt et al., 2022). Quantitative approaches contain a meta-analysis of existing literature, which means these types of reviewed are methodical, replicable, and comprehensive (Cho, 2022).

The variety of data collection strategies provided a deeper understanding of the therapeutic alliance in the treatment of survivors of IPV. Within the different collection methods, there were a number of strengths that contributed to this understanding. The use of focus groups, open-ended questions, and semi- structured interviews are considerable strengths of the data collection (Argyroudi & Flora, 2021; Goodman et al., 2020; Goodman, Fauci et al., 2016). This provides a more in-depth understanding of some of the lived experiences that underlie the development of the therapeutic alliance. Additionally, data collected from practitioners is a considerable strength of the methodology, as it is clear from the data that there are significant subconscious beliefs and perceptions that are contributing to the way in which the alliance develops in the therapy setting (Goodman et al., 2020; Goodman, Fauci, et al., 2016; Brown et al., 2018; Roeg et al., 2022). The data collection took place from relevant agencies and organizations that provided support for IPV survivors.

It is important to also note some of the limitations that arose throughout the literature in terms of data collection. Some of the data collection occurred online, which can be beneficial and certainly considered a strength in some scenarios. However, it also allows for some potential discrepancy in the data, as there is no way to confirm accuracy of responses or experiences (Andrade, 2020). Some of the data was collected online or via a website that provided support (Hill et al., 2023; Leedom et al., 2023; Notestine et al., 2017), and while much of the data collected was accurate, there is a higher risk of inaccurate information or participants who do not necessarily fit the inclusion criteria. Another limitation to note about the data collection is that it is difficult to generalize data collected online to overall findings (Andrade, 2020). This may be particularly relevant to a complex topic such as IPV and IPV treatment. Limitations for data collected from surveys also include a lack of flexibility in the answers that participants are able to provide, as well as time constraints on the data collection (Creswell & Creswell, 2017).

Additional limitations to the data collection include potential responses in the interview responses due to the researcher's presence (Creswell & Creswell, 2017). This may be magnified for vulnerable topics related to IPV, as survivors may feel shame surrounding their experiences or not be willing to share overly sensitive information (Camp, 2022). Interviews also pose some limitations for data collection, as not all participants are able to articulate responses and share information as effectively as others (Creswell & Creswell, 2017). This may also be challenging for IPV survivors when recounting traumatic experiences of abuse.

Data Analysis

Data analysis is the way in which researchers organize, represent, and ultimately understand the data collected through research (Creswell & Poth, 2018). Quantitative and qualitative research use different strategies for data analysis, as qualitative data focuses on

coding the data for themes and forming an interpretation based on this (Creswell & Poth, 2018). Coding is the process in which researchers examine the data (words, phrases, etc.) and assign a specific word or symbol to the data to represent underlying context (Younas et al., 2022). This is an important piece of data analysis, as it allows researchers to determine themes that begin to occur and create meaning and connections throughout some of the data (Creswell & Poth, 2018). Quantitative data analysis methods typically utilize mathematical software and analysis tools that seek to find some additional insight into potential trends and connections within the data (Creswell & Creswell, 2017).

As many of the studies included in the literature review were qualitative, data analysis strategies such as coding were common in a number of the studies (Argyroudi & Flora, 2021; Giorgi, 2022; Goodman et al., 2020; Leedom et al., 2019; Nichols et al., 2018; Paphitis et al., 2022; Roeg et al., 2022; Shayani et al., 2022; Tutty, 2023). The studies that used coding focused on thematic analysis of the data, which is the process of highlighting specific patterns or themes that are occurring throughout the data (Maguire & Delahunt, 2017). Some of the studies utilized transcripts of interviews or focus groups in order to assess the data and begin coding (Giorgi, 2022; Goodman et al., 2020; Shayani et al., 2022). Thematic coding and analysis was utilized in several of the studies that included participant interviews or literature reviews (Argyroudi & Flora., 2021; Giorgi, 2022; Goodman, Fauci et al., 2016; Shayani et al., 2022) in order to highlight important ideas amongst the data. Additionally, in several of the studies spoke to different stages of coding, the first stage in which researchers individually analyzed the data in order to built codes, themes, and summaries. The second stage of data analysis then followed with a team approach to compare found codes and themes across the group of researchers (Argyroudi & Flora., 2021, Goodman et al., 2020; Nichols et al., 2018; Paphitis et al., 2022;

Shayani et al., 2022). The consistent use of thematic analysis across numerous studies involved in this literature review allows researchers to interpret and assign meaning to the data, rather than just providing a summary (Maguire & Delahunt, 2017). Additionally, qualitative content analysis with constant comparison was seen as a method throughout the qualitative studies as a way for researchers to ensure that data analysis was effective (Goodman et al., 2020).

Other methods such as statistical analysis programs were utilized throughout the literature as a way to analyze data. This was seen in numerous studies included in the review (Goodman, Fauci, et al., 2016; Hill et al., 2023). One of the studies noted to have used data analysis methods such as ANOVA programming in order to create a deeper understanding of the data (Hill et al., 2023). Another analysis method utilized was multivariate analysis of variance to explore relationships between variables (Goodman, Fauci et al., 2016). The use of statistic software is a common strategy for analyzing data in research that supports researchers in organizing/ retrieving data and creating visuals of themes and codes found in the data (Creswell & Poth, 2018). Notestine and colleagues (2017) utilized SPSS, descriptive statistics, and regression analysis with the intention of determining the relationship between the predictor variables within the study. Data analysis methods that utilized standardized measures in order to analyze the data were also noted throughout the review (Karakurt et al., 2022; Tutty, 2023). Standardized measures in research are specific steps taken to ensure consistency across the analysis so that researchers are able to meaningfully compare the data (Nesselroade & Molenaar, 2022). Researchers attempted to compare some of these measures with independent t-tests throughout the research and also conducted secondary analysis measures using qualitative strategies such as coding to determine themes/categories (Tutty, 2023). Secondary analysis involves re-analysis of data and narratives that are already analyzed and available (Tutty, 2023).

