



## **Domestic Violence Epistemology and its Effects on Couples' Counselors**

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### **Abstract**

This dissertation examines the epistemological landscape in the United States (U.S.) that shapes Marriage and Family Therapists' (MFT) responses to relational violence within the intimate partner relationships of their ethnically diverse clients. The study specifically focuses on decision-making processes and therapeutic action taken by MFTs in counseling settings with couples who are dealing with domestic violence (DV). Grounded in a decolonial and poststructural feminist framework, this inquiry sheds light on and critiques the Anglo-American colonial influences within DV epistemology – an epistemology which emphasizes pathologizing, decontextualized, and fragmented approaches to mental health services that apply problematic standardized assumptions about gender across diverse cultural and linguistic communities (Dutton & Corvo, 2006). Through qualitative interviews with nine MFTs who engage in couples counseling, the research unearths the methods and considerations utilized in addressing violence, navigating problem dominant DV discourses, and managing ethical concerns in family interventions. This analysis applies a critical discursive psychology methodology, to uncover the constraints faced by U.S. mental health practitioners in effectively intervening when violence is present in a relationship. The dissertation concludes by proposing a multidimensional approach to conjoint therapy, tailored to diverse populations and cognizant of the unique micro and macro dynamics at play in refugee communities. It illustrates the complexities of DV discourse and offers practical insights for improving interventions in cases of intimate partner violence within refugee communities in the U.S.

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**List of Abbreviations**

<u>Abbreviation</u>	<u>Full Form</u>
AAMFT	American Association for Marriage and Family Therapy
AMFT	Associate Marriage and Family Therapist
BBS	Behavioral Board of Sciences
CA	California, United States of America
CAMFT	California Association of Marriage and Family Therapist
CBT	Cognitive-Behavioral Therapy
CDA	Critical Discursive Analysis
CDP	Critical Discursive Psychology
CTS-2	Conflict Tactics Scale - 2
CWS	Child Welfare Services
DAIP	Domestic Abuse Intervention Programs
DBT	Dialectical-Behavioral Therapy
DFA	Down and Forward Approach
DV	Domestic Violence
DVRP	Domestic Violence Rehabilitation Program
DVRT	Domestic Violence Response Team
EMDR	Eye Movement Desensitization and Reprocessing
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IPV	Interpersonal Violence



IRB	Institutional Review Board
KKK	Ku Klux Klan
LEO	Law Enforcement Officer
LGBTQIA+	Lesbian/Gay/Bisexual/Trans/Queer/Intersex/Asexual/Plus
LMFT	Licensed Marriage and Family Therapist
MFT	Marriage and Family Therapist
NCADV	National Coalition Against Domestic Violence
ODARA	Ontario Domestic Assault Risk Assessment
PDG	Participant Discussion Group
POMO	Postmodern
PTMF	Power-Threat-Meaning-Framework
PTSD	Post-Traumatic Stress Disorder
RV	Relational Violence
SARA	Spousal Assault Risk Assessment
SDDVC	San Diego Domestic Violence Council
SDSU	San Diego State University
SES	Socio-Economic Status
TIC	Trauma-Informed Care
US/USA	United States of America
VAWA	Violence Against Women Act
VUB	Vrije Universiteit Brussels

## **Chapter 1 - Introduction**

Academic publications on domestic violence (DV) in the United States often start with a barrage of statistics portraying a grim societal reality, encompassing incidents such as strangulations, fatalities, and assaults perpetrated by loved ones. It was the decades-long struggle of feminist activists, researchers, and other stakeholders, built upon concepts developed by second-wave feminists, that finally resulted in the accepted understanding of the pervasive nature of DV among the general population (George & Stith, 2014). This thankfully left little room for debate regarding its existence and prevalence (Ferraro, 1996). One key element of this work is the consistent identification and characterization of DV as a gendered problem that disproportionately affects women (Butler, 2011; Campbell & Manganello, 2006; Cannon et al., 2016; Schechter, 1982). While this may be statistically true, and better than the centuries-long silence that predated it, it has resulted in the evolution of services, institutions and bureaucracies (i.e. law enforcement, emergency shelter networks, crime control approaches to DV, etc.) that are too rigid to respond to the deep diversity of situations and range of needs. DV remains a significant societal concern and attending to this diversity, through adaptation, will make it more nimble, affordable, relevant, and successful (Adelman, 2004; Dutton & Corvo, 2006; Schechter, 1982). This dissertation critically explores the extent to which Marriage and Family Therapists (MFTs) in California are influenced and limited by DV epistemology, particularly in their engagement with and decision-making concerning couples' counseling.

DV services in the US currently center on the use of juridical and punitive responses to DV that result in pathologizing and legalistic treatment modalities (Ferraro, 1996). While services have been developed to respond directly to the volatile and potentially deadly effects of DV, they leave little opportunity for couples to address concerns before they face powerful and harmful institutionalized responses. The DV services field represents a broken bridge with a range of crisis responders at the bottom of the bridge, waiting for people to fall off. Little effort is made to repair the bridge or create alternative pathways. While MFTs are professionally trained to address some problems that couples face, very few appear to engage in the work necessary to address and hopefully prevent violence amongst intimates.

This dissertation research seeks to uncover how DV epistemology influences the practices, thoughts, decisions and hesitations of couples' counselors. While they can play a unique role in engaging with and intervening in relationships where violence may be present, they have been largely directed not to. As evidenced by literature and the data from this research project, MFTs have not been trained on how to engage (Brosi & Caloran, 2006). There is a notable disconnect between the findings of MFT and DV research, policy directives, funding requirements, and the actual practices of MFTs, where treatment modalities exist despite significant discouragement from DV institutions (such as the Association for Marriage and Family Therapy and the US Department of Justice).<sup>1</sup> This dissertation explores how these contradictions get mapped onto the practices of MFTs when they are confronted with the myriad of issues that bring couples to counseling, particularly violence.

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<sup>1</sup> This is addressed in more depth in Chapter 2 - Literature Review

To accomplish this, the dissertation begins with a comprehensive account of DV epistemology, followed by detailed descriptions of the research methodology and data analysis process. It concludes by introducing a specific approach to conjoint therapy for couples in violent situations within refugee communities, known as the "Down and Forward Approach" (DFA). This approach directly addresses the research data which indicates how DV discourse shapes MFT understandings of the situations they face, how their attention moves "up" into *a priori* DV understandings, and the varied expectations of accountability as they look "back" in the context of relational histories. The DFA is constructed to respond to the ways that both therapists and couples are left floundering in the face of a discourse that promotes separation of families through restraining orders, individualized and unhelpful gendered treatment modalities, and crude bureaucratic approaches meant to promote safety planning and accountability (Dutton & Corvo, 2006; Sahota, 2006).

To guide the reader towards the DFA, this introductory chapter clarifies the objectives and scope of the dissertation by setting the context for the research questions investigated through the application of critical discursive psychology (CDP) methodology, as well as explaining the relevant theoretical and philosophical frameworks that inform it. Subsequent chapters will delve further into the methodology in greater detail and specificity.

### **Foundations and Background**

This dissertation aims to address the following question: What are the effects of DV epistemologies on the practices of couples' counselors in the US? Addressing this question exposes the problematic impact of particular conceptualizations of DV, the narrow lane of practice constructed by dominant colonial approaches to DV, and the maintenance of a steady

flow of couples into an expensive and punitive legal system. The data garnered provides the pathway to a practice approach (the DFA) that attends to the experiences of linguistically and culturally diverse refugee communities. Thus, the continued coloniality of enforcing a relationship between refugee families and state institutions can be mitigated in favor of practices that encourage safety, accountability, and healing within relationships.

Addressing the question demands an examination of the effects of domestic violence (DV) discourse on the practices of licensed MFTs who work with couples, and the way it influences the decisions they make. This is particularly important when therapists are confronted with varying degrees of “conflict” in the intimate relationships of those receiving their therapy services. The question of this dissertation is concerned with how MFTs conceptualize and understand DV and its implications on their work, and what practices are understood to be possible in addressing the problem of violence between intimate partners. Research indicates that “situational violence” is the most common form of violence amongst intimates (rather than the dominant notion of a power-hungry male who is invested in dominating their submissive female partner), and that couples regularly seek the support of MFTs to address violence (Dutton & Corvo, 2006; Johnson, 2006; Johnson, 2010; Laroche, 2005; Stets & Straus, 1992; Stith & McCollum, 2011). Thus, the question focuses on understanding how MFTs can use couple’s therapy as a preventative effort and engage directly with domestic violence before it escalates into police calls, legal disputes, serious injury or death.

The language and acronyms used in this dissertation draw from the intricate political history of DV epistemologies that provide different accounts and contexts for how DV occurs. Feminist authors have played a pivotal role in bringing attention to this issue (Creek & Dunn, 2011; Ferraro, 1996; Schechter, 1982; Teehee & Esqueda, 2007). At present, I, as the author,

employ the term "DV" as it is the most widely recognized term within the service provider community. In this dissertation, "patriarchy" refers to social structures that favor the power of men and institutions where "masculine" social values dominate (Butler, 2011; Friedan, 2001; Schechter, 1982). The contemporary landscape of DV services has evolved in response to critiques of patriarchy and its influence on violence within intimate partnerships, particularly as articulated by second-wave feminists. A comprehensive exploration of this evolution is provided in Chapter 2 - Literature Review.

I am explicit in exposing my own social contexts and the way my perspectives may influence my analyses and conclusions. My social positions, particularly my gender, require me to be care-full and intentional in not just *what* words I use, but *how* I situate them. For instance, the word *conflict* is used intentionally above, not to diminish the effects of violence nor de-politicize the contexts in which violence occurs, but to render visible the receiving context and interpretations of the Marriage and Family Therapists (MFT) who hear the story of violence (Schulman, 2016). In other words, how are distinctions between "conflict" and "abuse" made by MFTs?

DV epistemology in the United States has undergone significant development throughout the last century (Ferraro, 1996; Schechter, 1982). This evolution has played a pivotal role by shedding light on and providing vocabulary for experiences of violence that were previously concealed due to patriarchal definitions of acceptable behavior (Maxwell et al., 2000; Schechter, 1982). In the past, violence against women, often perpetrated by men, was largely disregarded as a problem, and little institutional support was offered when it was finally acknowledged (Adelman, 2004; Ferraro, 1996; George & Stith, 2014; Schechter, 1982). Furthermore, the

development of the DV "field" has unintentionally perpetuated patriarchal structures within DV services (Ferraro, 1996).

## **Overview of Chapters**

DV epistemology is often oversimplified, promoting a single dominant "correct" approach to addressing DV, which gets in the way of identifying and offering tailored, thoughtful, context-appropriate counseling. In approaching the collecting and analyzing of data, I have integrated scientific rigor with artistic creativity, as advocated by Tracy (2010). The forthcoming section outlines the chapter sequence in this dissertation.

### ***Chapter 1 - Introduction.***

This chapter delves into the context and boundaries of this research, including the inception of the research question, the philosophical framework within which it resides, and the "interpretive field" of the researcher, encompassing aspects of the researcher's identity, such as gender, class, and sexuality that can shape data interpretation (Ewing et al., 2017). This discussion elucidates the specific focus and significance of this research project.

### ***Chapter 2 - Literature Review.***

This review examines the literature that has contributed to contemporary DV epistemology and shines a light on its various stakeholders, from feminist activists to law enforcement. Additionally, it conceptualizes the moving and less moving political center and margins of DV epistemology. This is particularly crucial for a research project utilizing critical

discursive psychology methodology, as it helps in understanding how power relations, language, and societal norms shape the discourse surrounding domestic violence.

### ***Chapter 3 - Methodology.***

This chapter details the mechanics of conducting the research. The process of Critical Discursive Psychology (CDP) is described and located within existing literature, and the adaptation of this method to this research project is illustrated. Each step is described, from the philosophical assumptions of the methodology to the ethical considerations, to the process of setting up and conducting interviews.

### ***Chapter 4 - Analysis.***

This section will explicitly discuss and examine the data gathered from the interviews, and detail the process of analyzing, identifying emerging themes and selecting ways to organize and create meaning. The descriptions of interpretive repertoires, ideological dilemmas, and subject positions of participants, as identified through the CDP methodology, make visible the process through which data is understood and conclusions for the DFA are crafted. This study explores not only what participants are saying but how they are saying it, why they hold certain beliefs, and how their social identities and cultural contexts shape their perspectives. This multifaceted approach enhances the depth and richness of the research findings, providing a more comprehensive understanding of the phenomenon under investigation. Participant statements provide evidence for understandings acquired from the data analysis.

### ***Chapter 5 – The Down and Forward Approach***



In response to the results of the analysis, the “Down and Forward Approach” (DFA) is crafted. It focuses on treating IPV within conjoint therapy, centered on the Middle Eastern refugee/immigrant communities. The values and ethics derived from the data are described, and suggestions for pedagogy, practice, and policy are offered.

### **Use of Terminology**

This dissertation utilizes a wide range of academic definitions to construct various arguments and make visible socio-political histories and contexts. The terminology is defined here.

### ***Use of Acronyms***

Domestic Violence (DV) is an academic and legal term utilized across many contexts, ranging from feminist activism, law enforcement, judicial systems, to psychological literature (Adelman, 2004; Dobash & Dobash, 1979; Ferraro, 1996; Stith et al., 2011; Wetendorf, 2002). While usage of this term varies, it generally points to non-consensual violence between intimate and/or romantic partners.<sup>2</sup> DV is also referred to as Intimate Partner Violence (IPV), Relational Violence (RV), or Gender-based Violence (GBV) depending on the political landscape in which it is used (Ferraro, 1996). The acknowledgement of DV as a societal problem is a fairly recent development in the United States, becoming prominent in the 20th century and continuing to gather momentum in the 21st century (Shaw & Lee, 2001). Thus, as different stakeholders began to contribute to this knowledgebase, different definitions were rendered with different uses.

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<sup>2</sup> Some agencies and funding sources consider DV to be any violence between family members (e.g. mother-son, brother-brother, etc.). For this dissertation, “DV” will refer to violence occurring within romantic and intimate partnerships.

Readers will notice that the terms utilized throughout this dissertation to refer to DV shift in response to the political contexts being described. For example, as readers of this dissertation are exposed to feminist activism in the 20th century, the term GBV is used more prominently to articulate this political perspective shift. As I shift into MFT and psychological renditions of DV, the term IPV will take prominence. These shifts will be made explicit.

DV epistemology encapsulates many taken-for-granted assumptions emerging from the “disciplines” that reference it, whether that be therapists, lawyers, or law enforcement. The stakeholders who embrace the perspectives of these various disciplines influence the naming of the “problem” and the presumed solutions to it (Ferraro, 1996). These conceptualizations get institutionalized and bureaucratized, creating significant repercussions in regard to court mandates, access to services, and/or involvement of other systems like Child Protective Services. This dissertation uses a social constructionist philosophical paradigm to examine and discuss these perspectives and their implications (Burr, 2015). Social constructionism and its associated philosophies are discussed further in this chapter.

### ***Decolonial Feminism***

This term captures the intersection of a few ethical and philosophical principles. Namely, that of feminist perspectives regarding the influence of gender and patriarchy on experience, and the legacy of European imperialism and colonialism in contemporary US society. As Bouteldja (2017) states, “a decolonial feminism must have its imperative to radically refuse the discourses and practices that stigmatize our brothers and that, in the same move, exonerate white patriarchy” (p. 97). A history of feminism that focuses on decolonial understandings and the unique experiences of Indigenous women, women of color, queer theorists, and other historically

marginalized communities is included in Chapter 2 - Literature Review (Sahota, 2006).

“Decolonial feminism” is a critical lens through which to approach conjoint therapy work with Middle Eastern refugees who are experiencing domestic violence.

### ***Couples Counseling***

Couples counseling (or conjoint therapy) is a form of relational therapy involving intimate partners seeking support for a range of issues in their relationships. This can include pre-marital counseling, addressing affairs, or out-of-control conflict. As mentioned, research indicates that “situational couple violence” is a common issue that brings couples to an MFT (Dutton & Corvo, 2006; Laroche, 2005; Simpson et al., 2007, Stith & McCollum, 2011). Situational couple violence refers to a bi-directional form of violence that while common in research, is generally ignored by DV service institutions.<sup>3</sup> While there are many theoretical approaches to couples counseling, there are few that provide models and approaches to working with this issue (Creek & Dunn, 2011; Dutton & Corvo, 2006; Gehart & Tuttle, 2003; George & Stith, 2014).

### ***Duluth Model***

Readers will see numerous mentions of the Duluth model throughout this dissertation. In short, this model developed by the Domestic Abuse Intervention Programs (DAIP) in Duluth, Minnesota outlines what has come to be the most commonly used approach to DV in the United States (Corvo et al., 2009). It utilizes second-wave feminist notions of violence integrated into “sociocultural concepts of domination and control where [DV] is used as a means for men to

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<sup>3</sup> Chapter 2 - Literature Review outlines the development of dominant discourse in regard to “what” DV is.

exhibit power and establish control over their female partners” (Bohall et al., 2016, p. 1030). The model provides several tools to capture the dynamics of violence, including the “Power/Control Wheel” and the “Cycle of Violence”.<sup>4</sup> It centers safety for victims and accountability for perpetrators and is the model relied upon by the courts, as well as a required approach by most funders of DV programs (Dutton & Corvo, 2006).

### **Responding to the Problem**

The literature review demonstrates a disconnect between research and practice (Dutton & Corvo, 1996; Ferraro, 1996; George & Stith, 2014; Jenkins, 2009; Sahota, 2006; Stith & McCollum, 2011). Despite the MFT field providing multiple models of practice to work with couples in violence, there is virtually no support for couples counseling as a modality for preventing DV (Dutton & Corvo, 2006; George & Stith, 2014). Approaches that fall outside the mainstream practices established in the 1980s are stymied by the hegemonic industries of the judicial systems, including law enforcement, court systems, judges, and policy makers (George & Stith, 2014). Historically resistant to change, these institutions funnel resources into studies that bolster the need for more funding to maintain the same systems (Augusta-Scott, 2009; Ferraro, 1996).

Activists have been attempting to influence large and powerful institutions, one method being to invite change through research (Reynolds, 2010). Following in that path, by constructing a robust methodology to track the questions outlined above and provide reasonable and helpful suggestions for practice and policy, I hope to encourage the DV provider community to consider alternatives to current practices by offering a “Down and Forward Approach” to

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<sup>4</sup> These are available in Appendix A

collaborating with refugee couples in violence. This approach is influenced by the work I do with Middle Eastern refugees whose cultural, linguistic, ethical, and philosophical marginalization exposes the limitations of current models.

There are several reasons why I chose couples counselors as the target participants of this study. It is common for them to meet with couples seeking guidance for problems in their relationship, and these problems can include the presence of violence (George & Stith, 2014). Additionally, their work requires constant difficult and highly nuanced decisions about what directions to take.

Couples counseling has the potential to prevent DV. If couples are having problems with violence and they both want it to be addressed, then couples counseling *could* be a first stop for resolution through non-judicial intervention. However, it is important to note that couple's counseling is not commonly considered as an intervention option for DV. In fact, clients are sometimes referred to DV services after contacting a couple's counselor, who may determine that the level of conflict and violence is beyond their scope of competence or practice (as we will see later in this study). However, it is a logical place for couples to seek help. Given its peripheral yet influential position within the DV field, examining couple's counseling practices allows for a case-by-case understanding of how assessments and decisions on how to proceed are determined and the influence that epistemology might have on those decisions. The approach taken by couple's counselors is often in sharp contrast to the rigid policies and procedures at direct treatment sites like the Domestic Violence Intervention Programs for perpetrators or survivor's advocacy and counseling for victims. The setting where the therapist works, (community agency or private practice) also plays a critical role, given that DV standards are often enforced through funding stipulations (Adelman, 2004).

### *Hopes in Outcomes of Study*

As previously mentioned, this study originated from my identification of ideological dilemmas which perpetuate assumptions and approaches to addressing domestic violence. By enhancing MFT practice through more informed decision-making, the aim is to foster updated strategies for working with families, introduce more nuanced considerations in policy development, and contribute to a growing body of literature advocating for more equitable and accessible services for couples and families grappling with domestic violence.

In the process of identifying and addressing gaps in service and the challenges posed by DV epistemology, this research moves beyond mere critique and offers a concrete approach to providing conjoint therapy for refugee couples experiencing DV. Personal anecdotes are interwoven with my research experiences, existing literature, and the data gathered in this study.

The practical, educational, and policy-based recommendations presented in Chapter 5, titled "The Down and Forward Approach," will serve as both a driver of further research as well as a catalyst for change. Evaluating the effectiveness of the DFA alongside existing practice models can amplify the collective voice of professionals who continue to observe significant shortcomings in addressing the holistic needs of families and couples affected by violence.

### **Journey to the Question**

In 2010, I entered the Marriage and Family Therapy (MFT) program at San Diego State University (SDSU) in the hopes of learning a trade that allowed me to engage in helpful talk therapy. During my training and because I spoke Farsi, I began working with a community agency called License to Freedom (LTF). LTF is a non-profit agency in El Cajon, California

(within San Diego County) that serves Middle Eastern refugees who are experiencing domestic violence. This was my first exposure to the world of DV. Near the end of my time at SDSU, I found paid employment with the Domestic Violence Response Team (DVRT), responding to calls with law enforcement in the South Bay region of San Diego, which serves a primarily Spanish-speaking population.

Soon after graduation, I applied for and received my pre-licensure Associate MFT (AMFT) registration number from the California Behavioral Board of Sciences (BBS), the regulating institution that ensures MFTs are qualified to work in the field. As an AMFT, I was hired by a domestic violence emergency shelter as their Mental Health Therapist, working in a 60-day residential shelter for families who were experiencing violence. I was working on accruing 3000 hours for my MFT license, and was required to attend multiple trainings in the agency to work with domestic violence, in addition to the training I had received in my Master's program. The 40-hour advocate training as approved by the State of California was the main training I received post-graduation. As far as the state, county, and agency I was working in were concerned, I was fully qualified and ready to help families experiencing violence. Coupled with my own excitement and hubris, the sky was the limit.

I quickly became aware of how little I knew of the complexities I was facing, despite my training at SDSU and in the 40-hour advocate training. While I created strong relationships with the families I worked with, the knowledge I had acquired was not very helpful. In fact, it was rather confounding. The clarity and linearity addressing violence in the training curriculum was not reflected in the complex stories shared by the families I met. Rather, the fluidity of power and complexity of experience represented in their stories felt contradictory to the rigid ideas I had studied on how power and control caused DV. This was further complicated by the fact that

my professional experience thus far was *not* in English, but with Spanish, Arabic, and Farsi-speaking families.

I recall meeting with a female-identifying survivor of violence who was in the shelter with her three children. Upon meeting with families, I was required to conduct an intake process to gather demographic data, administer assessments related to safety, drug/alcohol use, and mental health status. Part of the intake involved a psychoeducational component where I would share Duluth-model ideas relayed through worksheets that outlined the “Cycle of Violence,” and the “Power/Control Wheel”<sup>5</sup>. At this juncture, it is important to provide a snapshot of the politics at play. A woman in her mid-30s who has experienced and survived violence for about a decade and sought shelter in order to have housing and food stability for 60-days as she planned her transition away from her children’s father, is now receiving “education” about what her experience was and how to name it from a cis-gendered male in his mid-20s who had never experienced violence in his household firsthand. Despite this, I am confidently sharing knowledge acquired through books and 40-hour DV training. As I go through the cycle of violence, which depicts a woman who is subjected to a male-counterpart who seeks power and utilizes various strategies to maintain control, she stops me and hesitantly shares that, “But I would hit him too. We would go back and forth often”.

I felt stuck. None of my training had equipped me to consider relational violence that was reciprocated by the “victim.” I was not sure how to approach a situation where the relational dynamics were recognized by the Duluth model as a pattern of violence, but where power was fluid, and the reasons for leaving, unclear. Further, this woman had divulged information that risked her being ousted from the DV shelter established solely to house “victims”. In fact, many

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<sup>5</sup> These worksheets and associated images can be found in Appendix A



of the services she was offered relied on assessment criteria that identified clients as pure victims (Dutton & Corvo, 2006). This story that defied the clarity of what I'd learned, represented one of many I would encounter.

Several years later, I was providing therapy services in a private practice as a licensed MFT. My background and how I marketed myself on my website brought in many couples seeking to address violence in their relationships. Private practice with out-of-pocket payment turned out to be one of the few contexts in which I could meet with couples in violence who were seeking to stop it together. Even there, most of the literature did not support the practice, and legal advice mostly indicated a high level of risk and liability. For instance, if one of the couples I was counseling engaged in a violent fight that became homicidal following our therapy session, I would be vulnerable to subpoenas and lawsuits if I hadn't engaged in a "standard of care" where regular assessments and safety plans were conducted (Almeida & Durkin, 1999; Dutton & Corvo, 2006). The "standard of care" reflects the dominant, current accepted practice, which at this moment does not include working with couples experiencing violence (AAMFT, 2022).

I had maintained a strong relationship with License to Freedom, providing both DV family therapy services (mandated and voluntary contexts), as well as facilitating a 52-week Domestic Violence Rehabilitation Program (DVRP) for Middle Eastern male "offenders" of domestic violence. The linguistic and cultural limitations of DV epistemology were on full display in this context. Therapeutic and psychoeducational materials were handed to families who had been pulled into a system they did not understand. A system which defined their problem as one they had chosen. For refugee families who had just escaped war, the interpretations of DV that was now playing out in their relationship were dismissive of their

experiences of imperialism, displacement, and poverty. I felt that in trying to support families, my hands were regularly tied. Law enforcement officers, judges, social workers, and policy makers had “one-size-fits-all” approaches that were codified, and strongly discouraged any sort of conjoint work with families or couples.

### **Political Tensions**

As a licensed Marriage and Family Therapist in the state of California, my training is significantly shaped by psychological discourse. I have worked the gamut of DV services. While my “classic” training as an MFT has been somewhat useful in my work, it has also forced me to understand how the “one-size-fits-all” approaches that grew out of DV epistemology are unhelpful and even harmful to the families I worked with. Frustrated with the limited resources to support anything outside of the dominant Duluth model and Crime-control approaches, I attempt to maintain a delicate balance of honoring the important legacies that have come before me while encouraging movement forward.

My work with Middle Eastern refugees mandated for group therapy due to domestic violence is one example of a context in which my anti-colonial, neoliberal critique helps highlight the dominant Western perspective under which I practice. There are many contexts where the information I am required by the courts to “teach” and “counsel” are fundamentally disconnected from the lived experiences of my clients.

All my analysis, discussion and critiques are developed through a decolonial poststructural feminist lens which values complexity and discursive power across contexts, as well as women’s experiences. This stance shines light on how the colonial legacies of the US are

discursively embedded in counseling services and epistemology. These elements are described in further detail throughout this dissertation.

Throughout my process of researching and constructing a cohesive narrative, I remained aware that as a cis-gendered heterosexual male, I risk both reflecting and reproducing patriarchal versions of this history. My social location and sense of responsibility make me approach my reading and writing about these ideas, and my formulation of a critique, with caution.

Aware of my identity and its potential influence on my interpretations of this research, I incorporate practices that hold me accountable to the blinding effects of my privileged positions. For instance, I am in regular contact and conversation with feminist colleagues who have deep backgrounds in women's studies. I participate in community presentations where I invite feedback and discussion on my research and thinking. I believe that this has opened a space for open curiosity where poststructural feminists and providers who are potentially affected by the ways that I construct this narrative, can engage with my interpretations. This philosophical location tends to invite an ethic of accountability through dialogue, compassion and "revolutionary love" through connection (Bouteldja, 2017). The ethical challenges inherent to this project are described in this chapter, as well as Chapter 3 - Methodology.

A structuralist perspective of feminism can often assume an essentialist reading of text (George & Stith, 2014) whereby women "know" and understand these ideas better than a cis-gendered male, and the tensions of power and privilege, as well as the proceeding relational trajectories, can always be "known" fully. As mentioned above, my poststructuralist perspectives around these ideas were largely undermined by the need to claim knowledge and truth as belonging exclusively to women within the feminist space. Given that this research project rests on the efforts of feminists, and that this history is under constant attack through patriarchal

revisionism, it is important for me to describe a lineage and situate literature from a temporal perspective (Schechter, 1982).

In the midst of all of this, my desire to stay connected to a post-structuralist perspective is important, as these values have shaped and been shaped by my work with men within DV spaces. In conversations I notice the ways that patriarchy can marginalize men, and how healing practices shaped by feminist ideals related to DV services, can marginalize the experiences of men, and limit the ways men might grow and move away from previously taken-for-granted notions of patriarchy. Given the grim outcomes of work with “perpetrators of violence” and 52-week “domestic violence rehabilitation programs”, something different needs to be done (Mayer, 2017). Throughout this project, I have remained aligned with poststructuralist perspectives, while keeping in touch with the values and social contexts that bred feminist ideas. This dual perspective offers an understanding of how feminist and women’s rights movements have grown and evolved over time and honors the building and collaborative efforts over centuries.

### **Philosophical Underpinnings**

In this section, I lay the foundation for the research process by outlining the social constructionist philosophy that informs the approach. It not only shapes how I conceptualize domestic violence epistemology but also guides the construction of the research methodology. This section will elucidate the reasons for choosing this philosophy to underpin the study.

This philosophical lens plays a pivotal role in guiding research as it enables us to better understand the diverse perspectives embedded within domestic violence epistemology. Importantly, it also provides a critical context for our research process. Throughout this dissertation, I present evidence demonstrating that a significant portion of domestic violence

epistemology aligns with a modernist philosophical framework. This alignment carries with it both the advantages and limitations of the modernist perspective, along with its cultural assumptions.

Moreover, I will show that many alternative approaches to mainstream domestic violence interventions are grounded in philosophical paradigms that directly challenge these modernist assumptions. In this chapter, I will provide an overview of these contrasting philosophical positions. This contextualization is vital to the research process because it lays the groundwork for our exploration of how differing philosophical underpinnings influence both the discourse on domestic violence and the practices employed to address it. These insights will be further developed in subsequent chapters.

## **Modernism**

Modernism, a philosophical perspective likely familiar to readers of this dissertation, has significantly shaped the Western world since the Enlightenment era. It has propelled Western societies into a post-industrial era marked by substantial advancements in science, technology, and medicine (Micale, 2004). Modernism boasts a rich history of influential thinkers who have integrated their ideas into various aspects of our society (Beauvoir, et al., 2014; Heidegger & Shaffer, 2011; Nietzsche, 2020; Sartre, 2004). Of relevance to this dissertation is the profound impact of modernism on the development of psychology, specifically within the realm of domestic violence research (Gergen, 1985; James, 1893).

At its core, modernism posits that there exist singular, discernible truths that can be discovered through the scientific method. This method, often referred to as positivism, suggests that through meticulous data collection rooted in sensory experiences, these truths can be

deduced using logic and reason. They should also be verifiable, repeatable, and applicable across contexts. This perspective extends sociologically, assuming that the laws governing the physical world can be seamlessly applied to social contexts and society as a whole (Macionis & Gerber, 2010). For instance, the modernist approach to understanding "depression" involves categorizing and researching this experience, ultimately leading to the development of universalized treatment approaches.

This philosophical perspective has yielded several important psychological concepts, some of which are relevant to domestic violence services. Firstly, it has framed the concept of the self within a contemporary psychological framework, commonly understood as "personality." This perspective assumes a significant biological component contributing to unchanging "personality traits" observable throughout an individual's lifetime. This inadvertently depoliticizes individuals' experiences, placing emphasis on the internal context and individual experience, such as understanding a partner's aggression as part of "narcissistic personality disorder" (Reynolds, 2020).<sup>6</sup> Secondly, it perceives "mental health" as a matter rooted in the brain, reflecting a Cartesian mind/body dualism ingrained in Western cultures (Monk et al., 2020). Thirdly, it employs the process of categorization and classification to understand experiences, with the aim of establishing broader universal understandings about humans. The contributions of such things as culture are considered variables that merely alter the superficial aspects of the fundamental, "core" experience occurring internally.

This paradigm has been the dominant philosophical paradigm informing DV epistemology. Examples of modernist conceptualizations of DV include the use of typology as the method through which DV dynamics are understood (such as the male/female

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<sup>6</sup> Participant data prominently reflects the use of this language.

heteronormative gender binary), dependence on quantitative data to construct universal truths, and the "one-size-fits-all" application of these truths through established models. These all reflect the tenets of a modernist paradigm. The Down and Forward Approach (DFA), presented in this research project, offers an alternative that addresses the historical and contemporary challenges presented by this philosophy.

### **Social Constructionism**

The following sections discuss the implications of applying a social constructionist paradigm to domestic violence epistemology and how the qualitative research approach utilized in this study is grounded in that paradigm. I will also delve into poststructuralism and postmodernism, two critical components of the philosophical frameworks I employ.

In response to the limitations of modernism, social constructionism offers alternatives for understanding domestic violence (DV). It encompasses a range of philosophies that emerged in 20th-century Western societies, including the works of influential thinkers like Derrida (1967), Foucault (1982), Gergen (1985), and Wittgenstein (1921). The advent of social constructionism marks a significant departure from traditional thinking, particularly the post-Enlightenment reliance on logic and rationality to uncover universal truths about the human experience. Instead, it shifts the focus towards language as the central arena in which multiple truths can coexist. In essence, the 20th century witnessed what is known as the "linguistic turn," where language becomes the primary domain of exploration for capturing a fluid and relational understanding of "reality" and experience, constructed through the subjectivity of observers (Monk & Zamani, 2019).

To grasp the full significance of the "linguistic turn", it is important to consider it within the broader context of Western philosophy. Before this linguistic shift, a pivotal transformation occurred during the Enlightenment Era when societies transitioned from seeking "Truth" through religion to pursuing Truth through science. Scientific endeavors championed empiricism and positivism, assuming that universal truths could be discerned through rigorous observation and meticulous record-keeping. This epistemological shift can be traced back to the Western industrial revolution, where scientific progress brought about profound changes in technology and the organization of societies (Deleuze & Guattari, 1988).

From a social constructionist perspective, a crucial concept to grasp is that knowledge is socially constructed within relationships, with language playing a significant role in both transmitting and maintaining this knowledge (Gergen, 2009). This stands in contrast to the assumption that knowledge is extracted from an objective reality and then expressed in language. Instead, social constructionism posits that language constructs a subjective "reality" that is inherently shaped by political and cultural influences.

### ***Postmodernism***

Within the realm of domestic violence epistemology, the shift towards postmodernism carries profound implications, particularly for the critical discursive psychology methodology utilized in this dissertation. It challenges traditional approaches that aim to uncover universal explanations and instead encourages a thorough exploration of the diverse perspectives and contextual factors that shape our comprehension of domestic violence. In doing so, it prompts a more nuanced examination of the power dynamics and discursive practices that mold the discourse surrounding domestic violence. Ultimately, it underscores that knowledge pertaining to



domestic violence is not objective but rather constructed within specific socio-cultural and historical contexts.

Postmodern thought approaches overarching meta-narratives with skepticism. While modernism strives to investigate and capture replicable, singular, and universally applicable truths about the world, postmodernism is particularly intrigued by context, especially that of cultural and historical specificity.

Foucault (1982) plays a pivotal role in elucidating the profound interplay between knowledge and power within the postmodern framework. In this perspective, truth is not grounded in an ontological reality but rather in an epistemological one. In simpler terms, if a sufficient number of individuals believe something to be true and sustain that belief within relationships, it transforms into a form of Truth. Foucault introduces the term "discourse" to illustrate the intricate connection between language, power, and knowledge. Discourse denotes the ways in which words are infused with a complex web of social and political meaning-making systems, inherently devoid of neutrality (Foucault, 1969).

Understanding the privileging of discourse in a specific context requires an analysis of power, which, in turn, calls for a broader systemic and historical perspective. The analyses of power, the shift from "facts" to "discourse", and a privileging of lived experience as it relates to broader societal and cultural forces becomes a critical zone of examination. A postmodern approach to knowledge enables a more critical examination that goes beyond just the "what" and delves into the "how."

### *Poststructuralism*

Poststructuralism offers a framework for analyzing power within specific historical and contextual contexts. This approach stands in contrast to structuralism, which seeks to identify overarching power structures that influence human social dynamics (Freire, 1967). While structuralism can provide a broad understanding of power, it may inadvertently create sweeping categorizations of power and its impact. For example, the conceptualization of 'gender violence' as the primary contributor to domestic violence was crafted by second-wave feminists in the late 19th and 20th centuries, drawing on structuralist notions of patriarchy (George & Stith, 2014). A poststructuralist perspective acknowledges the presence of patriarchal discourse but also emphasizes the need to examine specific contexts and recognize the limitations of explanations solely centered on gender violence (Bouteldja, 2017; Dutton & Corvo, 2006).

A significant contribution to poststructuralist thought comes from Derrida's practice of 'deconstruction,' where an idea is temporarily suspended and dissected to uncover the implicit assumptions within it (Derrida, 1967). Derrida argues that our perception of reality is constructed through linguistic assumptions shaped by binaries (e.g., light/dark, right/wrong, perpetrator/victim). Deconstruction explores the linguistic boundaries and limitations of these categories and examines the interplay of our experiences, language, histories, and social contexts to provide a more nuanced and complex understanding of the subject (White & Epston, 1990).

As this dissertation will demonstrate, the language surrounding domestic violence in the United States has been influenced by legal terminology, such as 'victim' and 'perpetrator.' Furthermore, access to services often depends on individuals fitting into one of these categories. Some shelters, for example, require potential clients to provide paperwork from a police report or legal process confirming their status of "victim." A poststructuralist analysis allows for an

examination of these contexts and the ways in which language and power operate, aiming to offer a comprehensive account of the effects of these institutionalized assumptions.

While various schools of thought fall under the social constructionist umbrella, they all share a common focus on language and its impact on our "realities" (Burr, 2018). The use of the plural term 'realities' underscores that language enables the creation of multiple realities through its construction. In this context, language and culture are inseparable, and culture becomes a critical consideration in understanding how meaning-making shapes our relationship with the ontological world (Wittgenstein, 1921). This philosophical backdrop informs this dissertation project and serves as the lens through which I, the researcher, analyze the domestic violence epistemological framework and resulting practices. The DFA, which concludes this dissertation, is grounded in a poststructuralist approach that sees experience, power, knowledge, and subjectivity as critical elements of an MFT practice providing conjoint therapy when violence is identified.

### **Critical Discursive Psychology as Methodology**

This research project uses critical discursive psychology (CDP) as the primary mode of analysis. Discourse research draws on post-structuralism and Foucault's analysis of knowledge/power, conversation analysis, and intersections of science and Wittgensteinian Philosophy (Mcmullen, 2018; Marinussen & Wetherell, 2019). According to Marinussen & Wetherell (2019), CDP draws attention to the "action orientation of discourse", the "ways in which people's accounts formulate 'minds and worlds', the centering of post-structuralist analyses related to feminism and social justice movements, and the "resources people draw upon to make sense" of these ideas (p. 104).

The field of discourse analysis is a qualitative field of research that emerged alongside these philosophical developments and has a close relationship with the field of text linguistics (Tannen, 2012). Utilizing Foucault's definition of the word "discourse", discourse analysis is interested in what lies beyond the boundaries of text in the social-political realm to gather meaning. These extensions often color the various regions of discourse analysis, which is discussed in greater depth in the Methodology section in Chapter 3.

CDP is useful in tracking a highly complex set of practices that are normatively organized within particular fields (in this case, domestic violence service providers) (Marinussen & Wetherell, 2019). This approach allows for a critical stance which exposes a typically hidden set of ideas. It centers ideas and assumptions rather than individual people. Thus, the analysis is focused on the use of language to name ideas and assumptions about work, capture thematic materials, and analyze a broader discursive framework from which particular practices may be emerging. Critiques of CDP are related to this feature, where a 'suspicious' interpretation of statements from interviewees are represented by the researcher in unflattering themes and histories (Wetherell, 2013). Chapter 3 - Methodology discusses these ethical dilemmas and the mechanisms utilized to mitigate their effects.

CDP is a useful method to unearth the practices counselors adopt when confronted with DV, how they learn about those ideas, make meaning of them, and describe themselves in relation to various DV discourse. It provides the tools and methods to understand the assumptions and social political histories guiding one's practice, and their reflections on it.

## **Conclusion**

Despite the fact that existing research is critical of DV services and points to poor outcomes, the DV field has successfully blocked innovative approaches to better serving clients (Dutton & Corvo, 2006; Ferraro, 1996; Sahota, 2006). MFTs are left to fend for themselves when engaging with clients in IPV who are seeking their help. This leaves ill-equipped practitioners who are unclear about their scope of practice. The following chapter will begin to deconstruct the epistemological landscape and bring the colonial troubles of DV into sharper focus.

## **Chapter 2 - Literature Review**

This chapter aims to provide an account of the various stakeholders and threads of influence that have contributed to the conceptualizing of domestic violence (DV), and the resulting construction of services. I will describe the social and historical context of each thread, some of their contemporary impacts as documented within domestic violence literature, and the significant influence and interlocking set of relationships between the stakeholders, institutions and ideologies. It is the intent of this study to illustrate that the knowledge and practices commonly utilized by couples' counselors are housed within a colonial, racist, and oppressive framework. By addressing the effects of this epistemology on couples' counselors and its usefulness and pitfalls, this research can be utilized to encourage greater access to services outside of the judicial and law enforcement systems. This would include improved training for couples' counselors and greater encouragement for family therapists to lean into working with families and couples who want the violence to stop.

### **Genealogy of Domestic Violence**

Historical understandings of domestic violence and the services offered are often philosophically disparate with many competing forces to define its causes and "appropriate responses". The available narratives are housed within a largely Anglo-Saxon, liberal humanist, and modernist history. There is an epistemology of ignorance when it comes to alternative or indigenous ideas in DV discourse; where particular narratives and experiences are excluded simply due to lack of knowledge, but by a political terrain that prioritizes and maintains particular constructions of DV (Ferraro, 1996; Tuana, 2004). While unfortunate and in-line with

a history of colonization where narratives are politically constructed, this reflects the parameters of available knowledges that is drawn on by contemporary practitioners. Furthermore, while the delivery of domestic violence services at first glance can seem like a progressive endeavor intended to address patriarchy, the intentions of the various stakeholders differ greatly and can often house perspectives that contradict this effort. Unsurprisingly, DV discourses are a “place of struggle”, located in both “conservative and progressive impulses” (hooks, 1989; Ferraro, 1996). I will attempt to speak to the development of ideas in the United States around DV services as they are and continue to be forged today by Western European cultural values imposed by early colonizers, feminist activists, law enforcement, lawyers and policymakers, and psychologists/therapists. This will expose the significant limitations of DV epistemology and its historic effects on marginalized communities in the United States.

### **European Settler Influence**

The United States was created through a history of resistance, colonization, and “manifest destiny” (Zinn, 1980). Manifest Destiny stands as a particularly powerful and symbolic concept, as it was a pervasive understanding in the 19<sup>th</sup> century that American-European colonization was justified, and that the movement West by European settlers was inevitable. Therefore, the conversion of Native Americans to Christianity, the Trail of Tears, and the colonial migration towards the West coast of the North American continent are contained within a moral umbrella that aligns these practices with “goodness” (Zinn, 1980). The narrative of the “self-made” country that overthrew its domineering overlord (Great Britain) and became the “greatest nation in the world” is a seductive one. It implies a strength and tenacity to overcome adversity, and an “independent” country that draws strength from within to overcome outside forces.

The construction of self-made and self-sufficient narrative is significant in the ways that it serves as both a metaphor and window into the cultural values broadly held by Americans, particularly as it relates to DV discourse. It allows for context in which the question of “why didn’t she leave” to emerge, where assumptions construct an individual who has made poor choices. This cultural thread woven into the narrative of US history, as written by the colonizing populace, is one example of how American history contributes to current conceptualizations of agency and resilience and contributes to the particular philosophical tradition of liberal humanism (Mills, 2014). Furthermore, this history and the concomitant cultural practices continue to bear a heavy impact on discourses around “family values”, “good” and “bad” families, and the causes for violence.

### **Effects on Native American communities**

While numerous historical accounts can be found, the overarching experiences of the Native American tribes and their relationship to dominant, European-American domestic violence discourse illustrates an arena of marginalized cultural values, gender discourse, and notions of violence constructed through European colonization. In this discussion, Native American refers to a very broad set of communities with various cultural understandings across tribes. While there is always risk in broad stroke analyses, an exploration of Native American histories related to relational violence illustrates their distinctions from European understandings of relational violence, and the effects that colonization has inscribed onto DV discourse within Native American communities (Teehee & Esqueda, 2007).



When the European colonizers arrived in what is now known as the United States of America, they brought with them cultural understandings that were imposed onto indigenous communities. This was housed within a set of notions that supported bringing “civilization” to “primitive peoples”, which was considered a highly ethical and honorable deed (Monk, Winslade, & Sinclair, 2008). Thus, the implementation of European legal systems, contracts of private property, and philosophical traditions of rationality and individualism were considered to be gifts to the indigenous populations.

The notion of “gender trouble” was one of many imports from the Puritan and Jesuit colonialists of this time (Butler, 2011; Bouteldja, 2017; Ferraro, 1999). Native American communities held very different understandings and power hierarchies around gender, reflecting much more equitable relationships. There are letters by Jesuit priests who worked diligently to convert indigenous families and create “Christian marriages”, where praises of “Hallelujah” were shouted when women were married and made “subservient before God” (Anderson, 1993; Ferraro, 1996). Furthermore, the British legal traditions constructed a fabric of “rights” and “freedoms” favoring male power. It is commonly accepted that this is a significant thread of influence in contemporary understandings of violence against women (Pleck, 1987; Dobash and Dobash 1979; Anderson, 1993; Ferraro, 1996).

To be clear, the values brought by European (specifically British) colonizers at the time did not explicitly accept violence. This tacit acceptance was often buried within the idea of “family values” and integrated social hierarchies in daily discursive and affective practices (Ferraro, 1996; Wetherell, 2012). Furthermore, the legal traditions developed within the emerging colonies did not replicate British law either. This discursive undercurrent was hidden

within Puritan views of marriage as a civil contract, Christian theological perspectives on the relationship between a husband and wife, and the importance of social solidarity during a time of uncertainty and danger for colonialists (Pleck, 1987; Dobash and Dobash, 1979; Ferraro, 1996). It's important to note that the colonialists were required to translate British legal traditions into the post-settlement contexts in which they found themselves. The threat of violence was an important means of maintaining safety during this time, with warring tribes, novel flora and fauna, and protection of "private property" in a land that had vastly different notions of private property (Zinn, 1980).

In this context, the emergence violence and negotiating its parameters within families was focused on preserving both the Anglo-Saxon family model and the social structures critical at the time to maintaining community and order (Collins, 1990; Ferraro, 1996). For instance, divorce was legal during this time, but not common and not due to violence. However, various vigilante groups (such as the KKK) would police families to ensure clarity around what type of power and violence was acceptable in White families (Pleck, 1987; Ferraro, 1996). Native American families were forced into these dominant European discourses and constraints around families and "family values". Whereas Native American families traditionally turned to strong community responses in the face of violence, where elders would intervene, abusers would lose honorary roles, and face exile (in a culture where exile was considered worse than death). Native American women were forced into contexts where they had to choose between "danger or destitution" (Teehee & Esqueda, 2007; Adelman, 2004). Traditionally, Native American communities did not accept such violence, and while gender roles varied, many tribes were "matrilocal and matrilineal" (Teehee & Esqueda, 2007).

While a fuller discussion on the terminology of “violence” is available in Chapter 1, the reader will notice a difference in the specific terminology used to describe violence within relationships. This is intentional. The terminology used to describe violence in families and between couples varies depending on the lens utilized by the observer. My hope is that the loftiness and contextually driven definition of the word is situated within the language used in the discursive terrain being described. Here, the term domestic violence is used to describe the dominant discourse that Native American communities engage with as they encounter law enforcement and legal institutions.

Teehee and Esqueda (2007), in exploring Native American understandings of domestic violence as compared to European Americans, discovered that Native American women had a very different understanding of the causes of violence. European American women were more inclined to understand DV as the result of internal dysfunctions of the abuser and inclusive of psychological and emotional forms of violence (as well as physical). Whereas Native American women tended to see violence as a product of a set of social contexts and systemic oppression (Teehee & Esqueda, 2007). This perspective requires a lived experience of marginalization and oppression, where the luxury of having an “internal dysfunction” is difficult to observe within their social locations.

### **Values Rendered into Action**

As mentioned above, the definition of domestic violence, and European American laws and practices were not designed to treat or protect all people equally. They were created with the intention of preserving White families, defining the parameters of acceptable male violence, and

distinguishing between “good” and “bad” families (Ferraro, 1996; Pleck, 1987). The social, legal, and religious fabric constructed around DV discourse within this period was committed to male authority, and maintained a focus on physical violence in an attempt to clearly define what was acceptable male power, rather than consideration of structural and social power. The US history of separating families of color, whether through chattel slavery with Africans or removal of Native Americans from their home, situated the notion of “good” and “bad” families firmly within racist agendas (Collins, 1990). It’s important to note that White immigrant families that were deemed “bad” families, meaning they did not fit the Anglo-Saxon mold, would have their children removed to go live with more “wholesome”, rural Anglo-Saxon families (Ferraro, 1996). In the early 19<sup>th</sup> century, the Ku Klux Klan was one of the most prominent groups policing families and removing “violent men” from their homes. Again, this effort was to preserve the male-dominated, “good” White family. It’s important to note here that the first formal state and federal laws passed in the United States at the start of the 19<sup>th</sup> century were largely meant to curb the vigilante efforts of the KKK (Ferraro, 1996).

This backdrop has allowed for a merging of domestic violence discourse with racist and anti-feminist agendas, interested in preserving “family values” as they are defined within an Anglo-Saxon context. It is not surprising then, that the state is more likely to intervene in the familial lives of marginalized communities, particularly low-income and/or people of color.

One of the effects of this genealogy is demonstrated by the over-sampling of low-income people of color experiencing DV who have found themselves in the criminal justice or shelter systems (McKinnon, 2012). Housed within the criminal model (explained in more detail later),

this has furthered neo-conservative epistemology around deviant relationships – that DV is an act committed by “criminals”, not to be found in “normal” families.

In addition to cultural and religious values that shaped family life, European colonialists brought with them discourses of liberal humanism, capitalism, and individualism (Graeber & Wengrow, 2023; Monk, Winslade & Sinclair, 2007). These philosophical perspectives prize the individual and their ability to choose and “self-motivate” towards change (Gergen, 2009). As mentioned above, this perspective supports the emergence of categories such as victim/perpetrator, “narcissism”, “red flags of abuse”, as well as questions such as “Why didn’t she leave sooner?” and “Why do women stay in abusive relationships?” Adelman (2004) describes the development of the political economy of domestic violence, where the criminal justice and legal systems “have become caretakers of criminalized forms of violence”, and how DV understandings have been shaped by the American crime-control model (p. 47). Furthermore, Adelman states these “family values” as largely shaped by the “organization of the polity”, the “arrangement of the economy”, and the “dominant familial ideology expressed normatively through state policies” (p. 58). This exploration of the various conceptualizations of DV will be further developed later in this chapter.

### **Influence of Feminism**

Narratives of the feminist movement in the United States rightfully identify Susan B. Anthony and the efforts of the women’s suffrage movement in the 19<sup>th</sup> century as a critical moment of inertia (Rosen, 2000). While the movement is composed of grassroots activism and other politically varied strategies, the naming and recognition of patriarchy and women’s

positioning within American society constructed the foundations for gender-based violence to be recognized.

The specific efforts of naming and constructing domestic violence in the consciousness of American society is largely due to the efforts of feminist activists (Schechter, 1982; Shaw & Lee, 2015; Ferraro, 1996), who made it a visible issue in society. Often, the difficult and intentional efforts of activists are recharacterized as the “natural progression” of a “civilized” society or obscured by a generalized notion of “family values”. For instance, the president of the National Association of Social Workers, Nancy Humphrey, stated in 1981 that,

“The battered woman is not a new problem. Rather, it is society’s awareness of this problem that is new. Society’s recent interest in, and sensitivity to, the issue of violence...has made it possible for the many victims to come forward and seek help” (Roberts & DSW, 1981).

This statement offers an example of the susceptibility and delicacy of the feminist narrative within a patriarchal context, where grassroot and activist efforts can be rendered invisible. This is an important consideration as the epistemological landscape of domestic violence discourse continues to transform and be influenced by the power of the patriarchal forces it often protests. This section makes visible these histories and begins with a genealogy of feminism in an effort to resist the obfuscation of these histories. These histories constitute hundreds of years in the US, so the scope is limited and focused on the development of DV discourse (Moses, 2012).

My philosophical and political position as a poststructuralist feminist is central in how these ideas are crafted together. Historical and social specificity is important to this position, and

therefore efforts are made to draw a wide frame of reference that narrows into the contemporary moment in California as it relates to domestic violence. Within this section, domestic violence will be referred to as “gender-based violence” (GBV) to honor and inhabit the epistemological underpinnings of feminist writers and contributors.

In this section, I will lay out a broad genealogy of these ideas within feminist circles, and the foundational ideas upon which the experience of violence for women is defined. The tensions located in my representation as a cis-gendered male rendering these histories is visible here, and discussed in detail in the “Chapter 1 - Introduction”. This is followed by a temporal genealogy and description of the feminist history as it relates to domestic violence.

### **Narratives and Definitions**

Feminist discourse is inherently diverse. There have been many contributors offering many perspectives across many decades, all of which direct their critique and attention to specific issues. In the broadest terms, feminism is a large umbrella term that brings critical attention to gender (hooks, 1984; Moses, 2012). Within this umbrella resides critical moments and temporal developments which are popularly referred to as “waves”. For example, first wave feminism promoted equal contract and property rights, while third wave feminism turned a critical eye back onto feminism and named the historical emphasis on middle-class White women (Brown, 1994). Like the metaphor of a wave implies, it would be difficult to identify specific moments and days in which a “wave” began, but a certain swell in attention tends to delineate the emergence of a new wave. At the time of the writing of this dissertation, this contemporary moment in feminism is generally referred to as the fourth-wave, where the use of

technology (e.g. internet and recording devices) and social media intersects with the naming of structural stratifications of traditionally marginalized groups (Munro, 2013).

Beyond the temporal categorizations of feminism exists specific perspectives within feminism with significant disparity in how they describe oppression and its potential solutions.

Evans et al. (2011) offers a helpful outline of the diversity of these positions:

- Liberal/Reformists
  - Oppression - Sexism in society.
  - Solution - Reform the system by “changing laws, politics and educational and employment arrangements” (e.g. Title IX) (p. 4).
- Radical (Enns, 1992)
  - Oppression - Patriarchy and the unequal allocation of power to men in society.
  - Solution - a complete transformation of patriarchy and advocating for “altering social institutions and relationships” (Evans et al., 2011, p. 5)
- Socialist
  - Oppression - Gender and socioeconomic class, capitalism, and interlocking oppressions
  - Solution - “Restructuring life both publicly and privately”, and shift away from capitalism (Evans et al., 2011, p. 5)
- Women of Color
  - Oppression - belief that “gender is [not] the only salient category of oppression”, and that these experiences have been rendered out by the



focus on middle-class White women (as mentioned above) (Evans et al., 2011, p. 5)

- Solution - Elimination of White privilege, respect for values and racialized people (Brown, 1994).
- Cultural
  - Oppression - a devaluation of women's relational strengths.
  - Solution - Honor women's abilities and feminization of culture (Sturdivant, 1980).

This list is not exhaustive, and only captures a general picture of a political orientation. These perspectives further intersect with philosophical stances. As described above and throughout this dissertation, the intersection of a poststructuralist approach invites a particular method in analyzing these problems. A poststructural feminist would be interested in the specificity of experience to analyze power, a curiosity of the implications of the language used to construct these categorical assumptions, and a caution in oversimplifying experience (Bouteldja, 2017). Despite the variability in attention to philosophical perspectives, oppression and its solutions, Crawford & Unger (1992) describe two unifying commitments across these perspectives: a commitment to women's experiences and the necessity for social action and change.

## **A Temporal History**

This section intends to outline some of the temporal movements of feminism in the United States to provide a context to the arrival of gender-based violence work in the 21st

century. The landscape of feminism in the US reflects particular cultural and political attitudes that are not necessarily representative of feminist perspectives elsewhere (Lee & Shaw, 2011). For instance, van den Brandt (2014) describes the complexities of secular feminist responses as they encountered the activism of Muslim women in Northern Belgium. A postcolonial Western Europe necessarily encounters political movements unique to its idiosyncratic history and political landscape (Ponzanesi & Blaagaard, 2011). Therefore, the arrival of a modernist, neoliberal, crime-control response to gender-based violence with a history forged in feminism is understood more clearly when these landscapes are exposed. This approach will provide a larger context for the epistemological frameworks in the US that couples counselors are drawing knowledge from when working with couples in violence.

### ***Grassroots Movements of the early 20th Century***

The feminist movement continued to develop and advocate for the rights of women in the beginning of the 20<sup>th</sup> century, and several factors supported this momentum. For one, victories such as passing of the nineteenth amendment of 1919 and Equal Rights Amendment in 1923, established that a consistent and organized social pressure can produce intended effects (Solomon, 1974). Secondly, as the country moved towards the civil rights era of the 50s and 60s, the tactics of resistance and activism proliferated amongst many women and allowed for swift and effective organized protests (Freeman, 1973; Rosen, 2000). Third, as the influence of the feminist movement grew in the United States, opposing groups interested in preserving the status quo of patriarchy (such as members of the Republican party, white supremacy organizations, and other conservative organizations) began to respond to and resist these movements through

various marketing and political campaigns, which functioned to solidify the resolve of the feminist endeavor (Ferraro, 1996; Rosen, 2000). These tactics varied from marketing campaigns that cast feminism as working against “family values”, to death threats and organized national coalitions.

The 1950s represent a moment in feminist history where tensions between the factions of women’s liberation and women’s rights increased (Solomon, 1974; Freeman, 1973). For instance, the Cold War era created a context where women were invited into historically male spaces to remain competitive with Russia, such as women being trained in math and sciences to compete with the launch of the first space satellite. This effort occurred alongside an effort to mobilize women to remain in the home to bolster the efforts of the anti-communist movement (Rosen, 2000).

The traction of the 50s allowed for some of the significant movements in the 60s. The discontent of American women was beginning to be named and discussed, with seminal pieces such as *The Feminine Mystique* (Friedan, 1963, 2001), *Sex and the Single Girl* (Brown, 1962, 2012), along with the creation of national organization such as NOW (National Organization of Women) (Fritz, 1979). This upswell in activity and energy included an increase in authorship, where women’s issues began to be discussed in more public and academic settings, versus the privacy of people’s homes amongst female peers.

In the 1970s, the media began to report on the feminist movement and center it further within the nation’s collective awareness (Echols, 1989; Schecter, 1982; Rosen, 2000). This attention corralled the energies of policymakers to some degree, and energized women around the nation to further their organizational processes. Hundreds of autonomous services and

projects were developed throughout the US, such as the Rape Crisis Center, battered women's shelters across the nation, and feminist health centers (Davis, 1999; Rosen, 2000). Roe v. Wade was passed, and legal systems began to take an interest in addressing women's needs (Davis, 1999, Ginsberg, 1984). For instance, in 1974, New York stopped requiring rape victims to give "independent corroboration from witnesses of the crime", and a woman who killed her rapist in self-defense was acquitted of charges (Echols, 1989; Davis, 1999; Rosen, 2000). Simultaneously, the Supreme Court passed a judgment that General Electric was not negligent in their refusal to cover pregnancy-related disability, and efforts were made to recast the 'battered woman' as a "spouse abuse problem", where the effects of patriarchy were muddled by the idea that men experience violence just as much as women (Echols, 1989; Davis, 1999).

By this point, the feminist movement had managed to name the problem of gender-based violence, construct the notion of the 'battered woman', and organize numerous support services ranging from shelters, national organizations that maintained forms of activism, and clinics that created relational contexts for women to find support (Rhode, 1991; Davis, 1999). The resistance to these ideas was slowly starting to build as the feminist movement was recognized, with the 70s marking a radical entrance into the nation's field of vision. These discussions and scholarship paved the road to the naming of 'battered women' (Rosen, 2000). Mental health programs, such as Al-Anon, began to provide support to battered women. Simultaneously, the FBI began to infiltrate women's movements, professional disciplines began to construct interventions to counteract women's "frigidity" in heterosexual relationships, and political groups formed to organize against women's movements (Cunningham & Noakes, 2008). This follows a Foucauldian analysis of power that posits that wherever power develops, a resistance to this power forms, contributing to the shaping and meaning making of power (Foucault, 1982).

Thus, as feminist movements were constructed to resist patriarchy, patriarchal forces too developed forms of resistance to counteract this new counterforce to patriarchy.

### *A Significant Shift in the 80s*

The 80s and the Reagan administration marked a significant shift in the movement where there were larger scale efforts and narratives to tamp down the women's movement (Schechter, 1982; Rhode, 1991). As Ronald Reagan took hold of the highest office in the United States, his administration and party began to construct a highly effective campaign to discredit the efforts of the feminist movement thus far, and to stymie the explosive growth. The Republican party, for the first time, went on record opposing abortion and the Equal Rights Amendment (Lilie et al., 1982; Rosen, 2000). Reagan's Deputy Assistant Secretary for Social Services Policy went on record to comment on the "vague[ness]" of the definition of domestic violence and likened it to women being upset because the "electric blanket [wasn't set] high enough in the winter" (Hartmann, 2001; Rosen, 2000). Additionally, Nancy Humphrey, a prominent social worker at the time, wrote a passage stating that "society" had come to recognize DV, inadvertently discrediting the efforts of grassroots activism (Schechter, 1982). The administration began a series of heavy cutbacks on social services and contributed to the closing of a significant number of shelters. One of the effects of this process was that feminists lost their grip on DV services, and in its stead, was flooded by psychologists and therapists who began to pull DV understanding into psychological conceptualizations, versus the conceptualizations drawn from a history of activism (Davis, 1999; Schechter, 1982; Rosen, 2000). Essentially, the "battered woman" became the "client".

