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Family Therapy Academy

FTA Newsletter

Intimate Partner Violence: Understanding the Risks and Responsibilities

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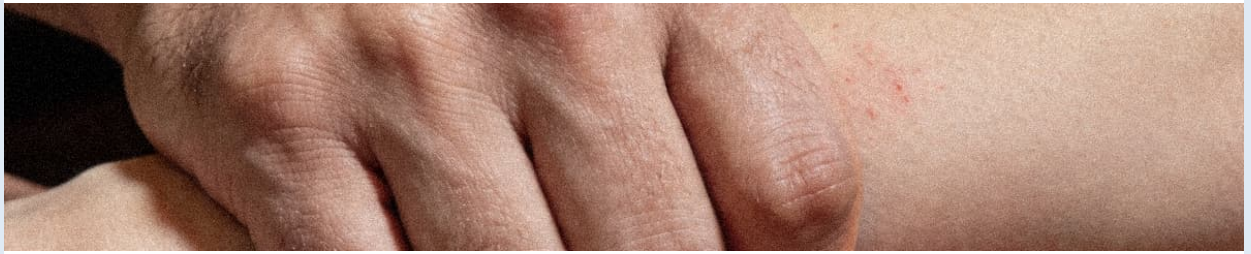

Intimate partner violence (IPV) is one of the most widespread forms of violence globally and remains a serious public health, social, and criminal justice issue. It is also a significant violation of human rights. According to the World Health Organization, around 26% of women worldwide have experienced physical or sexual violence by a current or former intimate partner at least once in their lifetime. Alarmingly, the greatest risk of homicide for women globally is being killed by an intimate partner. These statistics highlight the pervasive and dangerous nature of violence against women and underscore the importance of informed professional responses, particularly among therapists and counsellors working with couples and families.

Intimate partner violence refers to behaviours within an intimate relationship that cause physical, sexual, or psychological harm. These behaviours include physical

assault, sexual coercion, emotional abuse, and patterns of controlling behaviour. While violence can occur in many types of relationships, research consistently demonstrates that the most severe and controlling forms of IPV are predominantly perpetrated by men against women. National and international studies show that men are responsible for the majority of serious domestic assaults, sexual violence, and intimate partner homicides. Women's use of violence, when it occurs, is more often reactive or defensive rather than part of a sustained pattern of control.

Recognising this gendered pattern is important because misunderstanding the dynamics of violence can lead to harmful responses. If violence is incorrectly framed as mutual conflict or symmetrical aggression between partners, the role of power and control may be overlooked. This can result in interventions that unintentionally place victims at greater risk.

One of the most important developments in recent research is the concept of coercive control. Intimate partner violence is often not limited to isolated acts of physical aggression but instead involves ongoing patterns of domination that regulate a victim's everyday life. Coercive control may include monitoring movements, controlling finances, dictating clothing or behaviour, limiting social contact, threatening harm, or humiliating the victim. Over time these behaviours create an environment in which the victim becomes increasingly isolated, intimidated, and dependent.

Within this environment, the relationship begins to resemble a hostage dynamic rather than a partnership. Victims may feel trapped, fearful, and unable to speak openly about their experiences. Importantly, physical violence may not always be necessary for perpetrators to maintain control; the threat of violence or the memory of past abuse can be sufficient to enforce compliance. Understanding coercive control is therefore essential for professionals working with couples and families, as the absence of visible physical violence does not mean the absence of abuse.

Family and couples therapy is commonly grounded in family systems theory, which focuses on patterns of interaction within relationships. Therapists often explore how communication patterns, relational dynamics, and shared behaviours contribute to

ongoing difficulties within a family system. While this approach can be effective for many relational issues, it becomes problematic when intimate partner violence is present. Systemic language that emphasises mutual influence or shared responsibility may imply that both partners contribute equally to the problem. In cases of abuse, however, this is not accurate. It only takes one person to perpetrate violence, while the other partner is the target.

Research has shown that survivors of intimate partner violence frequently report dissatisfaction with couples counselling. Some women describe feeling that counsellors did not understand the nature of abuse or appeared to side with their abusive partner. In certain cases, joint therapy sessions may even provide perpetrators with opportunities to manipulate the narrative, minimise their behaviour, or intimidate their partner in subtle ways. These dynamics can make victims feel blamed, disbelieved, or further silenced.

Another challenge for therapists is accurately assessing risk. Violence within relationships does not always present clearly, and determining the level of danger requires careful evaluation and specialised knowledge. Certain warning signs are associated with particularly high levels of risk. These include separation or impending separation, stalking behaviour, sexual assault, strangulation, and suicidal threats by the perpetrator. When these indicators are present, the risk of serious harm or even domestic homicide increases significantly. Recognising these factors and responding appropriately is essential to protecting victims and their children.

Because intimate partner violence involves complex safety and accountability issues, addressing it effectively requires collaboration across multiple systems. A coordinated community response is widely recognised as the most effective approach. This model brings together police, courts, domestic violence services, advocacy organisations, mental health professionals, and community agencies to ensure that victims receive protection and support while perpetrators are held accountable. Within such systems, therapy may still have a role, particularly in providing trauma-informed support for survivors or specialised intervention programs for perpetrators. However, therapy should not operate in isolation from broader safety and accountability structures.

For family therapists and couples counsellors, this reality highlights the importance of specialised training and reflective practice. Professionals need to understand the dynamics of coercive control, the psychological and physical impacts of abuse, and the ways perpetrators may manipulate or minimise their behaviour. Routine screening for intimate partner violence during assessment processes can create opportunities for victims to disclose abuse in a safe and private setting. Therapists should also be familiar with local domestic violence services, shelters, and advocacy organisations so that appropriate referrals can be made when needed.

Practitioners must also be aware of the risk of inadvertently colluding with perpetrators. Abusers often minimise their actions, deny responsibility, blame their partners, or portray themselves as victims. Without careful attention, therapists may unintentionally reinforce these narratives. Maintaining a focus on victim safety and offender accountability is therefore essential.

Ultimately, one of the most important responsibilities for therapists working with couples and families is recognising the limits of therapy. In situations where coercive control or high-risk violence is present, couples counselling may increase the danger rather than reduce it. Ethical practice requires clinicians to acknowledge when therapy is not the appropriate intervention and to involve specialised services that can address the safety and legal dimensions of the situation.

Intimate partner violence is a complex social problem that cannot be resolved through therapy alone. It requires coordinated community responses, informed professionals, and systems that prioritise the safety and dignity of victims. For family therapists, working responsibly in this area means remaining vigilant, continuing to develop expertise, and recognising when the most protective and ethical response is not to proceed with conjoint therapy at all.

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