Several notable strengths occurred throughout the data analysis methods in the literature. Multiple researchers were noted to be coding the data in several of the articles that were reviewed (Argyroudi & Flora, 2021; Nichols et al., 2018; Paphitis et al., 2022; Shayani et al., 2022). Additionally, multiple analyses of the data were conducted. This was seen across both qualitative and quantitative studies, in which researchers used more than one analysis strategy, or multiple levels of analysis (i.e. different stages of coding) (Goodman et al., 2020; Goodman, Fauci, et al., 2016; Leedom et al., 2019; Notestine et al., 2017; Shayani et al., 2022; Tutty, 2023). Tutty highlighted in the study that this strategy was incorporated into the data analysis in order to determine accuracy and validity of the results (2023). Constant comparison was also utilized by Goodman and associates in thematic coding to ensure effective data analysis in the research (2020).

Within the data analysis there are some weaknesses that could impact the outcomes of the studies. Some of the data collected was self-reported, leaving some risk for discrepancy in the results as discussed in the data collection section above (Goodman, Thomas, et al., 2016; Leedom et al., 2019). Researchers should be mindful of self-report methods when conducting the data analysis in order to account for potential impacts on the data. In addition to this, some studies did not speak to data analysis strategies, so this was not assessed in this literature review (Brown et al., 2018; Burelomova et al., 2018; Craven et al., 2022; Goodman, Thomas et al., 2016; Hodes & Mennicke, 2019; Karakurt et al., 2022; Poleshuck et al., 2018)

Ethical Considerations

There are several notable ethical concerns that arise within the context of the research question as well as the studies included in the literature. Due to the nature of IPV and the potential risk of harm to survivors, the research question and a review of the literature pose some

important considerations around ethical considerations (Cotter, 2021). If survivors are still living in a violent relationship, they may fear their partner discovering that information about the abuse has been shared, which could result in a risk of increased in abuse for the survivor (Goodman et al., 2020). Additionally, the emotional impacts of discussing experiences of IPV may be harmful to survivors, as these experiences are often tied to significant amounts of shame and trauma (Camp, 2022). Due to these considerations for survivors of IPV, researchers should be mindful to closely follow ethical guidelines and considerations.

There are extremely important considerations to make on this topic surrounding ethical conduct for research as posed by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research [CIHR], 2022). The policies that guide research ethics when working with human participants highlight three important pillars including respect for persons, concern for welfare, and justice, all of which are highly relevant to the topic of IPV research (CIHR, 2022). As mentioned, concern for participant welfare is a large consideration for this particular area of research. It is also evident based on some of the findings within the literature review that respect for persons as described in the *Tri-Council Policy Statement* (TCPS) is a critical consideration when working with survivors of IPV (CIHR, 2022). Due to potential feelings of powerlessness or lack of control (Nichols et al., 2018), practitioners and researchers need to be mindful of participant experiences throughout the process in order to ensure that respect for persons is maintained (CIHR., 2022). There is also an important social justice component to consider when working with participants from this population, as minority demographics are often at heightened risk of harm (Tutty, 2023). The justice policy of TCPS highlights the importance of ensuring that researchers and practitioners are aware of their role in executing just policies not just within research, but on a larger social

scale as well. The TCPS includes a focus on treating individuals fairly and equitably in order to be mindful of any potential systemic factors that may increase vulnerability such as race, gender, age, or those with mental health concerns (CIHR, 2022). The policy highlights that justice in research takes place on both an individual and societal level, and for marginalized or vulnerable individuals participating in research to be treated justly, additional support may be required (CIHR, 2022).

Another aspect of ethics that should be considered are the overall clinical ethics of the research topic *The Canadian Code of Ethics for Psychologists* contains four main principles including respect for dignity of persons, responsible caring, integrity in relationships, and responsibility to society (Canadian Psychological Association [CPA], 2017). Practitioners need to be aware of the ethical considerations for this population for a number of reasons. Survivors may be hesitant to be vulnerable, open, and transparent due to risk of harm. Both clinicians and researchers need to be aware of this risk throughout the process, as ethical guidelines prioritize the well-being of clients (CPA, 2017). In addition to this, data collection strategies such as online surveys may pose a risk to survivors if they are currently living in the same home as the perpetrator.

It is also important to consider the impacts of alliance ruptures in the treatment of survivors of IPV. A ruptured therapeutic alliance is described as the decline or collapse of the relationship between the practitioner and the client, which can range from minor and temporary to a severe confrontation and dropout (O'Keeffe et al., 2020). As discussed earlier in the chapter, survivors can be hesitant to seek treatment or support for their IPV experiences for numerous reasons, including the fear that practitioners will report the abuse (Goodman et al., 2020). The duty to report as outlined in the ethical guidelines for practitioners (CPA, 2017), as well as the

standard for practice (College of Alberta Psychologists, [CAP], 2019) may serve as a barrier for the development of the alliance if the practitioner believes that the client or another person is at risk. The relationship between the therapist and the client can be stressed or ruptured by this duty, as research has shown that many survivors shared that reports made regarding the abuse actually made the abuse worse in 50% of IPV situations (Goodman et al., 2020). This damaging impact of the duty to report could lead to ruptured alliance. It may also contribute to harm to client if the client is no longer able to access services because the perpetrator discovers that a report has been made. This is a challenging balance for practitioners, especially if the IPV is occurring in a family setting, as they hold an ethical duty to report risks of harm to minors, and also need to ensure safety and wellbeing of clients (CPA, 2017). Both researchers and practitioners should closely consider the implications of ethical guidelines in the treatment of IPV survivors, especially for those who are still currently experiencing abuse.

The ethical reviews for each piece of literature posed a variation of results. While many of the studies included research conducted with participants, only seven of the studies listed approval by governing bodies. Articles that spoke specifically to ethical approval from governing bodies included studies by Argyroudi & Flora (2021), Hill et al. (2023), Nichols et al. (2018), Notestine et al. (2017), Poleshuck et al. (2018), Roeg et al. (2018), Shayani et al. (2021), and Tutty (2023). The studies that acknowledged ethical review had a variety of regulatory bodies granting approval for research including ethical boards of universities (Hill et al., 2023; Nichols et al., 2018; Poleshuck et al., 2018; Tutty, 2023), as well as medical/healthcare bodies (Argyroudi & Flora, 2021; Roeg et al., 2018; Shayani et al., 2021,). The remaining pieces of literature that were reviewed either did not mention ethical review/approval or were reviews of existing public information. The lack of discussion surrounding ethical approval in the remaining

studies that contained participants (Brown et al., 2018; Giorgi, 2022; Goodman et al., 2020; Goodman, Fauci et al., 2016; Goodman, Thomas et al., 2016; Leedom et al., 2019; Nichols et al., 2018; Notestine et al., 2017) poses some limitations in the studies themselves.