By this stage, feminists in the United States (who represented 56% of women) were familiar with these austerity measures and revisionist practices (Schechter, 1982). They were equipped with the tools of resistance developed throughout the 20<sup>th</sup> century (USA Today, & Gallup, 1999) including organizing protest, sit-ins, and underground networks of shelters and activism, as well as pedagogical methods for inviting newer generations into these practices (Rose, 1989). Thus, the feminist movement did not die or dwindle, despite the attempts to stymie it. By 1982, the “battered women’s movement” represented 300 shelters, 48 state coalitions, national grassroots organization, and a “multitude of social and legal reforms” (Rhode, 1991; Schechter, 1982). This movement drove the transformation of women’s “problems” from personal to political, from isolated to shared, and from narratives of victimization to narratives of activism and resistance.

The 1990s reflect a similar trajectory, with feminist successes continuing to grow, and opposition forces strengthening their protections of patriarchy through a message of ‘family values’ (Ferraro, 1996). A crowning achievement of the feminist movement is the 1994 Violence Against Women Act (VAWA) that created funding for services for victims of rape and domestic violence. Women now had access to significantly more channels of recourse and restitution through the legal system (Biden, 1993; Ferraro, 1996; Rosen, 2000). Additionally, VAWA was significant in its recognition of gender-based crimes, versus a broader definition that often muddled the specific experiences of men’s power and violence. The following year, OJ Simpson is acquitted of the crime of killing his estranged wife and her friend, which puts the conversation of domestic violence to the forefront of the nation’s consciousness (Maxwell et al., 2000). The impeachment of Bill Clinton then served as an important point where Americans appear to begin distinguishing between sexual harassment and a sexual affair (Barnett, 2005; Rosen, 2000).

### *The 2000s and the Entrenchment of the Police-State*

The September 11<sup>th</sup> attacks on the Twin Towers in New York city in 2001 launched the US into a prolonged conflict in the Middle East, where a Republican administration was able to restructure the country's narratives regarding defense, terrorism, and national identity. However, thanks to the efforts of the feminist movement, the influence of women is much more present in the political sphere, and gains at this point reach a critical mass (Baxandall & Gordon, 2014). Nancy Pelosi became the first female House Democratic Whip in 2002. In 2003, Private Jessica Lynch is cast by US propaganda as a heroine who fought off Iraqis and was beaten and raped, which was disputed by Lynch who stated that she was "well-cared for" by the Iraqis (Kumar, 2004; Rosen, 2000). Meanwhile, the Bush administration continues severe cutbacks to women's health programs and funding, often associating these cutbacks with abortion or abortion-related services (Garcia, 2014; Baxandall & Gordon, 2001; Rosen, 2000). Significantly, the passing of the Patriot Act in the 2000s following the September 11th attacks had significant effects on US citizens' expectations of privacy and increased the powers of law enforcement significantly (Chidi, 2001). This increase follows a continued push from the 80s to increase law enforcement powers, with the Patriot Act usefully leveraging the fear of US citizens at the time.

The latter half of the 20<sup>th</sup> century and certainly the 21<sup>st</sup> century saw a surge of recognition of women of color, who had historically been excluded or not considered in many of the movement's endeavors (Garcia, 2014). The 2000s hold many successes for women of color, such as Condoleezza Rice's rise to become the first female African American Secretary of State in 2005, and Shirin Ebadi (a Muslim woman) and Wangari Maathai (an African woman) win the

Nobel peace prize in 2003 and 2004, respectively. However, these were not unilaterally hailed as successes by feminists. While women gaining access to these historically male positions of power, there was concern about how women's participation in war and global violence through the appendage of the US military was not exactly the type of movement feminists had hoped for (Lee & Shaw, 2011). Further, the "gendering of war" continued to have significant and unequal repercussions on women, where war deaths and sexual assault rates affect women at a much higher percentage than men (Lee et al., 2011, p. 554).

Feminist efforts in the latter half of the 20th and 21st century were "not just about gender" (Lee & Shaw, 2011; Disch, 2009, p. 31). Significant contributions were made to expand a narrow definition of experience through gender, which only rendered the experiences of middle-class White women as meaningful. What followed was necessary discussions regarding the intersections of gender with racism, colonialism, classism, ableism, and queer communities expanded the conversation (Cabaniss, 2007; Collins, 2005; Bouteldja, 2017; McIntosh, 2019; Mohanty, 1991). These discussions are critical to the formation of the critiques located throughout this chapter, and provide the foundation for a critical examination of the domestic violence landscape. This is an ongoing effort to continue to include marginalized communities who are still invisible within understandings of domestic violence. One such example is the intersection of disability and gender-based violence as it relates to domestic violence (Smith, 2019).

### ***The 2010s to early 2020s***

As the first female presidential candidate marked a massive achievement for the feminist movement, the election of Donald Trump was both a sense of defeat to this step, and also a



reminder of men's power that corralled women into a sense of urgency and activism. The protests that followed the election of Trump by women and feminist allies, the “#MeToo” movement, where sexual assault became a prominent and open topic, and the resulting charges levied against many men who had a long history of sexual assault, cemented that the feminist movement is continuing forward regardless (Kearl, 2018). GBV services have continued this trajectory since the 80s of moving into clinical and neoliberal contexts where “treatment” is offered, and services can be stripped of their socio-political motives. However, the landscape of possibilities for women seeking services is much more vast and presents with more diversity in theoretical models. Access to services that are expansive provides context-specific approaches that can address cultural and linguistic needs and allow for treatment modalities that fit the client's preferences, all of which can reduce barriers to treatment (Marrs, 2023; O'Neil, 2008).

This contemporary moment harbors an urgency to consider race and the experiences of people of color in an effort to counter the rhetoric produced by the Trump administration. Conversations about colonialism and immigration have entered mainstream discussions and the collective conscious of the American populace, and applications of de-coloniality are actively applied within community work (Bernhard & O'Neill, 2021; Reynolds, 2020). Houria Bouteldja (2017) describes the practices of a revolutionary de-colonial feminism as efforts to recognize the influence of immigration, war, neoliberalism, and North/South relations as significant contributors to violence, and the ways immigrant men might perpetrate violence on immigrant women. This is in contrast to the modernist assumptions of experience described in Chapter 1 - Introduction, and outlined in the following sections. These ideas are beginning to infiltrate the GBV treatment contexts, and their influence on the work of couples' counselors is embedded in the question of this research project.

Again, it's important to note that these ideas have been developing in the US for some time. *Incite!* is an anthology of essays that focus on the experiences of women of color. It expands feminist conversations by addressing assumptions housed within progressive feminist thought. For instance, Sahota (2006) shares how Indian and sub-Asian immigrants in the US often arrive with a rich history of activism and protest, countering the assumption that women come to the US and "become feminist". To what degree these ideas are being implemented in couples counseling is explored here.

In 2014, the immigration courts determined that a person fleeing "severe domestic violence may be granted asylum" if certain criteria are met. While rigid and complex, it was still heralded as a victory for immigrant women internationally (Preston, 2014). However, the rhetoric and immigration policies of the Trump administration, along with the separation of refugee families who seek asylum at the border, has created a highly turbulent context that, at minimum, interferes with the wellness of families and their insulation from stress. It is still unknown what the longer term effects of these policies may be. One example that highlights the bizarre yet historically familiar is the involvement of Jeff Sessions in the case of Aminta Cifuentes, a victim of severe physical and sexual abuse. In this landmark case the US courts granted her asylum due to years of abuse by her partner and negligence by the Guatemalan officials to address the violence. However, Jeff Sessions, the Attorney General of the US, reopened the case and has assigned jurisdiction to himself, with the explicit hopes of deporting this woman (Fonda & Musalo, 2018). This signaling of policy shift, and explicit attacks on immigrant families and people of color has dramatically shifted the landscape of hope and possibility (Preston, 2014).

California, USA harbors a culturally and linguistically diverse population whose needs and perspectives on violence vary greatly (U.S. Census, 2023). For instance, Spanish-speaking individuals constitute a large percentage of those needing and accessing services addressing GBV, and these services have not been fully equipped to serve this population until recently (Marr, 2023). Therefore, the application of linguistically diverse, de-colonial and context-specific services are critical to helping these communities. And, given that much writing and research has been conducted regarding these communities (as evidenced in the above section), I am interested to what degree post-structuralist MFTs are drawing on these ideas when encountering violence with couples they work with.

### **Poststructuralist Feminism and Gender-based Violence**

It should be evident at this point that the feminist movements are not unilateral nor linear in their approaches. Violence against women is an issue addressed from multiple directions and moments. There is no correct answer or perspective - any analysis will necessarily focus on certain elements and lose others. This section aims to conclude the discussion of feminism with culminating thoughts on feminisms intersection with a poststructuralist analysis. I conclude this section with a description of the politics of de-colonialism.

As described above, depending on the philosophical and political perspectives lends a different analysis of the problem and the solution. For instance, liberal feminists tend to support law enforcement responses to domestic violence whereas women of color feminists tend to support community accountability modalities that sidestep bureaucratic and judicial institutions (Chew, 2018). However, there are shared perspectives that have crystallized over many decades of discussion, which are gathered here and presented within a poststructuralist framework. This

is primarily done given that all the participants of this study indicated an alignment with poststructuralist perspectives.

Shaw and Lee (2001) put forward four key points that they state must be present in any discussion attempting to address the issue of violence against women:

1. Violence against women must be understood within a socio-political context, where the socially constructed notions of gender are considered.
2. Violence is a power issue that is connected to masculine dominance and is reflective of the structural and institutional patriarchy in which interpersonal relationships and political activities occur.
3. Violence is eroticized and often connected to sexuality, and gendered sexual violence is a natural result.
4. Violence against women needs to be understood by its connection to the discourses that normalize violence against women.

These perspectives are cast into a prism of the existing systems, where various elements become more visible and relevant depending on the contexts and systems they are located in. What is important to consider about this list is that it is in response to not only the threads of patriarchy that ignore men's violence as the cause of violence, but also the (often seductive) influence of psychology (Amundson et al., 2023). Within psychological discourse, the answers to problems are often found within the individual and speak to some sort of internal pathology. Given the history of women's behavior often being named as "abnormal" or cast as a form of illness as it related to acceptable men's behavior, maintaining a connection to these tenets forces a particular ethic where a deliberate connection must be made to a deliberate practice of

masculine dominance (McKinley, 2011; Spitzack, 1990). A poststructuralist perspective may be interested in both the influence of dominant discourses and social structures of power and its interplay on personal experience and relational habits.

An important mechanism in Western services addressing GBV is the gender-specific treatment tracks that each individual in a couple is launched into once violence is identified. Multiple organizations and Judicial systems, such as the Department of Justice, law enforcement agencies, and the American Bar Association do not recommend couples counseling when violence is present. Additionally, perpetrators are understood as excellent manipulators who can easily “adopt a positive public persona” (Bancroft & Silverman, 2002; Holtzworth-Munroe, A. 2001). These conditions for treatment are influenced by the work of feminists and placed into practice by State policymakers. For instance, California Penal Code Section 1203.097 clearly outlines the requirement that batterer’s intervention programs “exclude... any couple counseling or family counseling, or both.” Thus, men’s experiences are put into question in both a therapeutic and legal context due to the patriarchal framework constructed by feminist contributors to DV discourse that connects men’s motives to a violent inclination towards their communities. A poststructural feminism explores the ways that patriarchy victimizes both men and women in different ways, looking at the relationship between an individual and discourse within context.

A contemporary desire to include de-colonial perspectives has broadened the understanding of violence beyond just gendered distinctions. For instance, understanding the experiences of indigenous women requires that ongoing discrimination and marginalization, and the effects of globalism and neoliberalism, be considered when discussing gender-based violence

(Bouteldja, 2017; Shaw & Lee, 2001). This creates an important distinction in how feminist organizations and services approach the concept of “healing” for survivors. Whereas therapy or psychological traditions often invite clients to reflect on intrapersonal experiences and emotions as a way to address “trauma”, some feminist advocates focus on a woman understanding her private experiences as connected to broader, socio-political threads. A woman with a “re-authored” story of men’s violence would then take a more activist stance form a critique of patriarchy, and support of other women in need (Ferraro, 1994; Lee, 1997). Bouteldja (2017) states that a decolonial feminist approach to GBV must “take into account [the] masculine, indigenous ‘gender trouble’ because the oppression of men reflects directly on us”. Furthermore, this form of decolonial feminist acknowledges the many societal reasons that women may not be interested in “addressing violence” or using legal means of restitution, so as to not replicate systems of oppression.

“To the question ‘why didn’t you press charges,’ the black rape victim answers the interviewer, who is himself black: ‘I never pressed charges because I wanted to protect you. I couldn’t bear to see another black man in jail.’” (Bouteldja, 2017)

Ultimately, feminist contributions through scholarship, organizing and lobbying policymakers and others in power, resulted in the creation of services that address women’s needs and support their navigating and resisting men’s violence. The work of feminist activists ensured that women leaving violent relationships had some access to material and emotional resources. Unintentionally, and in some ways predictably, these services and resources were subsumed by the patriarchal forces (such as law enforcement and policymakers, discussed later in this chapter) these feminists were resisting, and began to dictate the practices that were

utilized. For instance, the main contributors to DV policy at the national level are law enforcement groups and policymakers/lawyers. Regardless, GBV is an issue that is recognized and addressed in most corridors of US society.

### **US Legal System and Law Enforcement**

The recognition of domestic violence as an issue by judicial and law enforcement branches of the United States government in 1981 represented a victory for couples and families affected by domestic violence. Along with recognition came various levels of intervention and advocacy for families in the form of immediate access to safety protocols via police intervention and domestic violence arrest policies, restraining orders, rights granted to survivors of domestic violence through financial restitution, and various other means. This section outlines the approaches and perspectives of these systems in the United States and continues to develop the epistemological backdrop from which couples' counselors draw knowledge from when making decisions with couples in violence.

Prior to the 1970s, there was no consistent approach on the handling of domestic violence calls. As mentioned previously, vigilante community efforts to hold abusers to account were the primary way that private experiences of violence in intimate relationships were brought to light. This ranged from the efforts of local religious leaders/communities to the Ku Klux Klan to maintain the "good" White family, to feminist activists and informal shelter networks for battered women (Ferraro, 1996). Needless to say, the approaches to domestic violence were highly varied and philosophically disparate (Schechter, 1982).

During the Reagan administration (1981-1989), there was a significant shift in understanding domestic violence as an issue of patriarchy and male-dominance, to viewing domestic violence as an issue of criminality (Ferraro, 1996; Schechter, 1982). Whereas feminist activists worked to name domestic violence as a product of gender power imbalance and services being housed within “liberatory practices”, the crime control model introduced during the Reagan administration shifted the cause of domestic violence into an epistemology of criminality, or the “crime control model” (Ferraro, 1996; Davis, 1999). Thus, “normal” citizens did not commit the heinous crime of domestic violence, and those who did must be dealt with through the arm of the judicial and law enforcement agencies (Ferraro, 1996; Davis, 1999).

A massive shift in funding followed the rhetoric put forward by the Reagan administration. Social services were severely cut, welfare programs slashed and access to “liberatory paths” that constrain the ability to leave (such as access to finances, transportation, childcare, shelter, etc.) were reduced (Ferraro, 1996; Adelman, 2004). Law enforcement and judicial systems received huge boosts in funding in an effort to curb crime, with domestic violence being one of them. At the time, this shift in increasing police and legal attention to violence, particularly men’s violence against women, was celebrated as a major success for feminists (Schechter, 1982; Ferraro, 1996). The emerging protocols for police officers responding to DV calls meant an immediate response to DV that would (hopefully) give access to safety and legal justice. Historically, domestic violence calls were among the most dangerous and unpredictable classes of calls for law enforcement officers. There was no clear protocol for how to respond. As a result, there was a push to organize and develop procedures that would protect both officers and victims.



One significant shift came out of the Thurman vs Torrington case of 1984, where a woman was beaten in front of officers and left paralyzed (Buel, 1988). The resulting promotion of protocols helped ensure that police officers engage in due diligence to maintain safety in the home and reduce legal liability. One such mechanism was mandated removal of the perceived perpetrator (Ferraro, 1996) (unclear). In 1984, the US Attorney General stated that “Family violence should be recognized and responded to as a criminal activity” (Ferraro, 1996).

One unintended effect of this policy shift was the power in shaping DV discourse that law enforcement officials (LEO) and policymakers took on. While feminists at the time celebrated these changes, the services shifted from social workers and activists creating contexts for accountability, liberatory practices, and community building, to court hearings, restraining orders, and mandated gendered group therapies. Another difficulty has been in how law enforcement makes assessments during these calls, and the relational skills required to address a couple engaging in violence. Given that law enforcement is a largely male-dominated institution, with histories rooted in patriarchy, classism, and racism, there are many areas of tension that LEO must navigate in order to provide services (Lila, Gracia & Garcia, 2013).

Deepening the criminal control model foothold in DV services was a 1970s study indicating that arrests were a “better deterrent than mediation or separation: (Ferraro, 1996). By 1985, 47 major police departments had adopted mandatory or presumptive arrest policies. This research study pushed an agenda that moved away from providing services, into a DV economy that supported a bloated criminal justice field, including law enforcement, judicial systems, and the quickly expanding prison-industrial complex. Six subsequent studies were unable to replicate these results (Ferraro, 1996).

The period between the 1970s and the 2000s reflects an expansion of law enforcement and policy influence in constructing definitions of domestic violence, and the services that address them (Ferraro, 2006). This was a celebrated achievement by feminist activists at the time (particularly liberal feminists), as victims of DV had immediate recourse and access to safety, as well as a system that created documentation that would support a legal process (Schechter, 1982). Additionally, LEO became and continues to be the link to other services. This celebration by feminists was limited however, as some of their intentions were thwarted by a larger social shift towards increasing law enforcement power (Adelman, 2004). Whereas shelter and police involvement is a necessary feature given the volatility of DV, they became the primary thrust and central features of DV services. While research conducted by law enforcement (the Police Foundation and National Institute of Justice) shows that the crime control model decreases immediate physical danger to women, it does little to create a social context for those escaping family violence or provide access to material and emotional resources for surviving once outside the DV context (Adelman, 2004; Sherman & Beck, 1984). Madelaine Adelman, an ethnographer, has produced a breadth of research regarding the relationship between broader policies and DV. She indicates the problems of DV discourse as being intertwined with neo-conservative, liberal humanist perspectives, where “policing and arrest, prosecution and punishment, and mandated treatment of individual men” as criminals continues as the primary thrust of DV services in the US (p. 47).

Legislators in the US (such as congressmen, senators, and Attorney Generals), and those who enforce their policies, are often steeped within the European traditions of capitalism, liberal humanism, and a culturally Anglo-Saxon and individualistic perspective of familial relationships –philosophical frameworks that have greatly shaped DV discourse (Adelman, 2004; Creed,

2000; Kilty & Vidal de Haymes, 2012). Thus, the attention to the marketplace and the economy is a filter through which all DV services are considered. For instance, policymakers will simultaneously proclaim that they are “against family violence”, yet impose austerity measures that cut into funding, as exemplified during the Reagan administration (Creed, 2000; Schechter, 1982). This creates a context where survivors of violence need to choose between “danger and destitution” (Edin & Lien, 1997, p.158).

As discussed, policy approaches to addressing domestic violence are important to protecting families and creating services that can intervene when there’s violence and support families as they recover from these incidents. And simultaneously, the structure of the economic polity in the US makes it incredibly difficult for people trying to escape DV due to the threat of poverty and bureaucracy that awaits at many turns. This reflects the history of policy and policy makers in the US that are rooted within approaches that can inadvertently reconstruct the very structures that promote family violence.

### **Mental Health and Psychological Services**

The mental health services that have developed in the United States by mental health professionals (i.e. psychologists, social workers, MFTs) in an attempt to address domestic violence represent a hodgepodge of philosophies, theoretical approaches, and conflicting lenses through which violence and abuse are viewed. In this section, domestic violence is referred to as “intimate partner violence” (IPV), terminology that reflects the existence of violence between two individuals and lessens the political stance taken. It establishes a specific category of violence within romantic relationships that become afflicted by aberrant acts.

While IPV is considered a criminal act by the US legal system, the efforts for prevention and rehabilitation are often housed within mental health programs (AAMFT, 2022). Whether an emergency shelter, court-mandated group, or out-patient program, IPV is considered a treatable mental health abnormality that can be corrected through the application of appropriate psychological interventions (Dutton & Corvo, 2006). This research project is interested in exploring how mental health providers may be in-step with feminist activists in the dance to address IPV, and bring into focus the different philosophical and epistemological arenas when it comes to conceptualizing and addressing violence.

### **Family Therapy Genealogy**

This section aims to provide a genealogy of the development of the Marriage and Family Therapy (MFT) field as it relates to IPV understandings, and some of the philosophical and political forces that shape therapy theory and practice. It's important to acknowledge that while the MFT profession has a distinct scope of practice and legal framework, there is a lot of crossovers in what a therapist is able to do with other professions, such as social workers and psychologists.

Family therapy became a significant feature in the 1950s and 60s as psychodynamic approaches to counseling intersected with a systemic analysis of problems located beyond just individuals (Gehart & Tuttle, 2003; Rasheed et al., 2009). MFT theorists began to develop particular models to engage with family problems, and spawned training centers and academic institutions that reflected the philosophical values of their cultural locations. These theories often challenged classic psychoanalytic models of treating individuals, where issues are "intrapsychic" and within the confines of rigid personality typologies (Rasheed et al., 2009). DV discourse was

pulled from feminist discourse into this vortex of counseling theory and practice and was transmuted into an experience that needed to be assessed and treated.

The philosophical shifts that have shaped theoretical models are broadly conceptualized by Rasheed, Rasheed & Marley as a move from conceptualizing the “self” as ‘autonomous’, to ‘relational’, to the ‘narrative’ self (2009). As these models evolved, so did the explanations of the occurrence of violence in intimate relationships. Examples of the ‘autonomous’ theories include psychoanalysis, Rogerian therapy, and Gestalt therapy, where a primary assumption is that individuals have the free-will and choice in their lives, and by targeting intra-psychoic experiences, clients can better align with an authentic, “true” self (Ackerman, 1958; Gehart, 2003; Rasheed, Rasheed & Marley, 2009; Hanna, 2018). Thus, violence became a product of unexpressed subconscious forces that needed to be resolved through intrapsychic analysis.

The relational self came into focus as the MFT field began to incorporate cybernetics and communication models that highlighted the relational influences in our lives, and the “family of origin” idea that problems are located within family systems, rather than within individuals (Gehart, 2003; Rasheed, Rasheed & Marley, 2009; Hanna, 2018). Theories housed in this model include structural family therapy and Bowenian family therapy. Here, violence is a product of problematic relationships within family systems, and patterns of behavior that are passed between family members.

Finally, the narrative self, as an iteration of its previous models, captures the ideas of the previous generations but focuses on language as the central feature in which problems are constructed and materialized in our lives. Thus, the “self” is constituted by a discursive landscape that pulls in relationship and negotiation with dominant, cultural ideas (White et al.,

2009; Gehart, 2003; Gergen, 2007; Rasheed, Rasheed & Marley, 2009). Prominent theoretical models in this domain include narrative therapy, solution-focused therapy, and collaborative therapy. It is in this iteration in which violence was captured within a political context and presumed to be culturally located and a matter of men “over-conforming” to patriarchal understandings (Jenkins, 2009).

As I will describe in more detail in the next chapter, all the participants in this study positioned themselves as aligned with poststructuralist, narrative therapy ideas. However, the theoretical world of couples counseling is much broader. Emotional-Focused Therapy and John Gottman’s work are prominently featured, as they represent theoretical models and research focused on working with couples (Gottman & Gottman, 2017; Gottman & Tabares, 2018; Greenman & Johnson, 2013; Johnson et al., 2014). Other theoretical contexts drawn on are Cognitive-behavioral Therapy (CBT) and Dialectic-behavioral Therapy (DBT), both of which are “evidence-based” theoretical models housed within a modernist approach to counseling (Gehart & Tuttle, 2003). Where DV work intersects with other “problems” influences the theoretical modality utilized. For instance, individuals working with substance abuse treatment contexts identify a dominance of CBT and DBT (Easton et al., 2007). Details on participants and their theoretical locations is provided in more detail in Chapter 3.

These categories are not clean and orderly boxes, as some theories capture elements of both notions of self. For instance, a Bowenian approach to therapy is located within a psychoanalytic and relational context, as it considers the influence of transgenerational knowledge and anxiety across family generations, and the impact that has on the ability for an individual to stand in emotional independence (i.e. ‘differentiated’) from other family members

(Larson & Wilson, 1998; Nichols & Schwartz, 2001). What is important to consider is that these approaches have developed parallel to conceptualizations of IPV across other stakeholders (e.g. feminist activists, legal/judicial systems, law enforcement, etc.), with various degrees of collaboration and integration across contexts.

As mentioned, the treatment model for IPV changes drastically depending on the therapist and their theoretical location. A therapist who is entrenched in the conceptualization of the ‘autonomous self’ may be inclined to offer coping strategies and other ways to manage intrapsychic feelings of depression or anxiety, whereas a therapist entrenched in understandings of the ‘narrative self’ may be interested in deconstructing the macrosystems that allow for abuse to happen, and the ways that the “personal is political” (White et al., 1990).

The intention here is to shine a light on the epistemological backdrop of MFT theory and practice and capture the variety of approaches to IPV within the field. By doing so, both the genealogy of services can be better contextualized and the reasoning for particular practices more clearly articulated.

### **Mental Health Approach to IPV**

The diversity of theoretical and practical conceptualizations of IPV and interventions to address it mirrors the seemingly centralized but in fact disorganized considerations of IPV in US approaches to treatment. While any broad categorizations of counseling practices run the risk of diluting the richness and specificity of a phenomena, this section aims to make some distinctions within the MFT field by illustrating the epistemological landscape and the zealots who inhabit this zone. This landscape will be described as three conceptual territories of influence: the

‘psychology of abuse’, gender-based treatment, and burgeoning post-structural discursive practices.

### ***Psychology of Abuse***

As mentioned above, American mental health practices are shaped by Western philosophies and psychology, namely modernism, liberal humanism, and psychoanalysis (Monk, Winslade, Sinclair, 2007). Thus, psychological conceptualizations often consider violence and abuse as the result of intrapsychic disorders and aberrantly expressed emotions within relationships. As psychoanalysis drifted out of the mainstream of psychotherapeutic treatment models, the newer theories that attended to larger systems affecting individuals considered abuse as a “symptom of context” (Dutton, 2001). Systemic understandings were developed as an additional layer to understanding the individual. This is in contrast to later conceptualizations where there is no ‘individual’, and rather a self that exists and creates meaning solely within relationships (Gergen, 2009).

This systemic approach combined with the practices of modernism influenced researchers and practitioners to develop a host of categories which included the “etiology of violence”. Dutton & Corvo (2006) describe the categories that constitute the violence as neurological (Dutton, 2001; Meloy, 1992; Schore, 2003), psychological (Arias et al, 2002; Dutton, 2002; Dutton & Holtzworth-Munroe, 1997a,b; Dutton, Saunders, Starzomski, & Bartholomew, 1994; Dutton & Starzomski, 1993; Hamberger & Hastings, 1991; Holtzworth-Munroe, Bates, Smutzler, & Sandin, 1997; Holtzworth-Munroe, Stuart, & Hutchinson, 1997), and trans-generational (Arias et al., 2002). The neurological view highlights the “fight or flight” response.



With emerging research on trauma and its effects on the brain this gets expanded to include the “fight, flight, freeze, and appease” characteristics (Siegel, 2006; Zimmerman & Beaudoin, 2015). Contemporary developments in neuroscience are discussed later in this chapter. The psychological view includes personality disorders and other DSM diagnostic criteria. The categorization of personality traits and pathology correlates victimization of violence with a likelihood of “depression, suicidal thoughts, lowered self-esteem, alcohol and substance abuse, and PTSD” (Arias et al., 2002; Dutton, 2002).

While feminist activists brought IPV to the forefront of American consciousness, and legal systems constructed the legal parameters of violence, mental health practitioners and those working in the field of psychology were tasked by policymakers with the intervention and treatment of IPV. The epistemological constructions of violence combined with the responsibility for treatment resulted in practices that have had direct effects on those seeking it. For example, clients seeking therapy for violence will likely be exposed to “psychoeducational” models that provide the language for their experiences (Augusta-Scott, 2002).

### ***Gender-based treatment***

Given, as described in this chapter, that the definitions of IPV have been developed by a constellation of stakeholders, the treatment models available to practitioners are a mishmash of feminist values, criminology, and psychology, bound by a critical focus on liability and safety. The modernist attention to typologies created by both psychological and legal paradigms has created a rigid gendered structure that prioritizes an abuser/victim binary. The Duluth model that posits “patriarchy as the sole cause of domestic violence”, is an example of this. Dutton & Corvo protest the dominance of this idea and the ways that the Duluth model has shaped how

practitioners assess for and understand violence in relationships (2006). For instance, psychoeducational treatment models which demand that men be held “accountable” to their violence with the primary objective for those working with women being “safety”, leave little room for men to share experiences that may reside outside of these distinctions.

Gender-based treatment approaches that emerge from cultural discourses and institutions are shaped by the notion of patriarchy as a primary contributing factor. Educating men to this reality thus becomes central to the therapeutic relationship (Almeida & Durkin, 1999). This is complicated by male-offenders “likelihood” to minimize the violence towards their partner, and couples’ inclination to not be completely honest about the degree of gender inequality and violence in their relationship. Thus, couples often couch incidents of violence in neutral terms like “communication problems” (Almeida & Durkin, 1999; Dutton & Corvo, 2006; Augusta-Scott, 2002). The practitioner, working through a lens of gendered violence, is tasked with the didactic duty of exposing them to the realities of inequity and patriarchy. This task is often termed accountability, which oftentimes means the “ensued link between the criminal justice system, the shelter system, and the system offering intervention to the batterer” (Almeida & Durkin, 1999; Jenkins, 2009).

When men are assumed to be lying about the level of abuse and women are at risk for injury or death by partners who are “fully and solely responsible” for their behavior, gender-based treatment is the logical option. If a couple seeking therapy indicates the presence of violence in their relationship, it is contraindicated by state laws and “standard of care” practices set forth by national therapy associations to provide counseling. In other words, couples counseling reifies the power structures in relationships that allow for violence. The idea is that couples counseling will create a context where the victim is blamed and the batterer's behaviors

excused (Mayer, 2017; California Penal Code Section 1203.097). The primary concern with this approach is that it does not account for situational violence, where violence might occur in an otherwise unusual manner in response to a highly stressful circumstance. This stands in contrast to the dominant descriptions of domestic violence as intimate terrorism, where an ongoing pattern of power and control is exerted to dominate and abuse (Creek & Dunn, 2011). This influential framework comes primarily from the Duluth model, where researchers interviewed women in shelters and captured primarily the practices of intimate terrorism (Gelles, 1988; Johnson, 1995). However, there is research that indicates that the majority of violence falls outside of these extreme zones of violence and is not limited to solely men perpetrating violence against women (Ehrensaft, Moffitt, & Caspi, 2004; Laroche, 2005; Pimlott-Kubiak & Cortina, 2003).

The treatment options in gender-based treatment models incorporate a mixture of individual and group counseling that occur in gender-specific groups (Dutton & Corvo, 2006). It is important in this model that perpetrators and victims do not engage with each other until treatment ends and perpetrators have successfully “graduated” from mandated counseling. Male batterers are “frequently mandated” to participate in treatment programs, where they are exposed to psychoeducational models, trauma-informed interventions, and the accountability model (Ferraro, 1999; Arias et al., 2002; Augusta-Scott & Dankworth, 2002; Dutton & Corvo, 2006). Women are given individual counseling and exposed to psychoeducational materials from the Duluth model on the “cycle of violence”, the “power and control wheel”, and the “red flags” of an abusive relationship. This logic of the likelihood of increased violence, a preference for safety via terminating the relationship, and therapists accidentally “colluding” with perpetrators, supports the legal prohibition of couples counseling (Mayer, 2017). Despite studies indicating

that some women prefer to maintain the relationship but without violence and that couples need a “safe place to talk about past violent interactions”, few options remain for couples who want to address violence in their relationships (Stith et al., 2011; Mayer, 2017). This is compounded with the fact that couples want help more immediately than waiting for long psycho-educational programs to be completed. In the current system, couples counseling services are slowed down significantly by bureaucratic needs imposed by psychoeducational and individualized, gender-specific treatment modalities.

### ***Couples Counseling***

The role of couples counseling in the treatment of IPV is complicated. There are stark differences between the legal parameters and ethical considerations. It’s important to mention that the relationship MFTs have to these ideas and its impact on their decisions is a central question in this research study. This study discovered some of the ways in which these complexities are taught in training contexts, which is covered in further detail in the analysis chapter.

As is in the name *Marriage and Family Therapy*, couples’ counseling has been a central interest of therapy practice. This history dates beyond the naming of MFTs and into the realm of psychodynamic approaches (Nielsen, 2016; Pinsof, 1995; Rasheed et al., 2009; Tansey & Burke, 1989).<sup>7</sup> There have been a variety of theoretical assumptions posited, all with significant variations on how to identify central issues in the relationship and to begin a course of treatment

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<sup>7</sup> Another name that is used interchangeably with MFT is CFT (Couple and Family Therapy), due to the conservative and institutionalized nature of the word “marriage”.

(Weeks et al., 2005). At the time of this writing, couples counseling approaches in MFT are dominated by John Gottman's research (Friend et al., 2011; Gottman & Gottman, 2017; Gottman & Tabares, 2017), Emotionally-focused Therapy (Greenman & Johnson, 2013; Johnson et al., 2014; Makinen & Johnson, 2006) and integrative approaches (Dickerson, 2010; Monk & Zamani, 2018; Nielsen, 2016; Pinsof, 1995). While much research has been conducted on the efficacy of these treatment models, this is not a central concern of this dissertation. Rather, my intention in this section is to expose the disparity in existing treatment models for IPV and couples counseling and the broader political territory in which they exist.

The law provides some clarity around engaging in couples counseling when IPV is present. More specifically, if couples have come into contact with the legal system and are engaging in mandated treatment. For example, if a member of a couple is enrolled in a batterer program, it is illegal to engage in couples counseling (Holtzworth-Munroe, 2001). According to California Penal Code Section 1203.097 "(c)(1)(G) A requirement that [batterer's intervention programs] excludes any couple counseling or family counseling, or both. (c)(3)(D) No victim shall be compelled to participate in a program or counseling, and no program may condition a defendant's enrollment on participation by the victim."

While these concerns historically were held by feminists, their contemporary promoters are law enforcement agencies and court systems. These concerns describe ways that therapists often "unwittingly collude" with the perpetrator and exacerbate harm and violence against victims (Phyllis & Golden, 1994; Wetendorf, 2002). Namely, couple's counseling is prohibited by the Department of Justice, and not recommended by the American Bar Association and multiple national coalitions that operate closely with these systems (American Bar Association, n.d.; NCADV, 2018). The American Association for Marriage and Family Therapy indicates that

working with couples in IPV is contraindicated due to domestic violence being designated as a “crime” (AAMFT, 2022). Their website directs those affected by violence to call law enforcement.

Despite the encouragement to call law enforcement on their website, AAMFT’s legal consultation team (which is available to all members) indicated a more nuanced response. I spoke with James Punelli, AAMFT’s associate counsel, to get an additional perspective. I asked Mr. Punelli if I was able to work with a couple experiencing violence or not. His response indicated a much more nuanced approach, indicating that it “depends on the specifics and context of the case” and that it “depends on specific facts” (J. Punelli, personal communication, March 8th, 2023). He went on to indicate that MFTs should be “cautious in proceeding with clients when there’s credible allegations of DV”, and that any work conducted must be housed in contemporary research and within the standards of “what a reasonable therapists would have done” while working within their scope of practice (J. Punelli, personal communication, March 8th, 2023). The primary legal concern an MFT would hold is a malpractice lawsuit for negligent practice (beyond ethical concerns of causing harm to a client).

Law enforcement, court systems, national coalitions, and large MFT political institutions (e.g., AAMFT and CAMFT) have created an ouroboros of knowledge to delegitimize the use of couples counseling in IPV. In other words, the construction of IPV as a category of criminality within the law draws on ideas from MFT coalitions and political think tanks that state it is contraindicated due to the criminality of IPV. This does not fully reflect the field of research, where couples counseling to treat IPV can be helpful if proceeded with caution and intention (Babcock et al., 2004; Bradley et al., 2011; Friend et al., 2011; Harris, 2006; Holstzworth-Munroe & Stuart, 1994; Stith et al., 2002, Stith et al., 2003, Stith et al., 2004, Stith et al., 2011).

If you are a bit confused at this juncture, then you have settled into the source of my research question. Couples' counselors are confronted with the challenge of considering conflicting research regarding *how and if* to work with couples in violence, and a legal framework that nimbly moves from very gray to highly suggestive. When I posed this challenge to the AAMFT lawyer, his response was "Some therapists have a hard rule that they don't. Some will do it but that's a minority" (J. Punelli, personal communication, March 8th, 2023). The specificity of this statement is explored in this research.

### ***Contemporary and Alternative Approaches***

While there are pioneering programs (often within male batterer programs) that offer alternatives to the dominant gender-based treatment models (primarily the Duluth model), they are few and far between due to a lack of funding for programs that do not adhere to national standards (Dutton & Corvo, 2006; Augusta-Scott & Dankworth, 2002; Mayer, 2017). As the MFT field shifted towards the narrative, discursive understanding of the self in the late 20th century and incorporated a consideration of the political in personal experiences, a critique of the limitations of current models emerged (Monk & Zamani, 2019). This looked beyond a gendered, patriarchal social theory of violence, and incorporated ideas of anti-colonialism, post-structuralism, and neoliberalism as influential forces.

Augusta-Scott & Dankworth (2002) suggest some alternatives to the primary focus (i.e., accountability, attention to safety, and use of psychoeducation) of men's groups. For instance, rather than assuming that men are interested in maintaining power and control over women, assume instead that they "prefer" healthy, happy, connected relationships, and that it is gender habits that create the barriers. White (2011) offers an expanded scope of couples counseling and

addresses the problem with the “narrowing” of relational forms caused by pathologizing typologies and notions of problem-bound fixed identities of manhood. White notes that these typologies can be supported by both societal and professional cultures. Jenkins (2011) describes practices that allow individuals to envision preferred futures to the same degree as they examine past experiences that contributed to problem situations and brought them to counseling in the first place. Furthermore, rather than view violence as an aberrant act, violence can be considered ‘over-conforming’ to patriarchal norms men have learned throughout their lifetimes (Jenkins, 2009) as mentioned above.

Couples counseling draws its influence from multiple epistemological contexts, such as family therapy (Rasheed et al., 2009), psychodynamic theory (Nielsen, 2016) or narrative theories (White, 2009). While this list is not exhaustive, the point is that it extends far beyond DV epistemology. Within the couples counseling (also referred to as ‘conjoint therapy’) approaches are multiple models to work with couples in violence (Barner & Carney, 2011; Hamel, 2005; Jenkins, 1990; Karakurt et al., 2016; Knudson-Martin et al., 2015; Taft et al., 2016; Stith & McCollum, 2011; Vall et al., 2018). To what degree these models are drawn upon when encountering couples in violence is a central question of this research project.

This expansion of therapeutic practices beyond modernist, structural envisioning of relationships, to a post-structural, postmodern stance that sees the terrain in which violence occurs as fluid and uncertain, allows for a practice that rejects manualized treatment models and embraces collaborative meaning-making relationships. However, poststructural approaches are not necessarily the only manner of approaching the work. Stith & McCollum (2011) outline a robust model to provide conjoint therapy with couples in IPV that is not necessarily housed explicitly within a poststructural approach. Regardless, the degree to which participants are



knowledgeable about these various approaches (poststructuralist or otherwise) is important in examining the influence of DV epistemology on MFTs thinking.

### **National Coalitions and Standards**

This section acknowledges the helpfulness of unifying DV philosophy and practices, while questioning assumptions laced into DV legal language. As previous sections have demonstrated, questioning and critiquing particular epistemological understandings held by stakeholders (such as feminist advocates, law enforcement, psychologists) risks being read as a dismissal or disregard for the “good reasons” in which they were developed and implemented at the time. However, due to the relative diversity of philosophies and stakeholders that constitute DV understandings, my critique of national-level discourses and policy bears a closer resemblance to macro-level understandings that are not occupied by singular ideologies or communities working with populations experiencing DV.

### **Uniting DV Understandings**

Broadly speaking, national coalitions including political committees, think tanks, research groups, and sometimes grassroots organizations, came about with the intention of gathering and harnessing the DV knowledge across the country and providing ‘best practices’ for working with this population. National coalitions that include service providers (psychologists, social workers, advocates), policy makers, lawyers, law enforcement and researchers, represent a consummate effort by multiple stakeholders to organize, collaborate, and address macro level domestic violence issues (NCADV, 2018). These issues range from raising public awareness about domestic violence, to organizing advocates and grassroots movements, and influencing

national policy. The National Coalition Against Domestic Violence (NCADV) is one of the primary US coalitions, whose development was promoted by the United States Commission on Civil Rights, established in 1957 (NCADV, 2018). However, the NCADV itself was not commissioned until 1978, when the feminist movement's efforts were realized through the mainstreaming of domestic violence discourse.

National Coalitions, like the NCADV, serve a critical function. Without a unified approach that harnesses the influence and political power of various stakeholders, domestic violence discourse can be even more scattered definitionally and politically. As noted previously, domestic violence discourse is filtered through a political lens to support a variety of movements, from white supremacy to dismantling patriarchy (Ferraro, 1996). However, like any representation and attempt to unify complex and disparate ideas, national coalitions have been culpable of perpetrating the Western, patriarchal cultural discourses within which they are located. Examples of this include the ways that national coalitions have constructed a typological narrowing of DV discourse (victim-perpetrator), the inadvertent "purification" of the victim-identity derived from the US batterer's movement and US legal distinctions, the standardization of DV practices in the US based in modernist and manualized practices, and construction of policy that prioritizes particular values and practices (Dutton & Corvo, 2006; Augusta-Scott & Dankworth, 2002). It doesn't help that these practices are often complying with stipulations attached to funding sources and auditing requirements.

### ***Standards of Treatment***

There are two categories of standards constructed via funding: mandatory and voluntary (Arias et al., 2002). Mandatory standards typically accompany legislation that sets legal

parameters for service delivery. For instance, therapists who are providing services to offenders via the DVRP 52-week programs are prohibited from providing legal support or referrals, with the assumption that this could aid the perpetrator's power and control over their partner.

Voluntary standards offer more flexible boundaries for compliance and offer a "common sense" approach, where recommendations are well known and accepted as standards. Unsurprisingly, voluntary standards were identified to be more rigidly practiced by agencies in some cases (Arias et al., 2002). An example of a voluntary standard is the creation of a "fatality review team" that is organized by multiple agencies with the intention of reviewing and gathering data on deaths related to domestic violence. In San Diego County, the fatality reviews are coordinated by the District Attorney's office and 25 other agencies (San Diego District Attorney's Office, n.d.). The San Diego Domestic Violence Council brings service providers together monthly to coordinate their services.

Voluntary standards fall within a culturally dominant philosophical framework of mainstream DV practices, and thus "feel" like common sense. The word "feel" is being used intentionally here to indicate a physiological resonance with mainstream ideas, versus a thoughtful and mindful assessment of the usefulness of various practices. For instance, providing psychoeducation regarding the power/control wheel and the cycle of violence with every client at intake is a voluntary standard that is adhered to by many agencies. This suggestion has had enormous influence on how individuals presenting with domestic violence issues are exposed to professional discourses related to DV. The influence of voluntary standards are exemplified in their recommendations for various assessments, advocacy practices, educational programs, and outreach efforts (Data Compendium, 2010).

As DV-specific national coalitions emerged in the U.S. in the late 70s, various committees composed of battered women's advocates, facilitators of batterer programs, and mental health professionals, began to meet and construct macro-level discourse regarding domestic violence. The emergence of the criminal control model of the 1980s strengthened the influence of the criminal justice personnel who were represented in these committees (Ferraro, 1996; Arias et al., 2002). Thus, it is unsurprising that many standards are unclear on how to engage with the treatment of batterers, and very clear on what not to do. While the standards fall short in addressing violence beyond offender/victim binaries, they attempt to unify a diverse set of needs and notions in shaping services for domestic violence. Austin and Dankworth (1999) identified the following unified elements amongst national DV standards: the philosophy of standards, purpose and procedures of standards, protocols for programs, staff ethics and qualifications, intake procedures, interventions (including format, mode content, and duration), and discharge criteria. As evidenced by this list, virtually all aspects of domestic violence services are shaped by nationally developed criteria. What is left for agencies to determine is the financial and administrative framework of the agency.

As previously discussed, DV services in the United States are heavily influenced by neoliberal ethics and approaches, where the use of monetary resources and marketplace competition become a primary vehicle of policing agency practices. Thus, grants are issued with administrative and theoretical stipulations, and funding is provided to those who comply (Dutton & Corvo, 2006). In my work as a therapist at an emergency shelter in San Diego, I met with families who were experiencing domestic violence including children (18 and under). Any individuals who were seeking services without children were denied access and referred to other

shelters who could hopefully accommodate them. Often, the only available shelters for single men would be homeless shelters.

Another effect of the capitalist contexts of DV services is the potential for monopolizing grant sources. For example, as various agencies begin to capture large funding sources and expand their business, they begin to dominate the “market” and can afford to hire grant writers that can focus on landing grant monies. Smaller agencies find it challenging to compete for the same resources. DV standards are embedded in governmental funding for non-profit agencies, effectively dislocating traditional community-based anti-violence groups (Creek & Dunn, 2011).

The unification of DV discourse and standardization of practices through the development of national coalitions intends to fortify DV ethics and approaches in creating a ‘standard of care’ that can manufacture a high-quality service to clients seeking refuge from DV. However, standardizing practices assume that all DV services should be the same due to the presumed similar nature and underlying root causes of DV experiences. The result is an industrialized and neoliberal context in which social services are delivered in the US. As mentioned above, these coalitions work closely with the legal and justice systems to create an impenetrable web for couples attempting to find resources to reduce violence beyond the crime-control and Duluth-model systems.

It is worth noting that national standards tend to start out as state specific, and then become drafts for larger, national scripts (Austin & Danksworth, 1999; Augusta-Scott & Danksworth, 2002). While standards are helpful for administrative and data purposes, they create a constrained set of parameters for practitioners to be in relationship with clients. Mikhail Bakhtin notes that while unity is essential to some teleological effort, unity contradicts the possibility of true creativity (Morson & Emerson, 1990). As demonstrated through this chapter,

the prioritization and unification of particular DV discourses and practices and the resulting web of policy and funding has hampered other efforts and approaches.

### *Contributions and shortcomings of standards*

At the turn of the 20<sup>th</sup> century DV standards were a mosaic of attempts to address the multi-pronged issues present in families experiencing domestic violence. Standards included evidence-based practices from counseling and social work fields, psychological typologies, liability concerns, and criminal justice approaches. The following list is a composite of the contributions identified by Austin & Dankworth (1999) and Arias et al. (2002):

- Promotion of a priority on victim safety and batterer accountability.
- Facilitation of a process for those with varying interests, and particular mandates for organizations to work together to end DV.
- Consistency among programs and accountability to community.
- Consumer education through publicizing programs with their parameters and limitations.
- Acknowledgement of expertise from victim's advocates.
- Encouragement of coordinated community response to stopping DV.
- Emphasis on social dimensions of DV.
- Exertion of influence for existing program to develop new programs and facilitate the development of standards in other regions.
- Legitimization of the need for specialized knowledge, training, and intervention approaches in relation to work with abusers.

Policies constructed to address various service provider training and prioritizing safety for clients are critical features of DV practices. But they remain vulnerable to a reductionist and

neoliberal context that commercializes service delivery and can inadvertently curtail efforts to address specific needs. For instance, in my work with Middle Eastern refugees experiencing domestic violence, the development of culturally sensitive approaches poses a risky prospect that can seem to run counter to standards developed for culturally American populations and does not take into account effects of immigration and macro-level violence (Bouteldja, 2017).

Standards have expanded to include trauma-informed care ethics in the 21<sup>st</sup> century, which require agencies to consider the impact of trauma in the behaviors of clients and operate on the assumption that trauma has occurred (Elliot et al., 2005; Ko et al., 2008). This has been a helpful shift for creating clear guidelines for shelters and other service providers in their interactions with clients and orientation towards “healing.” For instance, many shelters in California are restricted from implementing “rules” for clients that can risk their program eligibility, like finding a job within a specific timeframe or mandated therapy during their stay (Hopper, Bassuk, & Olivet, 2010). Trauma-informed care has been largely influenced by the influx of neurobiological understandings within counseling and advocacy practices (Siegel, 2006; Sinha & Rosenberg, 2013; Monk & Zamani, 2019). While the relational ethics following trauma-informed care (TIC) understandings have been helpful, there has been some critique of the ways that TIC assumes the presence of trauma waiting to be discovered, and draws upon all the assumptions necessary in constructing an experience as traumatic, and centering trauma experiences within an individual’s identities (Sinha & Rosenberg, 2013; Ginwright, 2018).

Austin & Dankworth (2002) outline the following shortcomings associated with these standards:

- Standards lack specificity or fail to explicate their rationale.
- Standards do not discuss how to intervene with gay men and lesbian offenders.

- Mandatory standards may turn into a form of unwanted control if access to revise or modify them is lobbied away from grassroots interests.
- Compliance with standards is complex and problematic.
- Standards are infrequently monitored.
- Inadequate if the only requirement is attending several sessions.
- Standards may have been developed with researchers input, without inclusion of mental health professionals, without scientific basis, and without a requirement that counselors possess academic degrees.

These shortcomings have a myriad of complex effects including: the centering of grant compliance in practices and staff discussions regarding service delivery, the critical value of producing quantitative data for service delivery, and the limitations of service delivery to marginalized and/or diverse communities that do not fall cleanly into nationally constructed categories. For instance, I have been privy to conversations where service providers have been unable to determine in what gender group to place an “offender” who identified as transgender.

As is the case with domestic violence discourses, national coalitions are vulnerable to the scattered and often convoluted set of interests and attempts to address a highly complex situation. And given the contextual specificity of violence in relationships, national standards often fall short of what is needed by service providers to offer high-quality and relationally oriented services.

### **The Shape of DV to Come**

Domestic violence services in the early 2020s, when this was written, harbor a legacy of victim-focused, feminist-influenced modernist ideologies that have been largely molded within a



neoliberal, crime-control model. While there are many agencies and organizations dedicated to addressing the issue of domestic violence, many of these services are focused on therapeutic or legal interventions. Services focused on prevention typically resemble psychoeducational models where the ideas from the Duluth model (i.e. the cycle of violence, power/control wheel, and red flags) are taught to teenagers and community members. Feminist authors, in their united effort to draw attention to gendered violence, inadvertently constructed notions of domestic violence that limit treatment models and practices to gender-specific conceptualizations of violence (Creek & Dunn, 2011). The adoption of newer approaches or ideologies is slow moving (Cannon et al., 2015). Thus, the schism between contemporary ideas in academia, approaches and practices in the field, and the struggle to address the heterogeneity of daily violence, is felt within domestic violence communities. This section captures cutting-edge ideas in the field in the early 2020s. Whether or not these ideas are reflected in the thinking of 9 poststructuralist participants interviewed in the latter half of 2022 is explored in this research project.

### **The Linguistic Turn**

The mid-20th century marks the emergence of philosophies that shifted attention away from uncovering “truth,” to understanding the multiplicity of reality through language (Harre, 1992). In turn, the emergence of poststructuralism with its focus on language to understand social relationships (social constructionism) impacts counseling practices that also begin to examine the ways that reality, identity and language, are interconnected in a fluid and dynamic relationship (Burr, 2018; Deleuze & Guattari, 1988; Gergen, 1985; Monk & Zamani, 2019). Poststructuralism reconsiders and questions the parameters of categorical assumptions, by exploring the ways language constructs binary relationships that often mask and oversimplify

complex and nuanced contexts. Primarily, post-structuralist applications within service models resist a “one-size-fits-all” approach and demand a closer examination of context. By adding a Foucauldian analysis of power to this exposure of the instability of binary relations constructed in language (i.e. male/female, homosexual/heterosexual), understanding domestic violence can be expanded well beyond broad and universal concepts (such as by gender) (Jenkins, 2009; Cannon, 2015). The radical shift in conceptualizing violence through the adoption of practices that fall within this philosophical framework results in a tense relationship with existing, largely modernist perspectives.

### **Beyond Gender**

The development of queer theory and post-structural feminism in the late 1990s offered a fresh, radical examination of categorical assumptions put forward by gay/lesbian studies, women’s studies, and long-standing heteronormative and cisgendered academic analyses of social phenomena (Jagose, 1996; Cannon et al., 2015). Queer theory acknowledged the usefulness of feminist discussions of violence but recognized that women’s studies and feminist analyses had fallen short in adequately framing the experience of IPV in same sex relationships (Cannon et al., 2015). Queer theory has uniquely allowed for conversations to emerge that respectfully acknowledge the helpfulness of violence defined by gender, such as “patriarchal terrorism,” while drawing attention to the bidirectional nature of violence that occurs in many relationships (Johnson, 1995; Langhinrichsen-Rohling, 2012).

Queer theory and post-structural feminism share similar interests in rejecting typology, evaluating power within its discursive and relational emergence, and noting exceptions to taken-for-granted assumptions (Warner, 1993; Cannon et al., 2015). While both approaches seek to

articulate and challenge binary identity constructions, queer theory invites attention to the hegemony of heteronormativity, with a focus on the prevalence of homophobia, heterosexism, and sexuality. Poststructural feminism looks more at gender constructs and the ways in which gender-specific theories of violence often fall short in explaining the prevalence of violence perpetrated by women (Cannon et al., 2015).

This critique of categorical assumptions and typification of violence offers understandings that fall squarely within post-structural understandings. The poststructural emphasis on process versus outcome, has allowed for the identification of the ways in which intimate partner violence (IPV) dynamics are influenced by gender and sexuality. This is in marked contrast to an approach where it is assumed that a particular typology begets behavior, where the outcomes of violence can be predicted by a person's categorization. Queer theorists identify the power that the Duluth Model and other feminist analyses of violence have had in shaping and limiting research into IPV within the LGBTQIA\* communities (Blosnich et al., 2009; Cannon et al., 2015; Langhinrichsen-Rohling, 2010).

The introduction of 'intersectionality' into DV epistemology in the late 1990s allowed for an examination of relational violence supported contextually by multiple facets of identity (Crenshaw, 1990; Cannon, 2015). Introduced by Kimberle Crenshaw in 1989, the hope was to draw attention to marginalized knowledges and experiences obscured by a field dominated by White men, whose social location was often represented as truth in their research and epistemological considerations (Crenshaw, 1990; Haider, 2018). Intersectionality looked at social location and layered identities that extend beyond just gender. This includes considerations of class, race, immigration-status, able-ism, sexuality, and nationality. Academic literature begins more regularly to represent domestic violence in contexts beyond patriarchy,

including considerations of violence and victimization within the complexity of heterogeneous, daily violence (Creek & Dunn, 2011). One resulting shift was the replacement of the word *victim* with *survivor*, which implied agency, versus a static recipient of patriarchal systems who exercises no will (Barry, 1979; Creek & Dunn, 2011). Considerations of intersectionality also push back on a hierarchy of discrete categories related to specifically gender, race, or class (Crenshaw, 1990).

The ethics and practices drawn from poststructuralism and other concurrent academic developments have had ripple effects in the mental health and “helper” fields (Gergen, 1985; White & Epston, 1991). The recovery and trauma-informed care models, for example, both center the client’s experience and agency, and promote community and peer-to-peer healing and attention to language (Gehart & Tuttle, 2003). Adelman (2004) states that psychologized and individuated understandings of violence are developed through fundamentally flawed methods and population samples. Rather, more attention is required on the reciprocal relationship between “political economy and family ideology” to understand what constitutes violence. Adelman names the political economy of the United States as the “batterer state”. It is there where research and preventative methods should be developed, rather than continuing to expand typologies and psychological interventions.

### **Beyond Culture**

Despite their prevalence in the literature, considerations of cultural variation within domestic violence have only recently entered common practice (Sahota, 2006). The emergence of cultural competency across mental health fields, and as a critical factor in understanding domestic violence, reflected the modernist paradigm in which it was developed (Monk,

Winslade, & Sinclair, 2007). The positivist notion of studying culture and capturing it invited practices where culture and domestic violence had a causal relationship. This, combined with the gender lens in DV, has resulted in a categorizing of ethnicity and race as it relates to DV prevalence (Bracken, Messing, Campbell, La Flair, & Kub, 2010; Cho, 2012; Rennison & Welchans, 2000; Triantafyllou, Wang & North, 2016).

In the effort to expand beyond gender-specific understandings of DV, post-structuralist approaches support the considerations of diverse populations and experiences within the domestic violence framework. Bouteldja (2018) describes a “poststructural, decolonial feminism” that accounts for the ways that gender influences the dynamics of intimate relationships, but also attends to the influences of immigration, war, poverty, North/South global relations, and neoliberalism. Furthermore, Bouteldja argues that a “revolutionary love” is necessary to invite dialogue, compassion, and understanding, while maintaining an accountability to harm done to not just individuals, but also communities. Revolutionary love becomes a radical concept in the context of domestic violence, where punishment and isolation are replaced with connection, compassion, and engagement as a praxis of change and accountability.

Andrea Smith, a Cherokee Feminist, describes how “oversimplifications” made by feminists in the mid-20th century mask the relationship between “sexual violence, racism, and colonialism”, and suggests that European colonialists not only introduced gendered violence into Native communities, but utilized sexual assault as a “tool” of colonization (2015). These analyses have exposed the problematic quantitative scales used to measure DV, and how they are rarely developed for multicultural applications (Murphy et al., 2004). Additionally, DV research is based on convenient ease of access to populations involved in the system, often oversampling

impoverished families and/or families of color, and excluding undocumented immigrants, upper class white women, and LGBT communities (Adelman, 2004).

The effects of colonialism on DV epistemology have been a prominent discussion in the 21st century (Bouteldja, 2018; Mbembe, 2001; McKinnon, 2012, 2016; Petersson et al., 2019). The broadening of DV research to a global context indicates that perpetrators of violence are not a homogenous group and reveals the pitfalls of American-centric descriptions of violence (Cavanaugh & Gelles, 2005; Dixon & Browne, 2003) as well as the shortcomings of the Duluth and Criminal-control models. Both are exposed as problematic for how they are applied to diverse populations within the US, and through the imperialist politics of the US abroad (McKinnon, 2016).

Within the US, more recent iterations of feminism have brought intersectionality and the experiences of “women of color” and those who had been marginalized by dominant DV understandings to the forefront (Sahota, 2006). For instance, women who identify as Muslim report difficulty locating shelters that support their food preferences, religious schedules, clothing requirements, and other cultural needs (Sahota, 2006). Additionally, women from the Middle East can be subjected to culturally American feminist notions of “liberation”, and narratives of resistance while their own histories of resistance are ignored (Sahota, 2006; Bouteldja, 2018). The political landscape transcribes a particular and spatialized form of gender violence onto particular geographies and particular women’s bodies (McKinnon, 2016). This can reflect an imperialist discourse that constructs the US as civilized, developed, and advanced on human rights issues (Mbembe, 2001).

On an international platform, United States DV discourse becomes imperialist policy housed within proclaimed stances of morality that permit power and influence to be exercised in

particular regions of the world (Butler, 1988; Cannon et al., 2015; Mbembe, 2001; Mohanty, 1988; McKinnon, 2016). McKinnon (2016) argues that “gender violence is a construct that is deployed ideologically and rhetorically in the service of US interests” (p. 415). These colonial interests can be characterized as a set of discourses and discursive practices creating structures and institutions benefitting the colonizer, and suppressing the colonized (Mohanty, 1988). In 2012, President Barack Obama issued an executive order titled “Preventing and Responding to Violence Against Women and Girls Globally”, where he charged several offices with the task of protecting women against violence (Obama, 2012). Statements made by his vice-president Joe Biden and Secretary of State Hillary Clinton painted an image of violence against women in other regions and described for the West what these women “experienced”. Furthermore, Western discourses on the criminal, domineering male were constructed on the global stage. In doing this, the US gave itself another point of entry into places such as Guatemala, the Middle East, and Saudi Arabia within a flexible policy that allowed for interventions that are morally justified (McKinnon, 2016). Thus, the neoliberal traditions of extracting resources and shaping policies within these countries to support American corporate interests continued, well hidden within a moral duty to protect women.

While efforts to support marginalized people and communities are an important endeavor that should not be ignored, the broad, global descriptions of violence, and specifically gender violence, are often political theater working to hoard influence and power. The one-size-fits-all approach of US DV discourse ignores the specific needs of the individuals who experience forms of relational violence and furthers the marginalization and disempowerment of vulnerable communities (Butler, 1988).

