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EMPOWERING ADULT VICTIMS OF DOMESTIC ABUSE

Case Studies: Physical and Emotional Abuse

As discussed in the last chapter, providing a client with informed consent fosters the autonomy and dignity of the client. As such, client empowerment appears to be particularly critical when counseling abused, battered, and victimized populations (Wood, 2015). Acts of abuse or victimization, particularly those of a repetitive nature tend to foment feelings of disempowerment, low self-esteem, low self-efficacy, and depression (Anczewska, Roszczyńska-Michta, Waszkiewicz, Charzyska, & Czabala, 2012). Counselor virtues can serve to help facilitate disclosure and, subsequently, exploration and processing of client issues. This chapter focuses on ways in which empowerment and supportive virtues of authenticity, empathy, and courage can facilitate and fortify client autonomy and welfare in adult victims of domestic abuse. Two case studies are examined. The first involves physical domestic abuse, control, and isolation. The second involves spousal emotional abuse, manipulation, and infidelity. In both cases, counselors face challenges and dilemmas as they work to provide virtuous counseling to their respective clients.

A PHYSICALLY ABUSED CLIENT

The first of these cases involves Tabitha, a 46-year-old professional female seeking therapy for difficulties related to getting along with her peers in the workplace as well as for feelings of loneliness. Tabitha attributed the latter issues to not having any friends or close relatives. She and Dr. Jennifer Langmore, a licensed mental health counselor, explored a wide array of issues during several months of therapy

including the aforementioned presenting problems. During the fifth session, new revelations began to emerge.

"I always seem to attract the same kind of guy," stated Tabitha. "I just don't know how to break the pattern."

"Tell me more about that," asked Langmore.

"Well, my last two boyfriends and now, my husband, all have drinking problems."

"Can you give me more details?"

"All alcoholics and very controlling."

"Explain what you mean by 'controlling.'"

"Not letting me go out without permission and regulating whom I talk to."

Langmore lowered her voice slightly. "It sounds as if you're pretty uncomfortable with this pattern of behavior."

"Yes, and I want to change it now! I feel like a robot or a machine that's being programmed."

"You're yearning for more control over your life."

"Yes. I really NEED more control."

As the counseling relationship unfolded, Tabitha revealed to Langmore that her present husband, Gus, had pushed and shoved her frequently, once knocking her to the floor.

"It doesn't take much to get Gus angry."

"Tell me about that."

"Well, if I don't say or do what he thinks I should, he usually pushes or shoves me," said Tabitha sobbing softly. "A few months ago, he did it so hard that I fell and broke a tooth."

Langmore reflected Tabitha's feelings. "It sounds as if you're experiencing both physical as well as emotional pain from this behavior."

"Yes, and the emotional may even be worse than the physical."

"Let's discuss the physical part first. Tell me more about that."

"Well, he doesn't get physical that often, but it is sometimes scary. He usually pushes or shoves me and then runs out the door and drives away. I don't really feel unsafe."

"What Gus does is considered to be domestic abuse. There are shelters and resources available if you decide you want to explore your options. If you'd like, I can provide you with a list of agencies and programs."

"Thanks for the information. I'll keep it, just in case. Actually, what I'd like to continue talking about now is the emotional part."

"Tell me more about that."

"Mom and I don't really talk anymore. We used to, but we don't now."

"What has changed?"

"I married Gus. He hates Mom because she used to call me every week. He said she should stay out of our lives."

The above mentioned estrangement with her mother was part of a pattern of isolation experienced by Tabitha. She also disclosed that although she worked as a business professional, she had very little conversation with her associates and attributed this to her fear of being rejected by them.

In addition to this sense of estrangement from others, Tabitha's feelings of independence were appreciably contributing to her unhappiness. At her husband's insistence, her entire salary was automatically deposited into his individual bank account, which only he managed. He had been unemployed for the last 4 years, and the couple lived well due only to Tabitha's income.

As therapy progressed, Tabitha started to recognize that she could manage her own finances and began to actualize several of her mutually agreed on therapeutic goals. This included beginning to make a few new friends and speaking more often to coworkers. Using cognitive-behavioral tools, Langmore was able to challenge Tabitha's self-defeating beliefs about her social prowess and her inability to develop social connections. Tabitha was also able to rehearse mutually agreed on new behaviors in vivo. These goals and behavioral strategies were jointly formulated and illustrated a mutually collaborative relationship. Eventually, Tabitha began to report that she was feeling more self-confident and less isolated. The subject of her husband soon began to take up most of her sessions. Finally, she declared her intention to leave Gus. She expressed some concern that he might escalate his violence to a dangerous level if she actually left and stated that she had decided to temporarily live in a shelter until she could find appropriate housing and a restraining order. Langmore made certain that Tabitha had appropriate agency names and contacts, including the updated contact name for one of the agencies and worked with her to craft a safety plan intended to lessen the chances that a physically dangerous confrontation would occur as Tabitha attempted to leave. In cases of interpersonal violence, it is vital to maintain focus on potential changes to the safety status of the victim (Murray, 2016).