As outlined by the TCPS, the pillars of research with human participants requires a strong focus on justice, concern for welfare, and respect for persons (CIHR, 2022), making it important to highlight the ethical guidelines that were followed throughout the research process. The studies that included human participants have a requirement to address aspects such as consent and confidentiality to ensure that participants are protected and that any potential harm is mitigated as much as possible (CIHR, 2022). Many of the studies included discussions around consent in the research and the way in which this was received from the participants (Goodman, Fauci, et al., 2016, Goodman, Thomas, et al., 2016; Hill et al., 2023; Leedom et al., 2019; Roeg et al., 2022; Shayani et al., 2021). Most of the studies gained consent from participants through written forms (Goodman, Fauci, et a., 2016; Goodman, Thomas et al., 2016; Hill et al., 2023; Roeg et al., 2022; Shayani et al., 2021) and one gained consent through a discussion at the beginning of the study (Leedom et al., 2019). Some of the studies included did not discuss consent but recognized the ethical requirements of engaging in research on this topic highlighted an awareness of power imbalances within research (Giorgi, 2022) and the need for mutual understanding and trust between the participants and the researcher (Argyroudi & Flora, 2021).

Ethical considerations as outlined by the TCPS (CIHR, 2022) also highlight a focus on welfare and respect for persons, which was addressed in some studies as ensuring confidentiality and anonymity of the participants (Argyroudi & Flora, 2021; Goodman et al., 2020; Goodman, Fauci, et al., 2016; Goodman, Thomas, et al., 2016; Hill et al., 2023). As IPV can be a sensitive topic for both practitioners and victims, anonymous participation could potentially allow for an

increase in participation and minimized harm for those offering insight into a sensitive topic (Bouchard, 2016).

Summary

The research question regarding the treatment of IPV survivors and potential facilitators and barriers of the therapeutic alliance entails numerous considerations and pieces of literature. Across the studies, there were a number of different participants, data collection/analysis methods, and research methodologies used to understand the phenomenon of IPV. Themes that arose from the literature could provide some clinical direction for practitioners when working with IPV survivors and areas for future research.

Chapter 4: Applications to Clinical Practice

The literature review presented several important findings and themes that apply to the research question. The themes related to supporting the development of the therapeutic alliance throughout the literature included empowerment (Goodman, Fauci, et al., 2016; Karakurt et al., 2020; Paphitis et al., 2022; Shayani et al., 2022), survivor-led practice (Goodman, Thomas et al., 2016; Kulkarni, 2019; Leedom et al., 2019; Paphitis et al., 2022), and non-judgement (Goodman, Thomas, et al., 2016; Nichols et al., 2018). Themes that relate to barriers in the development of the therapeutic alliance consisted of blame attribution (Argyroudi & Flora, 2021; Hill et al., 2023; Leedom et al., 2019; Notestine et al., 2017; Roeg et al., 2022), intersectional identities (Brown et al., 2017; Giorgi, 2022; Goodman, Fauci, et al., 2016; Kulkarni, 2019; Tutty, 2023), and power (Goodman et al., 2020; Hodes & Mennicke, 2018; Nichols et al., 2018; Paphitis et al., 2022). These themes were determined by extensively reviewing and coding the literature. The coding process led to determining commonalities and consistencies across the research which were then included in different categories and potential themes (Creswell & Creswell, 2018). The themes focus specifically on the implications for clinical practice and provide insight into some of the important considerations that practitioners could incorporate into work with victims of IPV. The findings presented a number of supporting factors and barriers in the development of the therapeutic alliance that can be considered by practitioners, as well as some findings around general treatment outcomes with IPV victims surrounding the therapeutic alliance. The themes identified throughout the literature review represented important clinical concepts to answer the research question, in turn providing practitioners guidance on the intricacies of the therapeutic alliance development with IPV survivors. Practitioners can support the development of the alliance through practices of non-judgment, creating an environment of empowerment, and

engaging in survivor-led practice. Barriers that practitioners should be mindful of with female survivors of IPV include blame attribution around the survivor's role, creating challenging power dynamics in the therapeutic setting that mimic power dynamics of IPV, and larger social and systemic factors such as the survivor's intersectional identity.

Supporting factors

The information presented in the section on supporting factors will highlight the understanding of the research question that seeks to understand helpful strategies for practitioners in the context of creating a successful alliance. In reviewing existing literature for research on supporting factors in the development of the therapeutic alliance between practitioners and survivors of IPV, several themes arose across the studies. The themes that encompassed factors that support the therapeutic alliance focused on some components of the trauma-informed care practices including strength-based strategies, a focus on safety, and opportunities for survivors to rebuild feelings of autonomy and control (Hopper et al., 2010). Themes consisting of survivor-led practice (Goodman, Thomas et al., 2016; Kulkarni, 2019; Leedom et al., 2019, Paphitis et al., 2022), empowerment (Goodman, Fauci, et al., 2016; Karakurt et al., 2020; Paphitis et al., 2022; Shayani et al., 2022), and creating an environment of non-judgement (Goodman, Thomas, et al., 2016; Nichols et al., 2018) were noted to occur throughout the existing literature.

Survivor-led Practice

A commonly occurring theme amongst the literature as a supporting factor of the therapeutic relationship between the clinician and the client was that of survivor determined direction and goals for therapy (Goodman, Thomas et al., 2016; Kulkarni, 2019; Leedom et al.,

2019; Paphitis et al., 2022). Survivor-led practice is characterized by several concepts such as an emphasis on the partnership between the therapist and the client, sensitivity to unique coping skills of those who have experienced violence, and promoting client choice in therapy (Goodman, Thomas, et al., 2016). Survivor-led practice was highlighted across numerous pieces of literature that demonstrates the relevance of survivor autonomy and agency within the therapy setting in order to promote a strengthened therapeutic alliance (Paphitis et al., 2022). Encouraging survivor choice, autonomy, and agency within the therapeutic setting is often referred to as survivor-defined practice, in which clients have the ability to determine the nature of the therapeutic relationship between the client and the therapist and what this will look like throughout the process. It also allows clients to set therapy trajectories, goals, and promotes feelings of autonomy over the treatment itself (Goodman, Thomas et al., 2016; Kulkarni, 2019; Leedom et al., 2019; Paphitis et al., 2022).