## **Beyond Language**

In 2019, a debate raged within schools of social constructionist philosophies. With the influx of neuroscientific philosophies and theories of practice, the primacy of language has been challenged, inviting attention to the role of affect and/or physiology (Beaudoin, 2005; Beaudoin & Zimmerman, 2011; Ewing, Estes & Like, 2017; Fishbane, 2004; Fosha, Siegel & Solomon, 2009; Monk & Zamani, 2019; Zimmerman & Beaudoin, 2015; Zimmerman, 2017). While there is great concern that neuroscience can smuggle modernist perspectives into post-structuralist work, many practices that have been developed acknowledge this through what gets labeled “affective-discursive” (Wetherell, 2012; Wetherell, 2013). Affective-discursive work attends to the ways in which discourse is inherently imbued with affective channels, or “feeling states”, that invite bodily and physiological responses to discourse. The practices that have emerged from this paradigm invite practitioners to attend to language and its relationship with the body.

The affective-discursive framework offers an important mode of engaging with domestic violence epistemology. Some authors have described the ways in which DV services are shaped to attend to “cultural feeling rules”, where sympathy and resources are directed to those who we “feel” deserve it (Hochschild, 1979; Nason-Clark, 1997). Within this context, the justice system could be understood as a location where “victim contests” play out (Holstein & Miller, 1990). Haider (2018) describes the ways that identity politics has become a form of oppression olympics, where arguments *must* be made from an identity location, and those with the most marginalized identity locations are afforded the most legitimacy to their statements. In my own practice, I have noticed that these “victim-contests” invite clients into broad generalizations shaped by their “irritations” with the system. In my conversations with Middle Eastern refugee men who are branded as offenders I encounter statements such as, “the courts favor women” or



“America only favors women”. While these statements can be understood as short-sighted and experience-specific, they also reflect a defensive position constructed in relation to the courts.

The legacy of victim-focused work, sometimes referred to as the “victim rights movement”, has shaped the criminal justice system (and indirectly, the family court systems) in both its responsiveness to victim needs, as well as victims’ relationships with the courts (Globokar, Erez, & Gregory, 2019). While this has offered important nuanced contexts in which victimization can be discussed, it has also shifted the balance within court systems in support of female victims of violence and assault (Campbell, 2006; Maier, 2008, 2012; Chen & Ullman, 2010; Suarez & Gadalla, 2010). This has been important in addressing a legacy of blaming and insensitivity towards victims, but like many other developments in the DV field, has inadvertently participated in the deepening of rifts and relational dead-ends for couples in conflict and violence (Dutton & Corvo, 2006; Johnson, McGrath, & Miller, 2014; Payne, Button, & Rapp, 2008; Payne & Thompson, 2008).

Beyond modes of analyses, the affective-discursive framework invites practices that encourage clients to connect with their body as it relates to the various discursive locations in which they find themselves (Ewing et al., 2017; Hamkins, 2020). This work supports poststructural understandings within embodied meaning making systems, rather than fitting client experiences within professional typologies and meaning structures (Brown, 2007; Hamkins, 2020; Monk & Zamani, 2019). By doing so, practitioners can invite clients to explore the ways that micro to macro knowledge and experiences are inscribed on the body, and their relationship with client agency. Given that the contemporary approaches to DV centers psychological approaches, linguistic categories, and liberal humanist conceptualizations of

change, a movement towards an affective-discursive framework could help move the field forward (Dutton & Corvo, 2006).

### **Perspectives of Power and their Significance**

An examination of emerging counseling practices captures a diversity of epistemological and philosophical approaches. Despite this broad range, what is possible to access remains at the mercy of funders and the pooling of power with specific service providers (such as LEO and court systems). This makes it difficult to locate and identify providers that are operating outside of the “traditional” models described above. Here, I will primarily focus on counseling practices that have emerged within the post-structuralist framework and highlight key differences with contemporary modernist practices. This is of central interest to this project, as the wide territory and variety of perspectives led me to my central question. How are MFTs assembling the variety of discourses available and putting them to work when they are working with couples in violence? What are the particular histories they draw on, whether professional or personal, and how do they influence their relationships with their clients?

### **Modernist Approach**

Modernist practices are situated within a positivist, modernist philosophical framework, where a hierarchy of knowledge is constructed according to research and “best practices”. Within this hierarchy, patterns that emerge from observed behaviors are slotted within typologies used to understand human behavior and interactions. As discussed earlier in this chapter, DV epistemology is firmly lodged in a modernist framework, where well-researched, documented patterns and typologies of violence, abusers, and victims, are used to navigate and operate within

the various systems that surround DV services (Johnson, 1995, 2006, 2010). While this subtyping has proven useful in institutional responses in regards to the courts, law enforcement, and policy construction (among others), it has been criticized for its reliance on psychopathology and the difficulty for providers to “accurately” categorize DV perpetrators into the appropriate sub-types (Hamberger & Hastings, 1991; Hamberger, Lohr, Bonge, & Tolin, 1996; Holtzworth-Munroe and Stuart, 1994; Langhinrichsen-Rohling, Huss, & Ramsey, 2000)

Contemporary models, in their reliance on typology and patterns, continue a tradition of utilizing psychoeducation as a primary form of intervention (Jenkins, 2009; Rasanen, Holma & Seikkula, 2012). These models are integrated closely with judicial and law enforcement systems, where LEO conduct initial assessments of perpetrator/victim, which are arbitrated by the judicial system, and then referred by the courts to providers (Peacock et al., 2002). This model is related to policies and practices derived from the Duluth model which presumes active violence, and thus stresses accountability, safety for victims, and clear guidelines and rigid structures (Augusta-Scott, 2009; Jenkins, 2009; Rasanen, Holma & Seikkula, 2012).

Accountability and safety are the primary features to be attended to by providers in working with clients experiencing DV. Almeida & Durkin (1999) describe accountability as not just a practice put forth by service providers, but a mechanism built into the process where the criminal justice system, shelter systems, and therapeutic intervention systems are interlocked in their relationship with the “batterer”. Newer iterations, such as the “cultural context model”, attempt to locate accountability within the community by inviting “cultural consultants”, who are members of the client community (Almeida & Durkin, 1999). However, this model still maintains a rigid relationship with the judicial and law enforcement systems and requires gender-specific treatments. It exemplifies a persistent legacy of gender-focused analyses of power, and a

victim/perpetrator mentality where the victim is afforded “compassion”, and the perpetrator is suspended in their treatment until they indicate accountability for their violent behaviors (Hoschild, 1979; Almeida & Durkin, 1999; Jenkins, 2009).

One of the inadvertent effects of the cultural context model is the potential to ‘freeze’ the relational dynamics of a couple within a moment of violence, characterized by a patriarchal victim/perpetrator binary that diminishes the agency of individuals. The use of typologies, distinctions between cognitions/behaviors, and requirements for accountability invites a paradigm where the appropriate intervention is psychoeducation (Rasanen et al., 2012). The logic here is that if clients “know/understand” what they are doing, they will be inclined to make different choices. While this liberal humanist perspective is an important component of the psychoeducational model, it neglects the role of physiology and environment. The ecology of the client is often secondary to individualized, intrapsychic approaches to counseling (Gergen, 2009). An example of this is the requirement that couples counseling programs are excluded from counseling, and are, in fact, illegal and/or contraindicated in treatment plans.

In summary, modernist approaches harbor legal legacies and oversimplifications of violence. These approaches have been helpful in honoring historical troubles of ignoring victim’s, understating women’s perspectives, and giving immediate access to legal and physical safety. However, these oversimplifications have simultaneously perpetrated a stripping of complex political contexts in which violence is housed and creates a manualized and rudimentary approach to “fixing” violent behavior in the identified perpetrator.

### **Poststructuralist Approach**

Poststructuralist approaches are central in this dissertation. All participants of this study indicated this as their philosophical backdrop from which their theory and practice emerges. Understanding this approach is important in understanding some of the assumptions and language utilized by participants. In conjunction with the epistemological genealogy outlined in this chapter, the intersection of these two bodies of knowledge becomes visible.

Poststructuralist approaches are practices invested in a deconstruction of binary definitions, categorical assumption, and a rejection of universal understandings (Derrida, 1967). Rather, it harnesses a curiosity about the liminality of experience, suspension of assumptions, and a contextual attention to process rather than outcome to explore power and relationships (Dickerson, 2010; Jenkins, 2011; Monk & Zamani, 2019). While modernist approaches and earlier systemic family therapy approaches also focus on relational dynamics, a poststructuralist lens allows for an analysis of power within the micro and macro and attempts to account for the immediate fluidity of power dependent on context (Shaw, Bouris, & Pye, 1996). By moving away from rigid binary constructs in which violence is conceptualized, poststructuralist approaches allow for the multi-faceted and highly variable nature of relational violence.

The Narrative Therapy model is one example of poststructural practices (White & Epston, 1990). In contrast to the educational model described in the modernist approach, narrative therapy approaches to relational violence are interested in the “cultural embeddedness and possibility of multiple realities” (Augusta-Scott & Dankworth, 2002, p. 787), as well as the political lens through which social interactions are understood as “social artifacts” left over from historical exchanges that extend beyond the specific couple (Gergen, 1985, p. 267). Thus, “men’s desires” for power and control (as understood through earlier feminist declarations) are expanded

with a recognition of men's desires for "equal, loving, caring relationships", and seeks to explore the practices that impede this "becoming" (Augusta-Scott & Dankworth, 2002; Jenkins, 2011).

Deleuze's analysis of 'becoming' (rather than a static state of being), allows clients to not be frozen within a problem-saturated identity, where political discourses render their possibilities and hopes for preferred relationships and futures seemingly impossible (Jenkins, 2009). Rather than stigmatize the behaviors of perpetrators and defend all actions of the victim, these practices attempt to name these discourses while being careful of any exoneration of patriarchy (Bouteldja, 2018).

Much of the literature within the poststructuralist camps has been dedicated to a contemporary form of "myth debunking". Whereas feminists of the 1970s and prior were dedicated to exposing the marginalization and experiences of women in heterosexual relationships, poststructuralist approaches aim to soften the heteronormative, cis-gendered, victim/perpetrator epistemological categories that were inadvertently set in stone (Augusta-Scott & Dankworth, 2002; Jenkins, 2009, 2011; Moss, 2016; Zverina, Stam & Babins-Wagner, 2011). Now, myth debunking is situated on expanding the myths constructed by earlier practices of "myth debunking". Turning attention to communities on the margins of DV discourse, such as immigrant and LGBTQIA+ communities, has become a primary thrust of this contemporary moment.

Poststructural understandings are not positioned to reject or dismiss previous developments and understandings in DV discourse. Rather, they invite a context-specific and on-going evaluation of ethical decisions, where universal positions of morality are suspended (Panzner, 2015). In other words, broad structuralist analysis of power, such as patriarchy within DV discourse, are held closely, but applied gently and with care as a practitioner engages with

the specific story and context of their client. The utilization of Foucauldian analyses of power allows for a fluid and relational understanding of power, where men have been influenced by prominent ideas in popular culture, and both parties are not defined by their acts (Moss, 2016). Instead, these couples are both engaging with and struggling against the power of ‘violence’ as a culturally discursive presence in their relationship (White, 1989, 2011).

One primary issue with this approach is its pedagogical application. Given the specificity to context, poststructuralist approaches reject “scripts” or manualized techniques. The training requires an intentional engagement with philosophical and ethical questions, and various practical applications of these ideas that fall within the poststructuralist theoretical models, such as narrative therapy or solution-focused therapy (White, 1989; De Shazer, 1982). This is likely a reason for the slow adoption of these practices. In a system that relies heavily on modernist typologies, practices that do not align with LEO or judicial systems are often neglected for methods that align more easily.

This research will closely examine how couples’ counselors from a poststructuralist, postmodern, and constructionist background interact with domestic violence epistemology. In the context of this backdrop, to what degree is DV epistemology influential in their decisions? While poststructuralist approaches are positioned differently, an analysis of the effects of DV on poststructuralist practice provides a robust account of the power and influence of DV epistemology. This dissertation will conclude on the development of an approach that responds to the analysis of the data and integrates poststructural approaches to working with the refugee/immigrant Middle Eastern communities.

## **Conclusion**

This section, both in its content and form, demonstrates a disparate landscape that is tied loosely by a modernist, neoliberal system that requires a fidelity to its processes and nomenclature. The knowledge conveyed to couples' therapists is simultaneously very clear at times, and intentionally open and vague. The door is left ajar to working with couples in violence, leaving the sense that you can be hit by on the way in or out.

The diversity, perspectives and approaches is demonstrated throughout the chapter through the various nomenclature - from domestic violence (DV), to interpersonal violence (IPV), to gender-based violence (GBV). Each term signals a particular history and set of political values and beliefs. The legacy of feminist activism is utilized by judicial systems to fortify a political funding system that demands safety for victims. Who would argue with such a demand? MFTs are then left navigating a system that relies on a punitive legal process to relay justice, and counseling is used as a corrective approach to correct the aberrant behavior of individuals.

While research demonstrates that most couples prefer for the violence to cease and seek counseling contexts, counseling services (specifically couples counseling) are restrained by crime-control systems that utilize tactics of power and control through funding and training. These funding systems are deeply embedded into national coalitions related to DV and MFT. AAMFT points to crime control systems as a reason to not engage in counseling, and crime-control systems point to MFT "research" to not engage in counseling.

Despite the powerful grip on DV discourse and practices that is held by LEO and judicial systems, the history of activism and feminism is evident. This activism continues with local and national coalitions drawing on academic and grassroots developments, and the continued effort to invite other stakeholders into these understandings.



One area that requires further attention is the development of effective and appropriate treatments for men who are violent, and for men who find themselves victims of violence in intimate relationships (Peralta, Tuttle, & Steele, 2010). The broad acceptance of patriarchy as an explanation for much behavior, combined with the far greater likelihood of men being the perpetrators of violence has limited further research and treatment approaches. This has contributed to the maintenance of oversimplifications in how violence is conducted (Dutton & Corvo, 2006). Additionally, research conducted with couples and families who have dealt with the legal system would provide a counterbalance to the assured narratives constructed by service providers (Ferraro, 2006).

As demonstrated in this literature review, most academic research contradicts or indicates poor effectiveness of existing treatment models. However, the entrenchment of large societal institutions has barred meaningful progress in treatment models. It has resulted in the question of this particular research project - what *are* couples counselors doing given the disparity in epistemological perspectives, training modalities, and institutionalized responses around domestic violence? In particular, what do poststructuralist therapists do in their work when they are, generally speaking, philosophically at odds with the status quo?

Readers will be introduced to the methodology and analysis of the data in the following chapters. These chapters outline the troubling effects produced by DV epistemology on couples' counselors' decisions. Then, a specific model of practice will be provided that responds to these concerns. As readers leave this chapter with some improved understanding of the backdrop, the hope is that the "baby is not thrown out with the bathwater", and the critical elements of DV epistemology that are proven to be useful are retained and taken-for-granted approaches that are outdated and identified as ineffective by participants of this study will be addressed.

### **Ch.3 - Methodology**

This section describes the methodology utilized to understand participants' stories, the political lens of the researcher in this analysis, and methods of accountability built into the process. These elements are included in the methodology in an effort to maintain an ethical stance. Further, I make explicit the broader social constructionist framework in which this research is embedded. Methods of gathering participants, interview structure and practices, and processes of data analyses are described.

This research aims to use critical discursive psychology (CDP) as the primary thrust of analysis, while drawing on affective discursive principles (Marinussen & Wetherell, 2019) in analyzing and constructing data. CDP is situated in a broader social constructionist paradigm, examining the discursive contexts in which action and identity emerge (McCullough & Lester, 2022; Potter, 2012; Widdowson, 2012). A semi-structured narrative interviewing style is utilized to gather participants' stories, and the methods of analysis will be detailed (Wengraf, 2001). The aim of this chapter is to clearly describe the preparation, mechanics, and execution of the research process utilized to answer the research question. This is accomplished by locating the philosophies and associated politics being drawn upon, and identifying how they inform the gathering and analysis of data from participants.

#### **Philosophical Underpinnings**

This dissertation rests on a social constructionist philosophy in which knowledge and reality can only be socially and linguistically understood and constructed within the complexities of human relationships. This involves an examination of how individuals think and act within socially constructed frameworks of knowledge and culture (Burr, 1995; Burr, 2003). This is

outlined in detail in Chapter 1. The paradigm used also draws on postmodernism's critiques of truth and practices of deconstruction that offer analyses of power and knowledge (Foucault, 1975) and poststructuralism (Derrida, 1967; Derrida, 1978).

Broadly, social constructionism refers to "discourse", a way to describe frameworks of ideas as a "set of meanings, metaphors, representations, images, stories, statements and so on that together produce a particular version of events" (Burr, 1995, p. 48). Thus, what can be referred to as "fact" within a modernist framework is understood as discourse within a social constructionist paradigm. Shifting to a discursive understanding of the world requires the researcher to turn away from the material factual-ness of an object to a place where language constructs the parameters of what is known and shapes the naming and understanding of the world around us (Wetherell, 2013). My hope in again defining social constructionism is to clarify how the practices and ethics of research within this paradigm take form and contribute to the conclusions offered in this dissertation. My intention with this dissertation is to offer the rigor necessary for counselor training, couples counseling practices, and broader policy considerations that influence the legal and ethical parameters of Marriage and Family Therapists (MFTs).

### **Assumptions of Truth-y Research**

Research is critical to expanding knowledge of particular phenomena. At the time of this writing, the world has undergone a global shift with the covid-19 pandemic shutting down economies and shifting common social practices. Several pharmaceutical companies developed vaccines in a short time to slow the spread of the virus and lessen its lethality. This feat and other scientific efforts must not obfuscate the critiques of positivist scientific research. Those offered

here and the choice to engage in qualitative research is located specifically within the shortcomings of positivist applications to “social” sciences.

When located within modernist conceptualizations of a universal truth accessible through a scientific method, research assumes a protective shield of “neutrality” or lack of bias. However, the philosophical and scientific developments of the 20th century reject the idea of neutrality in research (Waring, 2017; McCullough & Lester, 2022). The notion of neutral research has been called into question by exposing the ways that a researcher's lens shapes the outcomes. It has also become evident that the neo-liberal and neo-colonial approach that informs much research in the West is exploitative towards particular populations in the name of science (Monk et al., 2020). An example of this is the refusal of those same pharmaceutical companies to release patents for their vaccines to developing nations in support of a global response to the spread of covid-19 (Banerjee et al., 2021).

The “observer effect” is a significant concept that has emerged across multiple disciplines that identifies the ways a researcher fundamentally affects a subject of study (Bogdan & Biklen, 1997; Monahan & Fisher, 2010). In other words, the researcher's relationship with the subject cannot be separated from the object of study. One example of this is in quantum physics, where the mathematical formula used to analyze the phenomena of light changes *what it is*. The use of a formula that conceptualizes light as a collection of individual photons allows data to be extrapolated that cannot be captured when the formula for “light as a waveform” is used (Hendry, 1980). What is important in this metaphor is that light maintains a “duality” of being both a particle and a wave depending on *how* it is being observed. This principle is replicated within the social disciplines (psychology, sociology, anthropology, etc.), where the method of trying to understand WHAT something is changes what it becomes (Saint-Georges I, 2004).

This dissertation is not concerned with producing universal statements and narratives about how the world works. Rather, it is interested in examining the relationship between participant, researcher, and knowledge and how that relationship allows the “subject” to be interpreted and constructed. By constructing an accountable methodology, the researcher aims to understand stories located in broader political narratives. The relationship between the macro- and micro-, the use of *discourse* to analyze this relationship, and the ways in which discourse shapes practice and theory, is why *critical discursive psychology* is the chosen method of this research. The particular mechanisms of accountability that offer a robust form of research and analysis useful in shaping of pedagogy, practice, and policy will be made explicit in this chapter.

### **Assumptions of Qualitative Research**

Often used in reference to its binary counterpart quantitative research, qualitative research, in its simplest form, is the non-numerical methods of gathering data. Discourse analysis resides under the umbrella of “qualitative research” and is “employed to study how social practices and meanings are constructed through everyday language use in social contexts” (McCullough & Lester, 2022, p. 4).

Qualitative research produces rich and powerful narratives that can reshape our assumptions about the world (Burr, 2015; McMullen, 2018). However, because of its resistance to broad meta-narratives and statements, it is seen as less sound. Qualitative research’s applicability is difficult in a society where neo-liberalism and modernism are powerful cultural drivers, and a focus on outcomes dominates social service contexts. This focus on outcomes, service delivery, and data-driven productivity tends to privilege data that can be universally applied (Freedman & Combs, 2020). Additionally, qualitative research’s smaller data sets, the

subjective nature of interpreting data, and specificity to context can make it difficult to extrapolate data more broadly to shape larger policies and service structures (Grant, 2013).

Despite this, the potential for nuanced data produced by qualitative research is invaluable for molding policies and practices to the communities they are meant to serve (Brady, 2015). This can help avoid the trap of family policies being shaped by studies that privilege a middle-class, White heterosexual cis-gendered “nuclear” family, and marginalize those who fall outside the parameters (Ferraro, 1996). Locating the researcher’s lens and embedding mechanisms of reflexivity into the analysis of data as a method of creating transparency and clarity underpins this dissertation.

I have selected a qualitative research methodology that will counter the current rigidity of domestic violence epistemology and the assumptions, universal truths, and grand narratives of how violence in relationships occurs that have emerged through quantitative and qualitative research in the past (Ferraro, 1996). A primary example of this is the reliance on the Duluth model in DV services, where qualitative research on nine White women in an emergency shelter in the Midwest of the United States created Truths that quantitative data proceeded to reinforce as a means to maintain a political system (Dutton & Corvo, 2006; Ferraro, 1996).<sup>8</sup> The aim of this research is to look closely at how assumed truths have informed policy, MFT training and practices of couples counselors, and identify the changes needed to shift these accepted paradigms about violence in relationships.

### **Turning from Truth in Science to Fluidity in Discourse**

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<sup>8</sup> This is discussed in more depth in the Chapter 2 – Literature Review of this dissertation.

Constructionist epistemology is a significant paradigm shift in Western philosophies. As mentioned before, modernism assumes that truth is knowable and singular and that with the right methodology, it can be understood and applied universally. Constructionism rather sees truth as located in how we language the world (Burr, 2003; Gergen, 2014). It rejects the idea that we humans have access to the ontological realities of this world, and towards the notion that “realities” are filtered through the epistemological, and the epistemological is layered with moral/political ideas embedded within power (Burr, 1995). Essentially, all we have to make sense of the world is “discourse” as per Foucault (1969).

The examination of discourse as those which shapes thoughts and actions is central to this dissertation. As McMullen (2018) states, “Speakers are born into already-discoursed worlds, and they are both enabled and constrained by these discourses when they engage in social actions”.

### **Discourse Analysis**

Discourse analysis (DA) takes a critical approach to taken-for-granted knowledge (Burr, 2015; McMullen, 2018). It is specifically interested in how social practices are constructed and maintained, how they are influenced by the various discursive frameworks in which they may be housed, and the ways in which “taken for granted” discourse shapes these practices. (McCullough & Lester, 2022). The attention to language coincided with technological developments in audio recording that allowed for more intensive and detailed analyses of how the production of language interlinks with potential for action and consequence on identity (Saint Georges I, 2004). A diversity of approaches within discourse analysis emerges through the ontological and/or epistemological constructions located within these methods as well as where the attention of the researcher is focused (Lester & O’Reilly, 2016).

### **Critical Discursive Psychology**

Critical Discursive Psychology (CDP) is a well-documented research methodology located within qualitative research, and more specifically discourse analysis (Locke & Yarwood, 2017; Lupton & Barclay, 1997; Marinussen & Wetherell, 2019; McCullough & Lester, 2022; McMullen, 2018; Wetherell, 2013). Discourse psychology and critical discursive psychology are closely related but with some important distinctions. Both of these methods are concerned with the ways in which language and communication shape our understanding of the world in often unnoticed ways (McCullough & Lester, 2022).

Discourse psychology is focused on understanding how people use language and communication to construct meaning in their everyday lives, and the ways in which language is used to negotiate that meaning and make sense of experiences (Edwards & Potter, 1992). CDP maintains the same interest but is geared towards a more political and social critique of how power is enacted and maintained through language and communication. It is concerned with how language and communication reproduce existing social inequalities, power relations, and dominant ideologies (Wetherell & Potter, 1993).



CDP as a research methodology positions discourse as the primary focus of inquiry, attending to the ways that discursive frameworks shape language, practice, and relationships (Locke & Yarwood, 2017). When discourse becomes the primary focus of research, researchers are able to construct a complex analysis of how language, and action are socially situated in participants' lives, and shape the actions taken and/or thought to be possible (Edwards & Potter, 1992; Locke & Yarwood, 2017). To be more explicit, the assumption that decisions and actions are framed through discourse requires an acknowledgement of the influence of broader sociopolitical frameworks. It considers the agency of the actor and rejects the assumption that language can be neutral.

The researcher must consider how the speaker's linguistic expressions are located within systems of inequality (McCullough & Lester, 2022; Potter, 2012).<sup>9</sup> McCullough & Lester (2022) describe three analytic positions utilized in CDP: "ideological dilemmas, interpretive repertoires, and subject positions" (p. 6). Interpretative repertoires are defined as "discernible clusters of terms, descriptions and figures of speech often assembled around metaphors or vivid images" (Wetherell & Potter, 1993, p. 90). These constitute large cultural ideas that constitute meaning making around an idea or subject. The term 'ideological dilemmas' speaks to how they are often contradictory or opposing (Venalainen, 2020). An example that comes up later in this dissertation is the ways that therapists position themselves as "helpers" or as "therapists". Each draw on different ethical principles, potential actions, and decision-making processes. A helper would do "anything" to help their client, while a "therapist" has specific criteria for *how* they can

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<sup>9</sup> While the linguistic expressions often get the most attention, contemporary forms of CDP include the "affective-discursive (Wetherell, 2013), visual expressions, and media representations (McCullough & Lester, 2022).

help. So, the subject position in relation to what they are speaking about can sometimes differ from sentence to sentence or moment to moment.

### *Use of Affect*

The “turn to affect” is relatively new within discursive research (Ahmed, 2004; Massumi, 2002; Monk & Zamani, 2019; Wetherell, 2013). Its reemergence reflects the cyclical nature of knowledge and how ideas can get reconsidered within new contexts. After a period of heavy focus on language, the MFT field is currently experiencing a sort of “pendulum swing” towards reintegrating the body, neurobiology, and ‘somatic’ work (Monk & Zamani, 2019).

Currently, affect refers to the extra-linguistic quality of an “embodied” experience of the world, by pointing out the “anti-biologism” and “anti-essentialism” harbored in discursive analyses in the late 20th century (Sedgwick, 2003; Wetherell, 2013). The emergence of discourse analysis coincided with the use of audio taping technologies that rendered the body and emotion invisible. The return to affect addresses the over-focus of discourse analysis on coding participant statements, which rendered the body as an “inert mass” or “dumb materiality of corporeality” (Blackman & Venn, 2010, p.16). Rather, researchers should focus on the relational constructions of emotion and affect (Wetherell, 2013).

This dissertation uses affective-discursive methodology to illuminate the ways that emotions/affect can “drench” particular meaning-making systems (Ólafsdóttir & Rúdólfadóttir, 2023, p.131). In other words, intentionally describing the influence of feelings, emotion, affect and physiology on how meaning is constructed. The researcher invites the participants to share their affective experience at various points in the interview. When an interviewee is struggling to construct meaning, or having a visible bodily ‘reaction’, a question is posed to bring language

into the somatic experience and draw the participant's attention to their "physiology", "energy", "feelings", and reflections on "what's coming up for [them]" (Ewing et al., 2017).

The use of affect allows ideological dilemmas, the dynamic between participant and researcher, and the negotiations of subject positioning to become more transparent. Questions regarding affect can allow participants to understand the influence of the interviewer and interview style on their own responses and even the very process of their identity "becoming." Many 21st century projects (Åhäll, 2018; Flubacher, 2022; Ólafsdóttir & Rúdólfadóttir, 2023; Kykyri & Puutio, 2021) utilize contemporary technologies (e.g. advanced and accessible video/filming technologies) to analyze and discuss social phenomena that emerge quickly (e.g. social media) (Breeze, 2019; Lazard, 2022; Rothermel, 2020).

### ***Critical Discursive Psychology in this Research***

I am interested in examining how couples' therapists make decisions when domestic violence is determined to be present, how MFT's speak about their practice, and how they make assessments about couples in conflict/violence.<sup>10</sup> CDP makes visible their decision-making processes, particularly as it relates to their relationship with personal histories, the broader domestic violence epistemology, couple counselor training, and their "state licensure". CDP will allow me to examine the interpretive repertoires that shape what therapists believe is "possible" in their work, the ideological dilemmas that may be present in these expressions, and their positioning through language in relationship to these interpretive repertoires. (Venäläinen, 2020; Wetherell & Potter, 1993).

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<sup>10</sup> Conflict/Violence is used interchangeably to acknowledge the varying interpretations by participants in this study. It is not the intention of the author to minimize violence and its effects on individuals and relationships.

Interpretive repertoires constitute larger cultural ideas that shape descriptions, terms, or “clusters of speech”. For example, one interpretive repertoire identified in the analysis is the “private practice setting” in which many MFTs practice in, and the ways of talking about work as influenced by this particular context (McCullough & Lester, 2022). These repertoires constitute a large web of meaning-making frameworks that act on participants, giving access to particular actions and constructing particular identities. At times, these repertoires are at odds with each other, and constitute “ideological dilemmas”. These dilemmas can be identified linguistically and affectively. A participant might be maintaining two different positions on a topic that can be noticed in how they present ideas, or in moments of strain or tension when trying to produce ideas. This can be noticed when a participant trails off in a statement, furrows their brow in an attempt to reconcile an idea, or has frequent pauses in their speech pattern (McKendy, 2006).

Ideological dilemmas are conflicting discourses that require clinicians to make decisions that move beyond “dominant” discourses, to include personal histories and “local knowledge” to enact agency within discourse (Rees et al., 2019). By interviewing therapists and capturing the values and ethics they use to navigate their practice, these dilemmas become more apparent.

### **Research Process**

This section describes the process of crafting the logistics of this research project. The writing about and “action-ing” of the research is highly iterative. Between planning and implementation, there were inevitable changes which I have documented here. An effort has been made to identify the influence of time, logistical, political, or personal changes on the

research project and plan. I outline the ‘nitty-gritty’ process of imagining this project and the subsequent crafting and implementation of the research.

I received approval from the Ethics Committee for conducting research through Vrije University of Belgium (VUB).<sup>11</sup> This step was important to ensure ethical accountability to a university institution. It also allowed this work to be published and more widely disseminated through peer-reviewed journals. In addition to abiding by the recommendations of the Ethics Committee of VUB, I reviewed the AAMFT Code of Ethics for conducting research and ensured that this project was in-step (AAMFT, 2023).

### **Participants and Research Sample**

Narrowing the professional backgrounds of the participants allows for the creation of data that can support meaningful coherence in the analysis (Tracy, 2010). The participants in this study are limited to Marriage and Family Therapists (MFT) for several reasons. This will prevent claims that the project is overreaching and intruding on other disciplines of practice. Specificity can allow conclusions and suggestions to be more helpful to shaping policy and pedagogy. As outlined in the literature review, MFTs operate under a similar licensing board in the state of California, USA. According to the “Business and Professions Code” [§4980.36](#), MFTs in California must be trained in couples counseling and DV during their professional training programs (January 1, 2022). MFTs who continue on to specialize in DV are required to further their training, typically with a minimum of a 40-hour professional training approved by the California Office of Emergency Services (CalOES) and offered through a community non-profit

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<sup>11</sup> These documents can be found in appendices H and I

agency. Therefore, the participants of this research project can be assumed to have had a minimum of one semester of training in DV approaches and treatment.

While for the sake of experience I initially sought licensed-only MFTs, I opened the parameters of my recruitment due to a low response rate. I was able to interview seven licensed MFTs and two associate MFTs. Associate MFTs (AMFT) are therapists who have graduated from their master's degree program but are pre-licensure, working towards the 3000 hours required in the state of California for Licensure. Once they acquire these hours, they are then required to take two licensure exams - a "law and ethics" exam and a larger "clinical" exam. I consulted with my adviser, and in the end was excited to have AMFTs included as they provided fresh experience of counselor training, allowing for a more diverse timeline of exposure to counseling and DV epistemology across participants.

### ***Recruiting Participant Therapists***

MFTs who are engaged in active practice were the target of my recruitment. Originally, the target of my research was participants engaged with and utilizing DV epistemology. I did not specifically screen responders by asking if they had been working with DV. I already knew they had exposure and was curious about how that exposure was affecting their current practices. The ways that participants bring language to their actions and choices is my focus, making discourse both the subject and tool of my analysis. In particular, I look at the relationship between the participant and the discursive territory through which action, agency, and practice is produced. The research is interested in the ways that participants bring their practices and philosophical assumptions into language during the interviews, and how their identities simultaneously create and are created by discourse (Gee, 2014; Harré & Stearns, 1995). My recruitment includes

therapists in private practice or non-profit agencies that do not necessarily target populations that are experiencing DV.

Participants were recruited through several email listservs. This research project was conducted during the height of the covid-19 pandemic in San Diego, California, where lockdown and social distancing protocols were in place. Therefore, all recruitment was done online.

Multiple email listservs were used to send out a recruitment email: the San Diego Domestic Violence Council (SDDVC) email listserv, the POMO (Postmodern) Therapists in San Diego, the POMO Therapists in Los Angeles, and POMO Therapists in the Bay area listservs. These four were selected as they are populated with Marriage and Family Therapists (MFT) who are heterogeneous in their relationship to DV epistemology. The SDDVC represents a generally “mainstream” community of practitioners located in DV agencies, whereas the POMO group captures MFTs from various practice locations (private practice, private agency, non-profit, hospitals, etc.) who are connected by a common interest in practicing from a philosophically postmodern epistemology. I had previous knowledge that these listservs were highly active and would increase the odds of getting responses. In addition to the above mentioned, I sent an email out to the Chicago School of Psychology in Irvine, CA through a contact I had at the school. I chose this school because I have no teaching history or contact with any students there. This is in contrast to San Diego State University, where I am a lecturer and involved directly with students and faculty.

As a member of the SDDVC myself through the agency I work with, it was important to carefully consider the email I was sending. I connected with the SDDVC president to ensure their comfort with and approve of the content.<sup>12</sup> This required a preliminary conversation to

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<sup>12</sup> At the time of this recruitment, the president of the SDDVC was Claudia Grasso.

review the nature of my research and to clarify the ethical mechanisms in order to minimize and mitigate any adverse impacts on participants and the community. A conversation with the moderator for the LA and Bay Area POMO group listservs, was more pleasantries and well-wishes for the research itself.<sup>13</sup> This was likely due to the more open nature of the POMO group, and the fact that I had provided all the IRB forms and clarifications that I'd already prepared for the SDDVC president. The San Diego POMO group listserv does not have an active moderation process, though I had already gone through a process of 'moderation' with the other listservs by the time I sent this email out.

After these conversations, an email was carefully crafted that laid out the parameters of my research and my intentions.<sup>14</sup> I also attached my 'Information and Consent Form' approved by the VUB ethics board, which outlined the purpose of the study, participant information, and risks/benefits of the study.<sup>15</sup> I had 10 respondents, but only nine ended up scheduling time. I decided not to send more emails to respondents after my initial email and response so as to avoid a sense of social pressure to participate. For instance, one person emailed stating they would be interested, and never responded after I shared further details, dates to schedule, and the informed consent. I did not email them back after this. All other respondents stayed in contact with me throughout.

It is important to note that the only participants that proceeded with the research were from the POMO groups. I did not have any response from the SDDVC and other listservs. Reasons for this could range from activeness of the listserv, willingness to participate in

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<sup>13</sup> At the time of recruitment, Kathie Adams was the moderator for the LA Pomo group, and provided access to the Bay area group.

<sup>14</sup> The email template used for this is in Appendix B

<sup>15</sup> This form is located in Appendix C



research, and availability of time. The particularities of participants and connective themes are listed in further detail below.

**Use of Incentives.** Incentives in this study are utilized to encourage and attract participants and encourage full participation during the allotted time. This study's focus on working professionals assumes that access to money is not an issue and that the use of monetary incentives does not shift the motivation for participants involved.

A national debate for a \$15-hour federal minimum wage taking place at the time of this writing provides the rationale for setting the price for a two-hour interview at \$40. \$20 an hour sets a tone of respect for the use of participants' time while also keeping the costs for the research low.

### ***Participant Information***

Narrative interviewing relies on a close tracking of client language and experiences, and how these conversations have influence across participant interviews (Rees et al, 2019). Its intersection with CDP allows for nuances in specificity and context and its relationship to broader dominant discourses to emerge (Sakki & Pettersson, 2018). Presenting the participants' relevant background information provides transparency regarding the contexts and experiences discursively available to them. This can allow for a fair critique of the study's conclusions, with the hopes that any significant contributions to the field are credible and useful (Tracy, 2010).

The following are descriptions of participant backgrounds that are relevant to the study. All information is obfuscated to protect participant information. Efforts are made to utilize

descriptions that the clients made of themselves, so some variation of identity markers are present. A broader summary of the participants is offered after this list.

- Michael is a cisgendered heterosexual English-speaking male. He is an AMFT in practice for four years at the time of the interview. He was trained in a postmodern program and identifies his work theoretically as “Solution-Focused”.<sup>16</sup> He describes using Emotionally Focused Therapy and Gottman ideas in his couples counseling. He works primarily with couples that are in “non-conforming” relationships, meaning couples who “identify as kink, non-monogamous, or within the LGBTQIA+ sphere”. His work is located within a private practice setting.
- Phyllis is a cisgendered heterosexual English-speaking woman. She is an AMFT in practice for three years at the time of the interview. She approaches her work through a postmodern lens utilizing narrative theory to inform her practice. She indicates Gottman’s research as influential in her couple's work. She has a history in international refugee work, hospice care, and domestic violence work with refugees. Her work is located primarily in a private practice setting.
- Erin is a cisgendered heterosexual English-speaking woman. She is an LMFT who has been practicing since the 90s. She identifies her work as poststructuralist, engaging in “client-centered”, “collaborative” and “Narrative” practices. She has a history of work with “gender-based violence” both locally and abroad, including a Rape crisis center that

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<sup>16</sup> Solution-Focused therapy is under the umbrella of social constructionist therapies and was made famous in the mid-20th century by Steve de Shazer and Insoo Kim Berg.

works with people experiencing violent trauma and trafficking. Her work at the time of the interview is primarily located in a private practice setting.

- Kelly is a cisgendered bisexual bilingual English/Spanish speaking woman. She is an LMFT who has been in practice for about 11 years. She identifies her work as “postmodern feminist” and utilizes Narrative therapy and expressive arts in her practice. She provides counseling in a community agency context, with a history of work in LGBTQ contexts and people living with HIV.
- Angela is a cisgendered heterosexual English-speaking woman. She is an LMFT who has been practicing for about five years. She describes her work as Narrative, “leaning towards client-centered and humanistic”. She has a history of collaborating with folks with Alzheimer’s. She currently works in a private practice setting with “non-monogamy and kink” couples.
- Jan is a cisgendered heterosexual bilingual English/Italian-speaking woman. She is an LMFT who has been in practice for approximately seven years. She describes her work as “guided by” post-structuralist ideas. She has a history of working with a non-profit that provided services to survivors of torture. She currently practices in a private practice setting.
- Pamela is a cisgendered queer English-speaking woman. She is an LMFT who has been practicing for nine years. She describes her work as Narrative therapy situated within postmodern ideas. She currently works in a private practice setting.
- Holly is a cisgendered heterosexual bilingual English/Spanish-speaking woman. She is an LMFT in practice for 12 years. She describes Narrative therapy as a central practice and

has worked primarily in the domestic violence field within a community agency. She currently works in a community agency.

- Stanley is a cisgendered heterosexual English-speaking man. He is an LMFT in practice for 11 years. He describes his work as Narrative therapy integrated with dialectical behavioral therapy, cognitive behavioral therapy, motivational interviewing, and solution focused therapy. Much of his work has been with people struggling with drug addiction. He currently works in a substance abuse residency center.

While there is diversity amongst the participants around gender, language, age, and experience, there are some shared identity locations. Importantly, all the participants identified as postmodern or poststructuralist therapists (residing under the umbrella of social constructionist). This is likely due to the fact that all participants are from the “POMO” listservs. While this was not initially the approach or intention of this study, it did allow for a more specific examination of the relationship of *social constructionist therapists* and their particular relationship to DV discourse. Additionally, all the therapists identified as middle class, with the exception of Holly who indicated a critical history as growing up working class, and her current career as a therapist supporting a movement into a “middle-class” identity. All the participants had experience working with couples and had encountered what they identified as violence within the relationship. Some included race or ethnicity as identity markers, but I have chosen to indicate language ability as a means of identifying access to discourse via language as that ended up being a more influential feature in the analyses.

### **Collecting Data**

Data on discourse, the subject of analysis here, is gathered through video recordings and transcripts. The data will privilege the collecting of stories and statements that are presented through the languaging of their practices, with the assumption that the statements and practices are “surface performances” of discursive frameworks (Harre & Stearns, 1995; Wengraf, 2001). Participants will be encouraged to share *how* they make decisions related to couples in violence, and their understanding of those decisions as a method of capturing their sense of *agency*. Agency is understood as the participants’ flexibility and ability to act within their discursive environments (McKay, 2008). As they engage with discursive understandings, a reciprocal relationship is created between the participants and their decisions that informs a sense of identity (Venalainen, 2007).

In this project, I (the researcher) interviewed the nine participants, transcribed our conversations including affective displays, and used NVivo to code the transcriptions into discursive themes in order to organize the content into categories that were then analyzed more closely.

### ***Interviewing Therapists***

I engaged in a narrative interviewing method utilizing open-ended questions that invite interviewees to reflect on *how* they are making decisions, and what informs those decisions (Anderson & Kirkpatrick, 2016). The researcher’s role is influential in the dialogue while allowing the participant to have control over the direction, content, and meaning making processes of statements. Attention is paid to the ways that the “plot points” of the story are articulated and situated within the broader narrative, and the politics that inform the structuring

of a story (Fraser & Taylor, 2022). This approach also allows for a strong rapport with participants that can encourage richness in data (Tracy, 2010).

My guiding principle was to engage in dialogue that brings the *relationship* between the participant, their practices and the discursive territory that informs these practices, to the surface (Fraser & Taylor, 2022; Harre & Stearns, 1995; Wetherell & Edley, 2014). The term semi-structured refers to the researcher's acknowledgement of a hopeful trajectory in the conversation, and some preparation of open-ended questions prior to the meeting.

A necessary “improvisation” in a semi-structured interview provides a theoretical ethical framework within which the interviewer can privilege the interviewees understandings and meanings (Wengraf, 2001). More specifically, the narrative interview requires a “de-centered” stance that expands upon the processes and practices that participants are engaging in and allows them to name and ascribe meaning to their own statements and ideas (versus the interviewer doing so) (Holstein & Gubriem, 1995; Venalainen, 2017; White, 1991). For instance, when a participant shared that they utilize a particular psychological test to assess for safety, I would ask how they learned about this test and how useful they found it. The intention was to put language to a highly active and sometimes invisible relationship between knowledge and action. A critical practice in this interviewing process is to craft questions that resist “right/wrong” dualisms, and to engage participants in revealing “actions performed by participants’ formulations and discursive practices in different institutional environments” (Hepburn & Wiggins, 2007, p. 295).

The careful attention given to the positioning of the therapist attends to the power dynamic within the researcher/participant relationship and serves several purposes (Foucault, 1975). The researcher intentionally engages with the participant’s discursive territory, being mindful of how they are influencing and shaping the participants’ responses (Shotter, 2008;

White & Epston, 1991). This is achieved by using language the participant uses and crafting questions that invite them to name and make sense of their own statements and values (rather than bringing in language and ideas outside of what the interviewee offers). This carefulness allows for data to be untainted by the researchers' own social positions and histories that might color participant responses and ensures that the participant is not, at minimum, “changed for worse” (Wengraf, 2001, p.5).

“Careful attention” was achieved in these interviews by inviting participants to describe definitions on their own terms, and how they function in their practice. If a client did not refer to domestic violence but rather “interpersonal violence (IPV)” (as one participant did) I would use that language. In that particular interview, I did ask the participant why they were using that term in particular. Another participant hardly used the word abuse and utilized the words power/control more prominently.

### ***Interview Preparations***

Preparation for interviews is critical for promoting a rigorous research study with robust data, and for anticipating ethical dilemmas. While semi-structured, planning is still necessary to ensure the interview provides useful data. This requires a balance of “disciplined improvisation” where a particular trajectory for the conversation is kept in mind while maintaining a dialogic and responsive stance (Madsen, 2011).

This research project is interested in *subjectivity*, so the questions must construct a conversational territory where narrative-rich stories can be harvested and the “utterances” that emerge can be expanded on, analyzed, and explored.

A balance of structured questions and the researcher's responses is critical to procuring data that fits its intended purpose (Wengraf, 2001). "Disciplined improvisation" plays a critical role in how produced discourse gets disentangled from the interaction between the researcher and participant. This will be explained in the "Data Analysis" portion of this chapter.

An over-prepared interview can create rigidity that obscures the production of discourse. It can be difficult to distinguish a participant's own ideas from responses to the pressures constructed by narrow interview questions. An under-prepared interview can result in too much wide and diverse data that is difficult to analyze (Wengraf, 2001). My background in utilizing open-ended questions, empathy, silence, and a "de-centered but influential" ethic in questions, will allow for a pacing and tracking of the conversation and result in useful data (White & Epston, 1991; Wengraf, 2001).

Questions began with broader demographics and descriptions of social roles to situate the self within a broader political landscape.<sup>17</sup> Broadly, the interview covers (a) the "background and informed consent" of the research project, (b) "intake" questions inviting participants to share how they describe their work and their relationship to working with couples in violence and (c) questions about operative definitions (such as violence vs nonviolence) and assessments (conflict vs abuse). These questions are open on a screen while the interview is conducted. Depending on the direction of the conversation and time available, not all questions were asked.

At the suggestion of my adviser, I "test ran" the interview with a colleague who had conducted research utilizing the same methodology. This gave me a sense of how the interviews might "feel", and to test my preparation. My interviewee, a close friend and colleague, provided feedback on my interview style and what she had learned going through a similar process. I

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<sup>17</sup> The questions are in Appendix D



reviewed this interview to ensure that the questions I was asking were providing the necessary data for analysis later.

I reviewed informed consent and outlined the purpose of the study, the ethical considerations taken, the benefits and risks of participation, and the intended use of the data. Details on how confidentiality will be protected were explained verbally and detailed in the informed consent.

Participants were also given information on how to follow up with the study, and ways to access the data and conclusions prior to submission to the doctoral team to allow for a feedback loop that fortifies the conclusions. Concerns can arise when client statements are located within thematic categories that might not represent how they intended their work to be reflected in the paper (Kvale, 1996). However, the intention is to allow for a process of accountability where participants' reactions to the renderings of their words are visible to the researcher and to the study as a whole.

The following is an excerpt of a introductory statement about the semi-structured interview process:

*Navid: what I'm going to do here today I'm going to interview you a little bit about some of the work you've done with couples I'm I'm more broadly interested in... Your relationship to domestic violence epistemology and how it informs some of your work, and so, how it informs your decisions you make with couples... umm, The interview process is semi structured...So... I'll start off with some questions, but then from there we'll go together... And then the other part, that I wanted to ask you about or share was that there is this interview and then there's a second part... If you want... optional... where you can come back and take a look at my analyses and let me know your*

*reflections... it'll be kind of part of the... research process too is like...letting folks see the analyses... all the analyses will be scrubbed [of] identifying information... kind of more aggregated data and then you can just be curious and share reflections.*

### **Data Analysis**

Beginning the process of analyzing data was probably the most anxiety provoking segment for me. Interviewing was a familiar practice. Data analysis was foreign. The more I read the more unsure I was about what I “actually” needed to do. I had hoped for a clear outline and step-by-step guide. The closest I came was in “How to Do Discourse Analysis” (Gee, 2014), but after reading it, I still had no clarity on how to analyze my work specifically (despite having a whole toolbox of strategies).

Clarity ultimately came in the form of consultations with my advisor Dr. Gerald Monk, and conversations with colleagues who had their PhDs and research history in qualitative work.<sup>18</sup> Dr. Monk described the “creativity” necessary to connect my research question with the analyses, making visible that this final step would be my creation (personal communication, January 17th, 2023). He encouraged me to put together an outline of what I intend to do, and we had a subsequent meeting to discuss what had happened. This showed me the importance of metaphorically getting my feet wet as I got ready to swim in the waters of analysis.

One helpful recommendation was to maintain detailed notes on my process, as a form of keeping “receipts” of the journey. While this seemed unnecessary at the time, in writing this

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<sup>18</sup> Critical support was given to me in this by Dr. Jan Ewing, Dr. Margaret Slaska, Dr. Meera Dhebar, and Dr. marcela polanco

chapter the usefulness became self-evident. The following notes are important descriptions of my process.

### **Process of Analysis**

As stated above, my first task was to construct an outline of my process. The following is the structure of my approach:

1. *Become familiar with data and notice trends.*
2. *Identify the themes as representing interpretative repertoires.*
  - a. *Describe and provide evidence for these repertoires.*
  - b. *Locate these repertoires within a broader sociopolitical backdrop that is reinforced by institutions.*
  - c. *Identify “ideological dilemmas” in these repertoires.*
3. *Delineate and describe the discourses.*

My steps were shaped by this outline. In the following sections, I will make my thinking and approach visible, and highlight the conversations that held me accountable to them.

### ***Becoming Familiar with Data***

I transcribed the first two interviews to get a sense of what was emerging in the conversations. At this juncture, I was not trying to code anything specifically. My primary goal was to see how my questions were influencing the conversation as it related to my broader research question. I was concerned I might find myself having conversations that did not move

forward the goal of this research project. One thing that became apparent in my first two interviews was that the 90 minutes they took appeared to be tiring for participants and tedious for transcription. This was easily addressed by spending less time in a “back and forth” with participants, and “stepping back” a bit in the conversation. This invited a precision in my responses that lowered the interview time to 60 minutes and gave me “cleaner” transcripts where my statements were less directive.

The next seven interviews were scheduled within a short time frame of 2.5 weeks. This created more continuity as evidenced by similar pacing, approach, and questions across interviews. In the initial two I had been “finding my footing”. Given the limited time between each, all transcripts were completed shortly after the nine interviews were done.

Transcription involved watching videos and utilizing a word processor to write out each utterance made by the researcher and participant. The final results often read like a play script, where language, particular movements, sighs, pauses and affective postures were documented. The tedium of this task made it difficult to capture broader themes and ideas that were emerging within and across interviews.

Once all interviews were transcribed, I watched the videos alongside the transcriptions to ensure accuracy and become more broadly familiar with what was being said. I caught any missing linguistic or affective moments, and documented questions that arose in my “Coding Notes”. The following are examples of coding notes during this process:

- *Started noticing distinctions in how somebody from private practice speaks vs. somebody from community agency*

- *In an interview with Jan, she mentions that she brings up the word DV because she “knows what [I] work with”.*
  - *Same interview, 006 has heightened physiology at end because she can’t figure out what I’m thinking with the questions I’m asking. Almost feels like her work is being put under scrutiny and she’s being required to examine things she hasn’t thought about more closely.*

These observations were documented and routinely discussed with my adviser. They became important notes for the coding that followed. In summary, this step involved repeated exposure to the interviews which created a familiarity that was useful to what came next.

### ***Identifying Interpretive Repertoires***

When the transcripts were clean and accurate, they were imported into the qualitative research software NVivo.<sup>19</sup> The transcripts were then read through to identify interpretive repertoires across interviews.

As discussed above, interpretive repertoires are discursive frameworks through which meaning making is constructed, and potential action is made possible (McCullough & Lester, 2022; Venäläinen, 2020; Wetherell & Potter, 1993). In the context of the transcripts, these emerged as descriptions, terms, phrases, and words used to situate an idea, practice or self. My challenge was to identify, name, and continually note the emergence of these repertoires in an organized manner - a process I have been referring to here as “coding”.<sup>20</sup>

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<sup>19</sup> NVIVO is described in fuller detail earlier in this chapter.

<sup>20</sup> The codes generated during my analysis are located in Appendix E.

The first transcript was the most difficult to code since there was no clear frame of reference. The notes I had taken in the familiarizing step (outlined above) proved to be useful as a general map. I began the coding by gathering anything that appeared to be meaningful and related to my research questions. The “Codes” I developed in NVivo required the creation of category names that allowed me to select parts of the transcript and drag them into the relevant code category. There was an option to create sub-categories for easier discernment later. This resulted in a highly streamlined, organized, and accessible set of categories that allowed me to move through and refer to transcripts with ease.

As this process progressed, my coding became more precise. For instance, my first transcript held 244 references (coded sections), while my final transcript had only 60. This does not mean that the last transcript had less information. Rather, the larger frame of reference and clarity of these interpretive repertoires and resulting categories didn’t necessitate the coding of each moment. I also maintained strict notes, tracking how I was discerning these particular categories. The following is an example of a note at this stage:

- *Trying to figure out how to identify certain themes.*
  - *Looking back at the original question and its intersection with CDP*
    - *Looking at discourse, language, action, and how it shapes actions taken and what’s thought to be possible.*
  - *One thought - to code out identity statements*
    - *Professional? (Like, MFT)*
  - *Questions I am trying to track:*

- *What decisions are made possible when working with couples in violence?*
- *What is violence?*
  - *When can a therapist work w/ violence?*
- *WHO is able to work with couples in violence?*
- *What work is possible?*
- *Created several categories:*
  - *Discourse*
    - *Domestic Violence*
    - *Family Therapy*
    - *Psychological*
  - *Identity*
    - *State Identified*

In the above notes, I strive to maintain a close connection with the research questions and prepare myself to track the critical elements of CDP: interpretive repertoires, subject position, and practice. In the codes, I referred to these as “discourse”, “identity” and “actions” respectively. A full representation of these codes is available in Appendix E.

**Evidence for Repertoires.** All the codes were developed directly from participant language and statements. Thus, a “ground up” approach was taken in negotiating interpretive repertoires. NVivo’s software then made it possible to click on a code category and examine all of the statements across interviews that fit. I then went through and attempted to identify and

remove statements where the fit was questionable. My intention was to construct categories that (a) had enough evidence in terms of quantity and (b) worked across more than three interviews to constitute an interpretative repertoire. I ensured that these repertoires were generated through the participants' own language and not from questions or conversational pieces imposed by the interviewer.

As discussed earlier, CDP can be vulnerable to a “paranoid” read of discourse, and researchers can become preoccupied with identifying the data that exposes ‘bad knowledge’ (Marinussen & Wetherell, 2019). This can interfere with an openness to being surprised by data, and constructing theories that are empirical rather than *a priori* (Sedgwick, 1997). Therefore, it was imperative in this step to stay very close to the participants' descriptions and render the categories in meaningful ways that were evidenced by the transcriptions. The resulting rich data can be located meaningfully within a broader socio-political backdrop.

**Locating the Broader Socio-political Backdrop.** The knowledge I gleaned through the extensive literature review conducted prior to interviews, made certain repertoires and statements predictable. For instance, when participants described the more bureaucratic aspects of their work as MFTs, the legal framework that informs the parameters of their practice came into focus. This reflects research outlined in Chapter 2 of this dissertation that discusses the deep and historical intersection of the legal world and domestic violence practices (Creek & Dunn, 2011; Dutton & Corvo, 2006; Ferraro, 1996; Schechter, 1982).<sup>21</sup>

Moments of surprise led to questions and necessitated further research. For instance, it became apparent across all interviews that there was a crude “on/off” metric taught to couples’

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<sup>21</sup> Refer to Chapter 2 – Literature Review for a more exhaustive discussion of this.



counselors in their formal training programs about whether they were permitted to engage in couples counseling. This contrasts with a significantly more permissive and legally ‘gray’ area in which couples counseling is permissible. It is important to note that this was evident to therapists, and some *were* engaging in couples counseling, but all were taught that “if there’s violence, do not do couples counseling”. This is discussed in further detail in Chapter 4 - Analysis but is shared here as an example of how particular interpretive repertoires emerged and required additional research and clarity on what the institutional stances around these ideas were. Therefore, it was necessary to maintain a fluidity between dominant discourses in the field, institutionalized stances, contextual variables of the participants’ work, and interpretive repertoires that were reflective of experience.

### ***Ideological Dilemmas***

Interpretive repertoires are only one-third of the CDP puzzle. As they come into clearer focus, particular ideological dilemmas start to present themselves, making visible the multiplicity of perspectives available to describe or be in relation to a subject (Venalainen, 2020). Then, the analysis of subject positions becomes important for understanding how the participant is locating themselves within these repertoires and dilemmas.

Ideological dilemmas presented themselves in numerous ways in this study. Most visibly, the language used to describe violence shifted depending on the social and historical context from which the participant came. For example, given their history in community agencies focused on rape and trauma survivors, Erin and Holly both referred to “gender-based violence”. Participants in private-practice settings tended to speak differently about their work than those in community settings, and would often move between multiple subject positions, drawing on

different interpretive repertoires that positioned them at odds with themselves. This is discussed in greater depth in Chapter 4.

The identification of ideological dilemmas was a critical preliminary step. Talja (1999) outlines a helpful process that was utilized in this study. This process included 3 phases: a) identifying and analyzing inconsistencies and contradictions within statements of a participants b) locating these inconsistencies across other participant statements and c) analyzing the “basic assumptions and starting points” that underlie the particularities of talking about their ideas and practices (p. 466). By honing in on these inconsistencies, the interpretive repertoires that are being accessed to construct statements about practice and approaches are rendered visible. Patterns of these inconsistencies indicate ideological dilemmas that are being negotiated by participants. These negotiations are presented through an analysis of subject positions. These subject positions are grammatical tools or phrasings that participants utilize to provide a favorable and persuasive account of what is being spoken (Potter & Wetherell, 1987).

### **Ethical Considerations**

Ethics are a central consideration in both the contributions of research to the field of knowledge and in the researcher’s impacts on the participants of a study. Given the use of human subjects in the social sciences, in particular, require a critical accountability to robustness and rigor. Ethics are here defined as values, questions, and processes of feedback that influence the structure of the project, and relational dynamics of researcher-participants (Tracy, 2010). Within a constructionist paradigm, ethics are necessarily understood as a process requiring flexibility and maintenance, rather than a static set of outcome-based ‘morals’ that extend universally across all contexts (Burr, 2003).

Ethics exert complex effects on the process and trajectory of a study and can support “qualitative goodness”, to ensure the study produces reliable and valid data to help shape policy and practice (Tracy, 2010, p. 849). Ethical considerations also keep the researcher accountable to the power of representation, the effects on the participants involved, and the process in which the analyses are made (Taylor, 2014).

CDP is a critical methodology that positions the researcher to have a “paranoid” read of participant narratives (Sedgwick, 2003; Scott-Baumann, 2009; McMullen, 2018; Wetherell, 2013). The effort of investigating language can create a “suspicious” interpretation of data that ultimately privileges the politics and perspectives of the researcher (McMullen, 2018). For example, a male participant might have his statements represented as “patriarchal” due to their gender-identity (Wetherell & Edley, 2014). Because of this positioning, the implications of an analysis can construct participants in ways that feel “non-representational” (Wetherell, 2013).

The broader social constructionist paradigm requires continuous attention to my research structure and conversations. Significant features of this ethical process include Institutional Review Boards accountability processes and regular dialogue with my PhD advisors, and colleagues who have history in research, and occupy a variety of social and political locations within the field. I also constructed an informed consent that clearly names the approach of the researcher and invites participants to “follow up” if they are interested. By allowing participants to review and consent to representations of their words, this research privileges the emergence of ethics from the actual practices, versus relying on theoretical hopes and ethical statements (Reynolds, 2012). In other words, the “paranoid” read is held accountable to the participants themselves.

I intend to make explicit the ethics, particular questions, and mechanisms of accountability that I follow. Tracy (2010) refers to eight criteria that make for “excellent” qualitative research and allow for the creativity necessary for research. This is both necessary and challenging given poststructuralist research’s tenuous relationship with validity, and resistance to universal statements (Lather, 1993). Located within modernist systems in the US, poststructuralist research, and specifically discourse analysis, is vulnerable to a “methodological conservatism” as it attempts to meet the validity and reliability measures applied to quantitative research (Denzin & Giardina, 2016).

Tracy (2010) utilizes the eight “big tent” criteria as a method to support both creativity and the production of robust data and analyses. This criterion is used to outline the particular practices that will be implemented in this research study and specify the mechanism in the research process. The mechanics of this project are discussed in greater detail following the discussion of ethical considerations.

### ***Worthy Topic***

A worthy topic refers to a study that expands the field of knowledge by posing questions that are counterintuitive and challenge assumptions (Guba & Lincoln, 2005). This study examines the intersection between epistemological assumptions and practices utilized by MFTs. It questions generalizations of DV counseling effectiveness and taken-for-granted acceptable practices that dominate the field. This research sample of nine “poststructuralist” MFT participants examines the assessments, decisions, and trainings that constitute their practice with couples in counseling.