Tabitha stated that this planning and attention to her evolving needs added to her comfort level and expressed that she felt more assured that her decision to leave was in her best interest. She also shared that one of her new friends was offering her a lot of emotional support. She asked if Langmore would still be available for her as well. Langmore assured her that she would.

EMPOWERING A PHYSICALLY ABUSED CLIENT

At the start of therapy, Langmore displays her empathy for Tabitha by accurately reflecting her client's rather raw emotions. In this regard, she is able to demonstrate that she understands that her client is struggling with issues of autonomy and feels lost and alone. Also, she does not attempt to lead or to persuade Tabitha in one direction or another. She does offer names of resources and possible sources of information but in no way attempts to direct or cajole her client. Instead, Langmore shows warm regard and empathy as she tries to enter her client's subjective world. This continues as Tabitha shares additional details about her relationship.

Langmore, an empathetic therapist, attempts to enter Tabitha's inner world as if she were Tabitha. Although Langmore has never been in an abusive relationship, she has experienced feelings of loneliness, betrayal, confusion, and discomfort in her own life. It is this ability to hone into the commonality of feelings, irrespective of actual individual

life experiences, that allows empathetic counselors to understand their clients' experiences from the clients' perspectives.

Langmore's ability to enter into Tabitha's world empathetically is more likely to be successful because Langmore is in the "habit" of being empathetic. She does not simply don the hat of empathy when she enters her sessions, only to remove it in her personal life. She is able to sense the feelings that others in her life experience, not only in her role as therapist, but also in her roles as friend, partner, and family member. Indeed, virtues or habits of behaving virtuously involve deeply imbedded inclinations to act in certain ways. Such behaviors are practiced and exercised regularly and become inclinations that are second nature. The ability to care for one's clients, and to do so unconditionally, thus becomes, in Carl Rogers' (1975) words, "a way of being." This way of being allows Tabitha to feel connected to Langmore and to see that she understands what the client is feeling. Reflection, as discussed in previous chapters, is the art of saying back in new language the essence of the feelings that the client is experiencing.

This empathy, coupled with Langmore's genuineness, as illustrated (e.g., as she lowers her voice as she resonates with her client's sadness), contributes to Langmore's empowering nature. In addition, as an empowering and competent therapist, Langmore, at no point, attempts to coax or cajole Tabitha into leaving her spouse. Since she, as previously noted, does not have reason to suspect that Tabitha is in imminent danger, empowering her toward autonomy and self-determination is not clouded by the question of whether to be more directive with Tabitha about safety concerns. On the other hand, if Langmore had, at any time, suspected that Tabitha was in imminent danger, then, as a competent therapist, she would have had to take measures to help protect her client. This could include reporting any imminent threats to law enforcement or being highly directive in advising Tabitha to go to a shelter.

This is a critical point for, as discussed earlier, serially and chronically abused and maltreated persons often experience chronic feelings of disempowerment and loss of self-determination (Anczewska et al., 2012). Competent therapists seek to foster re-empowerment through the use of more nondirective styles whenever feasible. As a result of Langmore's nondirective approach, Tabitha is able to more fully develop feelings of autonomy and self-determination. She feels more capable and comfortable with formulating her own decisions. Thus, Langmore's personal virtues of empowerment and benevolence allow her to ably facilitate the self-determination of her client. When a decision to leave her spouse is ultimately reached, it is Tabitha's alone.

Although Tabitha eventually chooses to go to a shelter, this does not mean that the counseling relationship will necessarily end. On the contrary, it is incumbent on Langmore at this juncture to make certain that Tabitha has retained the necessary information regarding shelter contact information and availability. Although she presented such information to the client earlier on in the session, diligence requires that she make certain that Tabitha not only has all this material, but that she also is presented with any important updates to that information as well.

In addition to the transmission of shelter information, Langmore must also try to ensure continued client safety and welfare. According to Dudley, McCloskey, and Kustron (2008), "[T]herapists must be aware of the risk factors which indicate imminent danger for women involved in relationships where they are victims of IPV in order to intervene to decrease victims' risk of lethality." Adhering to the standard of beneficence,

Langmore will work with her client regarding her concerns and discuss creating a safety plan, which may be necessary if Tabitha's situation takes a turn for the worse or if the client has any doubts that she will be able to safely leave the marital home and arrive at the shelter.