Survivor-led Considerations for Practice

The therapeutic alliance is facilitated and promoted in treatment of IPV survivors in viewing the survivor as the expert of their own experiences and life (Leedom et al., 2019), therefore being the leader within the therapeutic process. The therapeutic strategy of person-centered therapy and ideologies that the client is the expert in their own lives originated from Carl Rogers' theories of person-centered approaches (Rogers, 1959). Rogerian therapy focused largely on person-centered practices that allowed clients to be free to choose their growth orientation, therapeutic goals, and values (Rogers, 1959; Woodward, 2020). Client-centered care practices relate closely to the concept of survivor-led practice in that these practices encourage individuals to choose the directions of therapeutic growth and promotes feelings of autonomy over their treatment (Goodman, Thomas, et al., 2016; Woodward, 2020).

The themes within the literature point to value in allowing the client to experience control over the therapeutic processes. Providing individuals who have experienced IPV the opportunity to make choices around their own goals and processes for therapy inadvertently leads to a strengthened therapeutic alliance and partnership (Goodman, Thomas et al., 2016; Paphitis et al., 2022). Feelings of powerlessness often lead to distress (Proctor, 2017), which makes the nature of power-sharing within the therapy context that much more critical for survivors of IPV (Kulkarni, 2019). If therapists and practitioners are able to offer some semblance of empowerment through survivor agency and autonomy within therapy by encouraging client choice in therapy and allowing survivors to guide therapeutic trajectories, this could potentially decrease the presence of powerlessness and feeling of lack of control for those impacted by IPV.

Empowerment

The creation and promotion of feelings of empowerment throughout treatment was also shown across several studies to be a facilitator of the therapeutic alliance (Goodman et al., 2020; Goodman, Fauci, et al., 2016; Karakurt et al., 2020; Paphitis et al., 2022; Shayani et al., 2022). The research indicated that the role of empowerment in therapy was promoted by encouraging survivors to enact agency over the therapeutic processes, which in turn leads to feelings of empowerment (Paphitis et al., 2022). Survivor feelings of empowerment were highlighted as contributing to increased chance of positive mental health and safety outcomes in treatment (Goodman et al., 2020). Incorporating feelings of empowerment such as promoting survivors' feelings of control that is often lost in violent relationships, building resources for survivor safety, and increasing their feeling of ability to affect others was shown to contribute to the development of the therapeutic alliance, as it prompted feelings of encouragement and hope from the clients (Goodman, Fauci, et al., 2016). Client reflections of counselling highlighted feelings

of empowerment as contributing to positive experiences of support and overall impressions of therapy (Shayani et al., 2022). While increasing feelings of empowerment has been labelled as a view of informal support for victims (Karakurt et al., 2020), it is evident based on the review of the literature that this is a critical theme to consider when establishing a therapeutic alliance in the context of IPV treatment.

Empowerment Considerations for Practice

The implementation of building empowerment in the therapeutic processes can be an important piece of the research question surrounding supporting factors of the alliance. The feeling of empowerment has been shown throughout the research to be encouraged by supporting client autonomy within the sessions, such as allowing survivors to choose the number of sessions they feel would be beneficial, as well as choice of session content focus (Shayani et al., 2022). Practitioners can also promote feelings of empowerment by building access to internal and external supports for safety for survivors of IPV (Goodman, Fauci, et al., 2016). Allowing for survivor autonomy within the therapeutic direction and processes also builds feelings of empowerment, leading to a stronger alliance (Paphitis et al., 2022).

Non-judgement

While the topic of non-judgement seems like an obvious strategy in developing a strong therapeutic alliance, the literature demonstrates that this can be a complex phenomenon within the treatment of IPV experiences (Leedom et al., 2019). Due to the complex nature of partner abuse and enduring IPV, survivors may develop unique coping strategies that could potentially be harmful such as substance use or other concerning coping mechanisms (Nichols et al.,2018). The development of a therapeutic alliance requires the therapist to be sensitive to client coping

strategies that may serve as an important distress tolerance skill (Goodman, Thomas, et al., 2016). Research has suggested that practitioners may be inclined to lead the therapeutic processes and correct maladaptive coping tools that clients have developed in order to endure their experiences of IPV. However, this has been shown to present a risk of harm to survivors and may contribute to a rupture in the therapeutic alliance (Leedom et al., 2019; Nichols et al., 2018).

Non-judgement Considerations for Practice

In order to mitigate potential harm to survivors in the therapeutic process, there are a number of considerations that practitioners can incorporate into their work with survivors of IPV. Therapists can promote the development of the alliance by creating a non-judgemental space that does not condemn coping strategies and allows clients to feel validated and safe (Nichols et al., 2018). Creating a non-judgmental and validating environment can be done by respecting survivor strategies to manage distress, being mindful of the unique needs of survivors, and allowing clients to guide goals without attempting to correct maladaptive behaviours (Goodman et al., 2020).

Barriers

In addition to understanding supporting factors, the research question also aimed to gain a deeper understanding into factors that may serve as a barrier in the development of the alliance with IPV victims. Several themes arose from the literature that related to this piece of the research question and provide valuable insight for practitioners who may work with survivors of IPV. This section will address these barriers as well as some of the important considerations for practitioners around these themes. This section will also address intersectional feminist

framework as significant in understanding some of the current barriers in the context of IPV treatment.

Some research has demonstrated that a large majority of mental health practitioners do not respond to IPV effectively or appropriately (Craven et al., 2022; Leedom et al., 2019). Inadequate responses to experiences of IPV by practitioners could ultimately lead to heightened risk of harm for the client and may also deter individuals from continuing with treatment or seeking support in the future (Craven et al., 2022). Throughout the literature, there were a number of themes that were identified as barriers of the development or success of the therapeutic alliance.

