

# ABUSIVE RELATIONSHIPS

## BEHAVIORAL DEFINITIONS

1. Avoids displeasing or angering the partner at all costs (e.g., misses classes or work, stops socializing with friends, or yields control of personal time and money to partner).
2. Feels intimidated by interactions with partner leading to pervasive worry, anxiety, and/or fear.
3. Attempts to control others and the environment to prevent anything that could serve as a catalyst for the partner's anger/violence.
4. Experiences feelings of inadequacy, guilt, and shame in reaction to the partner's constant criticism, belittling comments, and/or demeaning demands.
5. Feels invisible and/or unworthy because ideas, interests, and needs are ignored or dismissed by the partner.
6. Excuses the partner's abusive physical and sexual behavior and blames self for creating a situation in which the partner could not control rage and violent impulses.
7. Sustains physical injuries at the hands of the partner and lies to medical personnel and friends about the origin of the injuries.
8. Isolates self from family, friends, and campus personnel due to feelings of embarrassment and fear.
9. Believes that it is impossible to leave the relationship due to financial, emotional, and/or social dependence on the partner.
10. Believes that it is impossible to leave the relationship due to the partner's threats of physical violence, death, and/or suicide.

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**LONG-TERM GOALS**

1. Terminate the abusive relationship and accept that no one deserves to be victimized by abuse.
2. Reclaim a personal vision of self as deserving kindness and respect.
3. Articulate their own views and perspectives independent of the partner's dictums.
4. Understand the impact of an abusive relationship on identity development and engage in behaviors that are emotionally and physically nurturing and strengthening.
5. Renew relationships with family, friends, and other sources of support, affirmation, and comfort.
6. Create and maintain healthy boundaries in intimate relationships.
7. Recommit to academic goals and create a plan of action.

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**SHORT-TERM OBJECTIVES**

- ▽ 1. Work cooperatively with the therapist toward agreed-upon therapeutic goals while being as open and honest as comfort and trust allow. (1, 2)

**THERAPEUTIC INTERVENTIONS**

- 1. Establish rapport with the student and parents (if participating) toward building a strong therapeutic alliance; convey caring, support, warmth, and empathy; provide nonjudgmental support and develop a level of trust with the student toward feeling safe to discuss academic, social, psychological, emotional, and behavioral aspects of college life, and the fear, anxiety, and distress related to it and its impact on their life. ▽

2. Describe the immediate abusive situation that precipitated seeking assistance. (3, 4, 5)
2. Strengthen powerful relationship factors within the therapy process and foster the therapy alliance through paying special attention to these empirically supported factors: work *collaboratively* with the student in the treatment process; reach agreement on the *goals and expectations* of therapy; demonstrate *consistent empathy* toward the student's feelings and struggles; verbalize *positive regard* toward and *affirmation* of the student; and collect and deliver *student feedback* as to the student's perception of their progress in therapy (see, e.g., *Psychotherapy Relationships That Work: Vol. 1* by Norcross & Lambert and *Vol. 2* by Norcross & Wampold). ▽
3. Explore the particular abusive incident or current situation that led the student to seek counseling.
4. Assess the level of danger to the student (e.g., is the partner violent; has the abuse been increasing lately; has the partner threatened to harm or kill the student, someone in the student's family, or themselves; or does the partner have a weapon); contact campus safety and security, the police, and/or other crisis intervention personnel to ensure their immediate safety.
5. Encourage the student to use the student health center, campus legal clinic, or other campus/community services to ensure their safety and well-being.

3. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM 5-TR* diagnosis, motivation for change, sociocultural considerations, the efficacy of treatment, and the nature of the therapy relationship. (6, 7)
6. Assess the student's cognitive, behavioral, and emotional status related to insight, motivation, and comorbid disorders: (1) level of insight toward the presenting problems (e.g., from demonstrating good insight into the problem to demonstrating resistance to acknowledging the problem); (2) level or stage of motivation to change (e.g., from voicing strong motivation and demonstrating action toward change to voicing and/or demonstrating resistance to change); and (3) evidence of relevant comorbidities (e.g., depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
7. Assess relevant sociocultural factors and degree of impairment: (1) issues of age, gender, culture, resources, and preferences that could help explain the presenting problem(s), affect treatment selection and outcome, and provide a better understanding of the student's behavior; and (2) severity of distress and disability to determine appropriate level of care as well as the efficacy of treatment (e.g., no longer demonstrates severe impairment but the problem now is causing mild or moderate distress/disability).

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4. Describe the history and current status of the abusive relationship. (8, 9, 10)
5. Sort out and identify the feelings generated by this abusive relationship. (11, 12, 13)
6. Verbalize an understanding of the facts about abusive relationships. (14)
8. Explore the history of and feelings about the student's relationship with their abusive partner.
9. Encourage the student to describe the initial incidents that were indicative of the partner's potential for abuse.
10. Explore the student's abusive incidents in depth and assist them in identifying relationship patterns that led to or resulted from the abuse and the effects of the abuse on their self-esteem.
11. Clarify the types of feelings that are typically generated by an abusive relationship (e.g., anxiety, self-blame, fear, embarrassment, or shame) for the student.
12. Assist the student in identifying, as specifically as possible, their feelings about the abuse; validate and normalize them.
13. Encourage the student to use a journal to record their feelings and thoughts about this relationship; ask them to recall in the journal any previous relationships that have generated similar emotions and thinking.
14. Provide the student with facts about abusive relationships to help them recognize the need to protect themselves from the partner (e.g., 50% of violent crimes are committed by the victim's partner; one out of three high school and college-aged youth experience abuse at some point in a relationship;

battering is the single major cause of injury to women; or abuse rarely occurs once and usually increases in frequency and severity over time).

7. Articulate thoughts, feelings, and a plan that supports terminating the abusive relationship. (15, 16, 17)
15. Explore the student's fears of reprisal from the partner (e.g., threats of physical or sexual or financial harm) and develop a plan of action to respond to these fears (e.g., obtain a court order of protection; change locks, bank accounts, and routes to class/work; have a bag packed and stored in an accessible location and a spare set of car keys hidden for a quick escape; have an emergency money fund; have a friend's name, phone number, and house keys in a safe and accessible location).
16. Explore the student's feelings about the partner or about self that makes leaving the relationship difficult (e.g., believes the partner really loves them; is always very sorry after an abusive episode and promises to never do it again; cries and begs them not to leave; does wonderful things immediately after an episode to make up for the abuse; or is really a great person who had a terrible life and just needs someone to love and understand them); reframe these experiences and beliefs with a stronger reality basis.

8. Verbalize a deeper understanding of the effects of abuse after educating self on the subject. (18, 19)
9. Implement physical fitness and stress management behaviors that result in increased verbalizations of personal safety and a sense of self-efficacy. (20, 21)
17. Discuss the partner's responses to the student's attempts to end the relationship (e.g., who else would want or put up with you; it's your fault for making me so angry; where else do you have to go; without me, you will be all alone; I'll find you and kill you if you try to leave; or I'll kill myself if you leave me); emphasize that certain responses are typical and geared to make the student feel guilty or afraid.
18. As homework, ask the student to read material that will help them understand the effects of abuse (see, e.g., *The Paper Bag Princess* by Munsch & Martchenko, *Women Who Love Too Much* by Norwood, or *Shame and Guilt* by Middleton-Moz); process the material with the student after it has been read.
19. Encourage the student to participate in a support group for victims of abuse, Al-Anon, or a therapy group where they can obtain education as well as the support and companionship of individuals who struggle with similar issues; provide information to them about such group opportunities on campus or in the community.
20. Refer the student to the campus recreation or wellness centers to participate in a self-defense class, yoga, or any program that teaches physical fitness and psychological centering to increase their feelings of self-confidence.