Although counseling services may be provided at the shelter, they may be short-term or insufficient for Tabitha's needs. Langmore, a benevolent therapist, has intrinsic regard for the welfare of her client. She will continue to make herself available as needed either in person or via phone (especially if the client's safety needs dictate this) until the client and the therapist concur that goals have been sufficiently met and the client appears to be safe.

AN EMOTIONALLY ABUSED CLIENT

In Tabitha's case, the abuse had a distinctive physical nature. This dimension sometimes allows the victim to be more amenable to labeling maltreatment as abusive. When spousal abuse does not, however, have any physical dimensions, but instead is of a psychological or emotional nature, it may be more perplexing for victims to identify. As is illustrated in the case to follow, a client may be confused about what constitutes abuse and may blame herself for her own maltreatment. This is illustrated in the case of Thea, a 36-year-old female and mother of three and a client of Bart Montego, a licensed mental health counselor.

Thea has a master's degree in elementary education and had worked as a teacher for 5 years before marrying Lyndon, age 40. Lyndon is a talent agent with ties to major network television. His six-figure income dwarfed Thea's \$50,000 a year salary. According to Thea, Lyndon convinced her to "retire early" and to "live the comfortable life of wife and mother."

Thea reported that over the last several years she had wrestled with feelings of low self-esteem, sadness, and anger. She maintained that Lyndon frequently arrived home from work as late as 10 or 11 PM usually smelling of perfume and that, when confronted by Thea, he usually insisted that he was merely working late with clients. According to Thea, Lyndon often accused her of being pathologically jealous and in need of intensive therapy for her "craziness." Thea recounted that on one occasion, when Lyndon returned home at two o'clock AM, she locked him out from the home. Lyndon called law enforcement and a humiliated Thea was forced to open the door.

As time went on, Thea continued to feel embarrassed and demeaned by Lyndon. He began to ridicule her appearance in public and to tell friends that she was a "nut job." In session four, after establishing rapport and beginning to cultivate a feeling of trust, Montego began to see increased openness and disclosures from Thea.

"Lyndon is a real bully and probably a cheat as well," exclaimed Thea.

"Tell me about that."

"Well, he always thinks that he's right, and if I disagree with him, he tells me I'm a stupid bitch."

"How do you feel about that?"

“Demeaned and degraded, but I’m beginning to believe that I may actually be stupid.”

“How so?”

“He’s said it so many times for so many years that it almost seems to make sense.”

“So you’re starting to doubt yourself?”

“Yes, and I’m starting to think that I’m crazy as well.”

“Crazy?”

“Yes, crazy. He always calls me a nut job because I’m suspicious that he comes home late smelling like women’s perfume. He says that it’s from standing close to his clients. He says that if I’m not careful, he’ll cut me off financially and take the children.”

“How do you respond to that?”

“Now, I usually just walk away, but I’ve contemplated getting drunk just to feel normal again. I’m afraid to drink though, because I need to take care of my kids.”

Montego and Thea explored her confusion and pain surrounding the abuse and her feelings of loneliness and low self-esteem at length. Thea reported feeling trapped in her marriage primarily because of her children. She acknowledged that Lyndon’s behavior was beginning to “rub off” on her children because they too had begun to call her “stupid” and “nuts.” Montego reflected how embarrassed and upset Thea must feel about this. The two decided to re-prioritize Thea’s original goals. The first goal had been for Thea to find a part-time job to give her a sense of autonomy and self-respect. The second had been to return to school for training in fashion design, a career that had always fascinated her. Now, with knowledge that Lyndon’s abuse was not only affecting her, but was impacting her children as well, Thea decided that she wanted to leave Lyndon and begin a new life.

Thea talked about feeling degraded beyond words now that her own children were joining in and echoing her husband’s disparaging rants. When she asked Montego if she was the victim of “actual” emotional abuse Montego responded in the affirmative. Thea then asked if all her mistreatment was considered to be abuse or if abuse was limited to being called names. Montego carefully explained the dynamics of emotional abuse by providing factual information and objective educational material.

As sessions continued, the question of Thea returning to work immediately arose. Her search for part-time work had not yielded any viable prospects, and she spoke of feeling unfulfilled and worthless.

“I feel torn between my upscale at-home lifestyle, on the one hand, and the loneliness and sadness, on the other.”

“I see what you are saying,” stated Montego. “You staying home gives you some comforts that you’d miss out on if you worked full time, but you’re not sure that it’s worth the trade off.”