Blame Attribution

Blame attribution is the act of blaming a victim of a crime of the acts committed against them (Hill et al., 2023) and was noted across a significant number of articles on the topic of barriers within the therapeutic alliance as it pertains to victims of IPV (Argyroudi & Flora, 2021; Hill et al., 2023; Leedom et al., 2019; Notestine et al., 2017; Roeg et al., 2022). The theme of blame attribution was a significant finding as related to the research question, as it provides insight into the nuances of language and practitioner attitudes that may be present in the therapeutic setting. The literature highlights a considerable amount of information regarding practitioner misconceptions around IPV and the victim's ability to choose to leave abusive relationships or remove themselves from IPV experiences (Argyroudi & Flora, 2021). Attribution of blame towards the victim is a common occurrence, and the literature indicates that often counsellors and practitioners are also at risk of presenting these perceptions and biases within the therapeutic setting (Notestine et al., 2017). Blame may be inadvertently placed on the victim with language in the therapy setting that indicates victims' choices in the experience. This

language could include practitioners sharing that the survivor is choosing an abusive partner as well as choosing to stay in an abusive relationship (Leedom et al., 2019). This blame by the therapist can lead to oversimplification of an extremely complex phenomenon, as IPV relationship dynamics include several components for consideration (Cravens et al., 2015). Research also indicated that the attribution of blame was present in a number of other biases including differences dependent on the victim and perpetrator sexuality and sexual identity (Hill et al., 2023), assertions of codependence being placed on the victim (Leedom et al., 2019), and victims as engaging in behaviour that enticed abuse (Notestine et al., 2017). Intersectional feminist theory is a significant framework in understanding this theme, as survivor's sexuality and gender were highlighted as playing a role in blame attributed to survivors that could be influenced by larger social or systematic constructs (Creswell & Poth, 2018; Hill et al., 2023; Leedom et al., 2019).

Blame Attribution Considerations for Practice

Survivor perceptions of therapeutic support were noted in the literature as being impacted by blame attribution. Practitioners need to be mindful of the language used within the therapeutic setting. Specific language may lead to implications that a survivor had chosen their partner, chosen to remain in the abusive relationship, or label a survivor's behaviours as co-dependent. This can negatively impact the development of the alliance and can be perceived as blame by the survivor (Leedom et al., 2019). These experiences within the therapeutic process are not only shown to have negative impacts on therapeutic outcomes, but survivors may also feel harmed by the therapy experience rather than supported (Leedom et al., 2019). This is a significant risk, as harmful or unhelpful therapy outcomes could deter survivors from seeking support in the future (Nichols et al., 2018).

Practice considerations for blame attribution also focus on discussion and assessment of previous trauma (Roeg et al., 2022). Some of the literature included in the review highlighted that less than a third of mental health practitioners assessed or discussed the implications of past trauma, which was noted to serve as a barrier in the development of the relationship between the therapist and the survivor (Roeg et al., 2022). The research also highlights that the alliance can be hindered when practitioners place a high amount of focus on the survivor's role in the relationship (Argyroudi & Flora, 2021; Leedom et al., 2019; Notestine et al., 2017) rather than assessment or emphasis around the traits of the perpetrator (Roeg et al., 2022). These predominant themes of focusing on the role of the victim are an important area of consideration for practitioners as potential barriers as well as risks of harm for clients within the context of therapy.

Power

An additional theme relevant to the context of barriers in creating a therapeutic alliance was the power dynamics within the therapeutic setting (Goodman et al., 2020; Hodes & Mennicke, 2018; Nichols et al., 2018; Paphitis et al., 2022). The role of power in the development of the therapeutic alliance is an important consideration for practitioners for a number of reasons as seen in the literature. As discussed earlier in the chapter, the power-over dynamics that survivors often experience within abusive relationships are highly relevant to their experiences within the therapeutic setting. Individuals who experience partner violence may also experience loss of feelings of power or control due to partner violence (Hodes & Mennicke, 2018) which could lead to significant transference as relating to the relationship with their practitioner. Power dynamics are an expected part of therapeutic processes (Proctor, 2017), so clinicians need to consider the ways in which this could hinder the development of the alliance.

Mental health professionals hold ethical and legal obligations to report specific disclosures and concerns, which inevitably contribute to elements of power-over dynamics in the therapy setting as well (Goodman et al., 2020). Practitioners hold legal and ethical obligations to report IPV in some scenarios if they believe that a minor or vulnerable individual is at risk of harm which is outlined in the ethical guidelines for practitioners (CPA, 2017), as well as the standard for practice (CAP, 2019). The practitioner's duty to report (CAP, 2019; CPA, 2017) in certain scenarios could hinder client disclosures or feelings of autonomy over the therapeutic process, making it an important consideration for helping professionals.

Additionally, literature highlighted that treatment that was more heavily influenced by practitioner perceptions of presenting issues, goals, and relationship dynamics could also potentially contribute to client feelings of powerlessness, which in turn poses as a barrier for the therapeutic alliance and client perceptions of treatment (Nichols et al., 2018; Paphitis et al., 2022). Clients being unable to lead their own therapy and direct the processes can lead to additional harm due to feelings of powerlessness and lack of control (Nichols et al., 2018). In allowing space for decision making, goal setting, and following therapy directions determined by the client, practitioners are able to rebuild feelings of agency and control (Paphitis et al., 2022), which contributes to developing a more effective relationship between the client and therapist.

Power Considerations for Practice

Practitioners can work to incorporate helpful power dynamics within the therapeutic process in a number of ways. Therapists can ensure that they are clear with survivors about their ethical position, client autonomy within the session, as well as the intention of beneficence (Proctor, 2017). The concept of collaboration is another way that practitioners can encourage positive power dynamics within the therapeutic relationship. This can be done by encouraging

choices, questions, and client power over therapy directions (Paphitis et al., 2022; Proctor, 2017). Additionally, survivors would benefit from increased practitioner awareness of social and political power influences. Therapy dynamics can magnify components of social inequality, and practitioners can manage power dynamics by being self-aware and understanding of social causes of distress (Proctor, 2017).