This research concludes in the DFA, which holds implications for practice, policy, and pedagogy to challenge policy makers' use of quantitative data sets stripped of their political contexts and aggregated across various stakeholders (Ferraro, 1996). As will be discussed in Chapter 2 - Literature Review, couples counseling is not recommended by the Department of Justice, Law Enforcement, and the American Bar association, which are cited by national organizations like CAMFT and AAMFT, creating an ouroboros of knowledge (AAMFT, 2022; Biden, 1993; Buel, 1988). This research can provide the impetus for a closer examination of current practices and recommendations.

### ***Rich Rigor***

CDP requires both an abundance and a complexity of data. This demands great care in how the data is collected and analyzed. Given that the researcher's perspective is the tool of analysis, a "complicated sensing device" is necessary to analyze, understand, and discuss the sequencing of events (Weick, 2007, p. 16). In other words, a careful crafting of interview strategies, reflexivity to the researcher's attention in the data set, and the development of articulate and care-full analyses supported directly by the data, all contribute to extrapolations that are useful and grounded. Tracy (2010) offers the following "questions of rigor":

"Is there enough data to support claims? Did the researcher spend enough time gathering interesting and significant data? Is the context or sample appropriate given the goals of the study? Did the researcher use appropriate procedures in terms of notes, interviewing practices, and analysis procedures?"

The sample size and participant pool are crafted to reduce confounding variables, training history, geographic location, and legal parameters, thus allowing for variations in responses and data to offer reasonable conclusions. I have over a decade of experience in narrative interviewing practices, the primary interview modality (semi-structured narrative interview), and a skillset developed specifically to stay close to client language, de-center the clinician's knowledge, and maintain relational ethics as a central component of the interview (White & Epston, 1991). Finally, data analysis utilized a rigorous and tedious process of reviewing video tapes and transcripts line-by-line, examining the influence of the interviewer on the interviewee (both through analysis of transcript and also direct questions by the interviewer), and utilizing the most recent transcript technology. The software, NVivo, is the cutting-edge in qualitative analysis - according to their site, it uses the input data "to identify themes and draw conclusions, employ advanced data management and visualization tools to uncover richer insights, and produce clearly articulated, defensible findings backed by rigorous evidence – all on one collaborative platform" (NVivo, 2023). The sample size and participant makeup are reviewed later in this chapter.

### *Sincerity*

Sincerity in CDP demands that the researcher continuously locate their perspective and center a reflexivity in interpretations. As evident throughout this dissertation, explicit statements about the my journey in arriving at the questions being asked in the study and why this research is important are laid out (Richardson, 2000). Previous chapters describe my experiences in the field, what brought me to the questions posed here, and the politics shaping my perspectives

which are intentionally, earnestly, and honestly, stated and located in a self-criticalness that is fueled by an “activist spirit” yet tempered into an observant and critical research spirit.

I kept thorough notes on recruitment, interviews, and analysis, documenting conversations with advisers, shifts in thinking, and interesting developments and curiosities. This ensures transparency and a foundation for self-reflexivity (Richardson, 2000; Tracy, 2010). These notes have allowed me to track my reactions to various developments, provide visibility in naming assumptions, and highlight the influence of conversations with advisers on these processes. The “receipts”/records can be reexamined when questions about process and data arise. The following is an example of one of these notes from January 24th, 2023:

- *Continuing through transcript 005. Kind of seems like the [participant] is annoyed with some of the questions or pressings.*
  - *Could be a “limitation piece.”*
  - *Being brought from dominant ideas into a personal ethical place, and feeling out of alignment*
- *Started noticing distinctions in how somebody from private practice speaks vs somebody from community agency.*

During the actual interview I had not noticed what seemed like frustration on the part of the participant and wanted to explore and name this assumption. I then had a conversation with my advisor who encouraged me to include this as a limitation in my methodology. In order to be accountable to my assumptions, I noted that this was *my* reading of what was happening.

### ***Credibility***

Tracy (1995) explains that interpretive analyses should be “plausible and persuasive”. They should expose broad meta-analyses grounded in material realities that seem true and represent honest accounts of individual experiences located in a shared communal sense of the real (Richardson, 2000). Immersive descriptions of data with concrete detail support a robustness that offers confidence to the reader (Altheide & Johnson, 1994).

Further credibility for this study comes when the conclusions drawn from other research projects are aligned. The navigational metaphor of *triangulation* is used to describe this convergence of research and how different methods of data collection can yield comparable results and strengthen conclusions (Bloor, 2001). While triangulation refers to the credibility of data, *crystallization* refers to the complexity in producing and understanding data, as well as the creativity and expansiveness of various methods, researchers, and theoretical frameworks (Richardson, 2000; Ellingson, 2008).

The use of CDP invites a dialogue between broad meta-narratives and individual experiences, where the researcher creates meaning that is grounded in research and near the participants’ experiences. Direct participant language and statements offer credence to the analyses. The literature review chapter offers a constellation of research and subject matter in which this dissertation question resides.

### ***Resonance***

Given that this research is conveyed through the medium of written text, the aesthetics of the *telling* of the research project is inherently artistic and creative. The “aesthetic merit” of this complexity of ideas must encourage *catharsis*, prompting the reader to reconsider their own assumptions and transfer ideas from this dissertation into their own work with couples in



violence.<sup>22</sup> Tracy (2000) refers to this as *transferability*. Given the rigidity of the DV epistemologies and abundance of “evidence-based practices”, simply sharing the findings is not enough. An appeal to shift practices and embrace “personal knowing and experience” must be compelling to therapists and policy makers (Stake & Trumbull, 1982).

The importance of grounding research in personal knowing and experience is based on the constructionist assumption that people do not learn from “facts” as much as from a story. Stories harbor values, emotions, particular tellings, and aesthetics that can align with the listener’s meaning-making systems (Gergen, 2011). Ideally, the artful telling of the story of this research project and its subjects will resist the often dry, dark, overly legal narratives that block out stories of love, connection, and hope in favor of violence, assault, and oppression. Artfully describing the complexity defies an oversimplified and technical description of violence in intimate relationships.

### ***Significant Contribution***

While determining its “significance to the field” will require time, this research does pose questions and ideological dilemmas that have emerged from a stagnant epistemology of theory and practices. While there has been much theoretical discussion in academic contexts about DV, there has been marginal movement in the DV field and practices in the last four decades (Bouteldja, 2017; Dutton & Corvo, 2006; Ferraro, 1996). The discussion and conclusions of this dissertation are intended to move the field of DV practices into new and creative territory.

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<sup>22</sup> This use of catharsis here refers to *katharsis in* contrast to psychological descriptions of catharsis as a release of emotions that is healing. It is used here closer to the literary term utilized within the Greek tragedy to signify movement and transport of emotion in the audience (White, 1999).

Tracy (1995) identifies several distinctions that constitute a significant contribution - *theoretical, heuristic, practical and methodological significance*. Theoretical significance relates to contributions that are “intellectually implicative” and extend knowledge beyond currently held assumptions (Tracy, 2010). This research project seeks to name currently held assumptions, interview participants about their ideas and practices, and gather a diversity of creative approaches generated in response to dominant discourses.

*Heuristic significance* relates to further research and questions generated as a result of the contributions offered here. Further suggestions for research that would expand the depth and breadth of the conclusions in this study are outlined at the end of this dissertation. It is my hope that the taken-for-granted assumptions and the novel approaches revealed in this study will be triangulated and crystallized by a constellation of other research examining the effects of current DV epistemology and practice.

The process of interviewing and exposing grounded practices has produced many questions already. For instance, monolingual English-speakers and bilingual therapists indicate a difference in access to interpretive repertoires that is worth exploring. Additionally, capturing the experiences of clients would be useful.

*Practical significance* in research is characterized by its usefulness. As demonstrated in the literature review, contemporary research into DV practices does not indicate much efficacy (Dutton & Corvo, 2006). The effort to unmask harmful histories, name ideological dilemmas, and offer future directions for practice and research can offer practical significance to the field. Counselor training might be encouraged to shift the languaging of what’s possible with couples counseling to provide a more accurate depiction of parameters and practices available to couple’s counselors when confronted with couples in violence. The ultimate hope would be that families

and couples access counseling services before a severe episode of violence requiring state intervention, such as calls to law enforcement and the imposition of court mandates, occurs. The implications of a shift like this would be monumental in the domestic violence field, which is characterized by a neoliberal, criminal justice approach to helping families heal from violence (Bouteldja, 2017; Ferraro, 1996).

*Methodological significance* is achieved when a novel method is utilized to gather and assess data. While this research will not be creating new methodology, it will be relying on a fairly new set of approaches in the qualitative realm to utilize social constructionist research paradigms as they intersect with affect theory and critical discursive psychology (Wetherell, 2013). These methodologies intersect with developments in technology that allow a close examination of interview videos (not just transcription) that were conducted through a web-meeting platform, and the use of qualitative research software (NVivo) that offers a variety of tools that have only recently become widely available to researchers. This is discussed in further detail later in this chapter.

### ***Procedural Ethics***

Diligence in this area is critical to a research frame in which those ethics can emerge. Procedural ethics are the actions taken to ensure that participants are protected, the integrity of the research is guaranteed, and transparency and safety for participants remain central to the research project. This requires a “hermeneutics of suspicion”, where researchers stand at a critical distance from the ethics they state and remain open to the possibility that our practices stand apart from our intentions (Kvale, 1996; Marinussen & Wetherell, 2019; Reynolds, 2012).

This critical distance requires attention to the initial details of crafting the research project to stay ahead of developing ethical problems.

There are several steps preceding the conducting of actual interviews in this project. First, I was required to submit a proposal to my advisers (both in the US and Belgium) that clearly outlined my research question, my research design, and ethical considerations. For instance, on September 23rd, 2021, I sent Dr. Monk and Dr. de Koster an “Overview of Research Proposal” for their review. This resulted in a meeting via Zoom on October 18th, 2021 with Dr. Monk, Dr. de Koster, and Dr. Soyez, where they asked numerous questions related to my method and ethical concerns. After this meeting, I constructed several documents for submission to the VUB Ethics Committee, that reviews and provides approval for conducting the research. This required 3 forms: the “Dissertation Ethics Committee Form”, “Aanvraag ethisch advies– Ethische Commissie Humane Wetenschappen/Application ethical advice for the Ethics Commission in Humane Sciences” and my curriculum vitae.<sup>23</sup> These documents required a thoughtful explanation of my recruitment strategy, the research pool and demographics, potential risks posed, and how confidentiality would be managed. These items are discussed in further detail below.

Examples of this in this research project include an IRB-approval, informed consent, protecting data to ensure its privacy and confidentiality, and inviting participants to review the interpretations drawn from interviews when the study is concluded.

### ***Situational Ethics***

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<sup>23</sup> These are included in Appendices H, I, and J, respectively.

Situational ethics are distinct from procedural ethics as they require the researcher to examine the particularities of the research context and look beyond the standard ‘procedures’ of the research project (such as an IRB proposal) (Ellis, 2007). As Tracy (2010) asks, “Are the harms of the research practices outweighed by its moral goals” (p. 847)? This research project shines a light on taken-for-granted assumptions by counselors - professionals who are generally in a position of power when working with clients. However, spotlighting the work of MFTs in this study aligns with the “moral goals” of this study - to examine taken-for-granted assumptions and practices made accessible by DV epistemology.

By inviting MFTs to describe these assumptions, there is potential to encourage a reflexivity for one’s practice and ideally encouraging approaches with couple’s counselors that are rooted in research and ethics, rather than a political hodgepodge of considerations. Considerations of situational ethics are managed through the participant response group, where participants were invited to speak about the effects of this interview. This is discussed in length in Chapter 4 - Analysis in the “Participant Response” and “Limitations” sections.

### ***Relational Ethics***

This area requires the articulation of reflexivity in how the researcher composes and carries relational practices, and the effects that various questions can have on the participants in this study. Reflexive questions in this project include, “How will respect for their work be continually conveyed towards the participant?” And “Assuming that the researcher will remain connected to the interview subjects within the same fields and communities of practice, how should they position themselves in conversations?” In simpler terms, how might the researcher

conduct themselves in a ‘neighborly’ manner, in order to care for participants, but also live alongside them.

Neighborly practices were a central concern in this research project. For one, many of the interviewees *are* members of a shared community. They are narrative-inspired practitioners working as MFTs and sharing identity locations with me. Secondly, I have personal investment in providing a space for interviewees to ‘think out loud’ about their work not just for the sake of this research project, but because it has social justice implications for their clients. Therefore, maintaining practices that stress “promise keeping, relationships, caring, collaboration, intimacy, emotionality, and connectedness” can allow for a ‘revolutionary love’ in which meaningful change can occur (Bouteldja, 2017; Tracy, 2010, p. 847).

This ethical stance is demonstrated in the interview process by checking in with interviewees regularly and asking, “How is this going for you?”, and “are you OK with this line of questioning?”. These questions appear regularly across all the interviews conducted. Some interviewees were very curious about what I was “looking” for. In these moments, I would assure them that there is no “right or wrong” in their responses and let them know that I would happily share the context of my research with them. I did ask if it’s OK to do so at the end so that I didn’t influence their questions too much, but this was framed as a permission question, rather than a directive. Interviewees had control and the ability to consent to the process throughout. To clarify, all participants were given information on the study prior to the interview verbally and in writing (via informed consent). In addition, I did share what the research was about at the end of the interview with all but one interviewee, who was pressed for time and needed to get off the call quickly. They were all informed that they would have an opportunity to review my analyses prior to a final submission.

My relationship with my interviewees was privileged above all else (Gonzalez, 2000). The practices of hospitality were central in the ways I positioned with participants. I would ask and gain permission to ask certain questions and check in regularly. These practices are meaningful to me as a researcher and as a central part of my therapy practice. Thus, the implementation here was familiar and habitual.

### *Meaningful Coherence*

Tracy (2010) defines meaningful coherence as studies that “(a) achieve their stated purpose; (b) accomplish what they espouse to be about; (c) use methods and representation practices that partner well with espoused theories and paradigms; and (d) attentively interconnect literature reviewed with research foci, methods, and findings” (p. 848). In espousing a poststructuralist stance, these above goals are vulnerable to my interpretations, and are not achievable alone (Lather, 1993).

The critical component for adhering to these principles of meaningful coherence is relational. This research project spanned seven years. In those years, the COVID-19 pandemic occurred, the Black Lives Matter protests shaped society, I had a child and also underwent back surgery, and two US presidents were elected. During this period, I maintained a position as the Clinical Director of a non-profit agency addressing issues of domestic violence in Middle Eastern refugee families, was a lecturer at San Diego State University, and was an active member on the San Diego Domestic Violence Council (SDDVC) (receiving the award as the Domestic Violence Frontline Worker of 2019).

This background information is relevant for multiple reasons. First, I (the researcher) had access to a range of communities in which I presented my work. I did numerous presentations to

the SDDVC community regarding the findings in my literature review. These public presentations were openly critiqued in ways that helped bring accountability from multiple stakeholders (law enforcement, lawyers, social workers, therapists, and administrators). As an academic/lecturer, I did many presentations for students interested in research and curious about my project, making visible the “stated purpose” and how my methodology was achieving this. For example, I presented in Dr. Maggie Slaska’s Research Methodology course in the Master of Arts Education Counseling program at San Diego State University (SDSU), the Re-Authoring Teaching online professional MFT community, and Dr. Jan Ewing’s Research Methodology course in the Marriage and family Therapy program at SDSU. I was held accountable for the connection between my literature, research foci, methods, and findings through questions from students and scrutiny of respected colleagues in the field. The highly political movements that gripped the United States also invited the “test of time” to my research project, with the Black Lives Matter movement (in particular) heightening the importance and sensitivity of my work. Finally, the academic structure offered by the Vrije Universitat Brussels’ promoters Dr. Katrien de Koster and Dr. Veerle Soyez, and Taos adviser Dr. Gerald Monk provided guidance, mentorship, and critical feedback on how I was thinking about and constructing this research.

The above narrative simplifies a grueling process that kept my “feet to the fire” throughout. Grand, general statements were met with skepticism, confident assumptions critiqued, and sources required. I was open to the stories of my interviewees rather than trying to find a narrative that “fit” what I was seeking (Fine, 2000; Gee, 2014).

### **Representing Data**



Representing data is an inherently political process. The researcher is empowered to not only analyze the data, but to represent it and pluck out particular pieces to create a cohesive narrative. In other words, in representing their interpretation, researchers risk oversimplifications that can mask the complexities of data (Monk et al., 2020). By linking analyses with direct quotations from the transcript, the reader is able to use their own discernment about the conclusions made by the researcher. Further, the ethical challenges outlined and addressed throughout this dissertation intend to reduce the risk of wide variations between interpretations of data (Tracy, 2010).

### **Map Key of Transcripts**

Several tools are used to highlight and analyze meaningful extra-linguistic moments which can be lost in the written transcript. For instance, the emphasis that participants place on certain words, or the struggle to produce a particular idea. These moments of tension and struggle are important in CDP as participants negotiate ideas in order to craft a favorable and “logical” statement (Potter & Wetherell, 1987). In a social constructionist paradigm, “logic” is not an objective reality, but rather the negotiation and construction of dominant and local discourses into a coherent statement (Gergen, 2009).

Interruptions in the flow of speech are indicated with the use of “(.)”. These moments are often too short to be crafted into a sentence with grammatical tools as a period or comma, but are important in signaling the pacing of speech, and areas where a participant might be cautiously articulating an idea. The length of these pauses is indicated with the number of periods within the parentheses, with a longer pause being “(...)”. Words that are emphasized by the speaker are **bolded**. Gee (2014) refers to this as an “intonation focus”, where a “person’s tone and pitch” can

“reveal new information”, “affect interpretations”, and reflect cultural facets of a statement (p. 33). Finally, comments from the researcher (me) regarding an affective display (e.g., furrowed brows, hand movements, or gestures during speech) are placed within [brackets].

### **Conclusion**

This chapter has laid the methodological groundwork for the investigation into the interactions between language, power, and identity as participants describe their work with couples. These methodological choices have been crafted to align with the epistemological underpinnings of critical discursive psychology, emphasizing the interrogation of discourse and its role in shaping individual and collective experiences. This chapter underscores the commitment to reflexivity and the recognition of the researcher's positionality, both of which are fundamental to the critical discursive psychology paradigm.

The selection of the research method, including interviews and participant observation, reflects the aspiration to capture the intricacies of DV epistemology and their consequences on MFT practices with couples. The discussion of the limitations and potential challenges associated with the method is described in greater detail in Chapter 4 - Analysis following the analyses of the data.

This methodology chapter represents the scaffolding upon which this research project is constructed. It demonstrates the congruence between the research question, the design, and the philosophical foundations of critical discursive psychology, illustrating the dedication to fostering an insightful, reflexive, and ethically sound inquiry. As readers transition into the data collection and analysis phases, the methodological framework outlined herein will serve as a

compass, guiding towards a deeper understanding of the complex influence that DV epistemology has on MFTs.

## **Chapter 4 - Analysis**

In this chapter, I analyze interview data pulled from nine participant interviews exploring the ways that domestic violence epistemology intersects with their couples counseling practice. As discussed in Chapter 3 - Methodology, these interviews were analyzed by the researcher through a critical discursive psychology (CDP) methodology. The ultimate effort is to answer the original research question - what is the influence of domestic violence epistemology on the practices of couple's counselors when confronted with couples in violence?

The intention here is to provide a robust account of how participants speak about their work, trace legacies of the domestic violence field, present emergent patterns across the interviews, and lay a foundation of data to be discussed and extrapolated upon in Chapter 5 – Down and Forward Approach. In this chapter, participant statements are woven into a broader discussion that illustrates the interpretive repertoires that participants are utilizing and the patterns of ideological dilemmas that emerge across interviews. Then, the ways participants align with these repertoires and ideas as they produce and construct representations of their work will be identified and discussed. Statements from participants will also provide evidence for discursive threads and histories laid out in Chapter 2- Literature Review.

As discussed throughout, the domestic violence field is a hodgepodge of political legacies and theoretical assumptions. How Marriage and Family Therapists (MFTs) navigate this epistemology with their clients is a central concern. This question guides the analysis and the implications of the analysis.

### **The Use of Repertoires and Dilemmas**

This chapter will regularly refer to interpretive repertoires, ideological dilemmas, and subject positions as an organizing vocabulary utilized by the CDP methodology (Lester & O'Reilly, 2016; McCullough & Lester, 2022; Ólafsdóttir & Rúdólfadóttir, 2023; Potter, 2012; Talja, 1999; Venäläinen, 2020; Wetherell & Edley, 2014; Wetherell & Potter, 1993; Wetherell et al., 2012). These definitions have been discussed at length in Chapter 3 - Methodology. The interpretive repertoires identified in the analysis are reflective of the discussion in Chapter 2 - Literature Review.

The interpretive repertoires draw on the legacies of the DV field and overlap onto repertoires constitutive of an MFT practice. These repertoires will be identified and discussed throughout this chapter; however an outline is provided here. For the purposes of this section, key repertoires are housed within the “private practice” and “community agency” settings – two practice settings that utilize interpretive repertoires based on economic and political backdrops. Interpretive repertoires of the “Crime Control Model”, “Duluth Model”, “psychology” and “couples counseling” are identified in this study. The use of categorical repertoires can be reductionist, so it's important to understand that while certain repertoires are prioritized as dominant influences within participant statements, the repertoires are recursive and fluid in relationship to one another.

### **The Throughline of the Research Question**

The process of reading, reviewing, noting, and interpreting interview data is challenging. Like a sailor out at sea, the analysis felt like the flurried activities required to keep a sailboat moving in a breeze. These flurried activities at times required my head to be deep in the mechanics of analysis, much like a sailor pulling and releasing lines, tracking the wind and ocean

currents, and being responsive to sudden changes in direction. In this way, the research question served as a landmark - a point of reference that kept me moving towards the purpose of my study. I needed to regularly ask, ‘What is important about all of this?’ ‘How are these discoveries helping anyone?’ ‘What meanings am I making of what my participants are sharing?’ And, most importantly, ‘how are the statements of my participants illustrating the influence of domestic violence epistemology on their work when confronted with or considering working with couples in violence?’<sup>24</sup>

Chapter 2 - Literature review examines the history of the domestic violence field. The data is then analyzed against this backdrop. The ideological dilemmas negotiated by participants illustrate the complexity of the DV epistemology and expose the interpretive repertoires that influence their conceptualizations of how to work with couples in violence and ultimately, their practice. I draw attention to both what *is* and *is not* stated, as the absence of knowledge can also be telling (Gee, 2014). This is discussed in more detail in Chapter 5 – The Down and Forward Approach. For detailed information about *how* the analysis was approached, readers should refer to Chapter 3- Methodology.

### **The Influence of Practice Contexts**

Two contexts dominated the discourse of the interviews: private practice and community agencies. This is not surprising given that DV services in the United States are typically provided through community agency services, and couples counseling services are typically provided

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<sup>24</sup> The term “couples in violence” is used regularly throughout this definition as an effort to identify the starting point of constructing “couples in violence”. As discussed elsewhere, as the terms DV or GBV emerge, they begin to point to specific political histories and ethics. Thus, “couples in violence” is not intended to minimize violence and its effects, nor to equate a “slap on the face” with strangulation or somebody who trembles with fear around their partner. The use of “couples in violence” is a politically sensitive term, as it can wash out the gradients of violence. A more thorough definition and reasoning for its use is offered in Chapter 1.

through private practice settings. The setting in which the therapist works has an impact on the interpretive repertoires made available. This will be discussed in further length below.

Therapy services provided by MFTs are located within a neoliberal political economy, where the source of funding and financial compensation has significant influence on the actual and perceived parameters of practice (Freedman & Combs, 2020). The impacts of the business setting on the participants' therapy practice were prominent in the data. Talja (1999) suggests that identifying a participant's foundational and contextual assumptions is a pathway to analyzing the subject positions. This necessitates the question of "who are they aligning with?": a question which requires the drawing into focus of the contextual and discursive features of participant statements.

In the United States, private practice refers to the provision of therapy services within a for-profit business setting. This can be either an individual or a "group practice", where several therapists might share overhead costs. Regardless of how administrative costs are handled, therapists in private practice manage their own client list, negotiate their own pay structures, and provide their own liability insurance. Private practice clients either pay out-of-pocket for services or have private insurance. Therapists can be "approved" by the insurance company and reimbursed for the work they provide to clients that are "in-network". Private practice provides the most "freedom" for therapists as the only legal and ethical parameters are the ones governed by the California State licensure board. There are few to no policies or protocols imposed by the workplace, and therapists have access to the full range of theoretical and practice modalities made available by the field. Clients are typically voluntary and tend to skew middle-class due to the high cost of counseling services. For example, at the time of this writing in 2023 in San Diego, the average cost for a 50-minute session with an LMFT is over \$100 USD.

Community agencies stand in contrast to private practice settings. Typically receiving money from public grants or private donors, they are positioned to address a particular problem. As described in Chapter 2, following US policy shifts in the 80s, most DV counseling services came to be delivered through community agencies, primarily with public funds (Adelman, 2004; Ferraro, 1996). These grants have various stipulations, such as requiring outcomes to be measured and reported back, or particular frameworks to be used. The Duluth Model is a prominent example of a model that is imposed onto agencies through funding stipulations. This can include certain criteria for “victims” and creating a particular focus in a therapists’ work (such as individualized safety plans). These rigid parameters of practice are set in the policies and protocols of the agency, and range from the use of specific assessment tools for intake (such as the Adverse Childhood Experience Survey) to ensuring that participants who receive services fit into specific criteria.<sup>25</sup> The benefit of this setting is that services are often free to those who seek them, and practice is more “standardized”.

The influence of private vs community settings will come through in participant statements revealing a chasm of conflicting ideologies and practice choices embedded in the very structures of each. A review of these ideological dilemmas and differences provides a compelling examination of the influence of domestic violence epistemology on MFTs.

### **Private Practice**

There are dominant discourses carried through participant statements reflective of “private practice”. As a first step in solving the puzzle of analysis in CDP, Talja (1999)

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<sup>25</sup> The Adverse Childhood Experience Survey (ACES) is a survey based on a robust longitudinal study that researched the effects of adverse and traumatic experiences in childhood and its effects on life expectancy.



recommends the question “what is the starting point behind this account” (p. 466)? These assumptions will be named here and explained further with evidence as this section unfolds.

Private practice assumes that clients are attending voluntarily and therefore “motivated” to engage in the practice (Colburn, 2013). Power structures that underlie the therapists’ work are less visible. This limited visibility is reflected in Phyllis’ statement as she attempts to identify what she is or isn’t “allowed” to do.

*Phyllis: Is there an ethical code that I'm forgetting that says we can't (..) work with people with active violence?*

In addition to governing bodies like the Behavioral Board of Sciences (BBS) in California, USA, there are state and national coalitions like the California Association for Marriage and Family Therapy (CAMFT) or the American Association for Marriage and Family Therapy (AAMFT) that provide political lobbying efforts, updates to legal and ethical parameters, and bureaucratic accountability structures for training and education. They are not involved in the day-to-day of private practice therapists and are typically available for consultation or personal research. Otherwise, Licensed Marriage and Family Therapists (LMFTs) have minimal oversight, and Associate Marriage and Family Therapists (AMFTs) have a supervisor they must consult weekly in order to provide services.<sup>26</sup> Therefore, the intake and assessments processes, and clinical judgments of therapists are privileged (Harrington, 2014). Given the isolated nature of seeing clients and managing confidentiality in a private setting,

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<sup>26</sup> AMFTs are required to engage in “supervision” with an approved supervisor to gather hours of work to submit for licensure. In California, 1 unit of supervision allows an AMFT to see 10-hours of clients. An AMFT needs 3000 hours total to submit their hours to the BBS for approval to take 2 state examinations that lead to licensure.

therapists must make quite an effort to build community with others. This requires identifying consultation, online meetup groups, or more casual opportunities for exchange (Pipal, 1997).

In summary, the process of accessing therapists in private practice through out-of-pocket payment or insurance tends to privilege clients who have access to financial resources and associated privileges. Further, the intention of voluntarily accessing services requires some form of cultural knowledge about therapy and its presumed helpfulness. Thus, the presence of a shared cultural backdrop between clients and therapists and the lack of stipulations on theory, practice, and demographic criterion generates a less standardized and more “unrestricted” practice for therapists.

### **Community Practice**

In contrast to private practice, community agencies narrow the lanes in which therapists practice. With specific practice stipulations for “evidence-based” approaches, quantitative outcome requirements related to service delivery or targeted populations, and policies and protocols that apply to whole teams, community agencies typically provide free or cheap services for a wide range of populations. Importantly, many clients in community agencies do not have access to resources like shelter, food, or safety, and some may be mandated by the judicial system to attend therapy as part of a court case (Reynolds et al., 2021). This is described in greater detail in Chapter 2 - Literature review.

In this chapter, the similarities and differences in how therapists in community agencies describe their work is analyzed and presented. As described earlier in this section and in the Literature Review, the bulk of DV services are provided through community agencies. An examination of how these settings shape participant statements and descriptions provides a

window into the machinations of DV discourse, with the community agency context demonstrating a more “unfiltered” influence of DV epistemology and politics on practices.

The “starting point” of accounts from practitioners in DV draws on the following implications of a community agency (Talja, 1999). Community agencies embed therapists into a particular community or team of practitioners and professionals working on teams towards a shared goal. The policies and protocols of the agency prescribe quite specifically what therapists can or cannot do (which will be exemplified repeatedly in this section and analysis).

Assessments and intake protocols are imposed by funders and specific criteria outline what must be documented in order to quantify outcomes. Most publicly funded community agencies undergo audits, in which compliance with funding requirements are examined.

The dominant discourse assumptions embedded within practice settings were reflected in participant statements. For instance, Angela (who is in a private practice setting), shared the following:

*Angela: Um (.) But you know (.) if I was working in community mental health (.) I would probably have to take on a lot more people that were not as motivated to change.*

The requirements and impositions of funders combined with the overarching mission and cultural contexts of the agencies, make for a discursive cocktail that is served by MFTs to their clients. Thus, participant statements from MFTs in community agencies can reflect the politics of funders, the community agency, and personal perspectives. Throughout the following sections,

attention will focus on the settings in which study participants are located and the influence these contexts have on the statements and considerations they provide.

### **Tracing DV Discourse**

This section examines the ways in which participant statements are laden with DV discourse. The intention is to analyze foundational assumptions and conceptualizations drawn from DV legacies in the United States, and their influence on the operative definitions and understandings utilized by MFTs in California. As outlined in Chapter 3 - Methodology, the ideological dilemmas pointing to various interpretive repertoires are central to the crafting of these sections and understandings.

The word “legacy” is used intentionally to capture the historical and political contributions of feminist activists, law enforcement and judicial systems, psychologists, family therapists, and social workers (not an exhaustive list) mentioned in the Literature Review, and their discursive influence on MFTs working with couples. While there is significant cross-pollination amongst these groups, the political assumptions embedded within their conceptualizations and resulting ideological dilemmas make space for multiple positions that are identified in the fluid subject positions of participants as they negotiate personal perspectives and ethics (Wetherell & Edley, 2014).

### **Parameters of What’s Possible**

Wittgenstein (1921) proposed that the limits of language are the limits of what is knowable. This perspective is a foundational assumption within qualitative discourse analysis methodologies, and more specifically within CDP and this study (Hepburn & Wiggins, 2007).

While participants are speaking to their work, practices, and conceptualizations, they begin to draw on particular interpretive repertoires, which then make certain actions possible or considerations available. As the parameters of knowledge are constructed, and ideological dilemmas are made visible, how participants negotiate *who they are* in reference to particular repertoires provides critical data for this study. These negotiations of identity will often change within a single sentence, indicating that multiple (sometimes competing) repertoires are informing the statements of the participants. The following example from Jan illustrates this.

*Jan: I'm not trying to normalize it, but I am trying to (.) make space for the story to be told in a nonjudgmental without (.) you know (.) like without receiving a judgment from my side*

Prior to this statement, Jan was describing her interest in being invitational to her client's stories of violence or abuse, and how to stay *compassionate* towards these stories when she has her own strong opinions.

In the above statement, Jan is negotiating several ideological dilemmas that necessitate multiple subject positions. First, we see Jan negotiate a societal norm and her wariness of reinforcing it, as evidenced by her statement that she is *not trying to normalize it*. However, this becomes a complicated space as she attempts to *make space for stories* versus avoiding being perceived as *judgmental*. We can identify some of these repertoires as a feature of therapy, where a "space for the story to be told" is valued and privileged, as well as being "non-judgmental". However, this comes into tension with societal attitudes and perspectives of DV, where violence and abuse are intolerable behaviors.

We can then infer the ways that these repertoires and the dilemmas they present position Jan. Here, we see Jan's position as a “helper”, a therapist who is interested in being an “empathetic listener”, who wants to actively listen and offer a non-judgmental space for the storyteller. This position emphasizes their openness and willingness to understand their client’s perspective. This position sits alongside that of a “critical engager”, a person who is not “normalizing” behaviors and is indicating a caution around the potential implications of normalizing certain experiences.

Due to the lack of clarity and hesitation to work with couples in violence, only six out of nine participants were able to refer to personal experiences of working in any long-term capacity with clients. Participant descriptions of their practice with couples in violence were relegated to brief sessions where assessments were conducted, or similar contexts where the work began but was ended due to the presence of violence. In these situations, the interviewer would invite the participants to imagine what they *would have done* if they proceeded, making note of affective displays and physiological responses.

### ***Parameters of Activism***

DV epistemology in the US originated from significant efforts from grassroots, feminist activism (Ferraro, 1996; Schechter, 1982). And, as outlined in the Literature Review, this history has fused with contemporary social service models that includes judicial systems, law enforcement systems, and psychological conceptualizations. Given this epistemological complexity, how MFTs describe their work in relation to these histories provides a window into linkages between epistemology and practice that participants in this study are making.

The data gathered from participant interviews did, in fact, mirror the tangled web of activism in DV epistemology. Activism here is defined as efforts made by individuals and communities to promote political or social change (Merriam-Webster, n.d.). Notably, psychological conceptualizations of experience often locate it within a liberal humanist conceptualization that strips the politics out of the context (Reynolds, 2021). Thus, as participants drew on legacies of repertoires available in DV epistemology (such as feminist activism, legal definitions, or psychological research), participants positioned their practice on a spectrum of activism.

This spectrum of activism was described in different ways depending on the participant. Some were very explicit in naming the limitations of the system, as exemplified in the following statement by Holly:

*Holly: I think (.) there needs to be more than just like these little silos of organizations*

Others' statements of activism were identified in how they positioned themselves in relation to particular ideological dilemmas and required a bit more 'sussing' out to identify positions of activism. Consider the following example from Kelly, who is referring to a stance she took with a client who was engaging in abusive behaviors towards their partner (within an individual session):

*Kelly: it's not okay when somebody finds out [about the abuse] (.) so mama therapist is gonna be mad at you (.) If she finds out that you are hitting your partner still.*

This is interpreted as a position of activism due to the broader context of the conversation indicating an interest from Kelly in taking relational stands against violence, rather than the use of law enforcement or other punitive systems. This is housed in an understanding that DV is not reportable by therapists, therefore requiring access to different approaches. Kelly's approach above is unconventional, as she positions as a *mama therapist*, indicating a loving yet critical parental stance.

A shared feature of subject positions amongst participants was locating themselves as "helpers" versus "MFTs". This was not surprising as it accurately reflects the political labyrinth of the DV field, whose history began with feminist activism and has become consumed by a "crime control model" (Ferraro, 1996).<sup>27</sup> "Helpers" often spoke to the values that brought participants into the field and situated their work ethically, while "MFT" suggested a bureaucratic, legal context that required an adherence to state regulations and parameters. While this language was not specifically used by participants, the consistency of this positioning provided me with enough data to produce these categories. To be clear, the intention isn't to imply that MFT's cannot do activism, but rather to locate the "MFT" category in relation to "helper" as a state-licensed professional with bureaucratic responsibilities and state-approved training, whereas a "helper" engages more freely in their social efforts, guided primarily by their personal ethics and experiences.

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<sup>27</sup> This is outlined in great length in Chapter 2 - Literature Review



In the following, Erin situates herself as a “helper” when describing her willingness to work with couples in violence:

*Erin: let's help people have better relationships (.) like (.) it's actually really not helpful to (.) like go through the garbage all the time (.) like that's not necessarily what people need to do (...) And in terms of working with couples in conflict or (...) in high conflict or where there's kind of violence um (...) I (...) I think I'm a little out of the mainstream (.) and that I probably am more open to working with that than most people.*

The next segment is Erin describing her same work but as an “MFT”, where she is necessarily speaking to the legal and ethical parameters of her work as defined by the State of California:

*Erin: I am very conscious of and intentional around the ethics of identifying the unit of treatment (...) That is (.) you know part of our rules and regulations and things (...) I feel very conscious of those (.) of the problems (.) but not as scary you know (.) it's not as scary for me (...)*

In the first excerpt, Erin positions herself as a member of the therapy community who is critiquing her field. She uses the collective “let’s” (an English contraction for “let us”), indicating her interest in *help[ing] people to have better relationships*. In this statement, Erin also crafts an alignment with an intention to *help people have better relationships*. This is significant as it illustrates a particular interpretation of the MFT field - that there are practices

and approaches that *do not* help people. And, when it comes to *couples in conflict* or *where there's ...violence*, many counselors are *not* working with these couples. This understanding that many therapists do not work with couples in violence was expressed by all nine of the participants, including the AAMFT lawyer that I consulted with (outlined in Chapter 2-Literature Review).

Erin explicitly positions *outside* of the *mainstream* MFT field, rejecting a dominant notion of going *through the garbage* of a couple's history and perhaps a greater willingness to work with couples in *high conflict* or *violence*.<sup>28</sup> As she negotiates this position, there are more pauses and careful-ness in her speech. By contrast in the second segment, Erin uses language that aligns her more closely to mainstream MFT ideas. There are grammatical and vocabulary features in Erin's language that signal this positioning. Erin fashions the sentence in such a manner that centers herself and knowledge confidently, with phrasings like *I am very conscious*, *I feel very conscious* and *it's not as scary for me* (Gee, 2014). She moves her vocabulary into what Gee (2014) refers to as "Tier 3 words", which are "specialist technical terms used in narrow meanings in specialist domains" (Gee, 2014, p.61). She indicates that she is "intentional", and utilizes formal language of the field, such as "unit of treatment" and "rules and regulations". Her speech pattern and tempo are steadier, indicating the skillful confidence of a professional who isn't as "scare[d]" easily.

This example makes visible the fluidity of identity as participants continually reposition in response to the discursive framework they are simultaneously drawing on and creating. The assumption held within social constructionism, and more specifically CDP, is that our use of

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<sup>28</sup> The *garbage* is in reference to a dominant discourse of couples therapy whereby clients must necessarily reveal a troubled history and "hash-out" the problems so as to "solve" the problem.

language points to a broader discursive framework which makes particular identities and actions available (Burr, 1995; Wetherell & Edley, 2014). Thus, Erin is “creating herself” as she describes her work, drawing on a vast history (both personal and cultural) to do so. Her values of helping people at times align with her interpretation of the “MFT field” (as captured in her second statement), and are at other times, at odds (as demonstrated by the first statement).

The following excerpt from Kelly provides another explicit example of this movement between “helper” and “MFT”. In this section of the interview, Kelly is describing her philosophical and ethical challenges with “accountability” and its role in her practice.

*Kelly: How do I assign or how do I support the person in becoming accountable to their actions and their ways of thinking (.) without accusing them (.) or without defining them as (.) I don't know violent or aggressor or unfair or manipulative.*

Kelly’s positioning in this statement captures a sense of responsibility to the *aggressor* in a relationship. Her responsibility to be accountable draws prominently on the legacies outlined in this dissertation. Kelly’s sense of responsibility is evident in the grammatical structure of her phrasing - *how do I support the person* and must not be taken for granted, as there are plenty of discursive frameworks within the MFT and DV epistemologies that place the burden of responsibility for change on clients. So, as Kelly positions herself as responsible to help her client *become accountable*, the question of practice becomes central and provides clues to the interpretive repertoires from which she draws.

Kelly succinctly reflects a significant question demanded by DV discourse - What is accountability? First, it is no surprise that accountability is presented as the focus of her work given the centrality of this notion to DV epistemology. Accountability for the perpetrator is the holy grail of the Duluth Model (Creek & Dunn, 2006). Interestingly, Kelly states at another point in her interview that the word *accountability* is one she uses in English, as she began her MFT graduate studies in the US and was exposed to DV language specifically from the US<sup>29</sup>.

*Kelly: when we use that word accountability (.) that's (.) not a word that I have available in Spanish (.) I don't know what.*

The dichotomy of victim/aggressor and the implication of accountability resides heavily within the Duluth-model. The use of the words *violent*, *aggressor* and *manipulative* draw on psychological and legal formulations of the *aggressors* behavior and personality. Kelly's poststructuralist practice of *not defining* people comes into direct contact with the DV field's refined interest in categorical definitions. This example captures a commonality in participant responses of this study that will be evidenced in this chapter and expounded upon in Chapter 5 – The Down and Forward Approach.

Given that all of the participants in this study aligned with poststructuralist practices, it was unsurprising that considerations of the therapists' power were present in their statements. In the example above, we observe Kelly formulating multiple positions in locating her power as a therapist as she attempts to embrace accountability without labeling identity. This is clearly demonstrated in the next example with Pamela, who faces a similar challenge in determining if

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<sup>29</sup> Kelly identifies as an immigrant to the US, originating from a Spanish-speaking country.

couples counseling should proceed or not after a couple has revealed violence in their relationship dynamic.

Prior to the segment that follows, Pamela was describing the contexts in which she would or would not meet with a couple in her private practice. She shares that she would be “uncomfortable working with” a couple who did not make a shared “commitment” to “stop the violence”. After describing this criterion, the interviewer reflects her statement back to her, saying, “So in that scenario where perhaps both people do not have the shared agreement to end the violence (...) you wouldn’t work with a couple.” She responds to this reflection with a correction, stating that it’s not that she wouldn’t be “comfortable” and starts to interrupt herself, providing counterarguments to her own statements. In this moment, the presence of an ideological dilemma becomes prevalent, indicated by her faltering speech, slower tempo in speaking, and a greater effort to articulate her stance. In this, she begins to negotiate her power and influence in her relationship with clients - to what degree does she get to determine whether a couple gets access to counseling?

*Pamela: You know (.) like having some sort of **authority** (..) being this person who has some sort of power (.) not that I've asked for it (.) but that there's this idea that a therapist in a situation would have some sort of (.) [shrugs] mmmm (.) Some sort of (.) [looking off to the side in contemplation] **professional capacity** to state what might be unacceptable (...) and whether or not I fully agree that that's my position (.) um It feels like that's that's kind of (.) an understanding that people may have communicated to me before so like couples, maybe have (.) given me the idea previously that (.) It matters (.) if I think that something is inappropriate.*

Pamela references the dominant ideas of the MFT field through the use of professional vocabulary, referring to the *authority* and *professional capacity* of an MFT to make formal assessments and decisions on what type of work is possible. She places emphasis on these words, and she expresses these considerations with a furrowed brow. She locates this position next to a different understanding of an MFT position, one that aligns more closely with a poststructuralist stance, where the therapist necessarily acknowledges their power and influence by centering client knowledge (White & Epston, 1990). This is indicated through her reference to *understandings* that have been *communicated* to her by *couples*, and privileging experiences where her clients have directly invited her to name whether something is *inappropriate* in a relationship. She explicitly mentions that she does not know her *position* on the matter.

The data presented above illustrates the fluidity of participant subject positions driven by DV epistemology. MFTs in practice with couples are challenged by a politically and philosophically scattered epistemology which results in uncertainties in practice and assessment when working with couples and DV. These challenges come up against the personal ethics of therapists as they contend with the task of helping people while remaining considerate of their professional role and its impositions.

### ***Legal and Ethical Parameters***

What appeared to be consistent was a lack of clarity about ethical codes and legal parameters amongst participants in private practice settings. The participants in this study were invited to *imagine* what they would do if confronted with couples in violence as it became apparent in the interviews that most participants were *not* engaging with couples in violence.

This observation reflects the impetus of this research question and consequent study - that couple's counselors ranged from hesitant to unlikely to meet with couples who reported violence in their relationship. Thus, as interviews indicated this original concern, participants were occasionally invited to share their assessment and decision-making process beyond lived experiences and into imagined territory.

The importance of the relationship that participants held to legal/ethical parameters became visible across multiple interviews as participants negotiated whether or not they were "helpers" (practitioners who are invested in contributing to people's wellbeing and a broader ethic of social justice) or MFTs (state-sanctioned professionals whose community is constructed around a bureaucratic achievement of licensure through which standards of practice are maintained by the threat of administrative and legal consequence). The following examples demonstrate the open waters of legal/ethical considerations in private practice. These examples will be compared and contrasted with statements from participants in community agencies.

**Private Practice.** Phyllis was invited to clarify her understanding of the legal and ethical parameters of her work. This emerged in the context of Phyllis struggling to discern when she would or wouldn't work with a couple who had violence. She settled on an answer that she "wasn't sure" and that it would be context dependent. Specifically, the question asked was, "How would you describe the influence of the legal and standard of care ethical parameters of the MFT profession in California on some of [your decisions] (..) if that makes sense?" In Phyllis' initial response, she indicates a significant lack of clarity on this:

*Phyllis: "I don't think I can answer this question (.) but I'm (.) like (.) is there an ethical code that I'm forgetting that says we can't (.) Work with people with active violence?"*

Phyllis' pitch goes up at the end of the sentence, indicating her unsureness. Phyllis scrunches her face and furrows her brow during this statement, indicating a tension and concern in asking a question that she "should" know the answer to. The significance of this moment is articulated in the following conversation, where Phyllis provides clarity about what is allowed from her couples counseling class.

*Phyllis: I know that I was taught that in school (...) And thinking about the couples counseling class that I had(...) I remember learning like (.) should not have like(.) if there's active violence and relationship it's (.) what's the word (..) contraindicated.*

This captured a familiar moment for several participants who indicated that working with couples in violence was "contraindicated" according to their couples counseling training, but simultaneously hard-pressed to name the actual parameters. The use of the word contraindicated is of interest as well, given that it originates in a medical model paradigm, and means that a particular "drug, procedure, or surgery" should not be utilized as it could harm the individual (U.S. National Library of Medicine, 2021). And while this language in MFT is used similarly to indicate that research does not support a particular intervention or approach, its usage here by Phyllis crosses wires with the notion of "ethical codes". In other words, the potential harm of an approach or assumed lack of research can be interpreted as a formalized ethical code set forth by the profession that prohibits the approach.



The uncertainty and ambiguous relationship with state laws and the participants' lack of clarity in this territory was accompanied by worry or fear – responses that appeared regularly across participant interviews, often inducing visions of “*fueling more violence*” or “*causing more harm*”, which will be expounded upon later in this section.

As mentioned, a sense of worry or fear presented as a strained look and tension in Phyllis' posture, which the interviewer then inquired about by asking about her physiology. Phyllis spoke directly to the sense of not having direction or clarity in how to work with couples in violence, aggravated in part by her lack of clarity in the legal and ethical knowledge. The use of boldface below signifies differences in intonation, which reveals new information in how participants emphasize or draw attention to particular words (Gee, 2014).

*Interviewer: Can I check in with your physiology at this part of the conversation?*

*Phyllis: yeah (.) it feels like **hard** for me to (.) uh (.) I feel **tense**, because it feels hard for me to be like [makes a strained expression and vocalizes a sound like “eeugh”] (..) like I could just (.) I could go every which way in thinking about this, so (.) it feels hard for me to make some (...) to share ideas (.) on it.*

This excerpt captures a common occurrence in the interviews. Eight participants recalled moments in their work with couples where the potential for violence was unclear, and in all eight moments the affective markers of the conversation became more pronounced. These affective moments are useful signals in discerning when participants have reached the borders of what is immediately knowable and communicable, yet familiar (Wetherell, 2013).

As mentioned, Phyllis was not the only participant to grapple with this issue. This issue seemed grounded in some contradictory information between what they understood as possible within the legal parameters of their work and what was taught in their formal couples counseling contexts. Another example of this is in the following excerpt with Michael:

*Michael: As what I remember from (.) like our couples therapy class was that (.) you know (.) was was kind of being taught that like.(.) You know, like we're taught ways that we can assess for for domestic violence or intimate partner violence (.) but then we're (.) made (.) it was made very clear that if there is violence in a relationship, you cannot see the couple (.) and (.) and that sort of like at that was a kind of (.) like the end all be all you know (.) so it's like if you if you determine or if you.(.) suspect that there is.(.) domestic violence, you cant see them.(.) And that's basically it.*

During this comment, Michael pauses several times throughout his speech, as if to be deliberate in piecing together a story with contradictory elements. For instance, he refers to the ways that he was *taught* to assess domestic violence in couples counseling with the *end all be all* rule that you do not meet with couples in violence. Michael draws on a history of his training for “couples counseling” that includes assessments for domestic violence as part of the skill set. However, this assessment is housed in a clearly defined decision tree that ultimately disqualifies couples when violence is present. Michael is drawing on two repertoires here- the practice and work of an MFT working with couples, and the Duluth model that has been imposed by the judicial systems which clearly articulates that working with couples in violence is dangerous and

prohibited. The result of this discursive fragmentation is the utilization of a crude metric in couples counseling pedagogy that acts as an on/off switch to working with couples if violence is present.

In the following excerpt, Pamela similarly speaks to the prevalence of legal discourse in her work.

*Pamela: I am **not** a (.) lawyer and I'm **not** (.) I don't work for the police right (.) so I don't really **know** the (.) The details of what **can** be done (.) and so I feel like sometimes there's the expectation that we might (.) have more um (.) **clarity** about legal parameters and we really do (.) or maybe that's that's my experience anyways (.) and so I feel like sometimes I (.) am trying to tell people to (.) Go to their other resources (.) like hey it doesn't hurt to call the non-emergency police line, and make a report, start a paper trail and ask for some specific information (..) within my work I feel like (..) if it's just adults involved that there's a whole lot of (.) [stares off, thinking deeply] I guess (.) like parameters that I have to be super aware of..*

Pamela expands her wrangling with the legal parameters of her work to include conversations with clients, describing clients that harbor expectations that she can support them in navigating the legal system. Pamela places emphasis on particular words, articulating a clear separation between her professional role and that of a “lawyer” or “police [officer]”, professions that require a specific understanding of the legal systems. She follows this with examples of referrals she *does* give clients, which includes suggestions to make contact with law

enforcement. However, she reinforces that as a therapist working with *adult* couples there are “parameters” shaping her work. Interestingly, she is very slow and deliberate in making this statement, indicating an unsure-ness. Her scrunched up face further signals her uneasiness in making the claim. This corresponds with the lack of clarity in statements made by other participants, as mentioned previously.

**Community Agency.** While the three examples shown above are from private practice contexts, eight of the nine participants described their understanding of and relationship to the legal/ethical parameters of their work with similar trepidation. The significant difference in the data was indicated by participants expressing less agitation in producing what the legal and ethical parameters of their work is. While they were frustrated and might disagree with particular parameters, they demonstrated more clarity on what these parameters were. They referenced the policies and protocols of their agencies, rather than the much broader territory of the “MFT field”.

In the example below, Kelly speaks plainly about her relationship with legal parameters in her therapy practice. She precedes the statement below by describing the influence of “DV stuff” on her “couples counseling” as *nerve wracking*:

*Kelly: Like (.) often (.) often my reflection is like (.) am I doing this (.) because this is what I **believe** is the right thing to do (.) or the **ethical** way of approaching this (.) or is it because it's the **legal** (..) thing (.) like (.) Am I gonna be in trouble if I don't do it like this (.) or am I gonna be in trouble if I **work** with this couple (.) that is in active physical violence let's say.*

Similar to Erin, Kelly is negotiating the subject positions of “MFT” versus “helper” as she confronts the dilemma of a legal parameter that threatens a punitive consequence, and her personal ethics shaped by what she *believe[s]* to be the *right thing to do*. And similar to the other participants, Kelly describes the impact of these competing discourses and the resulting *nerve-wracking* concern of working with a couple in active physical violence. She indicates a reflexivity in evaluating how her practice can be shaped by forces that are not her own, and wondering if *working* with a couple would result in *getting in trouble*. It is unclear from the statement where the genesis of this punishment would be, though there is clarity for its potential. Her phrasing and construction of the sentence does not position the clients as the source of accountability or punishment.

Kelly identifies two areas for consideration in her reflections when working with couples: her own *ethics* and the *legal* mandates of the field. Like other participants, it is difficult to differentiate between the legal mandates and ethical considerations put forth by the field. However, Kelly is quite clear on what are her “own” ethics and what are not. This sense of clarity stood out particularly in statements by participants in community agencies, as they were able to refer to the policies and protocols of their specific agencies, rather than a broader, more nebulous legal system.<sup>30</sup>

Holly exemplified this in describing her understanding of the legal implications of working with couples. Rather than refer to the broader state regulations like MFTs in private practice, Holly refers specifically to the protocols of her specific agency.

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<sup>30</sup> The use of the word “sense” is intentional as it references the affective interpretations of client statements

*Holly: Like (.) the (.) the (.) the couple would be more **able** to come to therapy or like it would be more open for them at XXX<sup>31</sup>, but (.) when (.) when they're (.) When there was (.) like the physical abuse (.) like all this history of physical abuse (.) and I think that's where (.) we'd offer the therapy (.) to the (.) to the individual who's being abused.*

Here, Holly is describing her agency's stance towards couples - that they were open and *able* to come for couples counseling, but an assessment that produced a *history of physical violence* would result in offering therapy to the *individual who is being abused*. This pathway to treatment reflects Duluth-model approaches (described in Chapter 2 - Literature Review). Notably, Holly is not straining while relaying this process. Rather, she looks off to the side calmly as she shares this information, indicating that she is recalling information rather than formulating it.

Compared to her counterparts in private practice, Holly's relationship to the legal and ethical parameters of her work is situated within the policies and protocols of her agency. This is reflected in statements made by Kelly, who also works in a community agency.

*Kelly: Usually, if there is physical violence (.) the agency won't want you to work with a couple.*

*Interviewer: Why not?*

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<sup>31</sup> Holly refers to the name of her agency here, which has been redacted and replaced with XXX in an effort to maintain confidentiality

*Kelly: In conversations with supervisors and everything (.) what I've heard (.) is that you don't do that because you put in risk (.) one of the people or the two people (...) I don't know.*

A few notable items stand out here. Like Holly, Kelly refers plainly to the position of her agency when considering working with couples in violence. Notably, she positions this agency stance as a preference, stating that the “agency **won't want you to** work with a couple”. Rather than refer to MFT research or a standard of care for MFTs, Kelly situates the reasoning as the stance of the *agency*. In contrast to Holly's statements, Kelly positions her understanding of the agency protocol as something that she has *heard* and that, ultimately, she does not *know*. Implications of these statements are discussed in greater length in Chapter 5 – The Down and Forward Approach.

While there is variation between Holly and Kelly's descriptions of agency protocols and their genesis, all participants in community agencies presented this information with less affective displays of tension. One possible explanation for this is that the close relationship of community agencies with judicial systems creates a necessity to train MFTs in these systems. This is reflected in statements by Erin, who holds a unique position *vis a vis* other participants. While at the time of interviews Erin works in private practice, she had worked at a rape crisis center (community agency). Thus, by her own report, her exposure to domestic violence epistemology was both through her MFT graduate program and the rape crisis center.

*Erin: The acronyms [laughter] the (.) you know the different (.) the **response structures and engaging with police** (.) you know (.) like the the relationships*

*with **policing** and the **criminal justice system** (.) um That stuff all came through my work (.) I don't think most MFTs have that (.) level of **exposure** or (.) um amount of information (.) and so I think a lot of times these kinds of crises are really **scary** for (.) for a lot of therapists (.) pretty **overwhelming**...*

Erin's reference to the "acronyms" and the subsequent laughter was interpreted both in the moment and in analysis by myself as an acknowledgment of the absurdity of how much esoteric *information* was required by the clinician. Erin describes this as requiring *exposure* to the *response structures*. It is important to note that her list comes primarily from the *criminal justice system* - she points to *policing* twice. Erin here is drawing on the "crime control model" of the DV field, where DV is a criminal act (rather than a family problem), and thus the helpfulness and confidence of a therapist is tied to their knowledge of the legal system. She implies directly that to help clients with a crisis requires knowledge of the legal system. In line with earlier examples, Erin's sense of her ability to help clients is bolstered by her history and knowledge, and, in relation to other therapists, she positions again as "not *scared*".

As demonstrated through these examples, the "laws and ethics" of the MFT profession holds a powerful sway over the work of therapists, which is further shaped by the practice setting. Participants across both practice settings indicated a lack of clarity on the reasoning behind particular stances and restrictions. Within legal and ethical parameters and the crafting of this political terrain, the interpretive repertoires reflect the legacy of the "crime control model" and Duluth model. This repertoire contributes to significant ideological dilemmas that shape the practitioner's sense of agency. This results in subject positions that move them between the



ethics of being a “helper” and a formal professional who seeks the black and white answers the legal system purportedly harbors.

### **Use of Terminology**

Inquiries about the usage of particular words and terms by participants shed a helpful light on their associated interpretive repertoires. As readers have likely noticed, this dissertation utilizes politically delicate language in referencing the presence of violence for couples.<sup>32</sup> For instance, the phrase “couples in violence” can be interpreted as a diminishing of the seriousness and directionality of violence in relationships, ignoring the political contexts in which violence can occur (G. Monk, personal communication, April 18, 2023). The use of words like “gender-based violence (GBV)” versus “interpersonal violence (IPV)” signals different legacies and interpretive repertoires.<sup>33</sup> Given the challenge for me in crafting language for this dissertation, it comes as no surprise that participants faced similar challenges in their usage and operative understandings of these definitions.

This section focuses on the use of particular words by participants which expose the discursive frameworks from which they derive meaning. While practice settings remained an influential variable in participants’ statements, invitations to define terms and conceptualizations of relational dynamics allowed participants to articulate *how* they came to understand a complex phenomenon. In this articulation, the subject position of the participant becomes visible as they align with (or not) a particular perspective that prescribes (or is perceived to prescribe) the actions the therapist can take.

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<sup>32</sup> Chapter 1 - Introduction provides a fuller explanation of the use of language in this dissertation.

<sup>33</sup> Chapter 2 - Literature Review outlines these definitions and contextualizes them within their epistemological histories.

*DV, IPV, and GBV*

In keeping with Erin's statements about acronyms, the terminology utilized by participants is meaningfully situated within a historical and epistemological backdrop. Chapter 2 - Literature Review positions these words and acronyms within their particular contexts.<sup>34</sup>

Depending on their history of training, personal experiences, practice settings and ethical perspectives, participants gravitated towards acronyms constituted within particular political definitions that describe and contextualize the occurrence of violence between romantic partners.

The patterns of verbiage utilized by participants is captured within the epistemological backdrops outlined in Chapter 2 - Literature Review. For instance, therapists in private practice settings drawing on a "psychological" interpretive repertoire referred to IPV, whereas practitioners in community agency settings typically referred to DV or GBV depending on their exposure to the ideas. In this way, the DV field has been successful in developing and institutionalizing a typological vocabulary that is utilized by practitioners in the system. However, given the availability of terms, these definitions were less uniform and thus vulnerable to the environmental and personal politics of each therapist.

The ideological dilemmas and patterns of definition usage were identified in the interview in the following ways: 1) the participant was directly asked to define a term and 2) the participant shifts their word or definition partway through the interview. It's important to note that the interviewer intentionally introduced notions of couples in violence in broad terms and was careful to not impose particular terms so as to not influence the participant's responses

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<sup>34</sup> For convenience, DV = Domestic Violence, IPV = Interpersonal Violence, GBV = Gender-based violence

beyond what is necessary. Further, once a particular acronym was utilized, the interviewer would keep that word until the participant shifted their usage.

The process of asking participants to define their terminology was accompanied by some of the strongest affective displays by all participants in private practice, to such a degree that the interviewer stopped and checked in about the line of questioning and its impact. The following example with Phyllis captures one such moment as she describes her understanding of and particular usage of certain terms:

*Interviewer: Are you ok with all of this?*

*Phyllis: Yea! You're making me think [laughter].*

*Interviewer: I hope it's OK, I hope the questions aren't (.) annoying I realized that they...*

*Phyllis: no (..) [smiles and looks off to side] Like oh gosh what **do** I think [smiles].*

**Definitions in Private Practice Versus Community Agency.** Participants in private practice were much more likely to utilize the acronym IPV (interpersonal violence), as indicated by the usage of the word IPV by all participants in private practice at least once. Given that IPV points to a more psychological conceptualization of violence, this usage reflects the relative distance private practice settings have from legal systems and other formalized DV service institutions. DV was used generally by all participants of this study, but in varying contexts. One emergent pattern in the data was that DV was used to reference the “field” of services (as in “a

DV agency” or “DV services”), whereas IPV was used to denote the presence of a particular element (violence) in a relational dynamic.

This was captured in the following statements by Michael when the interviewer asked him why he began using the term IPV as he described an imagined scenario of assessing for violence and working with a couple. Michael had been referring to “DV”, “violence” and “abuse” to describe some of his limited professional experiences when working with couples in violence. The interviewer pressed Michael to describe what he “might” do when confronted with a couple in violence, and notably, Michael began utilizing the term “IPV”.