“So what do you think that I should do?” queried Thea.

“I don’t know the answer to that question, Thea, but let’s brainstorm,” responded Montego in a frank tone. “Why don’t we list all of the possible alternatives you could take and then consider the pros and cons of each. You can decide which choice you should try first, and then make a plan of action.”

Over time, Thea vacillated between deciding to teach again and remain at home. As sessions progressed, she became increasingly more disturbed by her

spouse's late-night hours. One day, at midnight, Montego received a call from his answering service stating that Thea had an emergency. Sensing a serious problem, Montego quickly returned the call.

"Lyndon is still not home from work and it's after midnight. I am very lonely," stated Thea in a distressed tone.

"It sounds like you're very distraught by this."

"Yes! What can I do about this situation?"

"What if you practice some of the relaxation exercises that you practiced in sessions?"

"Could you just talk to me?"

"We can schedule an appointment for tomorrow, but I think that you can handle this for now."

"I really want to talk."

"Whom else could you call tonight to talk? I have confidence in your ability to hold out until tomorrow. This is not an actual emergency."

"I think my sister would probably be willing to talk. I'll give her a call."

"That sounds like a plan. I'll see you tomorrow."

At their session the next afternoon, Thea appeared to be calmer and more self-assured.

"Thank you for being so honest and upfront with me last night. I can really trust you to be upfront with me. That's so different than it is with most people in my life."

After 6 months of therapy, Thea announced that Lyndon had left her for a much younger woman with whom he worked and had asked her for a divorce. He told her that he did not want custody of the children but would provide for them financially. Thea decided to move across the country to be with her sister. Lyndon did not object to this. Thea terminated therapy and Montego provided her with a referral in her new state. He scheduled a follow-up phone call with her for 3 months later. At that time, she reported that she was now teaching, taking fashion design classes part time, and living in a small apartment with her children. Her sister was assisting her by providing babysitting for the children.

EMPOWERING AN EMOTIONALLY ABUSED CLIENT

Throughout the aforementioned interaction, Montego's active listening style facilitates Thea's continued and increasingly descriptive disclosures. Montego is nonjudgmental and nondirective. He asks for clarification when Thea uses terminology for which multiple interpretations are possible. For instance, when Thea reports that she's beginning to think that she's "crazy," Montego asks, "Crazy?" so that she can explain exactly what that means to her. Montego asks open questions (e.g., "How do you respond to that?") to promote client welfare and autonomy. His nondirective style allows the client to feel empowered and begin to explore her increasingly ambivalent feelings about herself and her spouse.

This nondirective style is operational again when Thea contemplates whether she should return to teaching or remain a housewife. Montego suggests that the two brainstorm to come up with some viable options. This brainstorming and decision making places the responsibility of the decision squarely on the client, consonant with the standard of promoting client autonomy and self-determination. Efforts at promoting such self-determination are usually part of a continuous process.

Also illustrative of this point is the phone call that Thea makes to Montego's answering service during the wee hours of the night; stating that she has an emergency, Thea requests that Montego return her call immediately, and Montego quickly calls back his client.

Although Montego is there for his client in what appears to be an emotionally charged situation, he senses that Thea's late-night call may breach therapist-client professional boundaries. The client appears to be acting as though she were calling a friend or a romantic intimate rather than her therapist. Continuing to return these calls might very well reinforce such behavior, thus disempowering Thea and creating an enduring dependency on Montego. As also mentioned, the call also seemed to be potentially breaching therapeutic boundaries, and reinforcing this type of behavior might well be counterproductive and contrary to what Montego has accomplished with his client.

Montego in no way wants to abridge the rapport and trust that has developed during the counseling relationship. If he confronts Thea about the call, she may feel demeaned, just as she feels with her spouse; but, if he fails to confront her, he is not being candid with his client, when, in fact, he believes that candor is needed.

As an authentic therapist, Montego follows his ethical lights and decides to gently explain to Thea that he will be there for her if she were ever in crisis, but that calling late at night just to talk is not part of a professional counseling relationship. Using reflection, Montego tries to enter Thea's subjective world and understand the feelings of distress and betrayal that she was experiencing over her spouse's suspected infidelity. The empathy exhibited by Montego demonstrates care, compassion, and respectfulness. Although Montego takes a risk in confronting Thea, he acts in a congruent and genuine manner. He is not sure that Thea will return for counseling; however, he is steadfast and courageous in holding to his decision. Indeed, exercising the strength of will, congruence, and courageousness sets the stage for emulation by one's clients.

