



# Helping Clients Victimized by Intimate Partners Through Stages of Change: An Emotion-Focused Approach

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## Abstract

Intimate partner violence results in extensive negative mental health outcomes including depression, posttraumatic stress, and anxiety. Moreover, victimized partners who experience cumulative episodes of abuse over time can also present severe affect dysregulation and interpersonal difficulties. Preliminary evidence for existing psychological treatments shows that these are globally effective on a symptomatic level and in reducing revictimization. Nonetheless, systematic reviews show high attrition rates and suggest that future interventions need to address a wider range of emotional difficulties and contextual challenges according to readiness for change. In this article, our goal is to contribute to the development of more responsive interventions that are tailored to individual experiences of violence with a focus on personal values, self-determination, and autonomy, as well as promoting adaptive coping and safety. More specifically, we describe how the intervention principles and experiential tasks of a neohumanistic model, emotion-focused therapy, can be integrated into a mediating readiness for change framework to help victimized clients receiving psychological treatment. We address four main problematic content-affective states that may hinder the therapeutic progress (interrupting fear of change, decisional pain, overwhelming safety concerns, and long-term interpersonal injuries), their association with stages of change, and how they can be resolved in-session using emotion-focused principles and interventions. The implications for future research are also discussed.

**Keywords** Intimate partner violence · Emotion-focused therapy · Stages of change model · Psychotherapy · Victimization

## Introduction

This paper describes how intervention principles and experiential tasks from emotion-focused therapy (Goldman & Greenberg 2015; Greenberg 2015) can be integrated in a tailored stages of change model (Prochaska & Norcross 2014; Reisenhofer & Taft 2013) to help clients victimized by intimate partners receiving psychotherapy. Our goal is to

contribute to the development of psychological interventions that are more flexible in addressing personal experiences of violence, respect the client's autonomy and self-determination, promote safety, and support adaptive coping by facilitating access to internal and external resources (Sorrentino et al. 2020).

Intimate partner violence is the most commonly committed crime against women, and it refers to the self-reported experience of violent acts perpetrated by a partner within the context of a current or previous intimate partnership (World Health Organization 2013). It is estimated that 30% of women worldwide have already experienced physical and/or sexual abuse perpetrated by their partners (Devries et al. 2013) and that 38.6% of female homicides are committed in the context of a former or current relationship (Stöckl et al. 2013). Intimate partner victimization is also significantly associated with symptoms of depression, post-traumatic stress disorder (PTSD), anxiety, and drug abuse (Lagdon et al. 2014).

Victimized partners who experience coercive patterns of physical and/or sexual abuse and control tactics over time

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