*Michael: I remember that (.) like you know (.) in our readings (.) that we that we had (.) like it was always referred to as IPV rather than DV (.) and so I was trying to be (.) like (.) use the language of **our field**, I guess.*

*Interviewer: Okay (.) yeah (.) fascinating (.) so something about **this** territory **this** conversation...*

*Michael: yeah (.) yeah because I (.) I guess (.) I feel like up to this point (.) We were talking more in the context of like (.) me kind of like from my own personal (.) like personal background personal experience, not necessarily like (.) From like a therapy (.) like being a therapist standpoint (.) and now that like (.) you're talking about the scenario where I'm like (.) **I'm** the **I'm** a licensed therapist (.) I guess it's (.) It kind of shifted me over into using (.) IPV rather than DV*

Here, Michael points to the MFT community as he references *our readings* and *our field*. As he begins to shift his position in the interview from AMFT who did not work with couples in

violence to an imagined scenario where he is licensed and making his own decisions, he adopts clinical language of the field to describe the scenario. Notably, this moves Michael from a practice territory with a supervisor who “calls the shots” to a sole licensed therapist drawing on a clinical interpretive repertoire that offers more agency.<sup>35</sup> Michael aptly describes this position as the *therapist standpoint*.

Jan reflects a similar shift in terminology in her interview. Prior to the example shared below, Jan was describing her assessment process when first meeting with couples in her therapy practice, referring to *dynamics of violence, fear*, and other *power dynamics* within a romantic partnership. The interviewer then asks Jan if she has “ever screened somebody out”, or in other words, turned away a couple for counseling due to her assessment. Her response to the question provides the first usage of the word “DV” in the interview (about 42 minutes in).

*Interviewer: Have you ever screened someone out?*

*Jan: No. Like to send them away because of (.) of DV? No.*

When asked further about this shift, Jan shares experiences of consultation groups she is associated with in private practice, where other clinicians have shared their screening process and she *heard people make this distinction*. Two important items stand out in this moment. First, Jan’s description of her clinical practice does not utilize the word DV - she refers to dynamics of violence and IPV. Second, the use of the term DV settles into her practice as she begins to engage with the administrative aspects of her work. In particular, the term “screening” that is

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<sup>35</sup> Prior to this segment, Michael was describing how he runs his assessments by his clinical supervisor who makes the final decision on whether it’s “clinically appropriate” or not for him to engage in therapy.

utilized by the interviewer draws on the “MFT” repertoire of formalized practices and legal mandates. The term DV signals strongly to a professionalized field of assessments and bureaucratic protocols.

Erin is interesting as a participant who is “in-between” the private practice and community agency setting.<sup>36</sup> Erin notably used the term “gender-based violence (GBV)” throughout her interview, situating this within her history at a “rape crisis center” and humanitarian work abroad. She would refer to dynamics of violence when referring to her therapy practice with couples, and shift to the term DV when discussing services in the field. The multiplicity of terms drew the attention of the interviewer, who inquired about how she understands the differences between them.

*Erin: Well (.) so when I refer to gender based violence That (.) to me is any kind of violence (.) someone experienced (.) experiences in the context of gender or predominantly because of their gender, so (.) [Erin’s hand is placed over her chest as she describes this] um (.) Sexual violence (.) interpersonal relationship violence (.) can be gender based violence (.) and when I say domestic violence that's the term that's used here (.) but uh I (.) I'm speaking specifically about violence between intimate partners.*

*Interviewer: When you talk about domestic violence... [the interviewer is providing a reflection to confirm understanding]*

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<sup>36</sup> Erin currently works in private practice, but spent a decade plus in community agencies

*Erin: mm hmm yeah so intimate partner violence is probably a better term to use*  
*(.) [laughter] But it doesn't fit the acronym (.) the acronym is DV so. [stated*  
*playfully with laughter from both interviewer and Erin]*

Erin's conceptualizations mirror the political web of DV discourse. An umbrella term for any violence that is gendered, including *interpersonal relationship violence*, is utilized first. This positioning is meaningful, as it reflects a political stance she is staking out. Within it, Erin draws on the interpretive repertoire of "feminist activism" embedded within DV discourse, which reflects her own personal and professional history supporting communities facing "gender-based violence". She then references *domestic violence* as a narrower experience of *violence between intimate partners*. However, it is apparent that Erin notices that another term can be used (IPV), but it is less significant in comparison. This is captured when she playfully shrugs and says that it *doesn't fit the acronym*, shrewdly noting the institutional power of DV. When Erin says, "*that's the term that's used here*", she is referring to the United States, as some of her gender-based violence history and training was in West Africa.

As evident in the above examples, participants in private practice settings had a variety of linguistic descriptors available to them. This invites an idiosyncratic positioning with various terms depending on their exposure to and alignment with particular ideas. In contrast, participants in community agency settings had more clarity on the function of this language and its political implications in regard to accessing services. In the following example, Holly describes how her agency utilizes the available terminology:

*Holly: Well (.) so sometimes intimate partner (.) like we would use intimate partner violence at [community agency] because Domestic violence is a legal term that encompasses so many different (.) Like it could be like a brother against brother right (.) like that's how the legal system sees it (.) and so (.) sometimes we'd have to be very specific of (.) like oh what we mean is like your intimate partner right and (..) But I know that for so many people in the community that domestic violence is how they may like what is more familiar and makes more sense*

Holly's process of distinguishing between these terms involves negotiations of the legal system and the agency's bureaucratic systems, in contrast to Erin who is drawing on her personal experiences and ethics. The use of IPV suggests a *specific* form of violence that her team was trained to provide services for, and DV referred to a more *encompassing* legal term that captured relational violence that did not fit their services. Importantly, Holly indicates that *people in the community* are not familiar with the variety of terms, and that *domestic violence* is the more dominant culturally understood term (as reflected in statements by Erin). Holly shared that when clients would call, they would have to let them know:

*Holly: Oh, you know we're so sorry but we actually focused on intimate partner violence which is like (.) Like a couple or you know you're someone you're in a intimate relationship with, and so, sometimes we have to use it to further explain.*



In summary, the choice of terms used by participants signals the influence of interpretive repertoires, such as “psychology” for IPV, “feminism” for GBV, and “legal systems” for DV. Participants in private practice are left to their own devices in selecting terms, whereas participants in community agencies are required by funders and their criteria for service delivery to use particular words. This mirrors the epistemological landscape of DV outlined in Chapter 2- Literature Review.

### *Conflict versus Abuse*

All participants of this study were asked how they understand and consequently interpret the challenging relational dynamics of their clients. More specifically, what criteria determine when a dynamic moves from being conflictual to abusive (Schulman, 2016). This question is of interest to this study as it exposes the underlying assumptions that participants hold when they come into contact with client stories, and how DV epistemology has shaped those assumptions.

The participants in this study uniformly drew on knowledge produced by the Duluth Model in answering this question, pointing to the role of power in relational dynamics, its directionality, and the typology of abuse. Interestingly, this uniformity was not affected by practice setting, which stands in contrast to other patterns in the data presented thus far. The largest difference was characterized by the participants’ access to a language other than English, which will be discussed later in this section.

In considering the difference between conflict and abuse, Phyllis speaks to the “power/control wheel”, a prominent visual of the Duluth model, which displays the various forms of power/control that abusers engage in (emotional, physical, sexual, financial, etc.).<sup>37 38</sup>

*Phyllis: I think about that power and control wheel all the time in terms of like (.) a conceptualization of violence (.), where when someone's talking to me (.) About like a conflict (.) how it happens, when it happens (.) like that is (.) that's always kind of somewhere in my **listening** for (.) and **wondering** about (.)*

Phyllis refers to the dominance of this model in her assessments several times, stating that she *thinks* about the *power and control wheel all the time*, and it is *always* part of her *listening* and *wondering*. The emphasis on *listening* and *wondering* positions Phyllis within the skillset of a “therapist”. As clients might be describing a *conflict*, Phyllis accesses *a priori* understandings from the Duluth model that provide categories in which abuse can be differentiated from conflict. Presumably, what Phyllis concludes about the couple’s dynamic from this assessment process has direct consequence on the therapeutic relationship.

Michael reflects this in his response to the question about conflict and abuse.

*Michael: My take is that conflict (.) is inevitable in relationships (.) like every relationship is going to have conflict on some level (.) and I guess (.) I would*

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<sup>37</sup> Refer to Appendix A for an example of the Power/Control Wheel

<sup>38</sup> Historically, the power/control wheel represents mono-directional (perpetrator exerts power over victim), cis-gendered (male perpetrator dominating a female victim), and heteronormative forms of power. Efforts have been made in recent years to include experiences of immigration and LGBTQIA+ communities.

*define it as (...) conflict is something that can be discussed and potentially resolved (.) and hopefully resolved (.) and abuse (.) so conflict is like (.) maybe goes both ways (.) whereas abuse (.) I would say is (.) like more in one direction, and it (...) that's a good question (...)* [looks off to the side in thought]

Michael makes visible an assumption that is also nestled in Phyllis' statement above - that conflict in relationships is *inevitable*. As Michael begins to distinguish conflict from abuse, his speech tempo slows down, and his statements are more labored. This strain can indicate a careful process of articulating the "right" response, one that reflects positively on him (Potter & Wetherell, 1987). Distinguishing between conflict and abuse is a novel practice and is not necessarily a nuance explicitly provided by DV services. This is substantiated by his statement that it is a *good question* as he trails off. This corresponds with other participant statements indicating a similar strain in the attempt to answer this question. While Michael initially locates his ideas of *conflict* as his *take*, he draws on the "Duluth Model" framework as he describes the directionality of abuse (*more in one direction*). Notably, Michael claims that *conflict...can be discussed and potentially resolved*, indicating that an assessment of conflict would be followed by practice steps to address this. And, in alignment with the Duluth Model practice approaches, *abuse* appears to sit opposite conflict, inferring that *discussion* is not possible. While Michael infers this, the Duluth model explicitly outlines that couples counseling should not be conducted when there are *abusive* relational dynamics (Creek & Dunn, 2011).

Three participants wove in personal life experiences when responding to this question, sharing that their thresholds for naming abuse is shaped by their own histories with abuse. Two

participants indicated a history of abuse from an intimate partnership, and one indicated a history of abuse during their childhood.

To illustrate the effects of personal experience on descriptions of conflict and abuse, the following excerpt is provided from the interview with Erin. In her response, Erin described a personal childhood history where she *grew up in an environment where there was a lot of abuse*, and that *conflict and abuse felt very much the same* for her when she was *growing up*.

*Erin: I think at like a real visceral level it's very **scary** because it **feels** like it can trip **into um** (.) **Violence** quite quickly (.) like that's (.) that's the fear I guess (.) it doesn't always, of course, but...*

Erin's statement is padded with language that brings to the forefront a series of concerns shaped by the *visceral* presence of *fear* and *scary*-ness. Erin places strong emphasis on the word *into*, followed by hand gestures and a serious expression, presumably bringing attention to her sense of potential violence when conflict is present. This is significant as her history of abuse and the stated concerns of working with couples in violence embedded in the Duluth Model, coincide to craft a fear-based prediction of what might potentially happen under her therapeutic influence. As this statement is produced, Erin articulates her understanding more carefully by indicating that violence *doesn't always* follow conflict. Erin's personal history and consequent tension around conflict, abuse, and violence create a *visceral* knowing of pathways to violence. This is accompanied simultaneously by an alternative knowing that is likely connected to her "poststructuralist" framework, which rejects grand narratives of truth and examines experience contextually (thus casting suspicion on predictions).

### *The Effects of English*

English-language terminology for couples in violence and the institutionalization of these terms and concepts in the DV field (e.g. the Duluth model, Crime Control model, etc.) carry colonial implications as they intersect with the broader global dominance of the United States.<sup>39</sup> These cultural perspectives of DV are then translated into other languages and administered to their associated communities, thus asserting a model of gender, violence, and service delivery into marginalized communities and families that are forced to engage with these ideas (Sahota, 2006; polanco, 2022). While linguistic considerations of DV discourse across languages was not the primary focus of this study, the three participants who spoke a language other than English indicated cultural challenges when working with clients who did not fit a “cultural mold” of DV.

The understanding of bilingual MFTs is presented to illustrate nodes of connectivity between ideas in English, and the disconnect when they make contact with communities outside of White, middle class, English-speaking families. This disconnect is shaped by the dominant monolingualism of the United States and the crude application of English cultural values and assumptions onto the language that receives these translations (polanco et al., 2021). Kelly illustrates this as she describes the challenges of straddling two languages when navigating conversations about domestic violence. For instance, she describes the centrality of the *perpetrator/victim* binary within the English usage of accountability, versus her own understanding from her Spanish, stating that “*accountability comes when there is a reflection about my role in this dynamic.*” As Kelly is attempting to find the words in English to describe her work in English, the interviewer asks her if “*accountability is similar or different or both*

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<sup>39</sup> Chapter 2 - Literature Review provides a robust account of this process.

*from the ways you've been exposed to that conversation in the domestic violence literature?"*

Kelly responds with the following:

*Kelly: the literature that I have read ... is just this idea about like perpetrator victim (.) men are bad women are victim poor poor women they don't know (.) or they can't or we have to support them, because they are the victims (.) which is reflected in policy is reflected and (.) like the resources available (.), how many shelters for men (.) victims of domestic violence (.) have you seen (.) I haven't heard of the first one, yet, but hey maybe there are some.*

Kelly provides a useful insight into the dominance of the “crime control model” and “Duluth model” repertoires embedded in her understanding of the English language. In referring to the *literature that I have read*, she refers to the DV training she received in English upon entering the US and training in an MFT program in San Diego, CA. Rather than a focus on a *dynamic*, as she indicates is her experience in Spanish, the *literature* focuses on legalistic binaries of identity. These binaries assume a heterosexual, monogamous relationship where the male partner perpetrates violence onto a female victim. This territory directly reflects the assumptions crafted by the Duluth Model and utilizes terms from legal settings. Further, Kelly extends her understanding of the effects of these conceptualizations to the availability of resources for clients, questioning if services for male “victims” exist given their invisibility in the literature.

Jan articulates this complexity as well, speaking to the influence of cultural parameters on our interpretations. Prior to this excerpt, the interviewer was asking Jan how she has experienced talking to clients in Italian compared to English-only speakers.

*Jan: The cultural piece like (.) what behaviors are culturally accepted and not and how (.) So how do we define them depending on on on the culture that is in which this DV gets to be named and defined.*

Jan is positioning an important philosophical question that captures the intersection of language and reality. This is unsurprising as Jan describes her practice as located within a poststructuralist paradigm. Thus, her statements here reflect this position - that what we *define* as *DV* depends on what is *culturally accepted and not*.

As described in Chapter 2- Literature Review, the genesis of contemporary domestic violence epistemology is located squarely within the English language and carries legacies from US discourse that are transcribed into the recipient language. The statements of the participants are reflective of these politics. The hope is that examining the influence of terminology both within English and across languages accentuates the fluidity of DV knowledge and disrupts static notions of relational dynamics that might be associated with particular terms. This understanding is critical in identifying the discursive frameworks that shape a participants' statements, and to understand the political context which they enter into DV epistemology from. This will lend a useful context as we begin to examine the manner in which participants in this study have crafted their practice when working with couples in violence.

### **The Production of Couples Counseling**

Whereas the previous section provided analyses of foundational concepts of DV provided by participants, this section will center the manner in which these understandings influence decisions, actions, and identities possible. Thus, what participants think they can or cannot do with couples, how they position themselves in their efforts to help them, and the assessments required to do the work will be explored. Distinctions between private practice and community agencies will continue in this section.

#### **Couples Counseling says No! And Yes?**

MFTs in California are required to pass a course as part of their graduate program of study regarding couples counseling, as required by the Behavioral Board of Sciences (BBS). Despite the diversity in training programs and shared requirement to be trained to work with couples, participant haziness regarding their ability to work with couples in violence was identified across all nine interviews. In a similar pattern to the discussion of “Parameters of What’s Possible” in this chapter, participants drew on a hodgepodge of understandings from legal/ethical codes, agency policies (if in community agency), and training provided both in their graduate programs and professional development contexts. Notably, no participants pointed to existing literature and practices for working with couples in violence.

#### ***Private Practice***

Participants in private practice were confused about what was taught in their couples counseling classes. An excerpt from the interview with Angela demonstrates this. Here, she is describing how she started her graduate studies “*much like a sponge (.) I want to learn*



*everything*". Angela then begins to describe her exposure to the idea that you cannot work with couples in violence.

*Angela: specifically with domestic violence (.) you know (.) as a marriage and family therapist (.) it is **drilled in our head**, starting in grad school that we cannot do couples therapy (.) If the domestic violence is active (.) is currently active, we have to stop, refer to individual therapy, and then once it's non (.) you know (.) when it's inactive, we can regroup for couples. That's like drilled into our heads...*

Angela's use of the formalized clinical word "inactive" positions her as a clinician making an assessment. It is unusual for non-professionals in the United States to describe violence as "inactive". Angela's grammatical structure provides clues as to her relationship to this knowledge, indicating the teaching of a hard rule that needs to be remembered. This is evidenced by her stating twice with emphasis that it was "*drilled in our head*".

Angela here is positioned as an "MFT" providing clear and steadfast knowledge about a topic. Her speech tempo indicates a confidence and clarity in what she is communicating, with minimal strain in crafting the statements. Her affective display corresponds with this confidence. Within her "MFT" subject position, Angela articulates a treatment process for couples in violence that draws directly on the "Duluth Model" - that you separate a couple into *individual therapy* until the violence is *inactive*. Only then can you *regroup for couples*.

The interviewer invites Angela to share experiences she has had since graduate school and how this knowledge that was *drilled in her head* played out. As she continues to share her

understanding of and approaches to working with couples in violence, her positionality in the conversation shifts. She begins to position as a “helper” trying to determine *how* to help somebody given the narrow lane of practice she must stay within. As she discusses her work with a couple who sought her help in their stand against violence, she states:

*Angela: It was like (.) trying to understand how I could help in that situation.(.)  
Um, because (.) I don't know if you want to involve rage in it (.) and like the  
history (.) the cycle of (.) abuse (.) I don't know if we want to get into all that.*

Here Angela is attempting to negotiate how to do “couples therapy”, which requires helping the couples who come to consult with her, but unsure of how to proceed given that there is a possibility of *rage*, and bringing up *histories* that could be harmful to the victim. The subject position of “helper” vs “MFT” are at play here, with Angela negotiating her ethic of care with the unclear mandates of her training. The interpretive repertoires of couples counseling modalities come into direct contact and conflict with Duluth model ideas. As she continues, she begins to trace the trajectory of “opening up” a conversation between a couple with violence, naming her assumption of how those conversations play out, and seeking validation on this description:

*Angela: It's like when couples fight and their emotions go up (.) they're not taking  
anything in (.) It's just outward (..) It's just to hurt the other (.) It's just getting  
their point across (.) trying to be right (.) which makes the other person wrong (.)*

*and there's no two way communication at that point.(...) So if there's active DV  
(..) There's nothing to be gained by continuing that conversation(.) **right?***

The word “right” is bolded as Angela places significant emphasis on this word. The tone of her statement felt much like a student who completed a difficult equation with confidence but needed assurance that they landed at the correct answer. Angela continues by discussing various couples counseling treatment models (namely Gottman), and how they support her trajectory. The pacing of her speech becomes more strained as she slowly and deliberately crafts a predictable model of relational dynamics, which fits neatly into the knowledge that was *drilled in [her] head*. It’s important to note that Gottman (as discussed in Chapter 2 - Literature Review) *does* indeed offer approaches to working with couples in violence, but these are not the ideas that are referenced. Rather, Angela assembles language from Gottman that demonstrates a reasoning to *not* work with couples with high emotions:

*Angela: When your emotions are high you can't take in what they're saying (..) Defensiveness (...) You know the four horsemen of the Apocalypse (.) You're aware of the Gottman (.) [Navid nods his head, indicating “yes”] Yeah (.) So (.) those come into play (.) the verbal abuse (.) part of contempt (.)There's just not going to be anything gained by continuing the conversations(.) separate [the couple] (.) you let the emotions come down (.) you can actually start to take in*

*what someone else is saying.(.) So from that sense it (.) It makes complete sense to me that you can't engage in couples therapy when there's active DV<sup>40</sup>*

Angela's slow and deliberate pacing continues here, as she assembles concepts from the Gottman model (utilizing Tier 3 clinical language) into a form that, again, fits into her understanding that you *cannot do couples therapy* until the violence is *inactive*. The prominence of the cycle of violence (she refers to it as the *cycle of abuse* in a previous excerpt) and individualized approach to couples counseling exemplifies the encroachment of the Duluth model into couples counseling ideas. Angela continues to describe the dynamics of domestic violence similarly to how the Duluth Model describes it, so much so that she catches herself making gendered assumptions that she qualifies through the use of statistics.

*Angela: because also (.) there's safety issues if we're talking about (.) something, and the partners get triggered (.) or the (.) the perpetrator gets triggered as soon as they leave. He's likely going to erupt (.) and I say he, because it's usually,(.) you know, males to female, but there's female to female, female to male, male, and all that, but the (.) numbers are higher for male to female.(.) I just realized I was making that assumption by saying he.*

This is important as Angela introduces herself as somebody who works with the kink and poly communities, where gender statements are carefully considered. Again, we see Angela flirt

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<sup>40</sup> The Four Horsemen of the Apocalypse are “criticism, contempt, defensiveness, and stonewalling”, which indicate communication styles that spell out the “end” of a relationship (Gottman, 2008).

with both a “helper” subject position and an “MFT”. The interpretive repertoires become visible as she describes the potential of working with couples in violence, where she begins to draw heavily on Duluth model ideas, evidenced by the male to female bifurcated direction of violence, the use of the word “perpetrator” and the use of “statistics” as a legitimizing discourse. In concordance with earlier statements, she develops predictable patterns of behavior based on legalistic personality descriptors (perpetrator). These predictions mirror nearly perfectly modernist conceptualizations of *perpetrator* behavior and personality patterns - that the *perpetrator* will *get triggered* upon leaving a session and that he’s *likely going to erupt*. These are not invented by the speaker - these are discursively available ideas laid out within DV epistemology.

Excerpts from the interview with Angela represent a pattern across conversations. Recall Michael and Phyllis indicating a similar idea in the “Legal and Ethical Parameters” section in this chapter. Michael states “*it was made very clear that if there is violence in a relationship, you cannot see the couple.*” Angela shares that *working with couples is contraindicated*. Again, a crude on/off assessment for working with couples is represented in their statements, similar to the *drilled in our heads* sentiment shared by Angela.

The shared understanding by participants that couples counseling is not possible when violence is present has direct links to the knowledge produced by the Duluth model, constituting a shared interpretive repertoire with significant impact on couples’ counselors. Jan provides a helpful example of this in her statement, as she responds to a question by the interviewer asking what her approach is with couples when she identifies DV (DV is the term utilized by Jan in the interview):

*Jan: That couples cannot be seen together (.) If there is ongoing DV (.) That is not reportable (.) that you want to provide services to the person who is being (.) said, I want to. (.) use the word victim (.) at the person who's been who's experiencing the violence, you want to you want to make sure that they're safe.*

Jan reflects the same certainty that *couples cannot be seen together*. As Jan deliberates on her language, we see her reach squarely into the Duluth Model, utilizing the word *victim* and positioning her work and attention to ensuring that *they're safe*. As outlined in Chapter 2 - Literature Review, the interest in attending directly to the safety of the victim primarily reflects practices and protocols set forth by the Duluth model.

Participants in private practice drew on a murky and conflictual knowledge base, resulting in an array of approaches confounded by their interest in helping and the perceived limitations to that. These limitations were fortified by seemingly clear metrics of when to engage or not with couples who indicate violence in their relationship. Participant descriptions of their practice approaches resembled the treatment approaches delegated by the Duluth Model. Despite this, participants in private practice indicated an interest in attempting to work with couples despite having limited (if any) knowledge of existing models of working with couples in therapy. The implications of this on assessment procedures will be discussed in the following sections.

### ***Community Agency***

Participants in community agencies spoke with more clarity about the limits of their ability to do couples counseling, both referring to limits placed by the policies and protocols of their agency, and anecdotal evidence of the dangers of couples counseling when DV is present.

This parallels the discussion on participants' understanding of their legal/ethical parameters earlier in this chapter. Participants in community agencies did indicate that these policies posed a challenge to their personal ethics and generated some resistance to these protocols. In contrast to participants in private practice, participants in community agency had more robust assessment processes and were able to more clearly articulate reasonings behind working with couples in violence. This stands apart from participants in private practice who spoke in an unsure manner about what their instructors in couples counseling classes had *drilled into their heads*.

An important feature of the community agency context as described by participants is the manner in which clients are coming into contact with MFTs. Given the close proximity to legal systems and reliance on state and federal funding, community agencies tend to serve clients who are at the more "extreme" ends of violence (Adelman, 2004; Ferraro, 1996). Therefore, clients rarely considered coming in with their partner, given what they understood about the system. This claim is evidenced by the following data points in the interview.

First, Erin lends her experience and understanding of the "community agency" stance towards working with couples. This stance is reflected across all participants who currently do or have worked in a community agency setting. Prior to this statement, Erin had shared that community agencies hold *strong ideas* about working with couples. The interviewer invited Erin to share "*what some of these strong ideas are*".

*Erin: Sure (.) um (.) well (.) there's a strong **idea** that if you've experienced intimate partner violence (.) you should get **away** from that person and that relationship should be over (.) And if you don't (.) then you are (.) you are codependent.*

Erin's tone did not indicate that she was in agreement with this stance. The grammatical structure positions *you* as the person experiencing *intimate partner violence*, versus the language of perpetrator/victim that we've seen. This corresponds with her use of language, drawing on a "psychological" interpretive repertoire, using the term *intimate partner violence*, and that the inability to leave indicates the diagnosis of being *codependent*. In other words, *you* will be understood as having mental health challenges if you do not *get away* from *that person*.

In this next example, Holly speaks to the circumstances preceding clients coming into contact with community agencies.

*Holly: Like (.) once they came to [community agency] (.) a lot of them have already separated from their partner (.) and so we didn't get a lot that wanted that couples work (.) um yeah it was (.) I would say it was kind of rare.*

Holly utilizes the pronoun *they* in reference to families she works with, indicating that their intention of connecting with the community agency is not related to *couples' work*. This notion that community members are seeking individual counseling for DV is reflected across participants who have had experience in community agencies. Participant statements, such as Holly's here, insinuate that community agencies addressing DV are *not* interested in couples' work. This reinforces Erin's statement that DV services are focused on individualized work that encourages separation as the primary method of safety, directly reflecting on the Duluth Model framework.



However, when questioned further, Holly's stance regarding couples counseling suggests deeper concerns. Rather than drawing on her training background in couples counseling classes, she refers to specific stories where violence escalated in a couple's session.

*Holly: I've heard other stories of (.) therapists doing work with couples when there's violence (.) like (.) I know (.) there was one that I heard even (.) in San Diego (.) where they came out of therapy and he literally like killed her in the parking lot or something.*

Holly's references to other stories suggests a belief that opening sensitive conversations in therapy can result in death. Her use of the words *even in San Diego* implies that she is drawing on a pool of stories that expands beyond the limits of San Diego. The immediacy of the coming *out of therapy* and being *killed* in the *parking lot* leaves no question that therapy was the cause.

This story is significant for several reasons. First, it speaks to the importance of attending to safety as put forth by the Duluth Model and provides anecdotal evidence for the model's lack of support for working with couples. Second, Holly's rationale for not working with couples intersects with the subject position of "helper". This contrasts with previous examples that suggest caution is due to fear of liability and other administrative and bureaucratic constraints. Holly shares the following:

*Holly: it feels like I want to be so careful because (.) I I I don't want to be a like a part of (.) there being (.) something that happens to to one of my clients (.) I think that would be like the (.) You know (.) like one of the worst things for me.*

While Holly's reference to *clients* maintains her position as therapist, she creates a direct link from something happening to *one of [her] clients* to it being *one of the worst things for [her]*. Her speech is more pressured and her facial expressions during this statement relate worry and concern.

The ideological dilemmas identified in the analysis make her statements particularly interesting. As mentioned, Holly is drawing on an interpretive repertoire of "Personal Experience" when crafting her understanding of the agency's (and her own) hesitant stance in working with couples experiencing DV. This carefulness and fear from the predicted violence of couples therapy comes into conflict with Holly's ethic of "Social Justice", where she is interested in having "*more spaces for individuals to come to who have been abusive or have been abused*". Holly still situates Duluth Model approaches in this statement, indicating spaces for *individuals* still, rather than couples. However, she positions herself "*in the margins*" as she describes concerns about her colleagues "*black and white*" perspectives about client experiences.

*Holly: How they're supposed to go about (.) like being in a relationship like this right (.) we are (.) we're all (.) there's like these ideas of like (.) they **should have left (.) they should be leaving (.) they should hate this person (.) like they're like this person is a **monster** right?***

In her statement, Holly seemingly places emphasis on discursive constructions of identity by DV epistemology. The 'victim' *should* have left, the logic being that they are a *monster*. Holly's poststructuralist ethic casts doubt on *black and white* perspectives that do not support

clients in understanding how to *go about being in a relationship* with somebody. Kelly's remark reflects directly on Holly's discussion. Here she describes both her understanding and her frustration with her agency's restrictions on couples counseling when DV is present:

*Kelly: That we can make the situation worse and (.) that the (.) that we cannot be responsible for it becoming worse and then my question always is (.) but **how** is it going to get better if they don't have a space to talk?*

Kelly illustrates the challenges laid out above in Holly's remarks, and the pattern in talk from community agency practitioners. That there are serious concerns about safety and violence when engaging in couples counseling where reckless conversations facilitated by an MFT can lead to injury or death. This is paired with a concern that there are no places in our society for these conversations to occur. This articulation of wanting to be careful about the potential for violence and death in couples counseling, while resisting the *black and white* predictions embedded in the Crime Control and Duluth Models, will be examined more fully in Chapter 5 – The Down and Forward Approach, particularly given that there are evidence-based models to support working with couples in violence.

### **What is the therapist's role?**

Expressions of tension and confusion were consistently present when participants negotiated their role as therapists and their usefulness to their clients.<sup>41</sup> Questions of usefulness

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<sup>41</sup> All participants in this study identified with poststructuralist practices and signaled an interest in social justice work, thus making questions about their "usefulness" to their clients and communities a central concern (Reynolds, 2011).

and “who am I for my clients” arose particularly for those in private practice as they attempted to stay close to their clients’ needs while managing a nebulous cloud of contradictory legal and ethical questions. This is in contrast to community agency practitioners, who spoke with more clarity and less distress about how to proceed with couples. Again, this negotiation was familiar across interviews as participants jockeyed between their position as “helpers” or “MFTs”.

This was exemplified in the interview with Erin, who had a history of working in community agencies addressing DV and sexual assault but has been in private practice for the past decade or more. Erin speaks of how her history in a community agency gave her *exposure* to the legal systems and DV language that surround couples in violence, in contrast to her peers who may have only been exposed to broad DV conceptualizations in their MFT programs.

*Erin: I mean there's some classes, where you know it's talked about (.) but (.) like in terms of (.) The **acronyms** [laughter] you know (.) the (.) different the **response structures** [puts her hands up vertically and flat as give to indicate a wall or structure] and engaging with **police** (.) you know, like the **the relationships with policing** and the criminal **justice system** um (.) That **stuff** all came through my work, I don't think most MFTs have that. (...) um level of exposure or (.) amount of information, and (.) so I think a lot of times these kinds of crises are really scary for (.) for a lot of therapists.*

Erin highlights various aspects of the DV world, emphasizing the centrality of the legal system in the “crime control model” that might be taught in classes. But her laughter after the word “acronyms”, and statement about how these “crises are scary” for many in the field positions, situate her as a professional who understands how these processes work. She draws on

this expertise in her private practice work with couples in violence, positioning herself as supporting clients in “coping” with systems and “structures” that she finds unhelpful or stressful. An agile movement in subject position from “MFT” to “helper” is observed as Erin discusses negotiating this dilemma.

*Erin: And I don't have a huge role in that (.) you know (.) when like (.) if a couple's divorcing or they're having a disagreement about custody or something like that (.) um I'm not an evaluator or anything like that so (.) um Again, my (.) I see (.) my role (.) really (.) supporting my client in (.) kinda (.) **coping** [laughter] with that (.) those systems.*

Erin laughs when talking about helping clients “cope” with these systems, and her speech is much slower and pressured when attempting to articulate her position as a therapist in relationship to systems created to help clients and in which therapy is a component. Her use of the word “coping” is interesting as it potentially draws on an interpretive repertoire of “psychology”. The term *coping* features prominently in mental health contexts, and focuses on an individualized, internal response to stressors such as “deep breathing” or other “stress management” strategies. Erin illustrates a particular confidence in her knowledge about these systems garnered from her time in community agency settings. This confidence in their role and approach is expressed consistently by participants who have worked and trained in community agency settings and will be discussed further in the section. “Psychology” is a position of “expertise” through which confidence and self-assuredness are more readily available.

Participants in private practice with no history in community agencies demonstrated greater uncertainty in how to position with couples in violence. However, this uncertainty was balanced out by a formal knowledge of “psychology” that could be applied to understanding behavior of clients in those situations. The following statements from Angela capture this phenomenon by demonstrating how she moves from a certainty gleaned from psychological discourse to the unsureness of how to work with couples in violence. This shifting is not unique to Angela but was common to all participants in private practice.

The following is from a story about work Angela was doing with an individual client in an “abusive” relationship with a male partner who was being seen by one of Angela’s colleagues. The abusive qualities of this relationship were understood through the power/control wheel, and threats of violence made towards her though “*he had never laid a hand on her.*” Drawing from “psychology”, Angela had identified the client’s partner as “narcissistic”. There was never any couples therapy done.

*Angela: He actually saw a colleague of mine for a short while (.) It would fit the diagnosis of narcissistic personality disorder (.) **very** verbally abusive to her. Um (.) Has **threatened** (..) I don't know if he has ever **hit** her, but I wouldn't be surprised if that was something that she held back (...) Um, but he's (.) threatened her with a **gun**, threatened to kill her (.) but, according to **her**, has never laid a hand on her. So (.) we (.) talked about the cycle of abuse...*

Angela begins to position with the knowledge of the cycle of abuse as she constructs a clinical assessment of the relational dynamics. As she constructs this assessment, she draws

heavily on a psychological interpretive repertoire, utilizing diagnostic models and *a priori* knowledge of DV. This positioning invites a suspicion of “the truth”, that clients might be engaging in defensiveness or other psychological tactics when telling stories. This is notable in how it contrasts with the poststructuralist ethic that Angela described as part of her practice.

This assessment highlights the complexities in how therapists conceptualize a violent relationship, as well as the implications of working with the people involved. The presence of the gun, its linguistic emphasis in the phrase, and the use of the gun to threaten the partner all indicate serious crimes. Legally, therapists have no mandate to report such crimes amongst adults. Given the availability and indiscriminate ownership of guns in the United States, their presence is not uncommon within cycles of abuse.<sup>42</sup> On formal assessments such as the Campbell Danger Assessment, the presence of a gun occupies 3 of the 20 questions that increases the “risk of homicides”. Additionally, as discussed in Chapter 2 - Literature Review, the prevalence of guns in the United States provides an important justification for law enforcement involvement in DV matters.

Angela goes on to describe the “cycle”, where they would have a “*big fight*” and come back together and fight again. This is a common description of abusive relationships in many DV models, including the Duluth model. The discussion of guns and other risk factors for homicide disappear from the picture. We see the melding of “psychological” and “Duluth model” discourse when Angela indicates that at a certain point in their individual therapy, she is “not making progress”.

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<sup>42</sup> Chapter 2 - Literature Review provides an overview of the legal obligations of MFTs.

*Angela: And then (.) same thing would happen. Tension builds, he blows up. It was (.) it was (.) We went through it. I saw her for over two years (.) and I referred her out (.) um because we weren't getting anywhere [throws up her hand as if in exasperation]. Um (...) She's doing EMDR with my colleague, so I know she's **good** [thumbs up and laughter].*

The final sentence of her statement captured my attention. In the interview and the following analysis, I interpreted a particular nervousness when Angela described the process of referring her out, and that the client was *good*. I asked Angela about what was “coming up in [her] physiology”, which was a question I would regularly ask in moments where I suspected a shift in tone and affect.

Angela’s tense physiology and subsequent response provided insight into the ideological dilemma created when the Duluth model notion that power/control traps victims in a cycle of abuse that takes a long time to get out of encounters the psychological demands of making progress with clients. The following statement captures the influence of the “psychology” repertoire in conceptualizing violence, and the consequent actions.

*Angela: She wasn't making any progress towards those **goals** (.) so maybe I wasn't the right therapist for her anymore(..) She also had some unresolved **trauma** from the past. She was (.) uh (.) not really.(.) She was just kind of getting to the point of **wanting to work** on, and I thought EMDR would be a good modality for her (..) um And so I did refer her to my **colleague**, who does EMDR because I'm not trained in it [pitch goes down].*



Angela offers a confident analysis of what was happening through psychological discourse, placing emphasis on common terms (indicated in boldface) used amongst experts. In doing so, she positions herself as an expert who must now refer her client to another more specialized expert. This confidence falters a bit, however, when Angela begins to negotiate notions of “abandonment” in her work, which she locates in both psychological discourse and legal/ethical parameters.

*Angela: Yeah (.) So that's kind of (.) one of our code of **ethics** is we can't abandon our clients. So if we decide that we can't work with a client like (.) If we have a few sessions with a client, we realize that we're not going to be able to help that **client** because it's out of our **scope of competence** (.) We can't just terminate with them (.) because that would be abandoning them. We have to terminate, and then give at least three referrals (.) towards someone who we think might be a better therapist for them.*

The use of referrals is a regular practice across settings within the counseling world and is contained in the ethical code as a matter related to “scope of competence”. “Scope of Competence” is defined by AAMFT’s Code of Ethics in Item 3.10, stating that “Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies” (AAMFT, 2023). This creates a nebulous territory where therapists are left to ascertain their own scope of practice depending on a history of training and exposure.

*Angela: They (.) you know (.) they always told us in grad school (.) your client (.)  
You should never be working harder than your client.*

The above statement captures the complex and contradictory positions held by therapists. DV discourse from the Duluth model regarding the repetitive and cyclical nature of abuse and violence constantly collides with the psychological discourse that imagines clients as motivated and goal oriented.

### ***Scope of Competence or Scope of Practice?***

As has been demonstrated through all the above examples, there is significant confusion amongst therapists as to whether working with couples in violence is outside of their scope of *competence* or entirely outside of their scope of *practice*. Items that fall outside a “scope of practice” are healing modalities that MFT professionals are not trained for, such as prescribing medication or providing massage therapy. Whereas scope of competence, particularly in private practice, is determined by the practitioners themselves and is strengthened as they develop a sense of confidence through training and exposure. In community agencies, the scope of practice parameters are set out in service criteria as it relates to funding requirements, and managed through the various intake protocols utilized by each agency.

**Private Practice.** In private practice, competencies such as working with “anxiety”, “teen issues”, or “depression”, are typically indicated on websites and used as marketing language to attract clients and referrals. For example, given my own history in the domestic violence field and years of formal training, I felt confident in using “domestic violence” as one

of my areas of expertise. Clients would reach out to me specifically for this competency, and colleagues would refer clients to me if they felt that the DV issues arising in their client work was outside of their scope of competence. In other words, the landscape of “scope of competence” in private practice is regulated by the therapists themselves, in contrast to community agencies indicating generally what populations and issues they serve. A simple analogy might be, one could buy coffee from an individual who is “really good at making coffee”, or they can go to a corporate coffee conglomerate knowing they’ll get a similar product regardless of who's making it.

The ideological challenges produced by DV epistemology cast a significant shadow of uncertainty when applied to couples in violence. The contradictions demonstrated thus far around what the legal/ethical parameters are, Duluth model predictions of working with couples in violence, psychological conceptualizations of relational dynamics, and the failure of couples counseling pedagogy are visible within participant statements.

Here, we turn back to Erin, who is responding to a question about her experiences in working with couples in violence:

*Erin: um, there have been times (.) where (.) I've been concerned that it could escalate (.) you know(.) So I haven't been in a (.) in a position where I've had to like decide if I was going to go down like the (.) Okay, you need to go to violence treatment [laughter] or not like it's been(...) So it hasn't really (.) been (.) so It hasn't really um(.) been a question I guess um [looks off screen for a period of time, as if in thought]*

Erin pulls on the assumption embedded in the Duluth model that working with couples in violence will “escalate” the problem, and that the necessary next step is a referral to “violence treatment”. Again, the Duluth model is committed to conceptualizations of violence as individualized acts of power/control, and that perpetrators of this violence must be referred to an individual track of treatment (in this case, violence treatment), where particular strategies will be accessed to provide for a safer counseling context. Erin is here positioned as an MFT assessing for violence, concerned for escalation in treatment, and possessing knowledge of referral sources.

Despite this, Erin still exhibits some tension as she considers what she has just said. This is demonstrated by the slow pacing in the last sentence. Erin is deeply pondering a stance she hasn’t articulated before. She then begins to shift back into the position of “helper”, which is reflected in the above examples where Erin describes her concerns about the system and helping clients “cope” with these systems.

*Erin: Well, and (.) and (.) you know I (.) I have concerns for clients a lot (.) and (.) because I don't think those systems of protection serve clients a lot (.) um*

The “systems of protection” that Erin refers to is the US Criminal Justice system, such as law enforcement intervention, court processes, restraining orders, and consequent individualized therapy mandates.<sup>43</sup> The pacing of this statement is significantly slower than her statements above, reflecting the intensity of deliberation as she negotiates these two repertoires. Erin resolves this dilemma through the following statement:

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<sup>43</sup> These services are discussed in depth in Chapter 2 - Literature Review.

*Erin: so (..) So I see my (..) I know my legal obligations (..) and I see my responsibility to support clients (..) and navigating that (..) and being as empowered and (..) and informed as possible (..) As they go through that.*

Here, Erin sums up the push and pull between the “legal obligations” of her MFT profession, with the knowledge that the systems she is required to engage with and “refer” clients to are not necessarily easy to navigate nor “empowering”. These *legal obligations* are references to legal limits to confidentiality, where certain topics will trigger a bureaucratic mandate. For example, suspected child abuse requires a verbal and written report to Child Protective Services. In this statement, Erin is referring to her history in a Rape Crisis center and her awareness of the mandates imposed upon her by the State (such as child abuse). She defines herself as not “scared” of the complex legal structures surrounding the work (as referenced in an above excerpt). However, given the limited *legal obligations* when working with couples in violence, her reference to these obligations while *supporting clients* as they are *navigating* these systems, situates Erin as an expert. In this expert role, she can negotiate and track the system, its functions, and its potential impact on clients. This expertise indicates knowledge of systems rather than a “therapy” knowledge in how to support the couple in navigating the violence itself.

Erin refers to this unease several more times. After sharing that she ended the couples counseling and provided referrals to the “abusive partner”, she expresses hesitation about the steps taken.

*Erin: What actually comes up is like (.) shoot I don't (.) I never followed up like (.) Maybe I should have done more (.) like (.) because you know (.) in the course of a practice (.) especially like I find with (.) like the EAP clients (.) because they have three meetings (...) You know and I'm like whatever happened and (.) You know that dilemma as a therapist of like (.) if they've moved on (.) like it's not my place to go chasing after them [and] be like what happened...<sup>44</sup>*

The tempo of her speech is much slower, punctuated with frequent pauses and reflective breaths. She speaks to the “dilemma” of being a person who wants to help and would check in to see how they’re doing. This dilemma is understandable as her professional obligation as a therapist is unclear. Her concern about *what happened* may be influenced by this professional obligation to ensure their well-being. However, she also acknowledges an ethical boundary of not intruding into client’s lives beyond therapy sessions. Again, we see the parameters of responsibility on therapists to be unclear and malleable to the circumstance. Thus, within her “MFT” position and the responsibilities that go along with, she acknowledges the importance of *following up* with clients in relation to referrals and continued care. She simultaneously positions as an ethical practitioner who understands the limits of her involvement in clients’ lives. Thus, the “MFT” subject position pushes and pulls her away from clients simultaneously, with her ethic of being helpful continually emerging. At times, this ethic of being a “helper” is in respecting her clients’ autonomy as she attempts to integrate it with the demands of her profession.

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<sup>44</sup> EAP refers to an “Employee Assistance Program”, which is a voluntary, work-based program paid for by the organization, and provides short-term assessment and counseling to employees. EAPs can refer to private practice MFTs typically for three meetings paid-for by the employer.

Erin's unease and deliberateness in stating her work and role in her clients' lives is unsurprising. It illustrates the challenge of holding lots of knowledge about a complex legal system, a therapists' unrequited relationship to these systems, and minimal training in how to work with couples in violence. The *unease* is likely a physiological manifestation of being positioned in a role to help people and finding herself subjected *with her clients* to a system that holds significant power and influence.

**Community Agency.** Participants in community agency demonstrated clarity on their scope of practice and competence, as defined by their agency. This is demonstrated in an example above where Holly describes being able to serve an intimate couple in violence but not a brother/sister due to the criteria set forth by the agency as it relates to their funding source. However, similar to participants in private practice, participants in community agencies did worry about liability and consequences to their MFT license if they veered outside of what they perceived to be their scope of practice.

The interview with Stanley demonstrated the role of fear, documentation, and liability in ensuring that MFTs stay "in line". Immediately, Stanley identifies the presence of the "Crime Control Model" in his agency.

*Stanley: The institution was linked to probation (.) or at least had communication with probation (.) So yes (.) yeah (.) And most of them came in understanding the distinction (.) but fearful at the same time (.) they knew we were not a part of but what we worked with.*

Stanley underscores a pattern demonstrated through the analyses - that clients have an *understanding* that agencies and therapists are *linked to* law enforcement institutions, leaving clients *fearful* about the implications of their relationship with the agency. Stanley describes his shifting roles in the agency, going from a therapist position into a supervisory position, where he oversees the clinical work of other therapists. This provides a helpful examination of how the DV field becomes politically mapped onto an MFT's personal ethics and sense of self in the work.

*Stanley: I just (.) I remember (.) before I got licensed that I didn't like that I had to follow (.) directions on (.) you will do this with the clients (.) when I didn't think it was therapeutically appropriate.*

Stanley identifies a version of himself in the past who would resist *directions* when they required him to engage in practices that weren't *therapeutically appropriate*. This language makes reference to a code of ethics that centers on the client's needs. While it is not stated here, the absent but implicit statement (which will be evidenced in the next example) is that the directions do not coincide with something that is best for the client, but rather protective of the agency.

Stanley then speaks directly to the necessity of documentation, and how he began to understand it as a form of protection for his own license.



*Stanley: So I've learned to value it (.) I guess (.) You'll learn that in the context of witnessing firsthand the necessity for documentation and how the documentation reflects particular assessments and criteria in the MFT world*

Stanley's statement describes the notion that he *learned to value [documentation]* delicately, as he pauses in his speech and says, "I guess". He has firsthand knowledge, presumably indicating that he's had experiences that demonstrate the power of bureaucratic systems that require documentation. In turn, he fears this makes him a hypocrite as he asks his supervisees to do things he doesn't necessarily believe are *therapeutically appropriate*, but are rather agency requirements that respond to other forces.

*Stanley: So here I am telling these clinicians the same thing that I **hated** to be told (.) and I **hate hypocrisy** (.) So I guess that's why I feel like an asshole (.) So I always want to follow where they believe the **client needs** to go and what their feeling is because they're the ones in the room (.) I am not (.) Yet I worked very hard for this license (.) So (.) don't jeopardize it.*

Stanley provides context for his concern about being an *asshole*, locating the challenges to values of *honesty* (stated in the interview) and *hypocrisy* created by his position of power. He draws a clear distinction between what he needs his supervisees to do with clients, and what his supervisees need to do based on their relationship with their clients. Stanley signals that the latter has been more important in his journey as an MFT, but that the framework surrounding work

with clients, and specifically couples in violence, creates fear and caution that require him to be *hypocritical* in order to fulfill the obligations of his position.

*Stanley: you want to document the safety (.) especially if you're working (.) actually working with either one (.) In essence (.) also (.) you hear about different people being sued (.) and their livelihood taken (.) You have the beautiful MFT journal results that list everybody that did everything (.) And I don't want to be in there.*

Stanley creates a direct link between documentation and safety when working with couples, to *being sued*, having your *livelihood taken*, and being publicly shamed before peers for your transgressions. This powerful web of power and punishment imposed on the supervisory relationship puts Stanley in an uncomfortable position that makes him an *asshole*. The emphasis on documentation and safety signals the presence of the “Crime Control model” and “Duluth model” respectively, and scope of practice issues are linked to one’s ability to manage the administrative obligations of the profession.

Stanley’s statements reflect a common theme amongst community agency participants. While scope of practice and competence issues are typically related to talk therapy and history of training, they become infused with agency requirements as dictated by the Duluth model funding stipulations. Further, practice stipulations created by funding sources and enforced by agencies are reinforced by a lack of clarity of what the MFTs own scope of practice and competence is, and how it intersects with the agency’s stance.

*Is This Violence?*

The dilemma of “what to do” appeared to extend beyond a practical question and into a larger philosophical question of “what am I interpreting”? MFTs in private practice had a much wider discursive territory in which to interpret violence, non-violence, conflict, and abuse. MFTs in community agencies had more clearly defined assessments and routes of interpretation, resulting in less reported engagement with couples in violence.

This section explores how participants assess/determine whether they are able to work with the couple. As participants were invited to share their work with couples in violence, the interviewer would focus some of that discussion on their process of determining *if* and *how* to meet with them. Attention was drawn to this particular zone of interpretation as it pinpoints the intersection of DV discourse, couples counseling episteme, the “toolbox” of assessment available to the practitioner, and the MFTs personal ethics in determining whether a couple is a good “fit” for counseling. Like other sections, distinctions will be made between private practice and community agency settings.

Participants indicated a few similarities across practice settings when assessing for violence in a relationship. First, all participants identified the presence of physical violence as a barrier to couples counseling. While the approach to working with couples varied if other types of abuse were present (emotional, financial, etc.), physical violence closed the door to therapy for all participants. Second, all participants required some sort of indication from their clients they were committed to the therapy process.

*Holly: Believing that they want to get help or (.) wanting to be involved in the therapy process with their partner (.) yeah...*

Holly's statement is reflected across all participants. However, the particular language used varies across contexts, which will be further discussed below. Here, Holly's use of "they" holds two positions - one is in reference to couples seeking therapy, and the other is the *abuser*. This is significant as it reflects the emphasis of evaluation of the identified abuser. MFTs in this study described informal assessment processes where they sought the client's "buy in" to therapy as demonstrated by their engagement with the therapist and responsiveness to the conversations and interventions utilized in session.

In addition to determining the client's engagement with therapy, participants were careful in assessing for and ensuring that their therapy sessions were not identified as participating in the "cycle of violence". In the following example, Erin describes noticing this in a couple she worked with:

*Erin: Another situation where I wouldn't work with a couple (.) but it would come up (.) it has come up (.) where the therapy is just perpetuating the cycle (.) or the the dynamics of (.) control... if one person comes in and uses that therapy to act out that control...*

In this case, Erin describes a situation where she interpreted the behavior of *one person* as *acting out that control*, and she terminated therapy and moved to individual counseling. We see Erin positioned as an MFT drawing on professional experiences, evidenced by her using phrases such as *it has come up* and the ways that therapy can *perpetuate a cycle*. She utilizes the language of the Duluth Model to articulate a therapeutic rationale for terminating a session. In

this segment, she is positioned as a cautious therapist who is aware of the potential negative consequences of therapy. We see here the ongoing dilemma of therapy as potentially both a space that can facilitate positive change within relationships, and a location (reinforced by the Duluth model) where harmful dynamics can be reinforced or exploited by individuals seeking to maintain control.

The following example from Kelly provides further evidence of this analysis, indicating that participants across contexts share concerns about therapy as a potential site of exploitation or control. It also provides further clues as to the assessment mechanisms utilized by participants.

*Kelly: I can give you an example of (.) like (.) why I stopped therapy (.), with a couple because the partner (.) Again (.) that I (.) that (.) in that case I would identify as the perpetrator (.) there was no physical violence (.) but there was (.) like all kinds of like **disrespect**.*

The above statement was produced with many pauses, indicative of careful crafting. This makes sense as Kelly is grappling with the position of a “helper” utilizing therapy as a place to provide support and change, and as an MFT who is utilizing the interpretation of the severity of *disrespect* as a reason to end therapy. Kelly goes on to describe a session where the male partner continued to engage in physical touch in Kelly’s presence, despite the repeated requests by both Kelly and the other client to stop doing so. Kelly is positioned in this statement as a therapist attentive to the nuances of respect and empowered to make decisions. This can be seen in her phrase “*I would identify [the partner] as the perpetrator*”, revealing the identity conclusion resulting from her assessment about the role of respect. This illustrates the power of her

assessments and the influence it can have on client experiences and the language they might use to describe an event and/or themselves.

According to interview data, responses from all participants in private practice indicated that they would attempt to move into an individual context with the identified “victim” and “refer out” the “perpetrator”. If the “victim” did not move into an individual counseling context, they were also provided referrals for specialists or agencies. “Referring out” is a phrase used in MFT to describe the process of ending therapy with clients that have ethical obligations. This obligation requires MFTs to “respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help” (AAMFT, 2023). While the steps preceding referring out were varied for participants in private practice, all MFTs in community agencies indicated that they would move into individual sessions and cease the couple’s work. Depending on the level of need as understood by the therapist, clients are connected to resources that support families with food, shelter, childcare, and other daily living necessities.

In summary, MFT assessments of violence were closely related to typification of violence provided by the Duluth Model, housed within the binary identifiers of violence (i.e. perpetrator/victim). These assessments of violence tended to be more informal in private practice in comparison to community agencies. Despite the diversity in assessment processes, once “violence” was identified, all participants would move into individual counseling settings and/or provide referrals.

**Private Practice.** Participants who work in private practice reported more contact with couples in violence in comparison to participants in community agencies. However, this contact

and subsequent work was determined through minimal to no formal assessments, with the informal assessments measured by a “sense” or “feeling”.

While therapists in private practice reported less criteria to screen out couples in violence, a shared theme emerged regarding the elements necessary in a relational dynamic within the couple and between therapist and client for the couples work to proceed. These elements fall into the following three categories - the ability to fully engage with the culture of counseling, access to resources, and safety.

***Culture of Counseling.*** Participants in private practice shared that a client’s ability to respond to the therapist appropriately, enact feedback, and engage with the counseling process in a manner deemed to be productive by the therapist is paramount in moving forward with couples counseling. Participants in private practice interpreted this ability as a critical feature for safety and “opening up” conversations that might be difficult. The following example from Angela represents this analysis.

*Angela: I did have a couple where the one partner was (.) had very clear narcissistic tendencies (.) and it made it really hard to work with the couple (.) because anytime I would point out (.) like I don't try to align with either partner (.) because the the relationship is my client (.) not the people.*

Angela’s statement that it is *hard to work with the couple* reflects the challenges faced by the couple, particularly the partner identified as holding *narcissistic tendencies*. This term is

drawn heavily from a psychological repertoire, often utilized in DV discourse to represent the cold and abusive stance of the partner perpetrating harm. Angela does not go as far as to diagnose the client, but rather to use diagnostic terminology as a descriptor of behaviors. Angela's statement that she does not *align* with either partner emphasizes her focus on the relationship. The positioning of the *relationship* as her *client* emphasizes a position of neutrality. This indicates the interpretive repertoire of "couples counseling", which encourages the therapist to keep the relationship at the "center". This is of interest as Angela engages with the dilemma of being a "neutral observer", which is challenged by another possible stance as a therapist actively engaging with interventions.

Angela continues with the *narcissistic tendencies*, and their impact on the counseling process.

*Angela: it made it really hard (.) because **any** (.) like reflective listening exercise or communicate (.) You know (.) anything like that (.) He was very resistant to (.) because he was always right (.) and he didn't have to change anything (.) It was all her (.) and so it made it very difficult to work with them*

This statement illustrates Angela's assessment process more clearly. She characterizes one partner as constantly asserting their correctness or infallibility, as evidenced by the statement that he was *always right* and *resistant to* her interventions. Further, the partner engages in *blaming the other partner*, assigning all responsibility for problems on the other partner. Angela indicates a dilemma of balancing *resistance* and intervention as she encounters the particular power dynamics of this couple. This is accompanied by slower speech, with more pauses



between utterances. While this falls within the purview of couples counseling, Angela's assessment of the power dynamic has characterized one individual as unable to change, thus deeming this relationship unfit for couples counseling. Angela goes on to share that this couple was referred out due to the lack of movement, which is identified in the data as the standard next step for participants in private practice.

Angela's stance is reflected across all other participants in private practice, where assessments of individual members of the partnership provide the rationale for continuing or not. The interpretive repertoire of "psychology" is used to produce characterizations of clients that lend a sense of hope for change to therapists. This sense of hope for change was demonstrated as a critical feature in engaging with couples counseling.

*Access to Resources.* One consistent feature of private practice relayed by participants was isolation. Participants found it challenging to create community with other therapists, and to identify peers to consult and discuss their practice with. This feature appeared to extend to their work with couples in violence, where concerns about clients not having access to services beyond therapy was a factor in determining whether or not to proceed in couples counseling. As noted in previous sections and chapters, community agencies tend to have multiple programs to serve families (often in the same building). These services might include rental assistance, legal clinics, survivor advocacy, and other offerings. Participants in private practice expressed concern that not having access to this would hinder their work and make them hesitant to work with a couple. The following statement from Erin captures this:

*Erin: I don't have the resources to really provide that (.) that kind of support and I wouldn't feel safe (.) I don't think (.) with someone who is (.) physically being violent or threatening.*

Erin positions herself here as a therapist who relies on available resources to provide appropriate support. One can then assume that Erin does not herself possess those resources to properly support a couple in violence. Her concern arises from the dilemma of managing personal safety versus therapeutic commitment. Erin centers her own sense of safety, indicating that she *wouldn't feel safe* working with somebody who is *being violent or threatening*. This stance was somewhat surprising, as earlier in the interview Erin had shared her concerns about “those systems” that do not serve people.

In this example, we see Erin wrangle her desire to help people, her concerns about the helpfulness of the DV field, and not feeling like she has the necessary resources. While in context of the conversation she defines resources as services offered by an agency, it could be inferred that she may also be referring to knowledge, skills or tools to engage with couples in violence. Ultimately, Erin's assessment of the level of conflict and violence in the relationship and her ability to help intersects with her understanding of what services the client has access to.

**Safety.** Deservedly so, assessing for safety was presented as a central concern for MFTs in private practice. The primary distinction from those in community agencies was the manner in which it was approached. Whereas participants in community agencies relied on formal assessment tools (such as the Campbell Danger Assessment), participants in private practice utilized more informal assessments that emphasized subjective interpretations.

In the following example, Pamela shares a story where she engages with both members of the partnership about safety. The response follows a question from the interviewer about how Pamela assesses for the presence of violence:

*Pamela: Sometimes it's like identified as the reason why people are coming into to meet with me (.) you know that (.) there (.) that the clients come in and say that (.) There is violence in that in the household in one way or another (.) and that (.) that's like the precipitating kind of factor (.) like they've come in (.) and when that's not the case and (.) I would say (.) usually questions around safety (.) Are what probably helped me to discover that (.) so like if they're talking about what are some of the you know obstacles that they've encountered in their relationship.*

While Pamela crafts her process, there are predictable pauses in her speech as she negotiates certain dilemmas. Pamela refers to *violence as a precipitating factor*, suggesting that clients often identify violence as a reason to seek therapy. As we have seen throughout this chapter, this is a central dilemma. Couples counseling is a potentially crucial intervention to violence, while at the same time, couples' therapists often see it as *not* the place to intervene with violence.

Pamela also identifies questions about safety as a method through which violence can be identified. When confronted with couples who do not explicitly come in to address violence, Pamela shares that she will *usually [ask] questions around safety*. This practice is likely derived from the Duluth Model, where questions around safety are prioritized and usually front-loaded in the counseling process.

As Pamela describes the various ways in which couples in violence might make contact with a couple's counselor, she is positioned between a mandate to ensure safety and the desire to provide support to couples who may not view the violence as a central issue. This process amplifies the inherent challenge (and central to the question of this study) of couples counseling and DV epistemology.

MFTs working with couples in violence must negotiate the veracity of self-reported client statements and their own observations and assessments. This dilemma is not unique to MFTs working with couples in violence. Its examination sheds light on how DV epistemology influences these negotiations, and how *a priori* definitions may compete with stories shared by the client. Angela presents this dilemma in a story she shares about working with a couple where one partner shared their concerns about the presence of DV. As a reminder, Angela (and others in this study) operates on the principle that if DV is present, couples counseling is not possible. Therefore, in the following excerpt, she is negotiating whether a reported story about DV from the client is *actually* DV. In her story, Angela is an AMFT, so she consults with her supervisor to determine if she can "move forward". Their interpretations of the client's story and their consequent stance dictate her ability to proceed in counseling.