In addition to aforementioned virtues, Montego also demonstrates candor with his client. When Thea questions him about the definition of emotional abuse, he is both candid and informative. His competence as a practicing therapist is also evident. For example, according to FL Statute 491, Sections (7), (8), and (9), the practice of clinical social workers, marriage and family therapists, and licensed mental health counselors include "the provision of needed information and education to clients." Montego accomplished this in an objective and factual manner. He does not attempt to influence or coerce Thea into any decisions based on this information. Thea thus trusts that Montego will be upfront with her without imposing his own values.

As stressed in this book, such trust is vital to client success. Indeed, Montego's courage to stand on principle, along with his ongoing empathy, candor, honesty, and benevolence make it more likely that trust will flourish. Because he is a benevolent therapist, focused on his client's best interest, Montego diligently endeavors to work with Thea in achieving the goals that the two have mutually agreed on.

Although therapy is terminated prematurely due to Lyndon leaving his wife for another woman, Montego diligently makes a referral for her to receive counseling in her new state and also follows up with her 3 months later. In fact, at the 3-month phone call, it is revealed that Thea actually does realize her goal of returning to teaching and has begun classes for fashion design.

This chapter has discussed the empowerment of adult clients who are victims of domestic abuse. As demonstrated, empowering such clients involves facilitating their rational self-determination to make their own decisions on their own. But what happens when the clients are not adults, but rather children who have neither the freedom nor the capacity to make their own life-altering decisions? In such cases, the role of the therapist takes on a different dimension, one of advocate that may, not infrequently, call for the exercise of courage in promoting the welfare and dignity of these vulnerable clients. In the next chapter, this often daunting and emotionally charged challenge is explored.

Questions for Review and Reflection

1. How can a therapist accurately empathize with a client who has experienced problems that the therapist has not herself experienced? What virtue(s) might this involve?
2. How can Langmore's virtue of empowerment help facilitate the development of Tabitha's sense of self-determination and autonomy?
3. Langmore eventually creates an escape plan with Tabitha. Might any ethical standards have been violated if Langmore had insisted earlier that such a plan be created?
4. When Montego is candid and courageous with Thea regarding her late-night phone call, he is taking a risk of alienating her. If Thea had reacted in a dejected way and threatened to terminate therapy, how could Montego have handled this without violating his values and standards?
5. In trying to foster self-determination, Montego does not try to persuade Thea to leave her husband. In what types of similar situations might it be unethical to not try to persuade the client to leave?
6. In what ways are Montego's benevolence apparent in his relationship with Thea?
7. Part of a therapist's role is to provide appropriate information or materials to clients. Did Langmore and Montego succeed in carrying out this obligation? Could either of them have accomplished this more successfully?
8. Although Thea moves out of state and Montego refers her to a new therapist, he still follows up with a 3-month phone call. What virtue(s) does this exemplify?
9. How does Langmore's genuineness with Tabitha contribute to her achieving her goals?
10. How does acting in a nonjudgmental manner with their clients allow both Langmore and Montego to develop deep rapport with their clients?
11. In what ways might psychological or emotional abuse be more difficult for victims to label and identify as compared to physical abuse?

Cases for Analysis

Using the concepts discussed in this chapter, discuss and reflect on virtuous practice in the following scenarios.

1. Renata, a 42-year-old department store clerk, has been in therapy for 2 weeks with Myra Nelson because of problems she is experiencing at work. Although she has been employed in her present position for over 10 years, she has not been promoted to manager, often being passed over for others with far less experience. Renata tells Nelson that she doesn't like to get others angry by complaining, but that she "really deserves" a promotion. She states that maybe she isn't pretty enough to be promoted or that maybe she is "destined" to never move up the ladder. What can Nelson do to empower her client?
2. Derrick, a 22-year-old college student, has been in therapy with his university counselor, Dean Dixon, for 3 weeks. Derrick presents to

Dixon with failing grades and low self-esteem. He states that his mother has always told him that he was "stupid" so he rarely really tries to get good grades as he believes that it's probably a waste of time. In fact, he relates that he didn't even purchase books for the current semester because it would likely be a waste of money. What steps can Dixon take to begin to help facilitate a feeling of empowerment in his client?

3. Kathy is a 50-year-old woman who is contemplating entering the workplace after raising three children. She is in therapy with Dr. Seymour. Over the last 15 years, Kathy has gained 15 pounds and reports that her husband is upset with her about this. Kathy states that she is really bored and lonely staying home alone all day and wants to begin a job search; however, she says that she probably won't get a job until she loses weight. How can Dr. Seymour help empower Kathy?

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