Intersectional Identities

Another barrier that was seen as a reoccurring theme throughout the literature as impacting the development of the therapeutic alliance is the intersectional identity of the client which could include factors such as race, gender, or sexuality (Compton-Lilly et al., 2017). This factor is a highly important consideration for therapists for several reasons. Individuals who belong to majority demographics are more likely to be systemically privileged from a sociocultural context, making those who belong to marginalized groups at heightened risk of trauma and stress (Hill et al., 2023). As discussed in this literature review, individuals who belong to a minority or marginalized population based on race, gender, or sexual identity are at heightened risk for experiencing IPV (Cotter, 2021; Dyar et al., 2019; Edwards et al., 2020). A large percentage of individuals that experience IPV and seek shelter or support for this concern are from marginalized populations within Canada such as Indigenous populations (Varcoe et al., 2021) or SMW (Hill et al., 2023), indicating that practitioners need to be aware of the intricacies involved in working with marginalized groups (Tutty, 2023). Due to the critical nature of providing support to individuals at risk of harm, clinicians must be mindful of the role of intersectionality in the development of the alliance. The literature indicates that women of minority backgrounds are at risk of experiencing additional complexities within the therapeutic alliance, such as feeling misunderstood by therapists or counsellors (Goodman, Fauci, et al.,

2016; Kulkarni, 2019). These misunderstandings are noted to occur for numerous reasons due to feelings of exclusion or even interpersonal hostility (Goodman, Fauci, et al., 2016). In addition to race and gender, women belonging to sexual minority populations are also at heightened risk of experiencing blame attribution, which can be a significant barrier in the development of the alliance (Hill et al., 2023; Notestine et al., 2017). Those who identify as bisexual or lesbian are more likely to be at risk for victim blaming based on social constructs of heteronormativity as well as societal devaluation of sexual minority populations (Hill et al., 2023). Social and systemic influences within the therapeutic setting are inevitable barriers for the development of the alliance, meaning that practitioners need to develop increased awareness and attention to ensure these constructs are being managed within the therapy setting (Kulkarni, 2019).

Intersectional Identities Considerations for Practice

The research question sought to understand barriers that may hinder the development of the alliance and how this is influenced specifically when working with IPV survivors. Feminist theory supports the understanding of this barrier, in highlighting the larger social and systematic structures that are contributing to these issues (Creswell & Creswell, 2017). Intersectional feminist theory emphasizes the impact of intersectional identity within the therapeutic alliance development, as race, sexuality, and gender are inadvertently impacted in the alliance (Saeidzadeh, 2023). Practitioners need to be aware of the potential barriers that could occur due to survivors' identities and experiences and impressions of therapy (Goodman, Fauci, et al., 2016; Tutty, 2023). The research demonstrates that practitioners can work to improve alliances and manage potential barriers through self-reflection around their own identity such as race, privilege, and power to avoid reconstructing harmful structures or dynamics within the therapy setting (Kulkarni, 2019). Some of the research indicated that females of minority backgrounds

held more positive perspectives of IPV treatment than those of the majority culture (Giorgi, 2022). However, this research occurred in a European country so more research into this occurrence may be important. With that being said, most of the research highlights the experiences of marginalized populations as having some components of further oppression or marginalization, making it imperative for counsellors and practitioners to enact a culturally informed lens for treating IPV survivors (Brown et al., 2017).

Therapeutic Group

Based on the findings related to the research question, survivors of IPV may potentially benefit from therapeutic groups that focus on rebuilding feelings of autonomy, empowerment, acceptance, and psychoeducation. The themes that arose as a result of the research question around barriers and supporting factors of the therapeutic alliance also provided some valuable insight into the different factors that may be helpful for survivors if implemented in a group setting. Several of the studies highlighted the benefits of promoting feelings of autonomy and control for survivors (Goodman, Thomas et al., 2016; Kulkarni, 2019; Leedom et al., 2019; Paphitis et al., 2022) which may be helpful if incorporated in a group setting. Therapeutic groups that implement strategies to build empowerment (Goodman, Fauci, et al., 2016; Goodman et al., 2020; Karakurt et al., 2020; Paphitis et al., 2022; Shayani et al., 2022), incorporate elements of understanding and non-judgement by other survivors (Goodman, Thomas, et al., 2016; Goodman et al., 2020; Leedom et al., 2019; Nichols et al., 2018), and building positive relational connections between participants (Brown et al., 2017) could be significant for survivors of IPV. It may also be beneficial for groups to offer psychoeducation on the role of previous trauma, perpetrator characteristics, and mental health implications of IPV experiences in order to avoid

elements of blame attribution that could impact survivors and practitioners (Leedom et al., 2019; Notestine et al., 2017; Roeg et al., 2022).

Treatment Outcomes

Overall treatment outcomes are an important piece to consider when determining the more effective approaches and strategies for clients for several presenting concerns. The literature review highlighted important therapeutic models that can be used to support those who have experienced IPV, including cognitive therapies, EMDR, interpersonal therapies, (APA, 2017; Arroyo et al., 2017; Karakurt et al., 2022). Treatment outcomes for IPV are significant, with over 70% of those receiving support experiencing benefits and feeling more empowered to end unsafe relationships (Grillo et al., 2021; Miller et al., 2015). Treatment outcomes as they relate to the therapeutic alliance for female survivors of IPV were also significant throughout the literature. The therapeutic alliance is highlighted as being a significant strategy for positive therapeutic outcomes regardless of the specific modality or intervention used in treatment (Baier et al., 2020). Psychological treatment outcomes for survivors of IPV were highlighted in the literature as being impacted by the therapeutic alliance (Leedom et al., 2019; Shayani et al., 2022). The literature highlighted therapeutic methods that focused on connectedness, patient-centeredness, and a sense of empowerment contributed to more positive perceptions of therapy, the strength of the alliance, as well as therapeutic outcomes (Shayani et al., 2022). Practitioners that utilized validation, psychoeducation, and open forms of questioning to support survivors understanding and awareness of IPV were highlighted as promoting strong therapeutic alliances through treatment (Leedom et al., 2019). These particular therapeutic strategies led to more positive perceptions of overall treatment from survivors as well as improvement in symptoms of IPV experiences (Leedom et al., 2019).