*Angela: my client brought it up. The client felt like it was domestic violence directed towards her.*

*Interviewer: I see, and your supervisor was like...*

*Angela: No because there was no physical contact (.) Um! And then it does go to what I was saying before about the postmodern narrative thing about (.)*

*Everyone's truth is true (.) for her (.) you know (.) So for that client she felt like*

*she was in a (.) you know (.) domestic violence situation (.) So that was true for her (.) but in terms of me (.) and whether it's crossing that boundary I can't work with a couple with active DV (.) You know (.) because I thought when I had that session with them that I was maybe going to have to refer them out to do individual and stop doing couples.*

Angela's speech is slow and careful, indicating some ideological heavy lifting she is managing in negotiating concepts that are in counterpoint with each other. First, we see Angela managing a *post-modern* ethic of centering client experiences and understanding their narratives as their *truth*. In other words, if the client states it is *domestic violence* that is *true for her*, as Angela indicates. However, this competes with her understanding of the parameters of her couples counseling work that she would have to *refer them out to do individual and stop doing couples* if there is *active DV*. In other words, Angela is required to balance the subjective experiences of the client with the presumed "objective" boundaries of her practice. The presence of the "couples counseling" repertoire that indicates whether or not it is recommended can't be drawn upon in making sense of Angela's own ability to practice. Additionally, the "Duluth Model" conceptualizations of practice are immediately apparent as Angela indicates that she would have to *refer them out to do individual and stop doing couples*, a step outlined explicitly in that model. This challenge is housed within Angela's own philosophical stance as a therapist, which rejects notions of truth and is suspicious of taken-for-granted practices and approaches.

Angela's decision is not shaped by what the client says, as much as how she and her supervisor ultimately determine "what is *really* happening" in this relationship.

*Angela: So in talking to my supervisor, she said (.) If it's not (.) If there's not physical contact (.) then it's not considered domestic violence.*

Interestingly, Angela and her supervisor land on a definition of DV that is quite subjective, as the Duluth Model and other definitions emerging from the Duluth Model claim all forms of abuse as domestic violence (not just physical). The supervisor occupies the position of power with the authority to definitively name what DV is, effectively holding the keys to whether couples counseling can happen.

Participants in private practice demonstrated a keen interest in understanding safety and determining a viable path forward in couples counseling. However, these attempts to understand are philosophically and epistemologically scattered, creating variation in what each therapist is willing to work with. Descriptions of relational dynamics come into contact with the therapist's subjective interpretations, leaving clients to the whims of MFT assessments.

**Community Agency.** Participants in community agency settings described a different territory of work when encountering couples and making assessments for violence. Assessment criteria utilized by MFTs in community agencies tended to utilize more discrete and quantifiable assessments, such as the Campbell Danger Assessment or intake forms crafted by the agency (Campbell et al., 2009). MFTs in community settings also reported less overall contact with couples in violence, as described in an above section. Participants were more readily able to produce and describe these processes and identified the following elements as necessary to proceed with couples. First, that the “tactics of power and control” (as identified in the power/control wheel produced by the Duluth Model) were not being observed or replicated

within the therapeutic relationship and process. Second, that the presence of any violence (physical, emotional, verbal, sexual, etc.) precluded the possibility of couples counseling. This assessment was conducted in a one-on-one session with each partner. If violence was identified in the course of therapy, couples counseling would cease, and it would move into individual therapy contexts. While this was relayed by participants, it was generally understood as a “policy-driven” stance rather than a personal ethic.

***Power/Control in the Therapy Room.*** While all participants are cautious around the potential for therapy to replicate processes of power/control, MFTs in community agencies were more sensitive to these dynamics. The identification of these elements engendered a more standardized response, in contrast to what might follow from the application of a blunter assessment process.

In the following example, Holly describes an experience where a heterosexual couple came into her community agency for couples counseling. Notably, she identifies herself in the story as “*a trainee who was more open to working with couples*”. She seemingly locates her willingness to do the couples work as a position of naivete and lack of experience. This is evidenced by her emphasis on a professional title that locates her experience (*trainee*), and how that position was what led her to being *more open*. Holly describes meeting with the female partner first, who strongly indicated wanting to proceed with couples counseling. At their first meeting, she describes how the “*boyfriend*” stormed out of the room and slammed the door shut after sitting and listening to his partner’s stories that were “*pretty bad*”, including experiences of *strangulating* and *emotional violence*.

*Holly: I just became concerned right like here's this client telling me like the kind of abuse that she's been suffering from this person has been pretty bad and like pretty severe and now like she shared these things in a more like (.) Open setting to a therapist and I just like (.) you know (.) I'm worried now when they go home and this person is very angry like (.) Am I putting this person in greater risk (.) because it seemed like her boyfriend just wasn't able to like handle (.) Hearing like that from her.*

Holly's tempo of speech and manner of describing the above statement is steady, with minimal pauses. In some ways, this indicates some congruence in her thinking. For instance, we see her position her client's disclosure of abuse as significant and worthy of close consideration, indicating a therapeutic alliance and Holly's keen attention to the potential of these dynamics. This generates concern for her client's safety, engendering questions of whether her interactions with this couple put *this person in greater risk (emphasizing the safety of the client sharing stories of abuse)*. Holly's subject position reflects that of a concerned therapist who is reflective of her practices. Her assessment that the male partner is behaving this way in an *open setting* indicates the potential for great danger in private, which is a common understanding within couples therapy approaches.

Stanley describes his relationship to "control" in a couple's counseling context, recalling a situation when a couple's counseling session devolved into a big fight. In his recollection of this story, Stanley indicates his gratitude for the session being held online via the web-based platform.



*Stanley: I completely lost control of it (.) I'm also happy it was zoom.*

This statement provides a useful clue to the concerns faced by couples' counselors when engaging with couples in violence. By removing or shifting a context in which therapy could lead to violence, participants in community agency settings indicated more openness to working with couples in violence. In other words, the presence of physical violence and the potential for counseling to contribute to it, is a top concern of participants in this study.

***Individual Counseling.*** Once participants in community agencies had a sense that violence might be an issue, they were quick to identify the next step as individual counseling or "treatment". This step, set out within the protocols of their agency, reflects the influence of the Duluth Model and funding stipulations which shift the focus to protecting the identified victim and referring the identified perpetrator out for "violence treatment".

*Holly: When there was (.) like the physical abuse (.) like all this history of physical abuse (.) and I think that's where (.) we'd offer the therapy (.) to the (.) To the individual who's being abused.*

Facing a report of *physical abuse* by the client, Holly must then negotiate moving forward according to the treatment protocols of the agency and in accordance with Duluth Model requirements. This represents a move away from couples' work to individual treatment. This trajectory might start feeling repetitive to readers due to the consistency of the framework application across *all* participant statements. The hegemony of the Duluth Model served as the

impetus for this research project. Its prolific appearance across all interviews captures the powerful influence of the DV epistemology on couples counseling protocols.

The consistency of individualized responses to relational dynamics when violence is involved intersected with tensions held by community agency MFTs as they distinguished between what they wanted to do and what the agency required them to do with couples in violence. The following example from Kelly helps illustrate this point:

*Kelly: I do tell them if it is the agency's policy (.) which might not be my policy (.) but if it is the agency's policy that you cannot (.) Work with a couple who's actively involved in domestic violence and it just depends (.) also on the definition of the agency.*

Prior to this statement, Kelly is describing initial meetings with couples at her agency, indicating that she does “ask the questions” about their background. However, if she identifies the presence of violence, Kelly sets herself apart from the agency making it clear that it is *not* her *policy*, inferring it is not her preference nor what she might do (perhaps). She shakes the foundation of the agency’s policy by referring to the diversity of definitions of what constitutes the violence in which couples work is not permitted.

While MFTs in community agencies are often complying with agency protocols, they are not necessarily in agreement with them. Ideological dilemmas were presented as participants negotiated their role as employees versus personal ethics and concerns about social justice. Descriptions of agency protocols would swirl in and out of “reasonable-ness”, as participants understood the necessity of safety and potential for severe harm and even death from couples

counseling, while acknowledging that there are “no spaces” for couples to have conversations when violence is present.

### **Post-Structuralist Practices**

All participants of this study aligned themselves with a post-structuralist paradigm of counseling, locating Narrative Therapy or Solution-Focused Therapy as central theoretical models. While there is diversity within the application of these post-structuralist models, they are broadly connected by certain philosophical assumptions.<sup>45</sup> The interviewer and analysis were particularly interested in how participants described their preferred practice approaches to couples counseling (both real and imagined).

The descriptions of poststructuralist practice by participants share numerous similarities that do not fall out along practice setting lines, reflecting practice approaches not restrained by agency protocols or fear of punishment by State licensing bodies. Interestingly, all nine participants in this study indicated that they felt they were “on the margins” with their practice in comparison to other MFTs doing similar work. “On the margins” (a phrase used by 4 participants) indicated a sense that they were outside of the “norm” of their MFT peers. The poststructuralist stances are in stark contrast with the modernist approaches put forth by DV epistemology.

The following categories emerged from the analysis of participant descriptions of their practice and aligned directly with poststructuralist principles put forward by philosophers and the theoreticians who brought these ideas into practice. The categories are identified as headers in this section and will be described in depth in their section.

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<sup>45</sup> These assumptions are described in Chapter 1- Introduction.

### **Staying Experience-Near**

The notion of “experience-near” comes from Narrative theory, developed by Michael White and David Epston in the late 80s (White & Epston, 1990). It invites practitioners to utilize client language and maintain a curiosity about the particularities of experience, attempting to understand and maintain a curious stance about the discursive frameworks that shape meaning (Augusta-Scott, 2009). This stands in contrast to a widespread practice in DV work where dominant notions of DV are often imposed onto relational dynamics, as demonstrated throughout this chapter. While poststructuralist therapists (and narrative therapists by extension) are not immune to dominant discourses of DV, the stated intention of the work requires therapists to stay close to client stories while also considering their social and historical contexts (Jenkins, 2009).

All nine participants of this study indicated overtly that this is an important stance and practice in their work. The following example from Phyllis demonstrates this:

*Phyllis: I'm just going to stay close to their experience and let them kind of come up with maybe how they see themselves.*

Phyllis' interest in staying experience-near is demonstrated through her suggestions that she will let *them kind of come up with maybe how they see themselves*, emphasizing individual agency and allowing others to define their own identities. This can be a delicate practice in a zone of practice that emphasizes accountability. However, the assumption of this model is that “experience-near” descriptions offer more influence towards preferred change (White & Epston, 1990). In this approach, Phyllis relinquishes the authority embedded in her role as an MFT to

provide diagnoses and “professional” assessments that carry weight, both institutionally and psychologically. Her position within the poststructuralist practices and DV epistemology constructs tensions around individual agency, honoring client’s preferred stories and identities, and balancing that with social norms, expectations, and the potential severity of DV work.

The position of poststructural therapist within DV work is particularly challenging given the taken-for-granted role of authority in DV services. From restraining orders to law enforcement, to court mandates, authority is used frequently in the hope of promoting safety. The following example from Stanley demonstrates this practice within the context of community agency. Stanley is speaking to the importance of opening up “space” for couples to have certain conversations:

*Stanley: I don't want to define it for him (.) I want them to define it... One of the things I do try to have the clients see is there's no good emotion (.) no bad emotion (.) it's what you do with them.*

Stanley indicates an interest in client language, and how they *define* something. Rather than naming the experience for the couple (e.g., “that is emotional abuse”), the therapist might ask the client themselves what *they* would call that dynamic. Similar to Phyllis, Stanley is positioning outside of the expected expert role. Further, Stanley captures a resistance to broad moralistic notions of “good” and “bad” and explores the effects of these. We will see more of this in the poststructuralist approaches to accountability.

Readers may notice that the two examples have far fewer pauses in the transcript. The affective displays are calm and clear, and very little tension was interpreted in video analysis. It

could be that speakers are in a preferred ethical space describing practices that feel aligned and “good” to them.

### **Suspicion of Binaries**

A central tenet of poststructuralism is a suspicion of binary understandings, assuming that the closer you look at something the more complex it becomes. Derrida (1967) put forward the practice of deconstruction as a method to interrupt grand narratives produced by binary descriptions and carefully examine epistemological assumptions within these narratives. As we saw with Stanley above, the idea of good/bad constitutes one such binary.

While the DV field is riddled with binary constructions of identity and experience, all nine participants in this study indicated a poststructuralist resistance to them. Pamela exemplifies this:

*Pamela: It was a lot of one side or the other, either very dismissive of violence, like this is not a big deal, why are we even crying about it or (.) These people are the worst people on the planet and no one should be bothering wasting their time helping.*

The tensions of DV epistemology are located in Pamela’s statement – the binaries of victim/perpetrator, abuser/survivor, or violence/non-violence. She is aware of the tendency to downplay violence in US society juxtaposed with the rigid identity constructions of the legal system. Embedded in these systems are moral judgments, indicated by her reference to people being defined as the *worst people on the planet*. These understandings position Pamela as both a critic of dismissive attitudes and a judge of moral worth. Throughout her interview, she indicates

her interest in resisting these notions. It is important to note that Pamela positions as a Narrative therapist and spoke directly to the role of deconstruction in her work with clients. In applying an experience-near practice, Pamela reflects a poststructuralist ethic of developing understandings driven by specific context.

### **Relational Ethics of Accountability**

While this study examines taken-for-granted assumptions within DV epistemology, there are critical elements that are necessary due to the particular risks of working with couples in violence. The notion of accountability for instance was central to every participant interview. They all indicated that being accountable for actions and harm done in a relationship was an important area of attention and described practices of accountability that aligned more closely with a poststructuralist ethic rather than a modernist, “Duluth Model” approach.

Participants described an interest in accountability that extended beyond prescriptive approaches (e.g., clearly stating within a “perpetrator group” that “you” are solely responsible for perpetrating harm and violence), and into developing more refined and “experience-near” relational ethics that honestly and actively evaluate one’s role in causing harm. Jenkins (2009) describes an accountability process grounded in finding an “ethical basis”, informed by “political, rather than psychological” understandings that move clients to engage in “restorative practices” (p. ix). In other words, a poststructuralist approach maintains the complexity of human relationships by examining the political and historical backdrop of individuals and families and explores within them ‘ways of living’ that are understood as responsive to a history of harm and maintaining accountability moving forward. Bouteldja (2018) describes this as a “revolutionary love”. While this may not seem particularly significant in some spheres, it is radical in the

context of DV epistemology, that focuses on individualized, punitive, and psychological approaches to “accountability”.

The following statement from Kelly illustrates this:

*Kelly: I am interested in the ethics of accountability (.) I would define it somewhat like (.) When **a person is able to see** (.) That their actions (.) have an impact on another person.*

Kelly places significance on a *person's* ability to *see their actions*, highlighting the importance of an experience-near understanding and reflexivity of one's behavior. It does continue to rely on a cognitive aspect of accountability where, to a certain degree, individuals look inwards. Kelly also uses the word *impact*, rather than violence. It can be interpreted that Kelly's idea of the *ethics of accountability* extends beyond acts of violence and into effects that one might have, whether or not they trespass into violence. While Kelly continues to negotiate the role of individual agency and social interconnectedness, her speech and affect is measured and calm. Given her poststructuralist and Narrative background, it can be assumed that this particular dilemma is a familiar and practiced one that does not create ethical quandaries. Kelly assumes the position of an ethical inquirer and reflective agent, which is quite different from an investigator and enforcer of offenses and accountability.

This interest in a broader definition of violence in relation to accountability was reflected across other participant statements like this example from Jan:

*Jan: I really like his ways of framing violence (.) which is very in a sense (.) strict (.) like violence (.) like we are all violent.*



Prior to this statement, Jan was responding to a question about her definition of violence. She referred to a book she had been reading that offered perspectives on violence that were different from ones she'd been exposed to in the past. Her description of *framing violence* speaks to the linguistic parameters of violence that shape how we conceptualize this notion. Her use of the word *strict* emphasizes the seriousness of violence but locates violence as a shared characteristic of individuals in society. This contradicts the more directional and individual model of violence conceptualized by the Duluth model and Crime Control Model.

These two statements represent a shared perspective by all participants of this study - that violence is a community experience requiring a more complex and nuanced response than those offered by current DV systems. Participants did acknowledge the importance of the legal system in attending to severe and dangerous forms of violence but indicated that couples that are not interested in “separating” or engaging the legal system can benefit from a different approach.

### **Participant Discussion Group**

Chapter 1 - Introduction outlines the ethical considerations implemented into crafting this research project. One of the looming critiques of CDP is the centrality of the researchers' analyses and interpretations, and the risk for interpreting participant data in ways that do not feel representative to the participants themselves (Tracy, 2010). To counter this effect, participants were invited to gather as a group to learn about the results of the analysis and provide feedback. The intention was to give participants an opportunity to “talk back” to the research findings, reflect on the data and describe effects on themselves and their practice since the interview. This process is also referred to as a “member check” (Goldblatt et al., 2011). The rationale and

approach to the participant discussion group is examined in detail in Chapter 3 - Methodology.

This section discusses the data analyzed from the Participant Discussion Group (PDG).

The PDG was conducted after the analysis was completed. All participants were invited by email.<sup>46</sup> This email contained details of the event, considerations of confidentiality, and an outline of the PDG process. Seven of the nine participants responded and indicated that they would attend. On the day of the interview, five members attended. This put the total participants who engaged with the PDG at five. I utilized a PowerPoint Presentation to outline the findings and provided opportunity for the participants to respond to the research and each other.<sup>47</sup> The meeting was recorded and the video and transcript were analyzed using the CDP methodology as outlined in Chapter 3 - Methodology, and throughout this chapter.

In general, participants reported that there were effects on their practice and thinking from having participated in the interview. In particular, participants indicated that a context to discuss previously taken-for-granted assumptions gave access to more “intentionality” and awareness in their work. The following example where Pamela is responding to the analysis of shifting terminology to discuss DV exemplifies this:

*Pamela: I think about the (.) interchanging of different terms and stuff like that because I haven't analyzed my own patterns on that (.) And like (.) it's very interesting (.) It makes me really curious about it (.) especially because I may be teaching some classes on family (.) family and couple counseling coming up this*

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<sup>46</sup> Appendix K contains the email invitation to participants.

<sup>47</sup> Appendix F contains the outline of the PowerPoint Presentation.

*summer (.) so I'm like really mindful about what terminology I want to use (.) and when and if there needs to be some variety in that.*

As Pamela engages with the ideas from the research, she is positioning herself as a “reflective learner” and “responsible educator”. This is evidenced by her mention of not having *analyzed [her] own patterns*, indicating an interest in doing so and a curiosity about these patterns. This curiosity extends into how she wants to begin to use this terminology and present concepts to her class from a pedagogical perspective. Her reference of the *interchanging terms* could indicate a dilemma regarding the variability of language, reflecting a tension in considering advantages and disadvantages of each term, and how to locate them in their relevant contexts. Ultimately, Pamela’s statement reflects on language use and expresses a curiosity and interest in being more mindful and deliberate in the terminology she chooses. All participants noted the centrality of language in their work, how the analysis accurately reflected tensions harbored in terminology, and how the presentation of these ideas aligned with their understandings.

Participants in the PDG also indicated surprise and interest in the idea that couples counseling is possible. In fact, several participants expressed this notion energetically, indicating frustration with the assumption that it wasn’t possible. The following statement from Stanley represents this pattern in the data:

*Stanley: why would you **not** try to do harm reduction (.) If it's okay (.) In other quote unquote [quote hand gestures] populations (.) so that really hit me on what you said.*

Stanley works primarily in a substance abuse center, so he is drawing on the notion of “harm reduction” located in the substance abuse world (Charlet & Heinz, 2017). He describes the ethical position that if somebody can’t get sober, then at minimum you “try to reduce harm”. He highlights the ideological dilemma between the DV field and substance abuse field, questioning why harm reduction would not be tried if it’s considered acceptable or appropriate in other populations or contexts. This reflects the tension between providing equal treatment (applying reduction universally) and differential treatment (applying harm reduction selectively based on certain populations or circumstances).

Participants were very attentive and drawn in when discussing the influence of practice setting. In particular, 1 participant had transitioned into private practice since our interviews from a community agency setting and shared that they experienced the dynamic outlined in the analysis. All participants agreed with the distinctions between practice settings that emerged from the data. The following from Holly represents these statements:

*Holly: I worked in a nonprofit that specifically focused on intimate partner violence and sexual abuse for a long time (.) and I just (.) [know] how much that had an influence on my terminology as well (.) And (.) how that even the terminology shifted while I was there (.) like from when I first started to when I left (.) it was more like (.) okay (.) we got to say intimate partner violence.*

Holly discusses how terminology shifted during her time working at the nonprofit, making visible the political nature of DV language and how nonprofits are responsive to these shifts. Holly describes the ways her time at the nonprofit *influenced her terminology as well*.

Ultimately, the participants agreed with the analysis, and were grateful for their participation in the study. Participants indicated that they left the interviews with questions about their practice. The following statements are examples of this:

*Pamela: I'm thinking about (.) okay (.) what are my real ethics? (.) And what do I really do in practice? (.) And (.) so (.) yeah (.) this is (.) I really appreciate getting to be a part of this like experience of hearing how your work has gone and what you've discovered.*

*Holly: I'm kinda just like (.) thinking about how I would do things (.) but I haven't yet taken the time to see, like what already exist out there.*

Holly is interested in doing more research to *see* what is *out there*, and Pamela is reflecting on her practice. This response from participants was heartening as it confirmed a hopeful effect of this research on participants - that engaging with questions about practice and epistemology would engender intentional and ethical practices that are better aligned with current research.

In addition to these reflections from the research, participants also indicated that hearing from each other created a sense of community particularly since they all indicated “feeling” on the “margins” of their practice. Kelly describes her sense of *hope* in hearing that others are invested in learning about practices that support couples in violence, and being more cautious of individualized approaches that are necessarily connected to judicial systems.

*Kelly: I'm glad that there's other people also thinking that way (.) because it (.) I guess to me (.) it just means that there (.) there's hope or something.*

The following statement from Pamela captures the way that community can support a more refined and research-based practice:

*Pamela: There are times where I feel like I'm (.) doing this sort of like (.) **rebellious work** (.) and it's maybe almost kind of **sneaky** (.) and like nobody (.) nobody else is doing it (.) So we've got to just kind of do it the way it feels right (.) I'm like (.) you know what other people are doing this work (.)and it's good for us to be in communion with one another (.) so we can share ideas and find out about books and research that's out there (.) So we don't feel that we have to reinvent the wheel every time.*

In conclusion, the PDG provided an opportunity to make the research accountable to those who produced the data for analysis. Participants overwhelmingly indicated agreement with the analysis and reported positive effects of engaging with the research process, encouraging reflection on practices and ethics, curiosity for existing research, and warding off a sense of isolation in their work.

### **Limitations**

Like all research, this study holds potential limitations in how the findings can be understood and extrapolated. While Chapter 3 - Methodology describes some of the

methodological and ethical considerations to manage potential limitations, this section will outline the manner in which limitations of the interview and analysis may have had an impact.

### **Potential Limitations of Interview**

Despite having described the outline of the study at the beginning of each interview, some participants expressed an “unsure-ness” about what I was “looking for”. In some ways, the semi-structured nature begged the question “where is this going?” On occasion, this intersected with a concern of “am I answering this correctly?” In the interviews, I would respond directly and compassionately, telling participants that there is no right/wrong answer, providing clarity on why I was using their words and leaning back, and assuring them that at the end I would describe fully why I was engaging the way I was. The following are examples of how this occurred:

*Navid: Any questions that you would hope that were asked or things that you want to kind of add to as we're wrapping up here, our conversation?*

*Stanley: What is the end game of the research study?*

*Navid: Yeah (.) so what I'm trying to take a look at and understand is how it is that domestic violence epistemology (.) like the knowledge base of domestic violence created by various stakeholders and histories (.) how it influences the work of therapists (.) And so I'm using the context of couples counseling to kind of deter (...), to kind of explore how that stuff shapes decision making (.) Practice approaches (.) assumptions (.) That's why I like (.) follow some things that you're naming (.) I was like really trying to draw these assumptions in it even though I don't actually disagree with it necessarily (.) I just really want to make it like*

*really visible like (.)like you're saying like (.) well (.) one (.) one thing that's in a couples counseling literature is like (.) certain things can lead to certain things (.) So like (.) Oh (.) if like couples have domestic violence (.) it could cause more violence in their lives (...)*

*Jan: I feel some discomfort and [to] be super transparent (.) I'm experiencing some discomfort as the person who's been interviewed because I don't know what you were thinking (...) So I feel you know (.) like I've been talking and talking and talking (.) About you know what [I've been] thinking (.) or if it is helpful to me (.) so I guess I'm noticing that (.) I'm starting to question how useful that was for you (.) so I you know I feeling so like oh I wasted your time (...)*

It is important to acknowledge that my location within the DV field can affect the participants' response and interactions with me. Participants were told about my work directly through my recruitment letter, and a quick search of my name indicates my work history and reputation in the field. It's possible that my use of particular words and definitions, such as "domestic violence" as opposed to terms they might use with other colleagues could increase a sense of critical gaze on their work, as captured in Jan's excerpt above. Jan's statement reflects a broader concern for the research, that participants might try to produce and model the "correct" and most favorable responses.

While there was tension at times in the interviews as interviewees labored over questions of epistemology and practice, over half of them were surprised that they had not thought through



some of their assumptions and appreciated an opportunity to do so. The following excerpts are from interviewees:

*Kelly: So now right now I'm wondering like what is my criteria for defining a crisis (...) Like how bad does it have to be? (.) Or how pervasive or how (.) aggressive or how violent and not just in the physical sense (.) but how violent does the dynamic have to be against one person for me to considered a crisis (.) So I don't know I hadn't I hadn't (...) (participant looks off camera and appears to be deep in thought)*

*Jan: I didn't know if I had a clear definition of abuse until you ask me (.) and then I realized that I had it (.) I don't know if it's (.) you know (.) accurate (.) accurate maybe in this context (.) but I felt that I had [one] actually.*

*Pamela: gosh when you asked that question and I (.) all of a sudden (.) I felt that responsibility it is (.) it's like (.) it surprised me a little bit because I don't feel like you know choices that my clients make are (.) That I'm responsible for their choices are (.) that I'm responsible (.) for their well being or something like that...*

The above excerpt captures moments that are filled with thoughtful expressions, slow stutters, and repeated statements. These are interpreted as the slowness in “thinking out loud” or making visible long-standing assumptions.

The point here is that the effort to expose some of these assumptions has had an impact on those in power, rather than on a vulnerable population. Ideally, these interviews with therapists may have had a positive impact for their clients. Current or future clients of interviewees might encounter conversations that move slowly towards definitions of violence. This slowness can engender an ‘experience-near’ definition of violence for the client, and a co-constructed understanding of what might be occurring, rather than simply drawing on dominant discourses of domestic violence (White & Epston, 1991).

### **Limitations of Analysis**

There were significant steps taken to minimize the potential limitations of the analysis. As discussed in Chapter 1 - Introduction, attention was given to the ethical challenges of CDP and processes were crafted to respond to this. For instance, the use of a participant response group attends to the challenge of interpretive subjectivity located within a CDP approach. Therefore, by inviting participants to hear and respond to my analysis, this subjectivity is made visible and held accountable to the very participants who subjected themselves to analysis.

Of course, no form of analysis can capture the full contextual complexity of an event or experience. Necessarily, any analysis may overlook or oversimplify important factors. However, CDP responds to a history of overlooking power dynamics, structural inequalities, or historical legacies that shape discursive practices by naming them as influential (rather than dismissing them as variables). Still, this study harbors the potential for the analysis to have overlooked important elements.

The small participant pool leads to a potential sample selection bias. Due to this and to the context-specific nature of discourse, discoveries in CDP may have limited generalizability.

Analytical insights and interpretations generated from one discourse context may not be easily transferable to other contexts. However, steps were taken in this study to reduce variability between participants, and ensure that, at a minimum, participants had a history of similar exposure to DV epistemology as dictated by State training requirements.

Despite these limitations, the analysis of this data offers valuable insights into the meaning, power relations, and ideologies represented by participants. The hope is that a critical engagement with these limitations can enhance the rigor and validity of the analysis and contribute to a deeper understanding of how language shapes and reflects social phenomena. It is encouraging that the emergence of consistent patterns suggests this data can be used to forward further research, pedagogical approaches, policy considerations, and models of practice. This is discussed in the model of training and practice provided in Chapter 5 – The Down and Forward Approach.

### **Limitations of Perspective**

The interview, analysis, and overall development of this research study has been crafted from the point of view of the researcher, and thus carries with it the focus and attention of those perspectives. For instance, I (Navid) am a Persian American cis-gendered heterosexual man. I live in a body with prominent facial hair and recognizable Persian features, presenting me clearly as male. Given the gendered framework that constitutes DV discourse, I am necessarily prone to missing gendered nuances that might be readily identified by somebody who has lived a different gendered experience.

The limitations of perspective potentially extend into all political identity constructions, related to such considerations as gender, sexuality, class, ethnicity, US-centrism, religion, and

others. One prominent critique of DV discourse is the centrality of a heteronormative, cisgendered monogamous context. Given that I occupy these social positions, I risk replicating the assumptions I embody in my analysis and conclusions. While, to ensure accountability I took significant steps to be clear and open about this with trusted community members who live different lives from me, there is no fool-proof method of ensuring a full-perspective. However, it is important to make visible the parameters of our perspectives and how they shape the analysis and following discussion.

### **Summary of Findings**

This section serves as a broad overview of the findings from this study, summarizing categorical discoveries from the research, with the details and particularities discussed further in this chapter. This summary is similar to the one provided in the participant group discussion (member-check) process. This similarity is intentional with the hopes that it enables readers to engage with the material in a similar fashion as participants. Findings are presented plainly and concisely.

The following repertoires were identified in participant language: “Duluth Model”, “Crime Control Model”, “Psychology”, “Social Justice”, “Poststructuralism” and “Couples Counseling/Family Therapy”. These repertoires were utilized by participants to discursively organize the political hodgepodge of DV epistemology into their own practices in ways that aligned more closely with either their own ethics, or what they perceived to be the ethical parameters set out by the MFT profession. While these repertoires were utilized predictably in some areas, there were areas of surprise that highlighted the immense influence that DV epistemology exerts onto couples counseling.

Participant terminology signaled their own positioning and proximity to various political features of DV epistemology. For instance, participants in community agencies with strong feminist histories (or at minimum, gender-based conceptualizations of violence) utilized the term “Gender-based violence” (GBV), whereas participants referring to working with couples often referred to “interpersonal violence (IPV)”. These terms would shift depending on the repertoire that a participant was drawing on. For instance, participants would utilize the term “DV” (domestic violence) when drawing on the “Duluth Model” or “Crime Control Model” repertoires but shifted to the usage of IPV when drawing on a “couples counseling” repertoire. These terms indicated the participants’ history of training and work experience.

The practice setting of the participant had a significant influence on the participants’ descriptions of their work. Participants in private practice indicated more freedom in how they respond or make decisions when confronted with couples in violence. The experiences of the clients were more open to interpretation, with a diversity of responses following the assessments of the MFT. While participants in private practice were more willing to meet with couples in violence, they had less clarity on what to do with couples in violence. This lack of clarity included next clinical steps or for referring clients out. Additionally, participants in private practice understood the parameters of their work to be dictated by the gaze of MFT licensure, which is implemented through the Behavioral Board of Sciences (the governing board that oversees MFTs in the State of California). Participants in community agencies, on the other hand, indicated narrower lanes of practice that were prescribed more clearly by the agencies in which they operated. They utilized more formalized assessments and indicated more clarity on when to work with couples, and what steps to take following. This clarity was shaped prominently by the “Duluth Model” and “Crime Control Model”, which is predictable given the

stipulations placed on agencies by funders (as outlined in Chapter 2 - Literature Review). While participants in community agencies had more clarity on their legal and ethical parameters, they often conflated the stipulations of the funders with their own scope of practice as MFTs. For instance, if an agency indicated that they cannot work with couples in violence (due to “Crime Control Model”), they interpreted that as a broader rule that MFTs cannot work with couples in violence.

This confusion around when to work with couples or not was significantly influenced by couples counseling pedagogy. All participants shared that couples training taught everyone that you do *not* work with couples in violence. This is incorrect, as there is no such law or ethic in place regarding this, making visible the power and influence of the “Duluth Model” and “Crime Control Model” on MFT pedagogy. And while there are many models outlining how to work with couples in violence, no participants indicated any knowledge or understanding of this work. Effectively, participants utilized a crude on/off metric of when to work with couples, so that when violence was present, no couples work was possible and they were either referred out or moved to individual treatment (per the “Duluth Model”). This presented a significant ideological dilemma for participants who indicated that therapy should be a “place to work out problems”, but that it can also be a palace where “power/control can be perpetrated, and more harm caused”.

MFT participants indicated a strong reliance on informal assessments that were qualitative and feelings-based in nature. For instance, the ‘sense’ of fear was a major indicator that something might be “off”, and that separating the couple for further questions would be necessary. In private practice, participants had less items to screen people out for therapy and centered their “sense” more. In comparison, community agency participants had more line items

in their assessments that would disqualify clients from couples counseling, leaning heavily on the protocols and assessments set forth by the agency.

While it was not a central feature of this study, the experiences of multilingual MFTs were notable. Multilingual MFTs were able to speak more clearly and succinctly to the limits of DV epistemology, identifying contexts in which the practices did not apply nor fit culturally. This phenomenon reinforces the centrality of English and the dominance of US-cultural values in the production of DV epistemology, and the imposition of these ideas into communities who are experiencing DV, are accessing services in the US, but are not of the English-speaking majority.

Finally, participants indicated practices of resistance to DV epistemology and the effort to bring nuance to the ideas through a poststructuralist paradigm. Participants were interested in rejecting moralistic conceptualizations of client experiences that are imposed *a priori* and capturing an understanding of their experience within their meaning-making frameworks. Participants were interested in making space for clients to talk openly and identifying spaces outside of therapy to have these conversations. Participants indicated an interest in community-based approaches to help families that are less connected to the judicial system.

### **Conclusion**

This chapter described in detail the analysis of participant data that emerged from interviews. The categories of discussion are produced from patterns of responses drawn from participant statements, identified through the use of a Critical Discursive Psychology methodology. The conclusions drawn from this chapter will be discussed in Chapter 5 – Down and Forward Approach. In particular, the conclusions drawn from this chapter will be utilized and responded to in the development of a specific approach to providing therapy with couples in

violence. This housed in a broader ethic to push beyond critique and into a “useful science” that creates and produces just as much as it identifies troubles.



## Chapter 5 – The Down and Forward Approach

Built upon the knowledge, data and evidence revealed and consolidated in Chapter 4, this chapter offers a set of approaches to practice, policy, and pedagogy in the domestic violence (DV) field for Marriage and Family Therapists (MFTs) to consider and adopt. The chapter outlines a proposed training and practice approach for working with couples with IPV from the Middle Eastern refugee community in response to the concerns identified in this study. This approach is called the “Down and Forward Approach” (DFA). The terms/acronyms of DV, GBV, or IPV point ‘up and back’ into the political structures and histories of the DV field, rather than ‘down and forward’ into the lives and futures of the clients they work with.

The DFA responds to the findings in chapter four which show MFTs are often left on their own to figure out if and how to work with couples in violence. The training they receive supports *not* working with these couples, but rather referring them out. Keren et al. (2023) reify this finding, indicating that DV and sexual assault trainings are inconsistent and engender a sense of incompetence and a lack of confidence. Despite a discursive backdrop that offers limited perspectives, a plethora of models in the literature and research support approaches in working with couples in violence (Friend et al., 2011; Hamel, 2005; Hrapczynski et al., 2012; Karakurt et al., 2016; Lam et al., 2009; Stith & McCollum, 2002, Stith et al., 2004; Stith & Rosen, 2011; Taft et al., 2017; Vall et al., 2018).

This chapter draws on a legacy of research and efforts to engage in conjoint therapy, focusing on implementing it with the population that I primarily work with - Middle Eastern refugees from Arabic and Farsi-speaking countries. Accepting, as I do, Dean Spade’s (2011) notion that social justice trickles up, a focus on the needs and concerns of severely marginalized communities allows for a more robust and inclusive practice for everyone.

The chapter begins with an anecdotal story from my practice that highlights the importance of the DFA. It will then identify the “values and ethics” necessary to implement the DFA, as well as an outline of suggested pedagogical topics to engage MFT students. A three-part approach to conjoint therapy is then provided, concluding with considerations for policy.

To resist the problematic “one-size-fits-all” approach that can come from engaging with one model, I embrace the metaphor of a jazz musician’s “lead sheet”. Lead sheets are unique in prioritizing the improvisational nature necessary to “listen” and “respond” to the immediacy of what’s being played. However, they are also informative and directive, setting the parameters of the music such as key, tempo, rhythm, and specific phrases played together by musicians. The values and ethics of this approach are similar to the key, tempo, rhythmic structures, and important melodies that make the song genre-specific. The “Conjoint Therapy” segment is split into two sections - an “A” section and a “B” section. In jazz music, the “A” section *sets up* the song to move into the “B” section. However, the band leader (or soloist) can call the movement back to the “A” section. Thus, there is no specific script on this movement, it responds to the immediacy of the moment. The hope is that this metaphor supports readers and MFTs who utilize the DFA to understand the practiced improvisation and fluidity necessary to engage with this work artfully and creatively. And, like any jazz music worth listening to, the musicians are intentional, practiced, and responsive.

Readers will note a shift in language here. In this chapter, violence between couples will be largely referred to as “intimate partner violence” (IPV) in an effort to honor the time and research put into developing models that acknowledge the existence of bi-directional violence between intimate partnerships who seek counseling to eliminate the presence of violence in their relationship. Additionally, the language shifts from “couples” counseling towards “conjoint

therapy” to reflect this shift in the literature. Additionally, couples counseling in some ways infers that a couple is trying to remain a couple, and that the entire counseling process involves the “couple” unit. Conjoint therapy addresses a situation that can be less directional, where two intimate partners can come together to work towards stated goals.

Ultimately, the primary issue that the DFA attempts to address is that couples counseling is closed immediately when violence or abuse is identified, and the only path forward in addressing these relational problems within an individualized context. MFTs trained in systemic and relational work are not afforded the opportunity to do so when violence/abuse is determined to be present, and they are relegated to trying to help through the highly individualized and bureaucratic systems established by the DV field. MFTs who can re-engage a family therapy and systemic approach, resist individualism, and place working with couples in violence as squarely within their scope of practice can revolutionize the contemporary field of couples counseling.

### **Story From Practice**

The following example is an anecdotal experience as an MFT working with License to Freedom, a non-profit DV organization that serves the Middle Eastern refugee population. In this story, I (the researcher and author of this dissertation) was working with an Iraqi Arabic-speaking couple who had been mandated to domestic violence counseling by the courts due to law enforcement intervention. The mother was mandated to individual counseling, and the father was mandated to a 52-week Domestic Violence Intervention Program. Because children were in the house (asleep at the time) Child Welfare Services (CWS) got involved and mandated conjoint counseling with the purpose of developing “safer co-parenting strategies”. The mosaic of

demands set forth by the various stakeholders involved are likely already visible here, with competing political requirements placed onto the MFT (me).

In our initial sessions (individually), the couple conveyed a similar story. Both reported that mother and father had an argument, which resulted in father calling 911 as he noticed the argument escalating.<sup>48</sup> The El Cajon police (largely comprised of Iraq war veterans) arrived and identified the Arab husband as the aggressor and took him to jail. The mother was identified as the victim, and she was provided with advocacy services, a requirement to get a restraining order, and mandates for counseling.

Our team utilized a model similar to that proposed by Stith & McCollum (2011), where we met with the couple for 6 sessions each individually, and then moved them into conjoint sessions. The conjoint sessions included the mother, father, two MFTs (myself and a colleague) who were aligned with each partner in individual counseling according to gender, and an Arabic interpreter from the community. In many ways, the interpreter was positioned as the “stable third”, a culturally familiar and community-based member who supports the family and enhances safety (Cooper & Vetere, 2005). The father was also enrolled in a batterer program. All of these services were provided through LTF, which is uncommon.<sup>49</sup>

While CWS required a safety plan only for the mother, we developed a safety plan for both. In individual counseling (prior to conjoint), we learned more details about their relationship and the evening of the incident. In short, the father and mother were married in Iraq after a

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<sup>48</sup> Refugees are instructed by resettlement and other county agencies to “call 911” if there are unsafe arguments or threats of violence. An example of one of these pamphlets is available in Appendix G

<sup>49</sup> Agencies typically engage with victims and batterers in separate services. There are legal challenges produced by serving both, such as ensuring that the partners do not cross paths while receiving services at the agency, and ensuring that the father does not receive resources while in the batterer program (According to standards set by the Treatment and Intervention Committee of San Diego, in coordination with Duluth Model standards)

tumultuous relationship in the context of the US invasion of Iraq. The father experienced significant horrors from both US troops and ISIS insurgents, including witnessing the beheading of his father. In Iraq, both reported that the father had a strong family support system, and the family structure was quite patriarchal.

However, once the family fled Iraq and were given asylum in the US, the political landscape of their relationship shifted significantly. The father was unable to find work due to his limited English, while his wife attended community college. There, the mother acquired English-language skills and engaged in an intimate relationship outside of the marriage. Her acquisition of English shifted the power dynamic of the family significantly, with the mother being the only one able to engage with English-speakers and provide for the family. In our sessions, it became evident that there was a culturally distinct relationship to 'jealousy' that held it as prized and evidence of love.

On the evening of the IPV call to the police, the husband had been with friends in the house when his wife arrived at home. While both produced slightly different reasons as to the source of the fight, it became clear that they exchanged harsh words as the mother demanded the father's attention and the father responded dismissively. This escalated to the mother hitting the father several times on the face and head. The father then picked up a mug and threw it at the wall, which ended up shattering the window. When the police arrived, they observed a broken window, a broken mug, the children asleep in the back room, the mother crying, and the father with scratches on his face.

Fast forward to the counseling process, it was understood by the team through the overlap in stories that this couple did not have a clear power/control dynamic, and rather were two refugees who had their culturally familiar power structures completely toppled by the process of

immigration, experiences of emasculation by the man, and bilateral violence in that event. They did not have a history of reported violence prior. At this juncture, readers might have already identified the challenges of overlaying DV binaries onto this story, and the insistence of institutions on crafting treatment modalities that reflect the victim/perpetrator binary. In no place were the experiences of immigration, racism, emasculation, language access, or culture considered in the institutional responses or development of treatment (Bouteldja, 2017).

The largest barrier to the conjoint counseling was the danger the couple felt from the system itself. CWS engaged in a highly controlling and disciplining set of tactics, mandating the parents to counseling with the threat that non-attendance and participation would result in the removal of the children. CWS would also do “surprise visits”, arriving unannounced at the house (where mother now lived) to check for cleanliness and “ensure safety”. The father was removed from the home with the use of a restraining order and lived in the streets. This in-and-of-itself contradicts research about safety in DV, noting that men who “have nothing to lose” are at a much higher risk of engaging in violence (Dutton & Corvo, 2006). Further, research does not indicate that arrests are an effective deterrent to violence (Garner & Maxwell, 2000). Thus, the central concern of the couple in conjoint therapy was how to protect their family from CWS and the court systems, who were invested in separating the family members.

Simultaneously, the new political context the family was in did provide a unifying force that crafted safe practices moving forward. In attending to the features of “safe-enough”, it was determined that protecting the confidentiality of mom’s affair was critical, though there was time spent in individual counseling, considering the potential this held in her relationship. The timing and context of conjoint therapy would not have been safe for “addressing an affair”. Rather, the immediate attention was on how the family could identify and practice safety and de-escalation

strategies. Historical problems were addressed only to the extent in which they supported a safe and preferred future for both couples (Kaslow et al., 2011). Given that there was not a unilateral or asymmetric set of behaviors that led to violence, practices of accountability required both partners to be accountable at various times. The coercive limitations placed on MFTs by DV epistemology must be addressed, and MFTs must lead the charge in moving the field forward when it comes to supporting families and couples experiencing IPV. The model proposed in this chapter aims to address the failures outlined in this study, and captured in the story above.

### **Different Training, Not More**

Participants of this study all engaged in the same standardized training through their MFT programs, which resulted in similar patterns of understanding across all participants. One example of this was the crude on/off metric taught in their couples counseling classes, that if violence is present, you do not proceed with couples counseling. Given these findings, it is recommended that training standards, especially in MFT programs, are updated to reflect the responsibilities of MFTs more accurately. This training would include requirements for MFTs to incorporate conjoint therapy with IPV in their scope of competence, a nuanced understanding about the relational dynamics of IPV and associated contemporary typologies, and training on how to conduct robust formal and informal assessments with couples experiencing IPV.

The task of crafting a useful curriculum for training requires attention to national standards and developments in research, while also responding to the idiosyncrasies of particular learning communities. Brosi & Carolan (2006) outline the following eight target areas for MFT programs to equip therapists to manage the dynamics and complexities of couples in violence:

1. Family of Origin Influences.
2. Therapists' Clinical Background.
3. Key Personal Events.
4. Developmental Processes of the Therapist.
5. Thinking versus Feeling.
6. Insecurity.
7. Self-awareness.
8. Interpretation of Client interaction.

This list does not imply that MFT programs are not already engaging in some of these efforts. In many ways, these topics overlap with the required curriculum for MFTs to identify bias and personal histories as part of the training (Brosi & Caloran, 2006; Gehart, 2011; Strawderman et al., 1997). What's being suggested here is that these topics intentionally engage histories of conflict, abuse, and violence, in an intentional effort to prepare therapists to engage in a more robust couples counseling practice. Thus, MFT students can engage in their couples counseling class with the question of "is this something I'd want to specialize in?" rather than the current notion of "I can't do couples counseling when violence is present".

Readers may note as well that these topics reflect specific issues identified during the analysis of this research. For example, "thinking versus feeling" reflects a need identified in this research where participants in private practice relied heavily on "feelings-based" assessments of danger and/or safety. "Family of Origin Influences" reflects the manner in which therapists inadvertently engage with clients from a similar position to the one they occupy within their own



families (Titleman, 1987). The list above relates directly to potential for training identified in the analysis and supports research across other literature.

### **A “Down and Forward” Approach**

The position of “down and forward” refers to the orientation of the therapist in regard to client stories and experiences. Rather than asking how a client’s story reflects the “power and control wheel” and providing psychoeducation to clients about typologies of abuse (derivatives of the Duluth Model), therapists are invited to explore a client’s story for values, ethics, events, and histories, and connect them deliberately with imagination, hope, and preferences. This responds to participants of this study regularly engaging in *a priori* understandings of IPV when conceptualizing their clients’ relational dynamics.

The DFA requires the therapist to position with cautious optimism, grounded in a pragmatic attention to safety and accountability. However, rather than an insistence on accountability for past actions (per the Duluth Model), the DFA encourages this to be taken forward and into a client’s ability to “account-for” somebody else’s experience (accountability), and once they are able to, how they can “respond-to” this story (responsibility) (T. Carlson, personal communication, August 19th, 2023). Further, the hope is that this shift in focus also allows the MFT to discern “what matters” to couples as they engage in fights and explore dilemmas as sites of values and ethics (Jenkins, 1990; T. Carlson, personal communication, August 19th, 2023). The structures of the DFA aim to create a multiplicity of relational spaces between the therapist and couple (individual, conjoint, and community contexts like counseling groups) where the problem(s) of DV can be identified, explored, and addressed.

### **Key and Tempo**

Given the serious implications of engaging in conjoint therapy with IPV, it is critical that there be clear parameters and considerations informing the work of MFTs. Rather than recreating the rigid and universalized considerations for practice that currently inform MFTs when confronted with IPV, the DFA attends to particular values and ethics that are explicitly stated and flexible to their unique contexts. This reflects the process of a musician examining a lead sheet and understanding what the key, tempo, and shared rhythmic and melodic lines are. This restrains a haphazard entry into the song while leaving room for improvisation.

The headings below reflect these values and ethics, followed by a description of these ideas and their application specifically to working with IPV in a conjoint therapy setting. These headings could be considered as part of the curriculum and learning outcomes for MFT training programs.

### **A De-Colonial, Poststructural Feminism**

“We cannot rethink social relations, the family, gender relations, or sexuality without rethinking the nature of the state, North/South relations, neoliberalism, and its metamorphoses. Moreover, we must question the notions of equality, emancipation, freedom, and progress, and even refuse to conform to the liberal model of the individual.” (Bouteldja, 2017, p. 94)

While participants unanimously indicated alignment with poststructuralist approaches, the incorporation of a more robust decolonial and feminist approach attends more precisely to the political challenges posed in DV epistemology. An approach that considers intersectional power

across gender, culture, and other social experience requires MFTs engaging in conjoint therapy for IPV to acknowledge the “exploitation, injustice, the colonial past, police crimes, humiliations, contempt, deracination, racism” endured by marginalized communities in the US, while not exonerating patriarchy and men’s power (Bouteldja, 2018, p.110). In this way, a “decolonial feminism” considers the ways in which men both benefit and are victimized by patriarchy, and immigrant men from the “non-West” experience a different type of injustice that is ignored in contemporary models of DV. Indigenous authors have described the ways that oversimplifications provided by DV epistemology (i.e. the notion that gender is the only contributing factor to DV) mask the significant injustices that women of color, low-income women, non-English speakers, LGBTQIA+ women and other underrepresented communities face (Smith, 2015; Teehee & Esqueda, 2007). This ethical stance responds to the scarcity in engaging with this particular political zone, especially by therapists in private practice.

The lack of intersectional and complex models of engagement in the DV field, aggravated by the insistence of outdated and unsubstantiated institutional responses wedge clients into specific identity locations (Creek & Dunn, 2011). As George & Stith (2014) state,

“In an effort to nurture non essentialist practices, clinicians may consider abandoning binaries of all sorts, such as “Western/Non-western”, “Gay/Straight”, “Black/White”, “Women/Men”, etc.” (p. 184).

Chapter 2 - Literature Review outlines the significant colonial processes imposed by DV epistemology. MFTs operating from a model that works with refugees must engage critically with their own closely held values and beliefs and locate them clearly within a broader “American” (USA-centric) cultural discourse. Platt & Laszloffy (2013) describe this as a

“critical patriotism”, where MFT training programs intentionally draw attention to “issues of national identity, expand[ed] awareness of international issues and perspectives, and examine how nationalistic attitudes and beliefs” shape their work (p. 441). These questions can include questions such as “What clinical theories have you been exposed to that originated from outside of your nation? How might your nationality have influenced the theories and clinical approaches to which you find yourself drawn? Which of the professional ethical codes that you were taught reflects the national context in which they were developed? How does your nationality influence your worldview? How might it influence your clinical work?” (Platt & Laszloffy, 2013, p. 451)

For example, MFTs are given an impossible task in identifying “equality” in couples when engaging with the intersection of Duluth Model demands for accountability and Western feminist notions of equality. This challenge was reflected both in the literature as well as data from participants of this study. The ‘tyranny of equality’ is most visible when MFTs interact with aboriginal communities (Riel et al., 2014; Bouteldja, 2017) or LGBTQIA+ partnerships (Rostosky & Riggle, 2011), as the centrality of heterosexual, monogamous and White experiences is exposed. This experience was reflected in my own attempts at conversations about equality with Middle Eastern families who have very different cultural expectations and understandings. By centering a practice that stays close to and explores the experiences and understandings of clients, MFTs can produce client-specific notions of an egalitarian relationship that are attainable and preferred by the clients, and attend to the *process* of equality and the practices necessary to achieving it. This applies to all elements of practice, from assessment to conceptualization to intervention. For example, the notion of the “couple” unit tends to be somewhat US-centric in my experience with Middle Eastern refugees. The “couple” does not exist without the rest of the family (parents, in-laws, cousins, children). Thus, any safety

planning and crafting of parameters for conjoint therapy with couples necessarily requires attention to “collaterals” (Riel et al., 2014). Collaterals include all the family members, pets, and community members who may be affected by the violence of the couple.

### **Engaging with a Political History**

Participants of this study held a complicated relationship to the DV services field, both understanding it as “harmful” to clients but also utilizing it as the inevitable location for couples in violence to arrive. Thus, it is important and potentially helpful for MFTs to understand that it is not just MFTs that constitute and prescribe to DV epistemology. Police officers, lawyers, judges, social workers, and the milieu of other professionals are positioned as stakeholders with influence. Each stakeholder harbors a particular perspective about the causes of DV and how to address these problems, with certain groups (like law enforcement and lawyers) having much more influence in how systems are formally organized. George and Stith (2014) speak to this by describing the deeply imbedded challenge of training professionals to work with DV:

“Asking police officers to move beyond gender and to consider the actual situation they are encountering when they are called to investigate IPV is much more complex than teaching them that when they see bilateral violence, they should assume that men are the primary aggressors and should be arrested” (p. 185)

Therefore, a responsibility rests on MFTs to not only become knowledgeable about the specific legal parameters of their work, but to contextualize these parameters within a political history of DV that exposes the agendas of various stakeholders. More research is needed to

identify how different types of training affect practice, approach, and perhaps even the role of fear.

Therapists that pay attention to the operations of power and control within DV institutions are better equipped to support couples in managing the complicated politics of DV services. The inclusion of critical analyses of the DV field in MFT training can support a more cautious and client-centered engagement with DV services, rather than conveying tacit support of these systems through universalized routines, like providing a list of referrals without a deeper consideration of their appropriateness.

Examining the history of DV through a critical lens and naming the shortcomings in services could reduce the fear induced in MFTs of “not knowing” the “right” way to do something, or slow down “predictions of violence” encouraged by the Duluth Model. Instead, therapists can explicitly align with their clients in negotiating and understanding the field of services they are entering. The reduction of this fear allows participants to stay close to the clients’ experience, rather than assume an “MFT” subject-position that operates on a “cover your ass” approach involving bureaucratic steps and nonconsensual involvement of powerful institutions such as law enforcement or Child Protective Services. This reflection on and attention to power supports greater consideration in referrals, and accountability to one’s own role in a client’s journey to healing or problem dissolution.

### ***Third/Fourth-Wave Feminism***

Feminist theory poses just as much risk as any other perspective in DV epistemology in narrowing the attention of MFTs. The Duluth Model’s reliance on second-wave feminist ideas imposes moralistic definitions of what a “good feminist therapist” does, forcing MFTs to

negotiate the hegemony of this discourse within their practice.<sup>50</sup> The challenge posed by the politics of feminism in DV epistemology is the one-dimensional representation of violence, crafting essentialist typographies of people (Dutton & Corvo, 2006; George & Stith, 2014). This questions the usefulness of typographies altogether, mitigated by a poststructuralist approach. While the criteria put forward by the Duluth-model (as an example) can be useful in the identification of violence and abuse, it also limits a closer, more nuanced assessment of violence. Again, the issue here is not *feminism*. The problem is an antiquated system that relies on old, second wave understandings of violence and patriarchy that do not incorporate more recent perspectives from third- and fourth-wave feminism (George & Stith, 2014).

George & Stith (2014) describe the hegemony of a ‘feminist gaze’ that demands compliance with Duluth Model approaches, or MFTs risk being identified as ‘anti-feminist’. George & Stith’s (both family therapists) development of models of conjoint therapy to work with IPV, subjected them to harsh critique from ‘Duluth-Model feminists’ who are staunchly against couple’s therapy. It is conceivable that other MFTs are also subjected to this critique as evidenced by participant statements that they felt “on the margins” when considering working with couples in violence.

MFTs risk being marginalized by counteracting the ‘narrow lane’ of ‘feminist’ practice put forth by the Duluth Model. However, DV epistemology detracts from MFTs feeling like they are equipped to help couples in their community. Instead, MFTs need to be taught about *feminism* within the context of a complex and diverse dialogue, rather than singular discourses as truth. So, while MFTs should consider the potential risks of couples counseling on women and

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<sup>50</sup> Second-wave feminism is critiqued for harboring analyses of patriarchy that excludes communities that are not White, middle class, cisgendered and heterosexual (Blackwell, 2011).

“victims” of violence, the counter-argument, that actively creating “spaces” for couples to discuss their problems results in a family-oriented, community-centered ethics where state institutions are not solely relied on to address IPV, must also be present.

Limitations of Duluth Model feminism reflect what is permitted to be raised about DV and how one talks about it. The legal terms of ‘offenders’ and ‘victims’ have different affective-discursive channels, where ‘offenders’ are met with suspicion and ‘victims’ with compassion. Therefore, couples are shaped and identified well before their engagement in therapy depending on what term gets used. This shaping is determined by the practice setting, as community agencies have specific criteria that qualifies as DV, whereas MFTs in private practice determine that criteria on their own.

Again, the primary issue is that couples counseling is closed immediately when violence or abuse is identified, and the only path forward in addressing these relational problems within an individualized context. MFTs trained in systemic and relational work are not afforded the opportunity to do so when violence/abuse is determined to be present, and they are relegated to trying to help through the highly individualized and bureaucratic systems established by the DV field. MFTs who can re-engage a family therapy and systemic approach, resist individualism, and place working with couples in violence as squarely within their scope of practice can revolutionize the contemporary field of couples counseling.

### **Ethics as Philosophical**

Eight of the nine participants in this research project indicated a lack of clarity about what the ethical implications of working with couples with IPV are, often conflating the ethical dilemmas with legal constraints. Training can be improved through the introduction of ethical



considerations as philosophical rather than legalistic and rules based. Within a constructionist paradigm, ethics are negotiated and assessed contextually, rather than through universal moral stances of right/wrong (Gergen, 2009). However, they are sometimes taught in close proximity to and with emphasis on the legal issues, inadvertently conflating them (Riley et al., 1997). Instead, inviting MFT students to identify their own ethical stances, contextualize the social/historical perspectives put forward by the AAMFT code of ethics, and compare/contrast these with legal standards can engender a practice that utilizes more refined assessment processes (Reynolds, 2013).

To address this issue, it is helpful to make a distinction between the “laws” and “ethics” that govern the practice of MFTs. Generally speaking, legal distinctions are developed and enforced at the state/federal level, making explicit the legal mandates that therapists must meet. Legally, for example, therapists must report suspected child abuse to Child Welfare Services (CWS). However, what “suspected child abuse” is and how to engage in this process is a grey area and creates an “ethical” dilemma. The AAMFT (2023) states that “marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations [when making decisions regarding professional behavior].” Further, if an ethical standard put forward by the AAMFT is higher than that required by the law, MFTs must “meet the higher standard” (AAMFT, 2023). The landscape of law and ethics intersects and conflicts in numerous ways, and creates a sometimes open and other times narrow field of interpretation for how to make decisions. For example, making a report to CWS due to a child being around IPV is technically considered “permissive reporting”, meaning that it is up to discretion of the therapist to report or not (versus encountering a story of a child being sexually assaulted, which is a clear mandated report). However, the DV emergency shelter that I worked at required all families with children

to undergo a CWS report due to the assumption that the children “likely saw violence”. I have also encountered several supervisors instructing their MFT trainees to report indiscriminately to CWS when IPV is present in a child’s family.<sup>51</sup>

It goes without saying that MFT and IPV training programs must provide clearer models and approaches for practitioners around what they can do. As with couples counseling training, law and ethics classes should engage in less fear-based pedagogical approaches, offering instead vignettes and stories of possibility rather than limitations. According to the data from interviews in this research, attempting to work with couples in violence is viewed as “unethical”. Questions like, “what does an ethical practice working with couples in violence look like?” can produce more nuanced discussions that are complex and context-specific. Vignettes should include stories of bi-lateral violence that incorporate the role of macrosociologic effects on violence, such as financial distress, police brutality, or incarceration.<sup>52</sup>

This research is not questioning the need for laws and ethics, but rather signaling the usefulness of discursively open-ended considerations. What was identified in this research process was that engaging with DV epistemology and notions of what is legal and ethical (or not) engendered a significant sense of fear for practitioners. The genesis of this fear was where the participants believed the onus of power lay. In private practice, the “authority” who would deliver consequences for their missteps was the state of California, and the threat of losing a license. In community agencies, it was in agency policies and the threat of being fired or sued for malpractice. When fear is contextualized within the broader DV landscape and the centrality of

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<sup>51</sup> Reports to CWS for child abuse is falls under the “permissive” category, indicate a legally gray area left to the discretion of the therapist.

<sup>52</sup> This tends to happen with war veterans, where the role of PTSD is considered compassionately in the role of violence (Taft et al., 2016). However, the experiences of refugees displaced by war are rarely considerations in the conceptualizations of DV.

law enforcement and judicial systems, and linked with contemporary studies that indicate significant uncertainty and mistrust towards law enforcement, it may not be a surprise that MFTs are fearful when deciding what the next step would be in “DV work” (Millar et al., 2022). Further research would be helpful to better understand this potential link.

### **Deconstructing Operational Terms**

Recalling the humble beginnings of DV lexicon (e.g., “battered women” or “abusive men”) demonstrates how far the field has come, arriving at more nuanced typologies and conceptualizations of violence (e.g., “survivors”, “victims”, “offenders”, “perpetrators”, “common couple violence”, etc.) (Dutton & Corvo, 2006; Ferraro, 1996). As identified within participant responses and analyses of this study, there is a stagnancy in the operational terms utilized by couples’ counselors, which does a disservice to attempts at engaging in more complexity with the relational dynamics surrounding IPV. Contemporary terms are taken-for-granted and have become part of the colloquial lexicon of English-speakers in the US. Like the words “depressed” or “anxious”, historically psychological terms that have moved out of a clinical context and into daily use, making it difficult to discern the specific usage of a word. Thus, when couples come to counseling talking about “abuse”, “trauma”, “conflict”, “communication issues”, and relational experiences, their understanding has been profoundly shaped by popular culture and promoted through social media (such as TikTok, Instagram or Facebook) (Rai et al., 2022). Participants of this study primarily focused on using updated terms that still relied on binary frameworks (such as “survivor” instead of “victim”, or “offender” or “violent partner” instead of “perpetrator”). Therefore, MFTs entering DV work are not shaped solely by training, but often by public conversations that convey particular renditions of DV.