10. Take action that results in improved academic performance. (22, 23, 24)
11. Resume involvement in personal interests and social activities that were sacrificed to please the partner. (25, 26, 27)
21. Outline stress-management techniques with the student and suggest that they select an agreed-upon number of techniques to include daily (e.g., timeouts: moments that provide physical comfort and time to reflect; a healthy daily routine that includes sufficient time for sleeping, eating, studying, and socializing; or affirmations posted around the living space).
22. Review the syllabi for each class in which the student is enrolled and have them record any concerns about understanding class material, missing assignments, poor grades, papers due, or attendance.
23. Help the student create a plan of action to improve their academic performance (e.g., obtain a tutor at the campus learning assistance center, make appointments with professors to discuss their concerns with their performance and elicit their suggestions for improvement, or withdraw from a class if necessary and possible).
24. Assist the student in designing a time-management program that will ensure the completion of all academic work and review their program at each session (see the Time Management chapter in this *Planner*).
25. Encourage the student to make study dates and socialization/recreation dates with friends and classmates; reinforce success and redirect failure.


12. Increase contact with friends and family members who will provide ongoing support. (28, 29)
13. Verbalize and emulate behaviors that characterize healthy relationships. (30, 31, 32, 33)
26. Explore the student's interest in campus organizations and promote their involvement.
27. Encourage the student to share their interests and passions and help them identify campus/ community resources that would welcome their contributions.
28. Explore the student's relationships with friends and family members, identifying the individuals who are most likely to model healthy behaviors in relationships as well as be supportive of the student's efforts to implement positive relationship behaviors in their own life.
29. Reinforce the student's efforts to connect with supportive, affirming individuals by phone, e-mail, or visits.
30. Discuss the student's positive relationships with friends and relatives, asking them to pay particular attention to the interactions that make them feel safe, capable, and cared for.
31. Suggest that the student begin to emulate the behaviors and emotional qualities found in healthy interactions with potential partners; assist them in listing behaviors that characterize healthy relationships.
32. Encourage the student to read material addressing healthy relationship issues (see, e.g., *The Dance of Intimacy* by Learner; *Men, Women, and Relationships* by Gray).

- 14. Develop a track record of abuse-free relationships. (34, 35, 36)
  - 33. Coach the student in maintaining appropriate personal boundaries, improving interpersonal communication skills, and taking responsibility for their own happiness.
  - 34. Meet weekly with the student until there is evidence that their relationship with the abusive partner has terminated or substantively changed (e.g., no report of violent behaviors; conflict is managed in healthy ways; or has resumed active involvement in school, work, friendships, and outside interests).
  - 35. If the relationship continues to be unsafe, assist the student in managing the termination process.
  - 36. Meet weekly until the student demonstrates that they can set appropriate limits within relationships and will not tolerate a partner or friend who uses abusive tactics.
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**DIAGNOSTIC SUGGESTIONS**

<b>ICD-10-CM</b>	<b><i>DSM-5/DSM-5-TR</i> Disorder, Condition, or Problem</b>
F41.1	Generalized anxiety disorder
F41.8	Other specified anxiety disorder
F41.9	Unspecified anxiety disorder
F43.22	Adjustment disorders, With anxiety
F40.10	Social anxiety disorder (social phobia)
F93.0	Separation anxiety disorder
F32.x	Major depressive disorder, Single episode
F33.x	Major depressive disorder, Recurrent episode
F34.1	Persistent depressive disorder (dysthymia)
F45.10	Somatic symptom disorder
F43.10	Posttraumatic stress disorder
Z63.0	Relationship distress with spouse or intimate partner
T74.11X	Spouse or partner violence, Physical, Confirmed
T76.11X	Spouse or partner violence, Physical, Suspected
T74.31X	Spouse or partner abuse, Psychological, Confirmed
T76.31X	Spouse or partner abuse, Psychological, Suspected
T74.21X	Spouse or partner violence, Sexual, Confirmed
T76.21X	Spouse or partner violence, Sexual, Suspected

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 indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.