Research highlighted that clients could experience improved mental health outcomes as a result of a strong therapeutic alliance (Goodman, Fauci et al., 2016; Leedom et al., 2019; Paphitis et al., 2022). A strong alliance led to increased feelings of empowerment as discussed earlier, which contributed to a general improvement of well-being and feelings of control (Goodman, Fauci, et al., 2016). The therapeutic alliance could also potentially act as a facilitator for survivor growth and self-determination as a treatment outcome (Kulkarni, 2019).

In contrast, barriers that hindered the alliance from developing were noted throughout some of the literature to have impacted overall treatment outcomes and client perceptions of therapy. Survivors reported feelings of powerlessness and not being seen, heard, or validated by their clinician resulting in hesitancy around seeking support in the future (Nichols et al., 2018). Additional risks for therapeutic outcomes for challenging dynamics within the therapeutic relationship were shown throughout the literature to include heightened risk of poor self-concept as well as continuing harmful relationship dynamics and abuse (Brown et al., 2018).

Chapter 5: Recommendations and Conclusion

The purpose of this capstone was to gain a deeper understanding of the factors that impact the therapeutic alliance in the treatment of IPV experiences for female survivors utilizing an intersectional feminist framework. After a thorough examination of the literature, several important insights were noticed regarding the processes occurring within IPV treatment for survivors, as well as the unique considerations around the therapeutic alliance (Argyroudi & Flora, 2021; Brown et al., 2017; Burelomova et al., 2018; Craven et al., 2022; Giorgi, 2022; Goodman et al., 2020; Goodman, Fauci, et al., 2016; Goodman, Thomas, et al., 2016; Hill et al., 2023; Hodes & Mennicke, 2018; Karakurt et al., 2022; Kulkarni, 2019; Leedom et al., 2019; Nichols et al., 2018; Notestine et al., 2017; Paphitis et al., 2022; Poleshuck et al., 2018; Roeg et al., 2022; Shayani et al., 2021; Tutty, 2023). The problem that the literature review addressed was the gap surrounding the intricacies of working with survivors of partner violence and how these intricacies can directly impact the development of the alliance between the practitioner and the survivor. There is existing literature on topics related to the research question including the treatment of IPV experiences, the therapeutic alliance, and the current understanding of the phenomenon of IPV (Baier et al., 2020; Giorgi, 2022; Leedom et al., 2019; Shaked et al., 2021). However, even though the therapeutic alliance is known to be a significant predictive factor in therapeutic efficacy (Stubbe, 2018), there was limited research on the way this incorporates into treatment with IPV survivors. This literature review addressed this problem within the existing literature in order to gain a deeper understanding into the role of the therapeutic alliance when working with IPV survivors, and how practitioners can be mindful of these intricacies to provide more effective care.

The inclusion of qualitative studies, quantitative studies, and both systematic and integrative reviews in the literature review offered different insight on processes within the treatment of IPV victims. These differing methodological approaches also provided various paradigms for the types of research being conducted. The literature review included a social constructivist approach in several of the studies (Argyroudi & Flora, 2021; Giorgi, 2022; Goodman et al., 2020; Nichols et al., 2018; Notestine et al., 2017; Poleshuck et al., 2018; Roeg et al., 2022; Shayani et al., 2021; Tutty, 2023). The social constructivist approaches seen throughout the literature review offer survivors the opportunity to create their own meaning of their intimate relationship and therapy experiences throughout the research process and provided researchers a deeper insight into how these experiences impact the alliance (Creswell & Poth, 2018). Additionally, postpositivist approaches were included amongst the studies (Goodman, Fauci et al., 2016; Goodman, Thomas et al., 2016, Hill et al., 2023; Leedom et al., 2019; Paphitis et al., 2018), which provided a cause-and-effect perspective of the phenomenon of IPV and how this could potentially affect the therapeutic alliance (Creswell & Poth, 2018). The inclusion of both social constructivist and postpositivist paradigms provided perspectives across the research that allowed the researcher to gain a deeper insight into some of the considerations that practitioners may face in IPV treatment due to the impacts of partner violence, as well as the different experiences of survivors in the treatment process (Argyroudi & Flora, 2021; Brown et al., 2017; Creswell & Poth, 2018; Giorgi, 2022; Goodman et al., 2020; Goodman, Fauci, et al., 2016; Goodman, Thomas, et al., 2016; Hill et al., 2023; Hodes & Mennicke, 2018; Kulkarni, 2019; Leedom et al., 2019; Nichols et al., 2018; Notestine et al., 2017; Paphitis et al., 2022; Poleshuck et al., 2018; Roeg et al., 2022; Shayani et al., 2021; Tutty, 2023).

Conclusions

This literature review aimed to address the research question *what are the supporting factors and the barriers in the development of the therapeutic alliance when working with female survivors of IPV?* Six themes arose throughout the literature review that provide insight into answering the research question that investigates the barriers and the supporting factors of the development of the alliance. Themes occurring in the literature review that support the understanding of the research question included blame attribution (Argyroudi & Flora, 2021; Hill et al., 2023; Leedom et al., 2019; Notestine et al., 2017; Roeg et al., 2022), power (Goodman et al., 2020; Hodes & Mennicke, 2018; Nichols et al., 2018; Paphitis et al., 2022), intersectional identity (Brown et al., 2017; Giorgi, 2022; Goodman, Fauci, et al., 2016; Hill et al., 2023; Kulkarni, 2019; Tutty, 2023), survivor-led practice (Goodman, Thomas et al., 2016; Kulkarni, 2019; Leedom et al., 2019; Paphitis et al., 2022), empowerment (Goodman, Fauci, et al., 2016; Karakurt et al., 2020; Paphitis et al., 2022; Shayani et al., 2022), and non-judgment (Goodman, Thomas, et al., 2016; Nichols et al., 2018). The themes from the literature review were conceptualized through a feminist framework that supported the understanding of the systematic factors contributing to processes within the therapeutic setting. Counselling professionals are able to inform their practice with IPV survivors through the themes that were identified in this literature review.