As practitioners engage with the DFA, a closer consideration of what word is used to describe relational dynamics has direct implications on the work that is possible. This corresponds with the *a priori* critique that has been stated *ad nauseum* in this dissertation. Therefore, the word utilized is an indicator of the therapists' ethical stance, which can become a political performance in the theater of couples counseling. For example, if a couple's therapist continually refers to "gender-based violence" (GBV) with a couple, the discursive framework of gender becomes the primary filter through which experiences are shared in the therapy space. Alternatively, referring to "relational violence" without capturing a closer understanding of the dynamic of the couple could signal shared responsibility in the context of asymmetric violence. The DFA suggests that clinicians utilize the practice of "externalization" from Narrative theory, and refer to violence as a practice and element of the relationship in which both partners are in relationship rather than an identity marker of the relationship (White & Epston, 1990).<sup>53</sup> Therefore, instead of asking "Tell me about DV in your relationship", a practitioner might ask, "Tell me about the effects violence has had on you." This positions the couple differently. However, as further assessments are conducted and the therapist's conceptualizations continue to evolve, other definitions can intentionally highlight nuanced assessments used to determine the directionality of violence and accountability structures necessary.

The need for deconstructing these terms extends into conceptualizations of when conflict becomes abusive, and when non-violence turns violent. Schulman (2016) describes the role of power in making these distinctions, from the position of the marginalized (women's identification of patriarchal power) to those in power naming conflict as abuse in an effort to take

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<sup>53</sup> "Externalization" is a linguistic "mechanism for assisting family members to separate from "problem-saturated" descriptions of their lives and relationships (White & Epston, 1990, p. 4).

oppressive action (police officers interpreting interactions with Black men in the US as abusive, and thus taking lethal action). A discussion that exposes the complexity and implications of naming abuse or violence necessarily requires a reflection of one's own history and experiences, and how they shape our reactions and "gut-instincts" (Brosi & Carolan, 2006).

MFT discernment of conflict/abuse and violence/nonviolence is supported by a better understanding of the broader systems in which "mental health" exists, including the DV field. For example, MFT programs can support clinicians in understanding the implications of particular tactics and approaches, such as calling 911, obtaining a restraining order, or the relationship between the judicial system and MFT practice when it comes to DV. DV terminology should thus be taught within a social and historical context, utilizing the various terms as markers of the political stakeholders who shape that discursive territory. This contrasts with what appears to be the current approach (as indicated by participants of this study), where the term DV serves as a catch all associated broadly with the "field", while other terms are taught to postgraduates depending on practice setting. By making visible this political landscape, therapists can take on an "activist" position that encourages a social justice orientation in which MFTs can advocate for better systems that respond to clients more helpfully (Ferraro, 1996; Reynolds, 2013).

### **Attending to Language**

As couples come in with understandings of each other developed through dominant cultural discourses of relating, many of which are now constituted by DV epistemology, the therapist's ability to slow down and closely understand an experience with their clients can support a path forward that is attentive to the idiosyncratic goals and needs of the couple.

Participants of this study indicated a keen interest in the use of language by couples, and understood their work to be useful when supporting clients in finding descriptors that honored their experience and resisted static identity conclusions and statements (e.g. “I’m a victim” or “she’s always difficult”) (Freedman & Combs, 2008). Further, the three participants who spoke a language beyond English were able to draw on more complex and nuanced descriptions of IPV.

A close exploration of client language creates a portal into their cultural worlds, and a curiosity about their dilemmas exposes their problems as sites of values and ethics. This allows the couples counselor to better understand relational dynamics as shaped by macro- and familial cultural contexts and lends itself to more nuanced assessments of relational dynamics, more robust and context-specific safety plans, and more clarity regarding what accountability will look like for this couple.

Therapies that align within a poststructural paradigm typically offer practices for identifying this language. For instance, “solution-focused therapy” is interested in how couples *talk* about their problems (problem-talk), indicated by the use of universal and generalized descriptions of incidents. This contrasts with “solution-talk”, which constructs identities and plot points to stories in more cautious and precise ways that honors the temporality of our lives (Berg, 1994). Narrative theory refers to “totalizing” language, and ways that couples might construct each other’s identities in a static manner that can negatively color all stories in which that person is a character (White & Epston, 1990). The DFA suggests that this practice be embedded more dominantly into working with couples and IPV, rather than relegated to poststructural approaches.

### *Linguistic Justice*

The notion of language justice is offered to make visible the dominance of the English language in the development of psychological (and other) understandings of the world around us, and the necessary challenges of therapists who live and practice “in between” English and another language (Akinyela, 2002; polanco, 2016). If, according to Wittgenstein (1921), the limits of language are the limits of what is knowable, then the English-language harbors parameters to its conceptualizations that are exclusive. The development of DV epistemology in the United States within the English language centered the dominant White, Middle Class, Judeo-Christian, heterosexual and monogamous population in the US in its conceptualizations (Blackwell, 2011; Creek & Dunn, 2011; Ferraro, 1996). Due to this history, the limited applicability of DV epistemology was prominently featured in the statements of participants who identified with cultural communities outside of the above description, and/or worked in languages other than English. Attention to the specificity of statements produced by clients, the cultural and historical contexts of the language they speak, and the particularities of descriptions of events can slow the imposition of English-centric conceptualizations onto the experiences of couples.

An obvious but significant response to this problem is training bilingual therapists to identify and develop conceptualizations of troubled relationships that harbor violence in their own languages.<sup>54</sup> This would provide opportunities for a multitude of cultural considerations of relationships and understandings of relational dynamics that honor the cultural histories of experiences while staying wary of English-dominant and colonial perspectives. For example, the word “arranged marriage” holds a negative connotation in the English language, conveying a

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<sup>54</sup> I intentionally did not use the available phrases/acronyms for violence, in an effort to intentionally model the tactic of “protecting” other languages from English - in other words, leaving space for ideas and words to emerge in the “other” language, rather than an attempt to directly translate.

non-consensual marriage where powerful men force submissive women into unhappy marriages. Pande (2015) describes a post-colonial feminism that pushes back on these English-centric conceptualizations and provides a “corrective account of arranged marriages” by describing and identifying practices of agency embedded into the process (p. 172). This process of pushing back is frustrating in academia, let alone for a client trying to convince their therapist that *arranged marriage* isn’t the source of the problem. As Bouteldja (2017) states, “Muslim feminists are condemned to demonstrate this, and remain prisoners to the terms of a debate imposed by others” (p.88).

What is important to consider in the “arranged marriage” context, which I will refer to as a *khast-e-gari* (the Farsi word for this practice) establishes a routine for families to meet each other, rather than two individuals coming together to form a couple-dom. Therefore, the family and broader community contexts in which the couple is situated are recognized from the beginning. Thus, couples counseling efforts in these communities should consider the role and support possible from these family and community members.

Of course, it is unreasonable to assume that MFTs language capabilities match those of the clients they work with. For example, while I speak Farsi and English, many of the clients I work with speak Arabic or Dari. While I am well-positioned to support our Iranian and Afghan clients linguistically, there are still cultural features that I have no access to as a child of immigrants who grew up in Southern California. Further, even within these languages there are numerous dialects (e.g. Iraqi Arabic, Lebanese Arabic, Syrian Arabic). Utilizing interpreters can significantly increase our ability to work with these communities and increase access to services for those with limited or no access to MFTs who speak their language.



Collaborating with interpreters can be both generative and challenging. Rogers et al. (2021) describe approaches to working with interpreters in a DV agency, outlining the relational ethics and community work necessary to produce a functional therapeutic rapport that supports the client's goals. In particular, moving away from transactional notions of interpretation, where the interpreters' only function is to exchange words, and towards understanding the interpreter as a "cultural broker" (Monk et al., 2021). Further, interpreters should be considered as part of the community in which the client is located and invited to be in reflection with the therapist and couple. As you will see later, the interpreter holds a critical role in the DFA as a "stable third" member of the conversation from the community as an element of the safety structure for therapy (Cooper & Vetere, 2005).

Thus, an intentional orientation to language, the marginalization of communities by DV epistemology, and an interest in the specific social and historical contexts in which the statements of couples emerge, allows for an experience-near practice. This type of practice was also indicated as in better alignment with the personal ethics of the participants of this study, positioning them more clearly in a "helper" role. An understanding of the client's experience carefully integrated with other knowledges (such as the ones produced by DV epistemology) can serve to highlight the coloniality of DV epistemology across marginalized communities in the US (polanco et al., 2021).

### **Resisting Binary Assumptions**

As evident in the story that starts this chapter, an attachment to binary definitions becomes extremely difficult and limiting when working with the complexities of DV. This was reflected in participant statements, who unanimously indicated that the use of binaries espoused

by DV epistemologies creates limitations in their practice. The work proposed here requires critical improvisation and thoughtful creativity by MFTs that attends to the complexities of what is being experienced *en vivo*. The practice of attending to language necessarily requires resisting the binary assumptions woven throughout DV discourse. This includes the abuser/abused, perpetrator/victim, offender/defendant definitions, many of which rely on legal and/or psychological constructions of experience. While the usefulness of these terms in a legal setting falls outside the purview of this study, its effects on the decisions of participants of this study are outlined in Chapter 4 - Analysis.

Part of the challenge, as indicated by the participants, is that these legal terms carry with them cultural connotations. MFTs may be more likely to convey compassion when hearing the “victim’s” story, versus suspicion for the “perpetrator”. In a system that rejects couples trying to address and understand violence and pulls them into a juridical process that results in binary definitions of experience and identity, MFTs are required to directly engage with these identity constructions as part of their practice. Time and money are saved by assuming the violence is asymmetrical and that men are the primary aggressors (Dutton & Corvo, 2006). As identified in the data produced from this project, the stakeholders that enforce these binaries have influenced the epistemology of DV to such a degree that contemporary structures are not questioned by MFTs. The training they receive “drills” these binaries into their heads. Even participants indicated that their own histories of DV and abuse were much more nuanced than what they were taught.

The poststructuralist resistance to binary constructions allows MFTs to identify personal biases that emerge in response to these constructions (i.e. anger towards the abuser or compassion towards the victim), and engage in a counseling process that stays close to what

couples themselves describe – the values, histories, and politics embedded in their accounts can allow for a more generative and helpful practice (Freedman & Combs, 2009). The invitation here is not to deny the value of other systems involved with the couple, but rather to slow down and make space for counseling.

While the goal of the legal system is to identify harm done and routes to custody arrangements or methods of punishment, couples counseling should create what participants describe as a “safe space” in which to explore problems and identify solutions before things escalate. DV epistemology, with its history of problematic approaches to conjoint therapy with IPV, injects worry into the “safe space” of therapy, with predictions of violence or death following sessions.

The attempt by participants to define the parameters of a “safe space” in therapy produced muddled responses as it was seen simultaneously as a space for couples to hash out problems, and a location in which power and control could be triggered and perpetrate further abuse and violence. So, if your problems are communication issues, therapy is a safe space. If your problems are understood as “too conflictual” as determined by the therapist, couples must seek help in the legal system.

There is a legitimate concern for haphazardly engaging in “standard” couples therapy with IPV. Bird (2000) proposes that therapists question the notion of a “safe space” and consider the potential for therapy to be both safe and unsafe at various moments in the same session. Considering the particular experiences of their clients, therapists must deeply consider the necessary safeguards.

Rather than stay confined to a nebulous and static notion of safety, MFTs can consider the notion of a “safe-enough” practice that collaboratively establishes the parameters based on

context. Rather than a focus on creating the outcome of a “safe space”, Reynolds (2014) suggests the practice of “structuring-safety” as a deliberate and ongoing process throughout the therapeutic endeavor (p. 149). As Reynolds (2014) describes,

“All conversations across difference are risky and are of greater risk to some than to others. The possibility of doing harm by replicating some kind of oppression is one potential risk. I am also aware of the limitations of accountability. Social justice is better served by creating contexts in which the transgression is less likely to occur” (p. 149).

### **Parallel Processes of Power**

Post-structuralist therapists (like the participants of this study) pay keen attention to complexities and dynamics of power, not just within the couple, but between the therapist and the clients as well and consider the ways broader structures of power imprint onto daily experiences (Bouteldja, 2017; Dickerson, 2016; Freedman & Combs, 2008; Knudson-Martin, 2013; White, 2009). The tactics of power/control utilized by “abusers” as decried by the Duluth Model are hypocritically utilized by the DV field to enforce compliance with the system. This critique of the field is not a new finding of this study (Adelman, 2004; Ferraro, 1996; Sahota, 2006; Schechter, 1982). However, participants in this study did identify that the power located within DV institutions, which resembles tactics of abuse/control, can create tension for them in their attempts to stay in a useful position with clients.

While MFTs who align with poststructuralist thinking are taught to explore the flow of power within relationships, the training is not fool-proof and does not necessarily preclude the

strong influence of modernist relational dynamics (Dickerson, 2016). However, at minimum, exposure to the notion of a more fluid and context-specific operation of power can combine effectively with existing notions to create a more robust practice. DV and feminist history, for instance, has established a “fundamental, ethical and political framework with which to view abuse and victimization” that is important in establishing a community ethic amongst MFTs with “zero-tolerance for violence and a commitment to safety, accountability and equity” (Goldner, 1998, p. 267). Ideally then, couples’ counselors will combine relational and feelings-based assessments with existing models in assessing for the appropriateness of conjoint therapy.

To this effort, Knudson-Martin et al. (2015) provide a useful frame through which gender and power issues can be addressed in conjoint therapy, while tracking the influence of culture and emotions in the process. The DFA outlines practice approaches where therapists identify the discursive cultural web through which the couple makes meaning, understand the “socio-cultural emotion” that colors this meaning-making system, and expose the dynamics of power. What’s critical is that the therapist is not passive, but engaged in identifying a “model of equality” towards which the couple wants to move, ensuring “relational safety” throughout the counseling process (Knudson-Martin et al., 2015, p. 206).<sup>55</sup> These practices require the training history outlined above to position the MFT to facilitate conversations about what an egalitarian relationship can be, and then make some critical choices regarding the threshold for relational safety if the couple is to proceed into conjoint therapy.

When teaching MFTs about poststructuralist approaches to conjoint therapy with IPV, keen attention must be paid to preventing therapists, contending with feelings of inadequacy or insecurity, from inadvertently remaining neutral in conjoint therapy sessions. Neutrality when

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<sup>55</sup> Critically important is that the *clients* identify the model of equality.

IPV is present requires the MFT to actually take a “clear stance” against violence, holding offenders accountable for their actions, indicating the parameters of conjoint therapy and the conditions in which it can continue or not. In short, while post-structuralist approaches do not assume that neutrality is possible, providing conjoint therapy requires the MFT to be ethically clear about the measures and methods they take to hold all parties (clients and therapist) accountable to the therapeutic process.

As exemplified in the experiences described in the “Story from Practice” section of this chapter, MFTs in both private practice and community agency are better equipped to discern nuance when trained to consider the problematic influence of binary positions. For instance, the practice of “deconstruction” described by Derrida (1967) and applied to family therapy by White & Epston (1990), utilizes epistemological questions to ascertain the complexities of an event or concept across multiple contexts and relationships. In doing so, the fluidity and specificity of context becomes visible, potentially reducing discursive rigidity. This, coupled with more formal assessments like the CTS-2 (Conflict Tactics Scale - 2) and the Campbell Danger Assessment allows therapists to keep questioning, thereby settling into an ethic of complexity.

### **Confronting Our own Histories of Violence, Abuse, and Conflict**

The DFA requires MFT training programs to intentionally engage MFT students about their own histories of violence, abuse, and conflict. Inviting MFT students to distinguish between violence and non-violence and conflict versus abuse can encourage a more intentional practice (Brosi & Carolan, 2006). Through the member-check process, all participants in this study reported that talking “out loud” about these distinctions and reflecting on their own experiences was useful for their practice. Challenges to this happening include technological developments

that have moved some MFT graduate programs online, removing opportunities for reflective and difficult conversations that exist in physical spaces.

Strawderman (1997) identified the effects that stories of abuse and violence have on therapists in training, noting the ways that they can activate our own stories of abuse. Multiple studies identify how an MFT's gender belief system (based on their family of origin), personal connection to the client, and emotional reactions to the story (e.g. fear, anger, etc.) directly impacted how they related to their clients (Brosi & Carolan, 2006; Strawderman et al., 1997). Importantly, the emotional and affective qualities present in an MFTs work have direct consequence on the quality of support they are able to provide. Thus, the role of fear amongst all participants in the therapeutic process becomes more important to gauge and understand.

### **Honing Emotional Regulation**

MFTs utilizing this (or other) models of working with IPV in a conjoint setting must be able to regulate their physiology and emotional responses in the face of intense and conflictual conversations. The role of neurobiology and how nervous systems affect each other, particularly the ways in which our bodies and affect are relational in nature, is an important finding of the 21st century (Siegel, 2006). Being in the presence of an intense and boisterous argument is thus likely to have direct consequences on the therapist, and without training, can potentially limit their thinking ability, creativity, and responsiveness (Siegel, 2010). This movement of energy and physiology is not individual, but cultural. As Monk & Zamani (2019) describe, "cultural discourse can be inscribed in the body, and the values of exploring with clients the "cultural grip" of gender performance in our bodily experiences" (p. 14).

What is not being proposed here is the neoliberal approach where therapists are exploited for their labor through low pay and large caseloads, and then “invited” to attend “yoga classes” after hours to ensure their productivity the next day (Freedman & Combs, 2020). Instead, the recommendation is for daily practices that are embedded in the therapists’ routine and history and directly target emotional regulation. For instance, Gambrel & Keeling (2010) describe mindfulness strategies that engage therapists in a “nonjudgmental awareness” of their own thoughts and responses, so as to encourage slowness in response rather than reactivity (p. 413). Other strategies include engaging in personal therapy, maintaining a healthy lifestyle, and regular supervision groups where peer support is provided.

### **In-Network with Community Support**

“As a therapist in private practice, I am ultimately left alone with the woman or the couple, sitting in my office describing the dynamics of their relationship from their own perspective. They rarely talk about power and control issues or use words like violence and abuse, and certainly do not fit into my neatly defined political definitions. My work ultimately demands that I go back to rule number one of social work: start where the client is” (Istar, 1997, p. 102, as cited in Stith & McCollum, 2011)

MFTs must be in regular (weekly or bi-monthly) meetings where cases are shared, feedback is provided, and support is offered when challenging experiences are shared. Additionally, MFTs engaging in the DFA must be connected to a network of DV service providers, including shelter systems, substance abuse programs, violence treatment programs,



and DV advocacy programs. These settings can allow the therapist to be accountable to their own practice and be linked to and prepared to provide useful and direct referrals in response to the volatility of the therapeutic endeavor.

Encouragement for practitioners to connect in their efforts against DV is not new. George & Stith (2014) identify the need for communities to have “difficult dialogues” in an effort to move towards a better and more nuanced understanding of “oppression and exploitation” (p.186). Mohanty (2003) advocated for “solidarity” that resists singular and essentialist perspectives, opens understanding across difference, and stands in resistance to systemic oppression and marginalization. This practice of creating space for client stories, practices, and systemic limitations is recommended for therapists across practice to create more just treatment settings. It also addresses isolation amongst practitioners, and lack of resources, support and information regarding referrals.

Participants in private practice reported that they were not “properly resourced” to support couples in violence. It was interpreted through this research that the therapists’ ‘sense’ of what resources were required was shaped prominently by the Duluth Model and Crime Control Model. These models assume that clients need individualized and specialized treatment that’s closely connected with the legal system. This limiting perspective leads MFTs in private practice to more liberally “refer out” clients. Research indicates that follow up on referrals is low, leaving couples seeking help out on their own (Bischoff & Sprenkle, 1993).

MFTs in private practice need more clarity on when referring out is necessary and appropriate, and greater familiarity with where they are referring clients. It is their ethical responsibility to be part of a broader network and community of DV providers, including shelter for victims, specialized treatments (e.g., anger management, substance abuse), and advocates

(Barner & Carney, 2011; Stith & McCollum, 2008 & 2011). In community agencies, MFTs need a deeper understanding of the parameters and limitations set by their agency. Therapists across settings must resist individualization in treatment and support a preventative effort in communities and more spaces where couples can get help before the need for law enforcement and other legal approaches arises.

Unfortunately, there are too few therapists who specialize in supporting couples with domestic violence in both private practice and community agencies. Despite having more freedom to do so in private practice, at the time of this writing there is not a single therapist in San Diego County indicating they provide these services ([www.psychologytoday.com](http://www.psychologytoday.com), August 1, 2023). Thus, the issue of referrals extends beyond lack of knowledge to a complete gap in services.

### **Privileging the Relational Work**

The DV field strongly promotes individual treatment. Historically this was intended to stymie the risk of injury or death resulting from haphazard conjoint therapy approaches (Schechter, 1982). However, contemporary research indicates that IPV occurs within relational dynamics, not simply the result of individual defects. Thus, efficacy of interventions and strategies for relational dynamics in an individual context is limited (Levenson & Gottman, 1983). MFTs must push for contexts in which it is safe to address relational dynamics that are otherwise restricted by institutional policies.

Conjoint therapy marks just one strategy of encouraging relational work. It also includes teaching de-escalation strategies to partners together, inviting family members to participate as both shapers of relational dynamics and supporters of safety, and engaging in group work that is

not gender specific (couples' groups) (Stith & McCollum, 2011). Refugee/immigrant families from the Middle East are typically involved in the couples' day-to-day life, requiring the MFT to engage, assess, and invite (when appropriate) family members into couples' sessions. At times, this may require video conferencing or other methods to include family members who may live abroad. Further, it's important to draw on elders in the community, family members involved in the daily lives of the couple, and other local leaders that the couple respects. Riel et al. (2016) emphasize the importance of inclusion, indicating that assessments that do not include the "cultural knowledge" of community members risk "inaccurate assessment, either minimizing or inflating risk depending on the community's awareness of, approaches to and resources for IPV" (p. 302). Further, community members are "best positioned to influence behavior". Accountability to community is demonstrated to be a "very powerful culturally based risk factor" (Riel et al., 2016, p. 302).

Ultimately, it is within the MFTs purview to assess these options, ensure safety along the way, and support the interpersonal dynamics of DV. Efforts to do so can feel messy, but a responsive and attuned MFT engaging in the ethics of improvisation must intentionally lean into the messiness of relationships and remain invitational to the many people surrounding it. To illustrate this, I will share a brief story of practice.

### ***Story from Practice***

The following story takes place at License to Freedom, with me in a supervisory position to a MFT trainee engaged in couples counseling with a family from Afghanistan. This family had recently arrived in the US (within 12 months of starting counseling) and were referred to therapy by their children due to a long history of problems in their relationship. The family included a

mother, father, and nine adult children who had all moved to the US during the US invasion of Afghanistan (with the parents arriving last).

As we began to assess the family structure and what they needed from couples therapy, it became apparent that the classic approaches to couples' counseling were not useful. In Afghanistan, the father had occupied a respected position in the community and was widely known for his services. However, at home, he was physically and emotionally abusive towards his wife, who endured this treatment for much of their 30+ year commitment. Shortly after arriving in the US, the father experienced a severe stroke, which left him partially paralyzed and unable to speak and care for himself. The only way he was able to communicate with the family and the therapist was by writing on a notepad. The power dynamic had changed considerably, with the wife now being his daily caretaker, and essentially the "head of the household". However, the wife was illiterate, and had no ability to receive communication from her husband. The children each spent several months of the year at home with their parents to ensure their basic needs were met. This included therapy.

In the therapy sessions, it became *necessary* to include the children in various ways. There were no threats of violence largely due to the father's handicap, and the children's involvement ensured that the father was also fully taken care of. While there is a lot more detail to this case, the story illustrates that circumstances *requiring* family involvement are fairly common. Without the children, our ability to communicate, learn more about the couples' history, explore perspectives, and support the couple themselves to identify how they want to utilize therapy would have been severely limited. Again, a "couples only" approach, that excludes the children and assumes that communication is linguistic and linear, is a symptom of US-bred conceptualizations of couples' counseling.

### **Implementing Nuanced Assessments**

The analyses from this study indicated that MFTs are not trained in utilizing assessment processes that encourage *nuance*. It would be as if when invited to describe what they had heard at a concert, somebody simply said “it’s music”. In some cases, the assessments of violence conducted by MFTs of this study extended only as far as that - “there’s violence”. Sticking to the music metaphor, the hope would be that training programs teach processes that allow therapists to discern “what instruments are being played? What type of rhythm is being heard? What melodies stand out? And, what genre they think this sounds like?” While there are numerous approaches and assessment tools to help discern the nuance (Barner & Carney, 2011; Campbell et al., 2009; Hilton & Harris, 2009; Knudson-Martin et al., 2015; Kropp, 2008; Kropp et al., 1999; Karakurt et al., 2016; Messing et al., 2016; Stith & McCollum, 2011), these assessment tools were not utilized by participants in this study to determine the potential for couples counseling. Rather, they were used bureaucratically to ascertain the level of risk posed to the individual, what services they needed, and what steps were required by the agency to minimize their own liability. It is unsurprising that MFTs who align with poststructural tenets would be suspicious of psychological assessments that often rely on modernist assumptions of a “measurable” “truth”, and of the institutional power afforded this “truth” (Burr, 2018; Monk et al., 2020). Despite this silent protest, all participants wielded power in their assessments of conflict/abuse and violence/non-violence, and their subjective interpretations still resulted in couples accessing counseling or not.

In the DFA, all assessments must be conducted with the context and history of the couple in mind. For example, what are the cultural assumptions about relationships and violence (Riel et

al., 2014)? What are the linguistic parameters in considering relational violence (polanco et al., 2021)? “Did the violence occur in self-defense? How might violence escalate if conjoint therapy occurred? What is the severity of violence? Is the violent partner able to take responsibility? (Stith & McCollum, 2011, p. 316). If contexts are created for cross-pollination of IPV approaches between community agencies and private practice MFTs, conversations could be had that identify issues that occur more regularly in specific regions. For instance, San Diego holds a very large refugee community. Within San Diego, the relational issues and context for violence that affects the East African community is both similar and very different from the relational issues of Chaldean Iraqi refugees. The Immigrant Danger Assessment questionnaire might be more applicable, though in San Diego most forms are translated to Spanish, thus centering a Spanish-speaking experience. Therefore, conversations amongst practitioners can encourage a set of “community ethics” that are more regional and specific to the populations they serve (Reynolds, 2011). Further, it can attend to the colonizing features of DV discourse described in Chapter 2 - Literature Review (Bouteldja, 2017; polanco et al., 2021; Riel et al., 2014). This could result in increased access to couples counseling and clarity in the criteria necessary to recommend it, though more research is required to examine the potential for this approach.

MFTs should be trained to assess for the presence of violence, and then assess further the potential usefulness of conjoint therapy (if that is what the clients want). This second-tier assessment would allow for clients to end up in the context of care they prefer, whether it’s continued standard therapy treatment, specialized intervention (such as conjoint therapy for IPV or batterer groups), or more immediate crisis response services such as law enforcement (McCollum & Stith, 2008). This is supported by a large body of research that demonstrates the diversity in violence experienced in intimate partnerships, the development of “subtypes” of

violence that can be utilized in these considerations, and the different treatment modalities necessary (Holtzworth-Munroe & Stuart, 1994; Holtzworth-Munroe et al., 1997).

This training must necessarily include informal and formal assessments. Informal assessments include ways in which therapists come to understand their clients without the use of formal assessment tools (like a questionnaire). Common informal assessments include a “mini-mental status exam”, where clinicians observe a client’s appearance, hygiene, speech pattern, and orientation to their environment (Kantor, 1988). Formal assessments include the Campbell Danger Assessment (Campbell, 2009) or the Conflict Tactics Scale-2 (Straus, 2007). The following sections will outline the approach to assessments encouraged for use in the DFA.

### **Formal Assessments**

Formal assessments, in coordination with refined informal assessments, can bolster MFT practice significantly. Ultimately, what gets used should be context specific. For instance, certain assessments are more culturally or linguistically appropriate with certain populations, or dependent on interests of the therapists (e.g. assessing for appropriateness of conjoint therapy or to ascertain the level of risk an individual in the partnership is experiencing).

The use of formal assessments is a critical step in ensuring the safeguards necessary for conjoint therapy with IPV. As mentioned before, Stith & McCollum (2011) utilize the CTS-2 (Conflict Tactics Scale) with each partner to identify the violence received and perpetrated. Riel et al. (2014) indicate the use of the “Spousal Assault Risk Assessment Guide” or the “Ontario Domestic Assault Risk Assessment”. Stith & McCollum (2011) describe a model of conjoint therapy with couples in violence that utilizes formal assessment tools, indicating that sometimes the formal tools “catch” experiences that may slip through the cracks of an informal assessment

process. These assessments include the “Conflict Tactics Scale” (CTS2) and contexts to engage with each partner individually about their own understandings and descriptions of violence (Straus et al., 1996). In their assessment process, Stith & McCollum (2011) illustrate robust assessment processes that examine the directionality of violence, the contexts and dynamics in which violence takes place, each partner’s sense of fear and safety in relationship to these events, their concerns and hesitations about the potential for couples counseling, and whether each partner took responsibility for their own part in the violence. All these assessments are held in relation to each other and ensure that there is congruence in the reported stories. If either partner indicated worry about escalation in violence that might emerge from couples counseling or was unable to take responsibility for engaging in violence, couples counseling would not proceed.

The DFA has limited capability for the use of formal assessments, primarily due to the dearth of available instruments for immigrant/refugee communities (Messing et al., 2022). To date, the only formal assessment tool developed for immigrant/refugee communities is the Campbell Danger Assessment - Immigrant, which has an added item regarding documentation status (Messing et al., 2013). The DFA must remain adaptive to further developments in formal assessments targeting immigrant/refugee communities unless translation/interpretation services are available. Even then, informal assessments may be more useful with immigrant/refugee communities. Current research indicates that centering rapport building, a conversational approach, and utilizing informal risk assessment processes are central approaches when working with immigrant/refugee communities (Messi et al., 2022).

### **Informal Assessments**



Training should “attune” therapists to the power dynamics of the couple and hierarchical or egalitarian structures of power that are present in the relationship (Knudson-Martin, 2013; Silverstein et al., 2006). These power dynamics must necessarily be housed in understandings of the cultural and historical context of these practices, and the practices that the couple uses to stay connected to the relationship or leave (Jenkins, 1990; Stith & McCollum, 2011). Informal assessments will necessarily be shaped by theoretical conceptualizations, such as Narrative therapy’s attention to the “story” told by clients versus Cognitive-Behavioral Therapy’s attention to the relationship between behaviors, thoughts, and events. For example, Dickerson (2013) outlines processes to understand dynamics of power from an “anti-oppressive” poststructural feminist perspective housed in Narrative therapy approaches. Other examples of informal assessments are the clients’ commitment to the therapy process and their indicating an interest in ending violence in their relationship (Stith & McCollum, 2011).

The informal assessments reported by participants of this research are well situated in the literature and indicate an optimistic foundation for this work. For instance, all participants indicated that commitment is an important aspect of assessing the potential for conjoint therapy, which is supported by research (McCollum & Stith, 2008; Stith & McCollum, 2011; Riel et al, 2014). Refining this process would involve speaking about this commitment with both clients separately to ensure that one partner is not placed at risk by a therapist’s encouragement to “work on a relationship” (Jory et al., 1997). This commitment must also be connected to observable action. For instance, Stith & McCollum (2011) intersect client commitments to therapy with requirements of accountability, where the “violent partner” takes responsibility for their actions and indicates commitment by enrolling in a treatment program specific to the violence (whether anger management or a domestic violence intervention program). Chen et al. (2013) utilize the

perspective of motivational stages of change to establish these commitments, whereas Karakurt et al. (2013) employ contracts between family members and the therapy team. While there are different perspectives on what constitutes a “commitment”, all approaches make this process explicit, collaborative, and central. Additionally, MFT’s “sense” of danger or fear is important and helpful. Stith and McCollum (2011) are clear about this, indicating that fear of engaging in counseling by either partner must be attended to and conjoint therapy must *not* proceed.

The challenges of refining assessments for MFT practice are not novel nor unique to DV epistemology (Gehart, 2011). However, given the threat of violence in the context of couples counseling, this process is critical, as MFTs must negotiate the veracity of self-reported client statements with their own observations and assessments. In DV, this negotiation can be a matter of life or death.<sup>56</sup> While existing assessments like the Campbell Danger Assessment ultimately rely on a modernist and quantitative approach and thus require finessing to incorporate into a post-structuralist practice, they do offer useful considerations. This finessing includes utilizing formal and informal assessments, and the knowledge that emerges from them, together with broader cultural and political histories. These assessments should be conducted collaboratively and care-fully, ensuring that safety and accountability stay central to the process. This study sees this kind of finessing as a valuable skill worth developing within a relationally oriented practice. In the following model, specific formal assessments will be offered for the consideration of MFTs working with refugees and immigrants seeking conjoint therapy to address IPV.

## Referring Out

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<sup>56</sup> As a counterexample, an MFT working with grief may not have to be concerned about the “veracity” of reports, since the meaning-making system of the individuals grieving is central.

As stated repeatedly, MFT training programs must insist on utilizing assessment processes to articulate nuanced understandings of violence, the dynamics within which it exists, and the safety structures necessary to proceed. Then, MFTs must be trained to respond accordingly, whether providing specific referrals or the services themselves. This is not to suggest that all MFTs graduating from their programs be able to provide this challenging and specialized practice, but rather that skill in this approach is critical to providing ethical next steps. The suggestion here is that MFTs understand that working with couples in IPV is within their scope of practice. However, some MFTs may discover through their formal training that they have too many biases to usefully work with couples in violence. MFTs can then engage in next steps, including referrals to specialists to do this work. This is in contrast to current approaches indicated by the data, where couple's counseling is shut down and everyone is moved to individual or referred to batterer treatment programs. Instead, regardless of scope of competence, all MFTs should have sound knowledge and skill in proceeding when violence occurs, either through direct treatment or appropriate referral. This practice is critically linked to the need for MFTs engaging in conjoint therapy with IPV to be "in-network" with other DV support services.

### **The Lead Sheet - A Down and Forward Approach to Conjoint Therapy**

This section brings the findings of this study into a contemporary counseling model of working with couples in violence, specifically those from refugee and immigrant communities in the United States. These findings are combined with an exploration of the benefits and challenges of a poststructuralist approach, as identified and analyzed through the responses of the participants in this study. It is not the stance of the author that movement towards a

poststructuralist perspective would inherently improve couples counseling practice. Rather, there are specific elements that align with existing research that are worth noting, and challenges identified (from the data of this research) that can be mitigated with existing practices. Further, there are models of practice that do not align within a “poststructuralist” paradigm, but are worthy of consideration, particularly when they respond to shortcomings of the poststructuralist approach. Therefore, elements of the DFA will draw on a variety of models and house them within a de-colonial, poststructural feminist paradigm.

Before we proceed, it’s important to state the following clearly and explicitly. The data from this research and other literature *does not* support standard, non-specialized conjoint therapy when there has been IPV (Barner & Carney, 2011; Stith & McCollum, 2011). Rather, when IPV is identified, it should be the responsibility of the therapist to determine through a thorough and robust assessment, whether or not this couple would be appropriate for conjoint therapy and provide referrals. Unfortunately, the discourse around conjoint therapy with IPV tends to be simplistic, with examples being provided that could support either position. For instance, while teaching both partners techniques to reduce violence can be interpreted as an obfuscation of the perpetrator’s responsibility to the violence, it can also be true that any efforts to reduce violence benefits the “victim” (Adams, 1988; Stith & McCollum, 2011).

There are legitimate reasons as to why conjoint therapy should not be offered, including concerns that the format of conjoint therapy (in its current formulations) shifts blame away from abusers solely and onto a dynamic, which can unfairly implicate the “victim” (Schechter, 1982; Stith & McCollum, 2011). Again, note that this critique relies on the victim/perpetrator binary and second-wave feminist notions of abuse (in other words, the critique does not respond to contemporary understandings). Additionally, there are concerns that the “victim’s” safety may be

hard to assess in the counseling room if that person is unable to speak freely, or if the therapist takes a neutral stance towards the violence (George & Stith, 2014; Stith & McCollum, 2011).

Contemporary models offer a variety of approaches and strategies to ensure safety and accountability for the partners, and a clear and collaborative path to reaching their preferred outcomes. Stith & McCollum (2011) provide a robust model that responds and attends to the critiques and concerns of conjoint therapy. It begins with six weeks of separate sessions prior to beginning conjoint therapy, where they “evaluate the appropriateness of conducting a conjoint session and of sending a couple home together afterwards” (p. 316). This process supports a clear commitment to safety by creating a setting prior to conjoint where individuals can “prepare” by learning a variety of de-escalation strategies. The therapist simultaneously engages in a formal and informal assessment that explicitly outlines safety throughout the counseling process (e.g., CTS-2). Further, a 6-week process prior to couples’ treatment establishes the commitment indicated by all participants of this study as an important precursor to beginning conjoint therapy.

Returning to the metaphor of the jazz “lead sheet”, this section puts forward an approach to conjoint therapy with IPV aimed at the refugee/immigrant populations in the US that moves away from a “step-by-step” or “one-size-fits-all” approach. The model privileges the improvisational nature of the work, while providing the necessary parameters to engage in the work responsibly and safely. While the therapist is positioned as the “band leader”, any member of the band (the therapist and couple) can request to return to the “A” section, whether for safety reasons or for further preparation.<sup>57</sup> Ultimately, the band leader must be responsive to the needs

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<sup>57</sup> A soundtrack is recommended while you read about the DFA so that the reader can fully envelop themselves in the ethic of jazz. Consider “Take the A Train” by Duke Ellington or “Blue Monk” by Thelonious Monk

of the rest of the band, and be prepared to turn on a dime in order to maintain the musicality (connection and safety) of the process.

### **The “A” Section - Preparing for Conjoint Therapy**

The “A” section sets the scene and tone for the “B” section, establishing the context in which the band members sync up through shared melodic and rhythmic lines, and the band “settles into the groove”. Similarly, this segment of the model privileges individual sessions, informal and formal assessments, and crafting the parameters of safety and accountability necessary to drive the process forward. As “band leader”, MFTs should project a sense of confidence and competence to the couple as an indication of preparedness and in the interest of safety as the couple proceeds through the model. Anecdotally, the refugee communities I have worked with often desire a sense of “professionalism” that conveys an intentional and knowledgeable approach to problems (much like you would hope from a medical doctor). The “not-knowing stance” held by poststructuralist approaches should not be displayed, but rather held closely as an ethic of curiosity rather than a central proclamation of the approach (Brown & Augusta-Scott, 2006).

Prior to entering this section, MFTs must determine if the couple is appropriate for counseling. The MFTs necessarily engage in an assessment process *prior* to meeting with the client, typically through the use of a consultation session. It is recommended that this meeting be done in-person or via telehealth with video, so the therapist can visually observe the couples’ demeanor and engagement with each other. Of course, there are logistical challenges to this, so if it cannot happen in the consultation session, then in the early meetings. Thus, the A-section begins with a brief conjoint consultation meeting to discuss informed consent, the structure and

conditions of the conjoint therapy approach and the fact that the therapist maintains confidentiality from the individual sessions. Whether or not this is incorporated as a “free consultation” prior to beginning the “A” section or done as the “first session” prior to the “A” section”, is up to the therapist.

In this consultation meeting, MFTs will engage in a brief interview of the couple to ascertain their hopes and interests. MFTs must be careful of opening up problem-stories and stick to gathering the necessary information. It should also be conveyed that as certain elements of the relationship emerge (such as an affair as described in the “Story from Practice” section), their impact on the counseling process must be considered, and safety and mitigation of violence must remain the central consideration.

In general, MFTs should be formally and informally assessing for safety, congruence in stories, the presence of fear, and marital discord. Stith et al., (2008) indicate that “marital satisfaction is an important risk factor for IPV”, thus making inquiries about the perceived quality of the marriage is valuable (p. 150). Again, MFTs should not be directly asking couples if they are satisfied with each other, as this can open up volatile discussions. In some models, formal assessments are privileged at this stage, and an observation of the affect when discussing hopes can suffice for informal assessments (Stith & McCollum, 2011; Taft et al., 2016). Note that the “A” section begins with six individual sessions, creating more opportunity for more robust assessments. At this stage, the MFT is trying to ascertain if both partners are taking a stand against violence, if stories about the problems are congruent, and that one member is not expressing a sense of fear or “holding back” in the telling of relational dynamics. If the consultation seems “lopsided” in terms of engagement, then it should be slowed down or paused, and continued in individual contexts.

There are particular elements that must be considered in working with refugee/immigrant communities. First, the financial cost given that the approach requires multiple sessions. To guarantee access, efforts must be made to offer low to free counseling and ensure that the resulting financial stressors do not contribute to the problems (Adelman, 2004). Second, language needs must be considered. What is the couple's preferred therapy language? What language do they "live" in (as in, what language do they love and argue in)? Then, efforts must be made to meet these needs whether through an interpreter or a referral to a therapist who speaks that language. Therapists should then engage in an assessment process that explores the impact of immigration/refugee histories on the couples' dynamic. Messi et al. (2022) compile the IPV risk factors that immigrants face. This "checklist" should be considered in an initial assessment<sup>58</sup>:

- Is one partner undocumented? What is the impact of this (e.g., fear around deportation)?
- Family location and involvement.<sup>59</sup>
- Impact of immigration on couple's dynamic.
- Shared experiences of racism, sexism, classism, anti-immigrant sentiment, etc.?
- Access to weapons. Guns in the house?

As mentioned in "Privileging the Relational Work", including family members and community members is a critical step in the DFA. MFTs should begin early to create a

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<sup>58</sup> These are described without identifying markers to prevent pre conceptualized notions of how the violence is occurring. These items must also be considered within a relational dynamic, rather than as an individual diagnosis.

<sup>59</sup> Restraining orders are ineffective when family members are in a different country and wielding influence across international borders.



“database” of family and community members who could be involved in the counseling process. Considerations and negotiations around confidentiality and protection from shame related to public-ness and community accountability are critical (Riel et al., 2016). Jenkins (2009) refers to “useful shame”, identifying community ethics that might encourage shame if acts of violence are perpetrated. Useful shame serves as a form of accountability as clients orient themselves to their broader community and understand their behavior as unacceptable and needing to change.

Stith & McCollum (2011) report that “even when clients deny abuse occurred in an individual interview, they sometimes report abuse in the written instrument” (p. 316). Generally, formal assessments enable information to be gathered privately without the risk of opening up volatile conversations. The challenge posed by the DFA is two-fold. First, most assessments are multiple item questionnaires in English. The CTS-2 is a 78-item questionnaire that ultimately relays English-centric conceptualizations of conflict and relational dynamics. Thus, the usefulness of clients filling it out is limited. Second, trust is a significant concern shared by refugee and immigrant communities engaging with “mental health services”, and the use of formal questionnaires can be daunting and reflective of negative experiences with bureaucracy in the United States (Messing et al., 2022).

This can get in the way of commitment to the process, a factor that both participants in this research as well as the literature determine as critical to conjoint therapy in the context of IPV. The commitment to six individual sessions prior to conjoint therapy serves not only as a critical assessment and preparation period, but also as evidence of interest and commitment to a time-consuming process. In private practice, willingness to pay for a service can also indicate “investment”. While this is not necessarily the case in community agencies where services are

rendered at no cost, holding a “deposit” that is returned after completed sessions could be one way of ensuring a commitment to the practice, while offering free services.

As therapists move through the DFA, they must engage in their own ethical process of accountability and responsibility parallel to the one they require of their clients. This includes an acknowledgement of the “political nature of intervention” and a move away from an “us and them” stance vis a vis their clients (Jenkins, 2009, p. ix). “Commitment” to supervision can hold therapists accountable to their approach and thinking. As therapists structure safety from violence for clients, they should also “structure” safety from the power differential in therapy and solicit feedback on both the progress of therapy and their own “performance”. As we encourage clients to turn towards each other in their listening practices, therapists must also explore “the ethical significance of listening” and the “posture of receptivity” required for a compassionate and empathetic attunement to the complicated perspectives couples bring (Fishbane, 2023, p. 450).

### ***6 Individual Sessions***

Engaging in six individual sessions allows for therapists to assess the fit for conjoint therapy, while also structuring in the necessary elements for the conjoint therapy segment (Stith & McCollum, 2011). The following headers detail what is needed at this stage. Additionally, any curiosities and questions left from the initial consultation can be explored in this phase. It is critical that the MFT not move into conjoint therapy unless there is full confidence in the safeguards created in this process.

The individual sessions provide clinicians with the opportunity to gather detailed histories and experiences safely and verify consistency and congruence. While individuals in the

couple will hold various perspectives about events, if one client shares a story in which a violent act occurred, and that violence is not identified by the other partners, this is worth noting. The therapist must raise questions that get at the elements necessary for conjoint therapy, while also building rapport, conveying trust, and engaging respectfully and curiously about the ways macrosociologic effects have impacted the couple.

**Identifying Safety.** Safety must be a central tenet of this work. It begins in the individual sessions and must be made clear in an ongoing way to clients. It cannot be assumed nor simply identified as an ethic - but built into the process and regular “routines” established in sessions. This could include a question at the start of each session, “Have there been incidents of violence since we last met?” “If so, can you tell me more about how it happened and how you make sense of it?” “If not, what has contributed to keeping violence at bay?” The individual sessions should allow for the therapist to craft a more nuanced understanding of the risks at play within the couples’ dynamic and develop structures in response to these elements. For example, if substance abuse is a contributing issue, engaging in a substance abuse treatment program might be a critical element required concurrent to the conjoint sessions, and asked about regularly (Riel et al., 2016).

The individual sessions provide an opportunity to engage in risk assessments with each partner and utilize their lived experience and knowledge to build their understanding of the factors that might contribute to violence or abusive patterns. The following considerations are compiled from conjoint therapy models (Barner & Carney, 2011; Hamel, 2005; Istar, 1997; Jenkins, 1990; Karakurt et al., 2016; Knudson-Martin et al., 2015; Taft et al., 2016; Stith & McCollum, 2011; Vall et al., 2018) as well as victim-centered approaches to risk assessment

(Istar, 1997; O’Leary et al., 1992; Shamai, 1996). Rather than direct these assessments solely at the presumed “abuser”, the DFA suggests utilizing them for both partners. These questions should also be directed at the community members. The presence of an interpreter (or “stable third”) can provide opportunities to debrief with the therapist.

Inviting community members who can hear stories of violence in the relationship, take a loving stand against the violence and in support of the couple can create a relational web of accountability that centers preventive and community-based efforts, versus the reactive and punitive systems we utilize now (Cooper & Vetere, 2005; Jenkins, 2009). The therapist must make space for clients to freely share feedback and perspectives on the therapy process. This will ensure that collaborative commitment is not conflated with blind compliance. This could involve community members coordinating feedback to the therapist from the clients, an administrative member from the therapy team, or the use of scaling questions from Solution Focused Therapy modalities (Berg, 1994).<sup>60</sup>

***Assessment Tools.*** It is important to acknowledge that there is “no such thing as no risk in the context of spousal violence” (Kropp, 2004, p. 677). While risk assessments identify the level of risk, they do not necessarily rule out danger. That said, there are plenty of approaches and styles to engaging in the necessary assessments for conjoint therapy. The DFA encourages the use of informal assessments, particularly in cases where linguistic and literacy barriers are faced or there is suspicion or lack of familiarity with bureaucratic processes - e.g., the Middle Eastern refugee communities (Bouteldja, 2017; Messing et al., 2022). An informal assessment

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<sup>60</sup> Scaling questions is a tool that invites the client to rank weekly progress on a scale, typically 1-10, followed by questions that consider the impact of particular interventions or changes and their effects. For instance, a therapist could ask a couple, “On a scale of 1-10 (1 being the worst), how would you rate the intensity of your arguments this past week?”. This could be followed by, “Why did you choose 4, and not 3?”

process can draw on questions from formal assessment questionnaires to bolster their verbal assessments. Informal approaches are the most widely used in IPV risk assessments (Kropp, 2004). However, the central focus should be on building trust through hospitality, kindness, and warmth (Messing et al., 2022). MFTs might consider the Spousal Assault Risk Assessment Guide (SARA) (Kropp et al., 1999) or the Ontario Domestic Assault Risk Assessment (ODARA) (Hilton & Harris, 2009). Both tools “assess risk of future partner assault in addition to the frequency and severity of these assaults” (Riel et al., 2014, p. 289). Additionally, the Conflict Tactics Scale that supports an examination of violence and conflict within the relational dynamics of a couple is also useful for conjoint therapy approaches to IPV (Stith & McCollum, 2011; Straus, 2007). The Immigrant Danger Assessment can be a critical guide in exploring risk with the least number of questions, making it useful in informal assessments (Campbell et al., 2009). Therapists should be familiar with these survey tools on risk and violence to bolster the informal assessment process.

Informal assessments must be structured to identify “volatile” elements of a relationship that cannot be captured through “coping strategies”, “de-escalation strategies” or other psychological tools that might allow for alternative practices to violence. These elements include substance abuse, unemployment, significant financial stressors, or criminal histories (Campbell et al., 2009). While their presence does not *predict* violence, they have been known to increase the potential for intense emotional experiences that are difficult to plan or account for (Kropp, 2004). This, combined with access to weapons or tactics of power, creates significant concerns for the safety of one or both members. The presence of a firearm in the household, for instance, which can allow for an intense conflict to transform into a homicide within seconds, must be a central concern for MFTs doing this work in the US, and must be addressed directly. The

therapists and clients must create a plan for the firearm, perhaps selling or relocating it for the duration of the therapeutic process.

Data gathered from these assessments must be examined within a political framework that takes into account the societal injustices that imprint violence onto couple dynamics. Financial instability, for instance, is a significant “risk factor” or contributor to violence (Campbell et al., 2009). The “Power-Threat-Meaning Framework” (PTMF) provides a conceptual map that resists the internalization of societal problems, contextualizing “emotional distress” and “unusual experiences” outside an internalized, diagnostic model (Johnstone, 2022). This way, the impact of interactions with immigration officers, Americanized social workers, refugee resettlement agencies, xenophobia and racism can be acknowledged in the dynamics of the couple, while also identifying them as potential detractors from safety.

As therapists gather this information in the individual sessions, responsive strategies to violence and safety can be prepared for conjoint therapy. Such approaches as breathing strategies, mindfulness, and relational tactics like a “time-out” can be discussed in preparation of the conjoint therapy process (Gambrel & Keeley, 2010; Knudson-Martin et al., 2015; Stith & McCollum, 2011). MFTs should develop these strategies *with* their clients, ideally exploring their histories of surviving bouts of conflict and violence and what worked in those scenarios (rather than going through a list provided in a textbook). This requires intentional effort and commitment to this part of the process and could take one full session. The identified strategies should be brought into the early stages of the conjoint session so that couples can incorporate these together.

Finally, as therapists continue to assess for safety, broader DV resources and connections must be identified so that clients are aware of their options should treatment take a turn for the

worse – for example, shelter services, advocacy networks, legal aid clinics, and other existing resources that the therapist is “in-network” with. These can be kept from the other partner depending on the client’s concerns, so as to privilege the necessary elements of privacy. While these discussions can foster fear, it’s important to craft a “sensible, moderate and reasonable hope” while not assuming violence and intense conflict will immediately cease. Client attention should be directed towards “what is within reach more than what may be desired but unattainable” (Weingarten, 2010, p. 7). Thus, the crafting of hope for safety in counseling is a relational practice involving the therapist and must incorporate the concerns for risk as well as the dreams of the clients.

**Centering Accountability.** Attending to accountability is a complicated matter. While there are multiple approaches, the DFA draws on a decolonial, poststructural method. The principles informing this approach are outlined in the above section, “De-Colonial, Poststructural Feminism”. Drawing on this ethical stance, accountability is a process that requires a focus on politics, stories, temporality, and relationality (Jenkins, 2009). What is required of the MFT is encouraging and tracking accountability both in practices and stance.

To work towards accountability, MFTs must remain responsive to their clients’ stories and needs. It is common for members of a couple to demand a particular form of accountability to a particular story. This is important to consider in the relational trajectories it creates and the cultural values and ethics it exposes. The MFT should utilize the individual sessions to explore these assumptions and expectations and make explicit their potential effects on the conjoint therapy process.

There are two helpful deconstructions of accountability that should be implemented: accountability as the ability to “take account” for somebody else’s experience, and responsibility, defined as a person’s ability to “be responsive” to their story (T. Carlson, personal communication, August 19th, 2023). Together, they create a platform where “restorative” practices can be attended to, where clients take direct steps and action to engage in ethical behaviors of trust, safety, and empathy (Jenkins, 2009). Riel et al. (2009) describe the client’s stance towards a restorative trajectory as “mind-set”, inviting practitioners to identify client “attitudes” towards “remorse”, “conflict and communication patterns”, “effects on children”, and “denial” (p. 297).

Practices of accountability can require detailed descriptions (accounts) of experiences, such as moments of violence, coercive behavior, or non-consensual and exploitative actions (M. Giancola, personal communication, September 1st, 2023). Of particular interest, is how ethical principles are held by each partner and evolve over time (Jenkins, 2009). This requires a process of mapping and understanding client values and ethics over the course of therapy (White & Epston, 1990). For instance, after a discussion about consent, a curiosity should be maintained about how somebody was oriented ethically in respect to consent “then” versus “now”, alongside stories of violations and alignments. This centers the temporality of stories, ethics, and experience, rather than static notions of “abuser” or “addict”.

Therapists should ask themselves questions about how a client is oriented in a relationship – towards control and diminishment, or the development of a connected and loving



relationship? Who is doing the work to address the effects of abusive behavior? What is stopping someone from being the person they want to be?<sup>61</sup>

As both clients and therapists engage with highly reflexive and specific questions about ethics and accountability, possible action/reaction must be identified. In other words, how will the client be ‘response-able’ to stories of harm? This can be a particular affective stance (quiet acknowledgements), or direct statements about what they will be doing differently moving forward. As Riel et al. (2009) describe in their work with Aboriginal communities in Canada,

“There is also a need to have a decidedly restorative approach toward risk. There has been far too much emphasis placed on “problems” within the Aboriginal community, and far too little emphasis on solutions. Research on responsivity is important to draw from when assessing risk so that there is a clear sensitivity to what is workable for the couple in the context within which they live. In addition, research on protective factors that reduce risk is also important to recognize and consider. However, we are suggesting a deliberate move to install a “good life” as a goal. Although there are many ways to define the concept of a “good life,” our point here is that professionals need look at, as well as beyond risk when assessing, to embrace positives, strengths, resiliencies, as well as capacities and expectations for reaching this goal.” (p. 302).

**Deconstructing Equality.** The notion of deconstructing equality can be counterintuitive in the legacy of US-centric DV epistemology. Equality is a commonly used, taken-for-granted phrase in couples counseling contexts, without much clarity on what it implies (Dickerson, 2013;

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<sup>61</sup> These questions draw heavily on Alan Jenkins’ (2009) work with men who have been abusive, but hold a compassionate and invitational stance to “becoming ethical.”

Knudson-Martin et al., 2015). The notion of equality is a decidedly Western concept developed as a philosophical and ethical thought experiment for French elites and other European thinkers to ponder during the Enlightenment era (Graeber & Wengrow, 2023). As Bouteldja (2017) describes, “before the “great encounter” with the West, there were places where relations of gender domination did not exist; there were even regions of the world in which the female gender did not exist” (p. 92). This is not to convey a simplistic description that there was “equality” before European colonialism, but that discussion of equality tends to render conversation near impossible, as it is an incredibly difficult task to gather all the variables of a moment or experience, construct a static narrative, and begin to calculate what is “equal” or not (Graeber & Wengrow, 2023).

Rather than subjecting couples to an impossible debate of equality that tends to center the therapists’ biases, MFTs should explore a client’s understandings and preferences of what “equality” or an “egalitarian relationship” would look like. This might require the MFT to be in a place of discomfort when confronted with the couple's preferences. This is important when collaborating with Middle Eastern refugee/immigrant communities who hold very different cultural and historical understandings. As an anecdotal example, English-speaking and culturally “American” MFTs are sometimes conflicted when working with refugee teens who are beginning to explore sexual identity, as they begin to impose cultural values of “coming out of the closet” and being your “authentic self”. The notion of the “authentic” individual is a very US-centric approach to identity. Rather, it is useful to help them craft relational and safety strategies to stay connected with their cultural communities while also living a life that is outside of their communities’ belief system. This “double life” can be viewed negatively by American

MFTs, and as “normal” by Middle Easterners. Neither is necessarily “right” or “wrong”, but the MFT must explore and center the client’s understanding.

Ultimately, rendering preferences and ethical stances visible prior to conjoint therapy can provide a useful runway for the work to begin. MFTs must contextualize an individual's approach to equality not just within their own beliefs, but how they play out in the couple’s dynamics. In this way, the therapist is not unconditionally validating the clients’ stance, but curiously questioning and contextualizing their relational implications (e.g., the relational sustainability of “women do all the chores”).

**Addressing Intergenerational Factors.** Given the often very prominent role of the extended family in the lives of Middle Eastern couples, gathering family-of-origin stories, their influence and impact on current relational habits and dynamics, for instance on what are assumed to be “normal” practices of love, conflict, affection, and anger, as well as any bias, ethics, values, and assumptions that inform how the couple functions must be explored at this stage. The DFA encourages the use of the “genogram” from Bowenian family therapy as both assessment and intervention tool (Bowen, 1985). MFTs and clients collaborate to craft a “family tree”, documenting the relationships that constitute family, the level of connection between those relationships, family organization, and important histories.<sup>62</sup> In order to situate the couple within a larger community of ancestors and relatives, these histories should include stories of IPV, how clients came to learn and understand them (if at all), as well as strategies of resistance, accountability, and responsibility.

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<sup>62</sup> Clients can determine who and what “family” is, as there are notions of “family of birth” and “family of choice” depending on their unique histories. However, for the purposes of the DFA, it is important to include significant relationships that clients had during their childhood.

The intention of this practice is to buffer the reaction clients might have to intense or sensitive conversations. Fishbane (2023) describes how “when a person feels hurt or threatened, their vulnerabilities (often from childhood; sometimes from prior relationships or experiences of cultural oppression) are activated; in turn, survival strategies (self-protective mechanisms, also often developed in childhood) are triggered” (p. 455). A client's relationship to “criticism” in childhood could be a useful consideration as they confront perceived “criticism” from their partner. Identifying historical response patterns can create potential for agency when confronted with these experiences in the present.

### **The “B” Section - Conjoint Therapy**

After MFTs have completed the individual sessions (recommended minimum of six) and feel prepared, the process of meeting the couple together can carefully commence. Like the improvisational nature of jazz sometimes dictates, therapists must be prepared to return “back to the head” of the song (the “A” section, or individual counseling) if the structures and practices of safety, accountability, connection, and movement are threatened.

Therapists must retain an active, “non-neutral” stance and a readiness to use a variety of strategies to intervene in highly conflictual or volatile conversations. These include practices of attunement, noticing relational cues, assessment of body posture and vocal tones. The therapist is thus positioned to stay attuned to the client’s stories in a supportive stance towards the *relationship*, not necessarily the individuals. This ethic must be signaled to the clients, and supportive remarks that do not require unconditionally validating the actions of the individuals. As Fishbane (2023) states, “Treatment is complicated if the therapist prefers one person over the

other. Each partner must feel respected and affirmed if they are to risk changing. Affirmation does not mean going along with destructive behavior” (p. 455).

Taking care not to reveal private and sensitive matters, the first session of conjoint therapy should include safety strategies, personal and relational de-escalation techniques, and the goals and desires expressed. In “setting the stage” for the conjoint process, MFTs must be clear on their role including a discussion with clients on when they might intervene with conflict as well as cultural discourses that the therapist may be unaware of. MFTs have various levels of comfort with allowing conflict to occur in the therapy room - this should be assessed with the clients as part of a general safety consideration.

The jazz improv metaphor does not imply “anything goes”. In this context, the clinical supervisor becomes one of the members of the “audience” to the performance of conjoint therapy, necessarily responding to the “ups” and “downs” of the music created.<sup>63</sup> Additional participants (i.e. interpreters, community members, family members) who are brought in to support the process can be positioned to participate as well, to invite reflection and perspective from a position of care and interest.

### ***Encouraging Reflexivity***

An important feature of therapy is “talking about how we talk”. Communication is not a one-to-one exchange or transmission of information, which is sometimes how couples describe their problems (as “communication issues”) (Shotter, 2011). MFTs must create routines of slowing down and reflecting on the conversation thereby supporting the couple in crafting

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<sup>63</sup> Clinical Supervisors are therapists with additional credentials to provide a conversational space where feedback, reflections, theory, and practice are discussed.

relational approaches to preempt existing practices that sometimes lead to violence (or highly conflictual, dysregulated fights). This reflexivity invites a process of “self-awareness” as well as an “explicit level of conscious relation to oneself and to others” (Vall et al., 2018, p. S46).

**Reflexivity in Physiology.** Reflexivity is not solely a cognitive exercise, where clients are invited into linguistic repetitions of what the other says. Given the diverse linguistic and cultural contexts of the couples engaging with the DFA, a reliance on linguistic interventions is limited and vulnerable to perpetrating colonial discourse (Zamani & Zamani, 2021). Instead, MFTs should invite couples to describe and locate the physiological effects of conversation, and in turn, the effects particular physiological states have on their interpretations of the other, where their focus and attention lands, and the histories and experiences that are brought forward through this particular physiology.

As therapy proceeds, MFTs must closely observe the couple’s dynamic and responses, however minute, to each other (Hamkins, 2020) and be ready to interrupt discussions and flag physiological responses to it. Shaped by Narrative therapy’s “Statement of Position Map”, or mapping technique, this provides a deconstructive practice with which therapists can explore and assess experience while remaining “de-centered, yet influential” (White, 2007).