Supporting Factors

There were three themes that were noted throughout the review to facilitate the development of the alliance including survivor-led practice (Goodman, Thomas et al., 2016; Kulkarni, 2019; Leedom et al., 2019; Paphitis et al., 2022), empowerment (Goodman, Fauci, et al., 2016; Karakurt et al., 2020; Paphitis et al., 2022; Shayani et al., 2022), and non-judgment

(Goodman, Thomas, et al., 2016; Nichols et al., 2018). These three themes for supporting the development of the alliance offer some guidance for practitioners when it comes to creating feelings of autonomy for the client in the therapy setting. The themes from the literature review that focus on supporting the development of the alliance provide some recommendations for practitioners in promoting an effective relationship in the therapeutic setting. Practitioners can implement these findings by encouraging client choice and allowing clients to guide therapy trajectories and therapeutic goals (Goodman, Thomas et al., 2016; Kulkarni, 2019; Paphitis et al., 2022). It is also recommended that practitioners increase their knowledge and understanding of maladaptive coping strategies that survivors have developed, avoid corrections of these strategies, and allow clients to lead therapeutic processes in a safe and supportive manner (Goodman, Thomas, et al., 2016; Leedom et al., 2019; Nichols et al., 2018).

Barriers

In addition to supporting factors for the alliance, the findings as related to the research question also offered some insight into different factors that may serve as a barrier to the development of the therapeutic alliance when working with survivors of partner violence. Blame attribution (Argyroudi & Flora, 2021; Hill et al., 2023; Leedom et al., 2019; Notestine et al., 2017; Roeg et al., 2022), power (Goodman et al., 2020; Hodes & Mennicke, 2018; Nichols et al., 2018; Paphitis et al., 2022), and intersectional identity (Brown et al., 2017; Giorgi, 2022; Goodman, Fauci, et al., 2016; Hill et al., 2023; Kulkarni, 2019; Tutty, 2023) all hold importance as potential barriers for the alliance. Overall, barriers that were shown to impact the alliance in a negative way were shown to be harmful for survivors, making this a considerable finding for practitioners to consider when working with this population (Leedom et al., 2019). Practitioners may benefit from additional psychoeducation around the dynamics of violent or abusive

relationships as well as how language can inadvertently be harmful to survivors of IPV and treatment outcomes.

An additional recommendation for practitioners is around the significant need for self-reflection and awareness of the practitioner's intersectional identity (Brown et al., 2017; Giorgi, 2022; Goodman, Fauci, et al., 2016; Hill et al., 2023; Kulkarni, 2019; Tutty, 2023). The role of power within the therapeutic setting was highlighted as both a supporting factor in empowerment (Goodman, Fauci, et al., 2016; Karakurt et al., 2020; Paphitis et al., 2022; Shayani et al., 2022) as well as a barrier in the form of the risk of power-over dynamics or survivor feelings of powerlessness (Goodman et al., 2020; Hodes & Mennicke, 2018; Nichols et al., 2018; Paphitis et al., 2022). Additionally, survivors' intersectional identity was also highlighted across the literature as posing as a potential barrier for the development of an effective therapeutic alliance (Brown et al., 2017; Giorgi, 2022; Goodman, Fauci, et al., 2016; Hill et al., 2023; Kulkarni, 2019; Tutty, 2023). Practitioners should be aware of the way that these three themes interact with one another and could be potentially influenced by larger sociocultural and systemic factors related to race, gender, and sexuality as highlighted in the intersectional feminist framework. A recommendation for practitioners regarding these three themes in particular would focus highly on understanding their own personal intersectional identity, and how this may inadvertently interact with the client in the therapeutic setting. Engaging in additional reflection, understanding, and education around their own identity could benefit clients from marginalized populations with experiences of IPV (Brown et al., 2017; Kulkarni, 2019).

Recommendations for Future Research

One possible research question could assess the role of blame attribution more closely. The role of blame arose in a significant number of the studies included in the literature review

(Argyroudi & Flora, 2021; Hill et al., 2023; Leedom et al., 2019; Notestine et al., 2017; Roeg et al., 2022). This is a noteworthy occurrence in the context of IPV, as victim blaming was highlighted as a considerable barrier for survivors. A more in-depth exploration around the role of blame attribution as it relates to the alliance with survivors of IPV may be beneficial. A potential research question could include *examining the role of blame in treatment of survivors of intimate partner violences*.

Another question could potentially focus on additional ways that practitioners can manage the inevitable power dynamics within the therapeutic setting. Although the role of power seems to be considerable across a number of themes within the context of IPV treatment as seen in the current literature review including empowerment, intersectional identity, and power dynamics (Goodman, Fauci, et al., 2016; Goodman et al., 2020; Hodes & Mennicke, 2018; Karakurt et al., 2020; Nichols et al., 2018; Paphitis et al., 2022; Shayani et al., 2022), the existing literature on this particular theme as it relates to promoting survivor empowerment in therapy was less frequent. It may be beneficial for future research directions to specifically address *how to increase survivor feelings of power and autonomy within treatment for experiences of partner violence*. Future directions for research may contribute to understanding and support for IPV survivors by focusing on specific strategies that can be incorporated in the therapeutic process to elicit survivor autonomy and feelings of empowerment in treatment.

Self-Reflection of Learning

In engaging so closely with the literature on the research, there was a significant amount of growth in knowledge for the researcher around clinical implications as well as the general topic of IPV treatment. Understanding the intricacies that apply to working with survivors of IPV will be critical in future work with clients who have endured these challenges. The interaction

between all of the different themes provides significant insight into the systemic influences in the therapeutic setting, and the complex nature of managing these influences as a practitioner.

Additionally, as noted in chapter 1, the researcher had experienced IPV in the past and had attended counselling sessions in support of this. The literature review resulted in further reflection around what may have been helpful at that time. The researcher encountered some negative therapy experiences due to feeling blamed for remaining in the relationship or choosing negative coping strategies in order to protect themself from returning to the abusive partner. In reviewing the literature and understanding the role of language and blame attribution more deeply, in the researcher's personal experience this severely hindered the relationship and led to feelings of self-doubt and shame, inevitably leading to discontinued therapy. In understanding some of the findings of this literature review from both a practitioner and a survivor perspective, the implication of this information seems paramount in supporting survivors effectively.

This literature review aimed to address current gaps in existing knowledge surrounding the role of the therapeutic alliance in working with female survivors of IPV. The review offered insight into factors that may both promote and hinder a therapeutic alliance and the importance of navigating these factors effectively. Female survivors of IPV face both individual and systemic challenges, which makes an increased understanding of effective ways practitioners can support these individuals of paramount importance.

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