In short, as clients describe various experiences, therapists slow down the conversation and invite them to *name* the experience, describe and explore the *effects* of this experience across multiple contexts (relationships, time, place, etc.), *evaluate* these effects, and *justify* their position on their evaluation. Clients begin to expose various “landscapes” of experience within their stories, such as values, actions, meaning, identity, histories (White & Epston, 1990; White, 2007; White, 2011). By including physiology, clients begin to understand the impact of such

things as heart rate, muscle tension, breathing, visual and auditory focus on their relationship (Ewing et al., 2017).

As an example of this, imagine that a couple is talking about challenges with their in-laws. As one partner shares, the therapist notices the other client fidgeting. The therapist pauses the conversation, promising to the person speaking that they will be allowed to finish. The therapist then turns to the person fidgeting, and asks them, “Can you describe to me what is happening for you right now?” In my own experience, it sometimes requires questions like, “Can you tell me about how your heart is beating right now? Is it fast or slow? How about your breathing? Is it deep or shallow? Do you feel anything in your shoulders or back?” Following an answer, the therapist invites the client to *name* the feeling by asking the first question from the “statement of position map”. “What would you call this set of physiological experiences?” Let us say they call it “anger”. The therapist then explores the *effects* of anger on themselves, their partner, their relationships in different contexts such as work or with parents, currently or historically. After a thorough exploration, the client is invited to say how they felt about this practice (*evaluation*). Then the therapist asks them to *justify* their position - “Why do or don’t you like it”? In doing so, the client begins to expose histories and values, their connection to physiology, and how they are interpreting statements in this complex web of experience. Importantly, the therapist must return to the other partner - “What are you noticing in yourself as you hear your partner describe their physiology as they listen? Does this feel familiar? What is surprising to you in hearing this? How are you thinking about safety as you witness these descriptions?” These questions require context and should not be used as a script.

This practice aims to resist a colonial history of applying modernist understandings and Western assumptions of how emotions operate onto clients, thus obscuring the richness and

politics of their experience. The assumption is that emotions are a cultural expression of physiological experience (J. Ewing, personal communication, September 2nd, 2017). In centering cultural understandings, clinicians engage in a de-colonial deconstruction to understand the role of bodily processes. It is important for the MFT to identify how clients conceptualize their “selves”, and what language to use in place of “body” or “physiology”. For example, the word “rooh” in Farsi draws on the notion of a “ghost” or “spirit” to describe internal experiences. Thus, I use the word “rooh” and “spirit” or “soul” in English often as a culturally near substitute.

This practice also draws on neurobiological understandings of reactivity versus choice, where physiological responses can override our ability to make calculated decisions (Fishbane, 2023; Fosha et al., 2009; Monk & Zamani, 2018; Monk & Zamani, 2019). Practices of attunement by the therapist, encouragement of slowness, and attending to the physiological can create practices that make space for regulated conversations (Hamkins, 2020; Monk & Zamani, 2019).

**Reflexivity in Relationships.** In addition to the reflexivity of physiology, conjoint therapy must invite relational reflexivity. Vall et al. (2013) offers two practices - the reflecting team and the “meta-dialogue”. Both practices center the use of language as the vehicle for change, which in concert with the affective practices discussed above, can create space for both partners to hear and understand each other from positions of vulnerability and presence, rather than defensiveness and reactivity.

The reflecting team practice is an intentional structure where a therapist interviews a client, while the team listens, witnesses, and reflects on aspects of the client’s story (Andersen,



1987). Typically, the therapist selects the members of the reflecting team. Members respond carefully to not impose psychological discourse, curiously attending to the intersections of the client's story and their own experiences, and the ways that certain values or preferred identity statements are made visible through the reflecting process (White, 1999). This practice can involve the interpreter and other family members. Guided by the therapist, the reflecting team process in which clients are instructed to respond in a particular manner to each other's story can promote safe interactions. The presence of multiple community members in a shared listening practice promotes accountability and invites a "useful shame" where clients can engage with their ethical dilemmas (Jenkins, 2009).

The meta-dialogue invites clients to not only "talk about talking", but also "embody" the feeling and affect in the story of the other as they engage with it (Vall et al., 2018). This practice can support clients in reflecting on the therapy itself and how they are each beginning to respond and understand each other in respectful ways. Questions that invite meta-dialogue can include: "Are you noticing yourselves speaking differently at home versus here in therapy? What is it like to talk about trust right now? What worries emerge as you consider being vulnerable in front of your partner?" Of course, questions will be context-specific, and the suggestions for physiology are a variation of the meta-dialogue. Evidence indicates the meta-dialogue can be helpful in conjoint therapy with IPV (Vall et al., 2018).

### ***Working with Power in Conjoint Therapy***

Identifying the fluidity of power within complex relational dynamics is difficult as it emerges in multiple contexts. For instance, societal and institutional forms of power press down on the couple and then play out within the relationship (Dickerson, 2013; Knudson-Martin et al.,

2015). The cultural discourses that harbor and project power should be named and identified (Lyness & Lyness, 2007).

A decolonial, poststructural feminist seeks to understand the stories of oppression, marginalization, and disempowerment being shared as important context, not an attempt to obscure accountability (Bouteldja, 2017). It is useful to explore each partners' strategies of resistance or stories of unity in response to oppression (Beaudoin, 2005). As an example from my own practice, an Iraqi refugee couple is invited to name and identify their experience of power/lack of power in Iraq, in relation to Saddam Hussein, the US invasion, and terrorism at the hand of religious extremists as a way of exploring their own ways of dealing with power, oppression, and resistance.<sup>64</sup> The therapist must consider the influence of these stories on the power dynamics within the couple and hold the complexity of a client as both oppressor and victim in their stories.

As the couple begins to share their perceptions of problems and relational dynamics, the therapist must actively manage the "telling" of the stories (Knudson-Martin et al., 2015) by directing questions and positioning each partner to speak or respond to them. Therapists should track "which partner is able to influence the other, who feels entitled to express their needs or have them fulfilled, and who accommodates or organizes around the other? Who responds to care?" (Knudson-Martin, 2013, p. 6). This needs to be mapped across multiple contexts, and not understood as a static element of the relationship.

Notions of equality covered in the "A" section become important here. Therapists begin to support clients in moving towards what they have determined to be the preferred landing place. Clinicians must not impose their own preferences and biases of what is equal, but rather

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<sup>64</sup> This is an approach I have used with consistent success in my own practice.

honor the clients' preferences as long as they are consensual, non-exploitative, and free of violence. This can be counter-intuitive in the IPV work, but it is an important ethic that can prevent therapists from attempting to liberate their clients much like the United States "liberated" Iraq.

### ***Staying Experience-Near***

"Love is understanding somebody in their story" (J. Ewing, personal communication, May 2020). In the spirit of "down and forward", MFTs must utilize client language, value statements, and stories of experience to invite change. Centering client knowledge can produce rich, meaningful understanding and keep clients emotionally engaged (Fishbane, 2023; White & Epston, 1990). MFTs should reflect back messages of "independence and connection, position and hierarchy, sources of personal worth and value, and expectations about roles and decision-making (Knudson-Martin et al., 2015, p. 209).

The process of mapping value statements, ethical stances, physiological responses, stories of violence and abuse, and enactments of cultural discourse can allow for more nuanced and rich stories (White, 1989; White, 2007). Importantly, MFTs must maintain a focus on understanding what is working in the couple's life, and mine these experiences as sources of "coping" and "de-escalation" strategies (Knudson-Martin et al., 2015).

### ***Facilitating Safety***

As stated throughout, safety must be an ongoing consideration, and therapists must be prepared to move back to the "A" section or pause therapy if other issues emerge (e.g., substance abuse, severe PTSD, psychosis, etc.) that threaten safety (Taft et al., 2016). The therapist must

retain an active stance, prepared to intervene immediately (Knudson et al., 2015; Stith & McCollum, 2011). This stance is shaped by a bold willingness to engage in “risky” interventions, remain attuned to things “not going as planned”, and be prepared to stabilize and reinstate safety in the conversation. This may require individual sessions before or after meetings as necessary to check in with both members of the couple and ensure they do not feel that one person is being favored over the other.

Boldness must be tempered with a deliberate approach. Nurturing the vulnerabilities of the “powerful partner” should be done slowly and in coordination with the partner who might be fearful of vulnerabilities (Dickerson, 2013; Fishbane, 2023; Knudson-Martin, 2015). This requires checking in regularly with both members regarding the presence and trajectories of safety at that moment. For instance, the therapist can turn to the “powerful” partner and ask, “What is your fear in sharing this?”. The “less powerful” person can also be invited to share “what happens when you feel unsafe? How do you know that safety is at risk? Is there a history here we can discuss? What needs to be present for the discussion?” Again, safety, violence, fear, and danger are seen as relational, not individually held.

### ***Fostering Mutual Attunement***

For counseling to maintain directionality, MFTs must focus on shared meanings, hopes, desires, and outcomes (Fishbane, 2023). This should include a “turn towards each other”. While clients do not need to agree, they must indicate efforts to *understand* the other. One suggested practice is “mentalizing”, which supports both linguistic and affective engagement with the other person’s experience (Fonagy et al., 2005). Fishbane (2023) describes mentalizing as the ability to “reflect on one's own and others' internal states, motivations, beliefs, and emotions,

understanding that people feel and see things differently" (p. 453 Fishbane, 2023). This practice should be applied to experiences of fear, violence, hope, love, concern, and desire for connection.

### ***Facilitating Relational Responsibility***

In the marathon that is couples counseling, it is important to not focus all energy on accountability and lose sight of "responsibility". Demanding or receiving accountability is seductive and may feel like an end in itself. But the therapist must also explore how a client is prepared to respond. Jenkins (2009) refers to this as a restorative project, where therapists engage their clients in practicing the ethical preferences they hope for, acknowledging that the development of a preferred ethical identity requires time, action, and meaning.

It is the ethical responsibility of the therapist to engage with clients in identifying how they will now "respond" to each other's concerns and address histories of ethical failures. For couples who choose to remain together, the only path is forward. Clients must be explicit in how they foster alternative practices and habits to support a safe and positive relationship. This requirement must be tempered by what's possible, particularly as the focus of the DFA is to address violence and safety. Thus, if clients still have histories (such as an affair) that need to be addressed, therapists must be politically sensitive to how clients craft "reasonable" constructions of relational responsibility (Weingarten, 2010).

### **After the Song**

Due to the heightened risk inherent in this work, the therapist has an ethical responsibility to check in and follow up with clients after sessions have concluded. This means that while the

“conjoint treatment” is finished, the process is not done. It is recommended that MFTs maintain a six-month follow-up period. Check-ins should be covered during the informed consent process and indicated as a necessary condition to treatment.

The check-ins should be done individually first, and then with the couple if the therapist determines it is safe to do so. It should include questions about current violence or concerns for violence, how the couple has noticed improvement or diminishment in their relationship, and the status of the restorative projects. These can be followed up with appropriate referrals to specific services including legal advocacy, legal services, shelter support services, or an invitation for the couple to re-engage with the counseling process.

Clinicians can also consider the practices of letter or poem writing (Green et al., 2021, White & Epston, 1990). This practice can support sharing loving and optimistic renderings of a client’s life in a manner that is encouraging and witnessing the beauty of therapists. Additionally, therapists can orient towards this practice from the beginning (by either writing a letter/poem after each meeting or at the very end of the process), which can result in orienting the clinicians listening to the richness of client’s story (S. Paljakka, personal communication, August 2023).

### **Managing the Political Landscape**

MFTs working in the DFA are required to not only engage directly with the client, but also support clients in navigating the “field” of institutions and policies. This requires the therapist to be familiar with these services, and also make efforts to create positive relationships with these community members. For example, the San Diego Domestic Violence Council holds monthly meetings, multiple trainings a month, and actively engages the DV services in connecting and networking. Law enforcement officers, advocates, therapists, psychologists,

lawyers, and many more attend these meetings regularly. Therapists must identify these coalitions and join them regularly, making intentional efforts to create positive relationships. This may require the therapist to challenge their own political inclinations, as ultimately the relationships that therapists build can have direct consequences on their clients.

### **Responding to the Effects of the Judicial System**

The influence of MFTs in the court systems is indirect and limited typically to court letters, treatment records, and, in extreme circumstances, expert testimony. However, the centrality of the legal system requires MFTs to have a certain level of knowledge and understanding to address clients' worries. It is not recommended that clients involved in legal battles or processes engage in intensive conjoint therapy - the DFA is intended to precede these issues.

These worries must be addressed or managed given the significant effect they can have on physiology and neurobiology. The heightened presence of fear and anxiety produced by these systems can significantly limit the effectiveness of conjoint therapy. The therapist may determine that conjoint therapy be stopped altogether until involvement with the judicial system is reduced or mitigated.

MFTs might also identify resources that do not involve judicial systems, including restorative justice programs or unarmed crisis response teams. For instance, San Diego has implemented a Mobile Crisis Response Team that deals with mental health crises without an armed officer. While it is unlikely they would respond to a domestic violence situation (given the significant danger that these calls pose), clients can be educated about resources they might call upon as they navigate these complicated systems.

### **Mitigating the Use of Fear as Control for MFTs**

When the conceptualizations of power and control developed by the Duluth model are applied to the discursive framework surrounding the DV field, an ironic hypocrisy emerges. MFTs enter the DV field with ambiguous, at times incorrect, information about their scope of practice, where their work is shaped by a punitive and coercive power structure that isolates practitioners, obscures consequence and demands compliance (much like the perpetrators of DV conceptualized within the Duluth model) (Dutton & Corvo, 2006). While not unique to this dissertation (Adelman, 2004; Ferraro, 1996; Schechter, 1982; Sahota, 2006), this critique was present in the data. Specifically, the participants in this study were challenged in finding ways to support their clients that were relational rather than punitive. They struggled to find language that was not blaming or dichotomous, and ways to engage in reflection about their work that avoided moralistic perspectives. Poststructuralist therapists who are keenly attending to operations of power, find themselves in the rigid, rule-bound DV labyrinth hoping to find workarounds to support their clients while negotiating the fear of potential repercussions.

Research indicates that fear impacts our physiology and reduces our ability to think “clearly” and engage in preferred ethical practice (Hetherington & Weiler, 2018). Thus, it directly impacts an MFTs ability to engage in a highly complex and nuanced decision-making process that relies on high-level ethical considerations. Additionally, our physiological states are relational, and have direct effects on the physiology of the other (Ewing et al., 2017; Lewis et al., 2000). Clients often arrive in highly activated physiological states. To support an effective process, therapists must remain “cool” and maintain a physiology that supports safety and care



(Monk & Zamani, 2018). MFTs confronted with clients in violence can find themselves in a professional lion's den – no place to run, driven by a survival instinct.

Attempting to target “fear” and reduce its influence on therapists is an issue that has been tackled by a variety of disciplines but remains a challenge. Given the significant investment of time and money MFTs make to acquire and maintain their license, any threat to their livelihood will instill anxiety. As noted by participants in this study, fear emerged when MFTs were confronted with a choice between conflicting ideas, backed by a sense of “not knowing” what was the “right thing to do”.

MFTs who continuously seek knowledge about the system and clarity about their legal parameters can potentially manage the effects of fear more effectively. They should not be left to do this on their own. This would be an important area of research moving forward.

### **For Policy**

This section consolidates the above descriptions into considerations for policy makers, acknowledging the direct link between policy and funder requirements and the relationships that MFTs build with their clients. This section is short given that specific policy suggestions are outside the purview of this study. However, it is hoped that some of these suggestions serve as an impetus for more research and policy considerations that better reflect contemporary practice. The following discussion outlines some of the problems within current policy, identified by participants of this study.

Most prominently, the centrality of the legal system needs to be reconsidered. It is overwhelmingly evident that current legal structures and modes of treatment rely on outdated versions of feminism (DeKeseredy, 2011; Ferraro, 1996; George & Stith, 2014; Goldner, 1990;

Riel et al., 2014; Schechter, 1982). While I am not questioning the necessity of the legal system in settling certain disputes amongst couples or the use of law enforcement to provide immediate access to safety (particularly given the indiscriminate gun ownership in the US), its dominance as the primary method of support for clients has not been demonstrated in the literature or in this study.<sup>65</sup>

The hierarchy of the DV field places relational systems of support at the bottom, with judges and police officers occupying the highest positions. The Black Lives Matter movement launched during the writing of this dissertation (in 2020) brought this issue to the forefront, under the slogan “defund the police”. While this phrase induced a heated political debate that at times took on an ephemeral and fantastical energy, this ethic has specific application to the DV field. By defunding (in other words, reducing the centrality) of law enforcement, funding can be diverted to services proven through research to provide better outcomes. A glaring example is the use of 52-week Domestic Violence Intervention Programs for “offenders” of domestic violence, which boast a low (below 15%) recovery rate and extremely high rate for recidivism and re-offense (Arias et al., 2002). This is not a new finding, though the field continues to move all offenders of DV into these 52-week programs as the primary location of treatment.

### **Couples Counseling Available to Communities**

Costs associated with each practice setting divides access to these services by class. While middle to upper-class families often have access to financial resources to pay out-of-pocket or afford an insurance plan that includes family therapy. Lower socioeconomic families

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<sup>65</sup> Chapter 2 - Literature Review provides significant detail on the problems with the current system.

get access only to community agencies (Adelman, 2004).<sup>66</sup> This perpetuates a broader problem in the US, where lower-income families are exposed to law enforcement and judicial systems at a higher rate than individuals in other socio-economic-status (SES) (Ferraro, 1996).

Effectively, couples counseling is inaccessible to those who cannot afford it (Williamson et al., 2019). The findings of this study prominently implicate DV epistemology in this. Private practice is too expensive and there are very few (if any) community agencies that work with couples.<sup>67</sup> According to the data in this study, if a couple goes to a community agency with the hopes of addressing violence before it escalates, there is a high likelihood if any violence has been identified by the therapist that they would be “screened out”, referred to individual counseling, and encouraged to engage with the legal system (“call 911”, restraining orders, police reports, custody/divorce proceedings, etc.). If there are children, there is a reasonable threat that Child Protective Services (CWS) will get involved and mandate individual counseling and DV treatment for the adult couple. This trajectory was identified in this study and in the protocols of agencies and existing literature. It also aligns with my personal experiences.

One route to mitigating the inequity in accessing couples counseling would be to reduce the gap between the type of services that are available in either setting. As mentioned already, better training in couples counseling models that offer practices to assess and work with couples in violence would better position therapists to make more nuanced and context-specific decisions (rather than rely on the “policies” and “protocols” of an agency, which are beholden to the funders rather than to the communities they serve). Training would ideally slow down *a priori*

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<sup>66</sup> In the United States, individuals are required to purchase and maintain their own insurance policies. There is a large market for these policies, with different resources afforded each plan depending on the cost. Couples counseling is very rarely offered as one of these resources.

<sup>67</sup> There is very little research available on this subject. Anecdotally, I have never seen a program for couples counseling in community agencies, nor has any funding been identified for this work.

predictions of violence and provide therapists with the necessary assessment tools to consider their approach more carefully.

More effort needs to be put in by both the broader MFT community and the individuals that constitute it to interact with each other and engage in intentional discussion about their work. At the moment, there are “Continuing Education Unit” requirements put forward by the BBS for licensure attainment and renewal (State of California, 2023). However, these can be didactic and bureaucratic, encouraging a “check the box” approach to training. What is being proposed here are dialogic spaces in both private practice and community agencies that encourage continual naming and exploring of definitions and practices. In the participant discussion groups following the interviews and analysis, participants indicated that the reflections invited in the interviews and follow-up group conversations had positive effects on their practice and sense of community. It also staved off the sense of isolation experienced by practitioners in both settings.

More access to couples counseling for those seeking to reduce violence in their relationships is needed. This must be tackled from multiple locations. For instance, federal and state policy makers should consider funding community agencies to provide couples counseling to marginalized communities (especially low-income communities who may not otherwise have any access), as well as proper training that encourages working with couples who want to address violence together. This involves working with and treating the *whole* family, rather than identifying a victim and perpetrator, and moving them into individualized treatment which are often accompanied by restraining orders and “no-contact” mandates that place additional burdens on a family, inadvertently increasing risk of violence (Dutton & Corvo, 2006). Austin & Dankworth (2003) report that 81% of community agencies who receive state funding for DV prohibit couples counseling for the identified “perpetrator”. Restorative justice approaches can

be considered, where community stakeholders and family members come together in lieu of a criminal proceeding to identify practices and pathways to justice and restitution (Hampton et al., 2008). To do this, policymakers must move away from gendered treatment models that do a disservice to marginalized communities such as LGBTQIA+ communities, or immigrant communities who may align with collectivist perspectives (Archer, 2000; Jose & O’Leary, 2009; Riel et al., 2014; polanco et al., 2021).

Further, therapists in private practice should consider taking on pro-bono or extremely reduced rate clients as part of a community-oriented practice that is invested in accessibility of services. Of course, there are financial needs that therapists must sort through, but if all therapists were oriented towards this goal together, one or two pro-bono couple’s slots per therapist would have huge ripple effects within communities they serve. These therapists must be highly trained and indicate a specialty in conjoint treatment with IPV and be in network with community agencies who may come into contact with families in crisis first. Again, this effort must be taken on at the national level to make this specialty visible as an option and provide scholarships for therapists to take these trainings to fill the immediate need and significant gap in services.

### **Accountability for Me, not just Thee**

The combination of fear and confusion about what’s possible results in minimal encouragement to meet with couples in violence, ultimately leading to paralysis. All participants in this study indicated a fairly conservative stance when it came to treating couples in violence, despite all of them indicating an interest in doing so. According to Knudsen-Martin et al. (2015), emotions can signal a “connection between an individual and the larger society” (C. Knudsen-

Martin, personal communication, July 27, 2023). The presence of fear provides a window into understanding the methods of control imposed by the DV field.

Sadly, CWS and the courts have no mechanism of accountability for themselves. As exemplified in the stories of practice shared in this chapter, CWS and law enforcement officer initial assessments were often completely incorrect. However, when presented with evidence of this by both the clients themselves as well as the MFT team, there was little interest in the new information but rather an insistence on staying the course. Thus, the MFTs on this case had to employ a highly political practice of supporting CWS needs while honoring the specificity and complexity of the clients.

Policymakers should pay attention to the tactics of power and control utilized by institutions oriented towards DV. More transparency and accountability by institutions like Child Protective Services, law enforcement, and judges can support practices that center families and their needs, rather than the needs of funders, bureaucracy, and capital. The presence of fear reflects Foucault's descriptions of discipline and punishment as methods of control and power. The Duluth Model and Judicial systems have used these tactics to maintain the status quo of DV services (which dates to the 80s). By inducing fear in MFTs sense of service to communities and preventing them from engaging in couples counseling work, the pipeline delivering couples in violence into the legal system is maintained.

### **Researching Innovative Approaches**

More research is needed to evaluate the potential of MFT practices and their effects on clients served. As described in this chapter, there are numerous models that can be utilized, all of which must be edited to fit the specific client context. More regionally-specific gatherings and

regular meetings to discuss client cases and current research helps resist the standardization that has proven problematic, while also ensuring that there is some form of rigor that MFTs work is held to. Academia needs to engage in regular study of these approaches to discern their usefulness. In turn, policy makers must respond to the 50 years plus of research indicating our current system is not effective. This study did identify that the DV field's hypocritical relationship to power creates distrust with MFTs, who find themselves trying to "support" clients through "unhelpful systems" rather than attending to the initial concerns clients came in with.

The limited availability of models to work with couples in IPV suggests that the imposition of state standards on practitioners contributes directly to the lack of research due to the manner in which funding and stipulations are corralled (George & Stith, 2014; Stith et al., 2003). The demand to keep up to date with research and shift systems and policy accordingly is not directed only at legal systems. MFT organizations (like AAMFT) are complicit, as identified by the manner in which AAMFT and the judicial system point to each other as a reason to not engage in couples therapy.<sup>68</sup> This circle of finger pointing is unethical and harmful to communities who seek the services of MFTs. It is the responsibility of large MFT institutions to advocate for and push back on rigid systems that perpetrate harm and create barriers to access service in communities. This would require removing restrictions limiting a clinician's professional judgment about potential treatment options that might include conjoint therapy with IPV as an option (Barner & Carney, 2011). In conjunction with this, AAMFT and other MFT training programs must step away from "one-size-fits-all" approaches and providing the resources and training necessary to develop creative and rigorous models of treatment for

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<sup>68</sup> Chapter 2 - Literature Review identifies the process in which AAMFT points to DV as a "criminal matter" as a reason not to engage with couples in violence, and how the judicial system points to MFT "research" as the reason to not engage in couples counseling.

couples with IPV who are candidates for conjoint treatment (Barner & Carney, 2011; George & Stith, 2014). The “one-size-fits-all” approach and influence of the Duluth Model and Crime Control Model was evident in the repertoires of every participant of this study.

### **Conclusion**

Like many researchers, I found myself finishing with more questions than I came in with. But still, I journey forward in my career with pedagogical, practice-oriented, and research-driven hopes.

I have been teaching at San Diego State University in the MFT program since 2016. The energy produced from this study is serving as the foundation for developing a couple counseling training curriculum that centers models of treatment for couples in violence. The curriculum has been described throughout this dissertation, from specific pedagogical areas that must be targeted to models of practice that provide specific protocols. I want to dispel the notion that couples counseling is only for communication problems amongst middle-class families and expose academic institutions and students to research and practice that invites therapists to not only lean into the difficult work, but feel equipped to do so. Additionally, as a poststructuralist Narrative therapist, I am interested in turning back to the usefulness of assessments more centrally in my teaching, making visible the ways they hold therapists accountable (as a useful praxis of social justice).

In my own practice, I am interested in supporting the agency I have been working with since 2010 (License to Freedom) in developing a couples counseling program that is free and available to the community. Associated with this program would be a robust training program and supervision context in which therapists can engage in the community dialogues proposed in



this chapter, as well as utilizing models of practice (Barner & Carney, 2011; Hamel, 2005; Jenkins, 1990; Karakurt et al., 2016; Knudson-Martin et al., 2015; Taft et al., 2016; Stith & McCollum, 2011; Vall et al., 2018) that specifically address couples in violence. Ideally, MFTs can disconnect from the Duluth-model-based 40-hour trainings and engage with more robust trainings that teach therapists *how* to work with clients, such as with the DFA.

This journey has been significant, both in its impact on me and also the historical moments through which it was written. To the latter point, this project began in 2017 following questions that arose out of my personal experiences (as discussed in Chapter 1 - Introduction). Soon after developing the research question and formally beginning this dissertation, my daughter, Leila, was born. I suffered significant back pain that resulted in surgery, the COVID global pandemic and consequent lockdown, and the social unrest that followed George Floyd's death. At the time of this writing, the world is experiencing the hottest week on record as a result of climate change. While these experiences served as significant challenges to the production of this work, they also highlighted the critical importance of bringing the research and data produced from this study into these conversations. As the Trump presidency and pursuant Supreme Court judge appointments roll back social progress attained in the last century (such as access to abortion and the dismantling of social services), and as Black Lives Matter protests called for accountability to policing in the US, the importance of this research became undeniable. Thus, utilizing academic research to bring complexity and nuance to big conversations felt like an important contribution.

This research project also let me explore one of the significant tensions I experience with the DV field, particularly as a Persian American man working primarily with Middle Eastern refugees who are escaping displacement and conflict directly contributed to by the United States.

How do I begin to name and deconstruct the hypocrisy inherent in the US' concerns and attempts to address violence?<sup>69</sup> Prior to this research project, this question had an acidic quality, at times burning me and other times giving me indigestion. However, the acidic nature of this question somehow found itself into a contained battery that generated the energy to drive this research project that allowed me to cull my assumptions and political ideologies, and identify a question and methodology that kept me accountable to the ethics of knowledge production that is rigorous and useful (Tracy, 2010).

I am hopeful that readers can understand the nuance in my position, developed through my personal, professional, and (now) research experiences. While many (if not all) come into this field with the intention of being “helpers”, the need to safeguard our livelihoods and the pressure to both stand behind and take apart an antiquated system weighs heavy). My intention is to implicate a thick and unresponsive system that is invested in keeping itself alive, and not the individuals who constitute it. This is not to dismiss the activism required of individuals to shift the system, but to resist the individualization of problems that can induce a sense of helplessness and inaction. This individualization of treatment is a central finding and concern of this research project and served as the impetus for the research question. The suggestions throughout this chapter encourage a movement towards more relational and systemic approaches, with conjoint therapy with couples in IPV being the specific item targeted in this chapter. It would be useful to explore other systemic interventions, such as family therapy.

In conclusion, I am optimistic that the swell of research encouraging new and creative efforts to address IPV will be considered in the development of future services and programs in

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<sup>69</sup> My hope is that the anecdotal stories from my work shared throughout this dissertation (e.g., the story in this chapter in the “Resisting Binary Assumptions” section) provide context to this question.

our communities. While I am aware that the implications of my research extend beyond the change one person can expect to make, this dissertation has highlighted the importance of training and policies that support conjoint therapy with couples in IPV, maintaining the legacy of feminist activism that reminds us of our obligations to safety and accountability, and continuing to develop my own practice in an effort to both do and teach the work.

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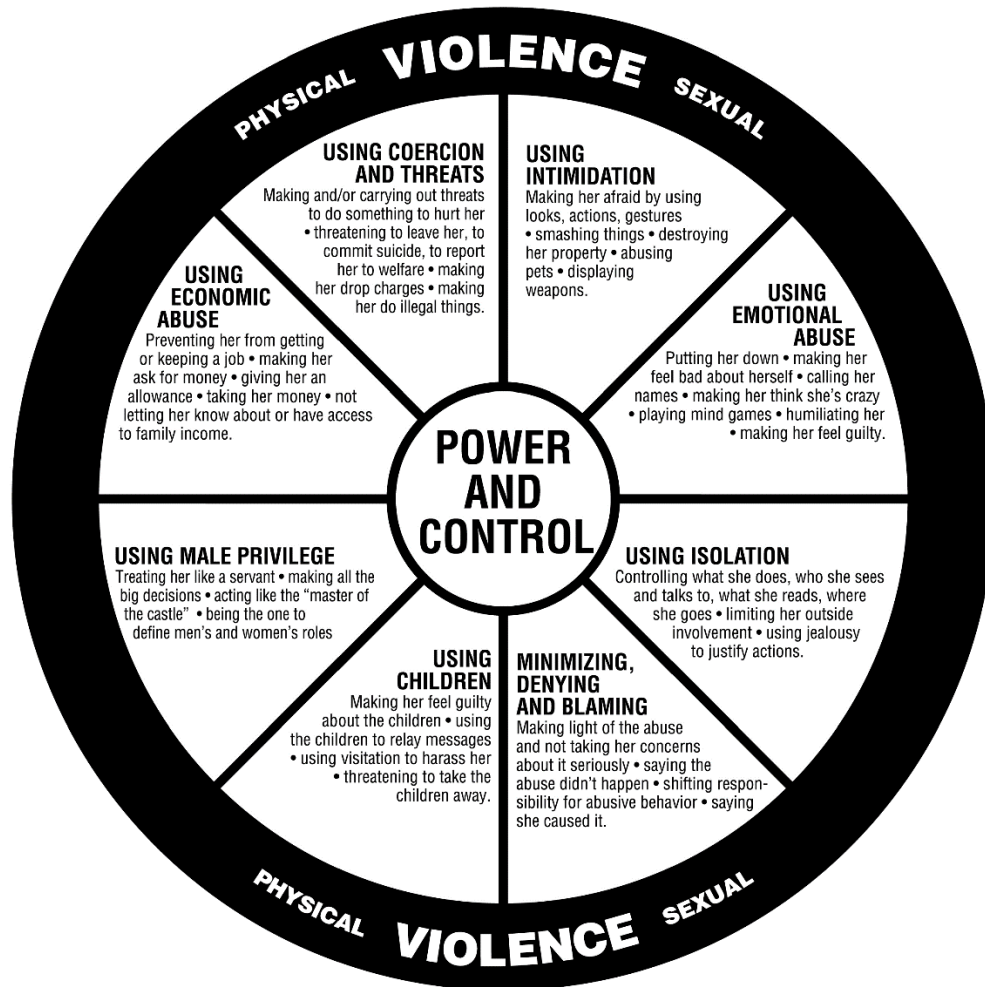
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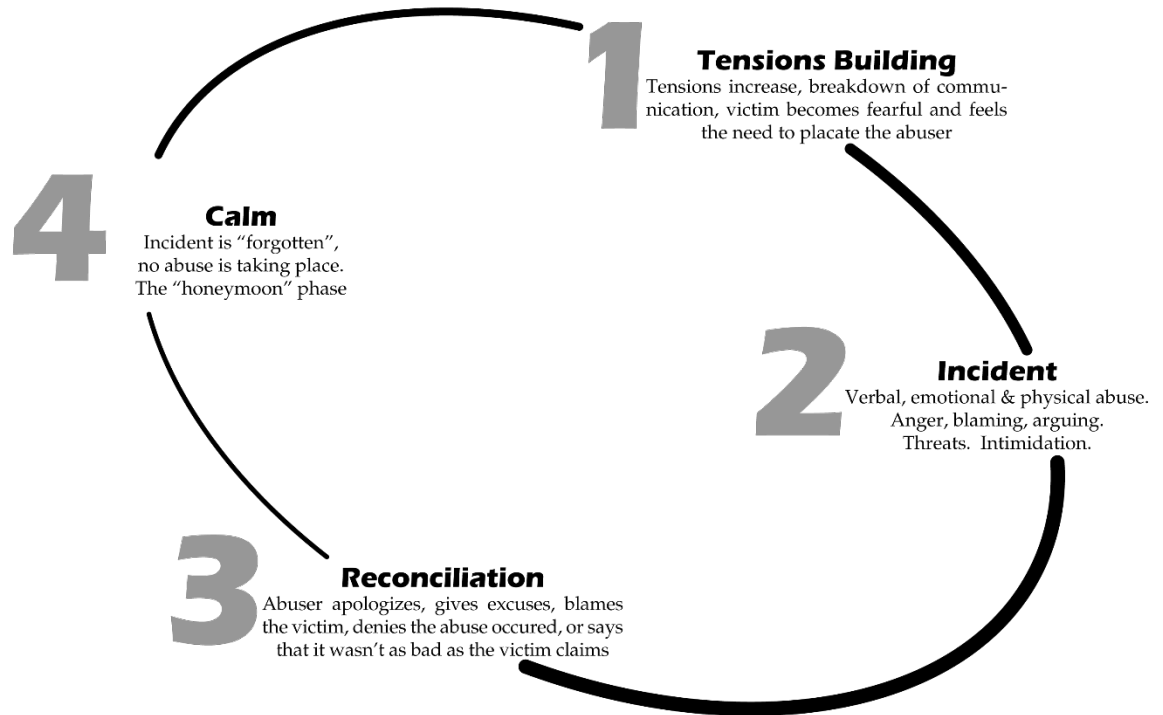


### Appendix A: Duluth Model Representations of Violence



DOMESTIC ABUSE INTERVENTION PROGRAMS  
202 East Superior Street  
Duluth, Minnesota 55802  
218-722-2781  
[www.theduluthmodel.org](http://www.theduluthmodel.org)

# Cycle of Abuse



## Appendix B: Recruitment Email

Hi all,

I hope this email finds you well. I am reaching out seeking participants for a research study I am conducting for the purposes of my dissertation. I am hoping to identify Marriage and Family Therapists who would be willing to participate in a research study exploring the effects and practices of domestic violence work on work with couples. I'm interested in practitioners who have experience working with couples, as I am curious as to how you make decisions related to domestic violence in those contexts. This work can be located in either a private practice or agency/non-profit setting.

This research would consist of a roughly 2-hr semi-structured interview with myself about some of your work, and a \$40 VISA gift card would be offered for your time. *Interviews will be conducted online via a web-based meeting platform (e.g. Microsoft Teams).* The interviews will be transcribed and analyzed within a qualitative analysis.

This study has received approval from the Ethics Committee granting permission to conduct research under the auspices of the Vrije University of Belgium. Please know that I will go over all the details of the study with you beforehand before you commit to be involved. There is an informed consent attached to this email for your review.

You will have the option to review the analysis as well prior to the submission of the dissertation and have a chance to offer feedback and commentary on the analysis. This project will promote the necessary elements of confidentiality required by a research study.

If you have any interest or questions/concerns about this study, please don't hesitate to reach out to me. Thank you!

Please email me back individually if you are interested in this project, and we will set up a time to conduct the interview. I am hoping to begin interviews in May-June, so there is flexibility in scheduling.

## Appendix C: Information and Consent Form

### INFORMATION AND CONSENT FORM



#### Domestic Violence Discourse and its Effects on Couples Counseling

You are asked to participate in a study regarding *Domestic Violence Discourse and its Effects on Couples Counseling*. Your participation is voluntary: you are not obliged to take part and if you refuse, this will have no (negative) consequences for you. Take enough time to decide whether or not you want to participate. You can also ask the researcher questions at any time if something is not clear. You can stop your participation at any time (in writing or orally) and you do not have to give a reason for doing so.

Below you can find more information about the study and how it will proceed. If you would like additional information, you can always contact the researcher or his/her supervisor.

#### Contact details

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Telephone number: +001 619-356-1466

#### 1. Purpose of the study (Master thesis/PhD/publication)

- a. This study is conducted for the purposes of creating a dissertation towards the goals of attaining a PhD in Psychology. The researcher hopes to possibly publish the results of this research in the future in an academic journal, likely in the United States of America.
- b. The purpose of this research is to reveal the epistemological framework of domestic violence services and counseling approaches currently utilized in the United States. This is achieved by tracing the philosophical underpinnings through a genealogy of ideas contributed by various stakeholders, and the consequent politics on the decision-making processes of Marriage and Family Therapists (MFT) working with couples and families. The researcher aims to provide a critical discussion of the current effects of counseling practices that are based on the Duluth-model and psychological assumptions of violence that utilize legal and criminal language of domestic violence. The assumptions will be examined through interview data acquired through semi-structured interviews and analyzed with critical discursive psychology methodology (CDP). The research intends to conclude with suggestions for practice that extend beyond the current limitations of DV counseling practices.

#### 2. Who can participate?

- a. Marriage and Family Therapists practicing in California, USA.
- b. Participants can fit any other criteria beyond the above mentioned related to gender, age, race, class, etc.

#### 3. Practical conduct of the study and the interview

- a. This study will utilize a semi-structured interview to gather data for a Critical Discursive analysis of thematic materials gathered across 9-12 participants. The interview will explore the decisions MFTs would make when and if confronted with families/couples who are in crisis, particularly where domestic violence is assessed to be present.

INFORMATION AND CONSENT FORM



- b. The interviews will span 1-2 hours (aiming for 1.5 hours but hoping that you can put aside 2 hours in case we run over time), and will take place on Zoom, a web-based video conference platform that offers immediate transcription of the conversation.
- c. You can refuse video recording, though audio recordings will be necessary for the transcription and analysis of thematic materials from the interview. You can refuse to be recorded without being excluded from the study.

**4. Possible risks and inconveniences**

- a. I, the researcher, do not anticipate any direct negative consequence from participating in this study. One of the overall concerns of the critical discursive analysis is that the thematic materials gathered from interviews may be interpreted and located within broader socio-political structures that may feel misrepresentative of the interviewees ethics. However, I aim to decrease this effect by offering a follow up discussion to participants at the end of the analysis to examine the analysis and share their reflections. This allows participants to have a say in how the themes represented.

**5. Possible benefits**

- a. You will be offered a \$40 US Dollar VISA gift card that can be spent at your leisure. This amount selected aims to create a balance between a fair gift for your time contributed on the one hand, but will be a figure that protects your status as a voluntary subject on the other hand.
- b. You may come to reflect about your work and identify practices you have found useful, as well as taken-for-granted assumptions located in your work. This may have the possible benefit of increasing self-reflexivity in your practice, and bringing forward a sense of ownership and responsibility for these practices.

**6. Privacy and confidentiality**

First of all, you should know that, as a researcher, I have a **duty of confidentiality** with regard to the data collected. This means that I undertake, for example in the context of a publication or a conference, never to reveal your name or any other data that could identify you. Nor will individual results ever be published.

Secondly, in the course of this investigation personal data will be collected about/from you. The collection and processing of your data is possible because I carry out scientific research and I receive your **express consent**.

The collection and processing of data is in accordance with the legal principles imposed by the new European **General Data Protection Regulation (GDPR or AVG)**, which has been in force since 25 May 2018. I, Navid Zamani, supervise the correct processing of your personal data and the associated information obligation.

This obligation to provide information means that I have to inform you about:

- a. What **personal data** I collect from/about you, in particular: video or audio recordings, your name, your e-mail address, the observation notes, and transcriptions of the interview.

In addition to the ordinary personal data, 'special categories' (Art. 9 & 10 GDPR) of personal data are also collected:

- your race or ethnic background;
- your religious or philosophical beliefs;
- your sexual preferences or orientation;
- your theoretical position within MFT epistemology;

INFORMATION AND CONSENT FORM



your identified gender;  
your occupational position as a therapist and relationship to various  
institutions related to your work;  
your educational history and training

- b. That the VUB (Vrije Universiteit Brussel, Pleinlaan 2, 1050 Brussel, KBO 449.012.406) acts as controller of your data.
- c. That the data are collected and processed for the purpose of the aforementioned study. In accordance with the relevant legislation, data collected as part of the study will be retained for 5 years, unless the research process extends beyond this length due to unforeseen circumstances (i.e., family/medical emergencies for the researcher that extend the timeline of the project)
- d. That I may only use your personal data for scientific purposes.
- e. That you have the right to access and correct your data. You also have the right to erase your data, to limit their processing, to object to their processing and to transfer your data to third parties. If you have any questions, please contact the researcher(s).
- f. You have the right to withdraw your consent to the processing of your data at any time. The withdrawal of consent does not affect the lawfulness of the processing of the data obtained prior to the withdrawal of consent.
- g. That your details will only be viewed by the researcher(s) appointed above and will not be shared with other institutions.
- h. Your data will be shared with partners outside the European Union. This includes the TAOS institute, which is the partner institution through which the PhD degree will be conferred. Additionally, I am supervised by Dr. Veerle Soyez, Dr. Katrien de Koster, and Dr. Gerald Monk. I, Navid Zamani, guarantee that an equal level of protection will apply as that imposed by the General Data Protection Regulation as well as compliance with all national and state regulations required by the United States and the State of California.
- i. Your data will be stored and secured in accordance with the guidelines of the VUB.
- j. If you wish to exercise your rights or if you have any further questions regarding your rights and the processing of your personal data, you can always contact the VUB **Data Protection Officer**: [dpo@vub.be](mailto:dpo@vub.be).
- k. That in order to guarantee your privacy the following protection measures will be taken:
  - The data collected are not anonymous in the first phase, which is why they are converted into codes (pseudonymization) as soon as possible. This is a second dataset that is created where it is no longer possible to identify you directly. A "translation key" is therefore created which can convert the codes back to their original meaning. Only the researcher (Navid Zamani) and his supervisor (Gerald Monk, Katrien de Koster, and Veerle Soyez) have access to this key and thus to the non-anonymous data. This ensures that only the researcher and the supervisor can

INFORMATION AND CONSENT FORM



link this data to you as a person. The encryption key is stored separately and securely or deleted.

- The data that is collected is not anonymous in the first phase, which is why it is anonymized as soon as possible.
  - The audio and/or video recordings made during the interview are converted to transcriptions via the Zoom platform automatically, and then deleted immediately once they are downloaded. This download will occur as soon as possible (typically within 24 hours) and the audio and/or video recordings are then deleted.
  - Your data will only be stored on an external hard drive located on the researcher's computer. It will not be uploaded to a "cloud" storage system. The hard drive has strict access conditions and offers a high degree of protection, as it is password protected and nobody can access this besides the researcher. It is not portable and will not be moved. The room in which this hard drive is located requires two physical keys to access and 2 passwords to access.
- l. You have the right to **complain** about how your data is being handled. You can do this with the Belgian supervisory authority responsible for enforcing data protection legislation, in particular:
- Gegevensbeschermingsautoriteit (GBA)  
Drukpersstraat 35  
1000 Brussel  
Tel. +32 2 274 48 00  
E-mail : [contact@apd-gba.be](mailto:contact@apd-gba.be)  
Website: [www.gegevensbeschermingsautoriteit.be](http://www.gegevensbeschermingsautoriteit.be)
- m. These requirements coincide with the Research and Publication standards and regulations put forward by the American Association for Marriage and Family Therapy (AAMFT), codes 5.1 – 5.9. These can be reviewed at [https://www.aamft.org/Legal\\_Ethics/Code\\_of\\_Ethics.aspx](https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx)

**7. Statement by the Researcher**

I, Navid Zamani, the undersigned, researcher, declare that I have provided the required information about this study orally, as well as a copy of the information document to the participant.

I confirm that no pressure has been exerted on the participant to have him / her consent to participate in the study and I'm willing to answer any additional questions.

I confirm that I work in accordance with the ethical principles as stated in "The Code for Scientific Research in Belgium", as well as all State and national codes required by the United States of America, and the ethical principles within my specific research discipline.

I confirm that I work in accordance with the legal obligations regarding the correct processing of personal data as stated in "General Data Protection Regulation (GDPR)".



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Zamani, Navid

**Participant**

The purpose of this research is to reveal the epistemological framework of domestic violence services and counseling approaches currently utilized in the United States. This is achieved by tracing the philosophical underpinnings through a genealogy of ideas contributed by various stakeholders, and the consequent politics on the decision-making processes of Marriage and Family Therapists working with couples and families. The researcher aims to provide a critical discussion of the current effects of this approach based on the data acquired through a critical discursive analysis (CDA) and hopes to offer possibilities for practice that extend beyond the current limitations of DV practice as well as questions for future research.

I declare that I'm informed about the nature, purpose, duration, potential benefits and risks of the study and that I know what is expected of me.

I have had enough time to think, and I have been able to ask all the questions that have come to mind, and I have received a clear answer to my questions.

I understand that my participation in this study is voluntary and that I'm free to stop my participation in this study without having to give a reason.

I understand that during my participation personal data about me will be collected and that the researcher ensures the confidentiality of these data in accordance with the relevant Belgian and European privacy legislation (Cf. AVG or GDPR)

- I agree to the processing of my personal data in accordance with the modalities described in the "Privacy and confidentiality" section.
- I consent to the processing of my data for scientific purposes.
- I consent to the publication of the research results. My name will not be published, and the confidentiality of the data is guaranteed at every stage of the research.
- I consent to the collection of the following special personal data from/about me:
  - your race or ethnic background;
  - your religious or philosophical beliefs;
  - your sexual preferences or orientation;
  - your theoretical position within MFT epistemology;
  - your identified gender;
  - your occupational position as a therapist and relationship to various institutions related to your work;
  - your educational history and training
- I consent to the processing of my data for both scientific purposes.

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- I consent to the sharing of my data with Belgian/European partners
- I consent to the sharing of my data with non-European partners
- I give permission to be quoted (not required for participation)
- I agree that my interview will be recorded with an audio / video recorder.

I do not agree that my interview will be recorded with an audio / video recorder. I agree that notes will be taken instead.

---

I agree to participate in the study described and to the processing of my personal data.  
I have received a copy of the signed information and consent form.

Name and signature of the participant

### **Appendix D: Interview Questions**

1. Background and Informed consent process
  1. Providing Compensation for Time
  2. Describing process
    1. Coming in back part 2 (participant feedback group)
  3. Can cancel the interview at any time
2. “Intake” questions
  1. Social Locations
  2. Professional Roles and responsibilities
  3. Describe your work w/ Couples
  4. History with DV work and epistemology
  5. History w/ Couples in Violence
  6. How would you describe your theoretical or philosophical orientation to your work?
  7. How long have you been in practice
3. Interview Questions
  1. Physiology check ins before and after
  2. Anything they came to know or surprised about in talking?
  3. Conflict vs abuse
  4. Violence vs nonviolence
  5. When to meet with couples or not
    1. Are there things you would’ve liked to be present that would have made the work possible

6. What is the work you are doing on the margins?
7. What's your relationship to the legal parameters of couples counseling, as it's related to violence.
8. What has DV epistemology limited or made possible?

**Appendix E: Codes from Analysis**

Name	Memo Link	Files	References	Created on	Created by	Modified on	Modified by	
Actions		9	101	1/24/2023 10:33 AM	NJZ	3/15/2023 2:10 PM	NJZ	
Assessments		4	18	2/4/2023 2:49 PM	NJZ	2/11/2023 1:27 PM	NJZ	
Helpful Actions		6	18	1/24/2023 11:00 AM	NJZ	2/7/2023 12:25 PM	NJZ	
Unhelpful Actions		5	10	1/24/2023 10:55 AM	NJZ	2/8/2023 10:20 AM	NJZ	
Decision Points		9	45	3/21/2023 2:41 PM	NJZ	3/24/2023 12:55 PM	NJZ	
Assessments		6	9	3/21/2023 2:44 PM	NJZ	3/26/2023 8:37 PM	NJZ	
Imagined		3	3	3/21/2023 3:25 PM	NJZ	3/26/2023 8:24 PM	NJZ	
To Meet with a Couple		5	12	3/21/2023 2:41 PM	NJZ	3/27/2023 11:18 PM	NJZ	
To NOT Meet with a Couple		7	21	3/21/2023 2:42 PM	NJZ	3/27/2023 11:10 PM	NJZ	
Discourse		9	281	1/17/2023 1:46 PM	NJZ	1/17/2023 1:46 PM	NJZ	
Domestic Violence		8	121	1/17/2023 1:50 PM	NJZ	2/8/2023 10:39 AM	NJZ	
Assessed as NOT violence		4	12	1/24/2023 10:44 AM	NJZ	2/7/2023 11:42 AM	NJZ	
Assessed as Violence		8	17	1/24/2023 10:47 AM	NJZ	2/8/2023 10:50 AM	NJZ	
Family Therapy		9	58	1/17/2023 1:49 PM	NJZ	2/8/2023 10:49 AM	NJZ	
Couples Counselin g		6	31	2/4/2023 10:42 AM	NJZ	3/15/2023 1:19 PM	NJZ	
Theoretica l Assumptio ns		5	22	1/17/2023 2:06 PM	NJZ	2/4/2023 10:48 AM	NJZ	
Legal		8	28	1/24/2023 12:57 PM	NJZ	2/8/2023 2:28 PM	NJZ	

Non-English	3	11	1/28/2023 11:39 AM	NJZ	2/7/2023 12:18 PM	NJZ	
Psychologica I Discourse	2	15	1/17/2023 1:48 PM	NJZ	1/31/2023 1:36 PM	NJZ	
Social Justice	7	48	1/17/2023 2:19 PM	NJZ	2/8/2023 10:39 AM	NJZ	
Hermeunetics of Suspicion	8	20	1/24/2023 1:28 PM	NJZ	2/8/2023 10:52 AM	NJZ	
Identity	9	156	1/17/2023 1:41 PM	NJZ	1/17/2023 1:41 PM	NJZ	
Community Activist	4	15	1/28/2023 11:21 AM	NJZ	2/8/2023 10:40 AM	NJZ	
Community Agency Therapist	7	22	1/24/2023 1:21 PM	NJZ	5/26/2023 11:46 AM	NJZ	
Couples Counselor	4	6	2/4/2023 10:42 AM	NJZ	2/11/2023 1:29 PM	NJZ	
Helper	7	17	1/17/2023 2:14 PM	NJZ	2/7/2023 11:32 AM	NJZ	
History of Personal Experience	9	33	1/17/2023 2:11 PM	NJZ	2/8/2023 2:31 PM	NJZ	
Narrative Therapist	7	30	1/28/2023 11:18 AM	NJZ	2/8/2023 10:52 AM	NJZ	
Private-Pract ice Therapist	7	18	1/24/2023 11:05 AM	NJZ	2/8/2023 10:38 AM	NJZ	
State-identifi ed	8	15	1/17/2023 1:43 PM	NJZ	2/11/2023 1:27 PM	NJZ	
Ideological Dilemmas	4	5	3/27/2023 4:05 PM	NJZ	3/27/2023 11:33 PM	NJZ	
Binary Classification s	1	1	3/27/2023 4:30 PM	NJZ	3/27/2023 4:30 PM	NJZ	
Helpfulness of Therapy	1	3	3/27/2023 4:05 PM	NJZ	3/27/2023 11:32 PM	NJZ	
Causing More Harm from Therapy	4	4	3/27/2023 4:00 PM	NJZ	3/28/2023 1:28 AM	NJZ	
Causing more Help from	5	9	3/27/2023 4:00 PM	NJZ	3/27/2023 4:26 PM	NJZ	

therapy								
Interpretive Repertoires		2	2	3/15/2023 1:14 PM	NJZ	5/20/2023 2:39 PM	NJZ	
Community Agency		7	18	3/21/2023 11:01 AM	NJZ	3/26/2023 8:38 PM	NJZ	
Couples Counseling Training		7	14	3/21/2023 10:58 AM	NJZ	3/28/2023 1:39 AM	NJZ	
Domestic Violence Training		7	11	3/21/2023 1:13 PM	NJZ	3/28/2023 1:46 AM	NJZ	
Private Practice		6	14	3/15/2023 1:15 PM	NJZ	3/21/2023 2:36 PM	NJZ	
Physiology		6	28	1/31/2023 2:47 PM	NJZ	3/28/2023 1:38 AM	NJZ	
Poststructuralist Practices		8	34	3/21/2023 11:11 AM	NJZ	3/26/2023 8:37 PM	NJZ	
Training		9	71	1/17/2023 2:31 PM	NJZ	2/1/2023 10:55 AM	NJZ	
Shaping from formal Training		9	43	1/17/2023 2:23 PM	NJZ	3/15/2023 1:19 PM	NJZ	
Shaping from Personal History		9	25	1/17/2023 2:31 PM	NJZ	2/8/2023 2:31 PM	NJZ	

## Appendix F: Outline of PowerPoint Presented to Participant Discussion Group

### Presentation of Data to Participants

1. Introduction
  - a. Process
    - i. Stopping at each section to talk
      1. I'll manage time
      2. Write down thoughts and send to me
    - ii. Capturing the spirit of an ongoing dialogue, and how they are making sense of these things
      1. Ideas being in a state of evolution
  - b. Limits of Confidentiality
  - c. Recording and Analyzing responses
  - d. Explanation of Study
    - i. Dissertation Question
    - ii. Methodology - CDP
    - iii. Analysis and Ethical Step of this process
2. General Outline
  - a. 9 participants - all in California
  - b. All identified with poststructuralist practices
  - c. Variety of work contexts and experiences
  - d. Methodology
    - i. Identifying Interpretive Repertoires, Ideological Dilemmas, and Subject Positions
3. Analysis
  - a. Identified Repertoires:
    - i. Duluth Model
    - ii. Crime Control Model
    - iii. Psychology
    - iv. Social Justice
    - v. Poststructuralism
    - vi. Family Therapy
  - b. The use of Terminology indicated what framework participants were drawing on
    - i. GBV, DV, IPV
  - c. Distinction between Private Practice and Community Practice
    - i. Private Practice
      1. More freedom to do the work
      2. Client experiences are more open to interpretation
      3. More willingness to meet with couples in violence
      4. Less clarity on what to do
      5. Parameters of work are dictated by gaze of MFT licensure
    - ii. Community Agency
      1. More formalized assessments
      2. More clarity on when to work with couples, and what steps to take following



3. More clarity on legal/ethical parameters
  4. Policies of agency per funding stipulations become integrated as MFT scope of practice
- d. Couples Training Influence
    - i. Couples training taught everyone that you DONT work with couples in violence
    - ii. No reference to existing models of practice that provide approaches to do the work
    - iii. Crude on/off metric on when to work with couples
    - iv. Dilemmas related to "therapy as a space to work out problems" to "therapy is a space where power/control can be perpetrated and more harm can be caused"
  - e. Duluth Model
    - i. Control is framed as a recurring pattern than can be reinforced or perpetuated through therapeutic interventions
    - ii. Tension of negotiating relational work and "making space" for couples versus the individualized demands of Duluth model and focus on individual practices and approaches for safety
    - iii. All therapists felt the presence of the legal system when it came to their work with DV
  - f. Use of Assessments
    - i. Therapist assessments are feelings-based - more qualitative
      1. Fear becomes a major element
    - ii. PP therapists had less items to screen people out, and relied more on their "sense"
    - iii. CA therapists had more items to screen people out, and utilized agency "protocols" to make these assessments
  - g. Language
    - i. Non-English speakers spoke to the limits of DV epistemology more readily, quickly identifying contexts in which it doesn't work nor make sense culturally
    - ii. Therapists often went between "helper" position and "MFT" position
  - h. Poststructuralist hopes
    - i. Rejecting judgmental conceptualizations that name experience
    - ii. Making space for people to talk openly
    - iii. Resisting *a priori* knowledge of DV as much as possible
    - iv. Holding compassion for "abuser"
    - v. Supporting spaces outside of therapy and are more community based to help families

Question:

- Given my analysis, what new and different ideas are you thinking about now?

- Are you developing new thoughts?
- What changed for you from when we had our interview (if anything)?
- Are there things you're thinking about that's not put forward in this research?
- Are there clients you've worked with since we spoke and your approach has been different?
- Were there any surprises?
- Are you finding you have strong reactions to anything in particular?

Appendix G: DV Pamphlet for Refugee Community



## Afghani Bolani - English

Serves: 6

Prep time: 10 min

Cook time: 10 min

### INGREDIENTS

- 500g/4 cups flour
- pinch of salt
- 1 1/2 teaspoons of dried yeast
- spices - chilli powder and/or chilli flakes
- 2 tablespoons of oil
- 5 medium potatoes
- 100g/10 spring onions
- 250g/ 1 cup + 1 tablespoons of water
- oil for frying
- Greek yogurt
- handful of parsley

### DIRECTIONS

1. Mix flour, yeast, salt, and oil in a bowl, add water until the dough comes together. Knead dough until it is firm, then cover and set aside. Boil the potatoes. After they are cooked, rinse them in cold water and peel them.
2. Mash the potatoes. If you are the victim of domestic violence, you are being hurt by your partner and you are afraid, you can get help by calling one eight zero zero seven nine nine seven two three three. Add to the potatoes the chopped onions, spices and pepper.
3. Form the dough into balls the size of two handfuls. Flatten the balls slightly into a flat circle. Add a spoonful of the potato mix to the middle of the dough, leaving a gap around the edge of the dough.
4. Fold the dough over covering the potato in the middle. Repeat until out of mixture.
5. Fry in hot oil until they are brown and crispy. Remove from oil and place on towel to soak up excess oil.
6. Serve with Greek yogurt and chopped parsley. Enjoy!

Recipe adapted from IRC's "Cooking at Home" series. The original recipe can be found here:  
<https://www.rescue.org/uk/article/refugee-hafezas-delicious-afghan-bolani-recipe>



## Afghani Bolani - Español

Sirve: 6

Tiempo de preparación: 10 min

Tiempo de cocción: 10 min

### INGREDIENTES

- 500g/4 tazas de harina
- pizca de sal
- 1 1/2 cucharadita de levadura seca
- especias - chile en polvo y/o copos de chile
- 2 cucharadas de aceite
- 5 papas medianas
- 100g/10 cebollín
- 250g/ 1 taza + 1 cucharada de agua
- aceite para freír
- yogur griego
- mazo de perejil

### INSTRUCCIONES

1. Mezcla la harina, la levadura, la sal, y el aceite en un tazón, agrega agua hasta que la masa se una. Amasar la masa hasta que esté firme, luego cúbrala y resérvela. Hierva las papas. Una vez cocidas, enjuágalas en agua fría y pélalas.
2. Hacer puré las papas. Si eres víctima de la violencia doméstica, te está haciendo daño tu pareja y tienes miedo, puedes obtener ayuda llamando al uno ocho cero cero siete nueve nueve siete dos tres tres. Agrega a las papas la cebolla picada, las especias y la pimienta.
3. Forma la masa en bolas del tamaño de dos palmas de manos. Aplasta las bolas ligeramente formando un círculo plano. Añade una cucharada de la mezcla de papas en el centro de la masa, dejando un hueco alrededor de la masa.
4. Dobra la masa cubriendo la papa en el centro. Repite el proceso hasta que se acabe la masa.
5. Fríe en aceite caliente hasta que estén doradas y crujientes. Retire del aceite y colóquelas en una toalla para que absorban el exceso de aceite.
6. Servir con yogur griego y perejil picado. ¡Disfrútal!

Receta adaptada de la serie "Cocinar en casa" del IRC. La receta original se puede encontrar aquí:  
<https://www.rescue.org/uk/article/refugee-hafezas-delicious-afghan-bolani-recipe>

## أفغاني بولاني



تكفي: 6 وقت التحضير: 10 دقائق وقت الطهي: 10 دقائق

### مكونات

- 5500 غ / 4 أكواب طحين
- قليل من الملح
- 1 1/2 ملعقة صغيرة خميرة جافة
- التوابل - مسحوق أو رقائق الفلفل الحار
- 2 ملاعق بيضة من الزيت
- 5 حبات بطاطس متوسطة
- 100 جم / 10 بصل أخضر
- حفنة من البقدونس
- 250 غ / 1 كوب + 1 ملعقة كبيرة ماء
- زيت للقلي
- زبادي يوناني

### تعليمات

1. اخلطي الدقيق ، الخميرة ، الملح والزيت في وعاء ، أضيفي الماء حتى تتماسك العجينة. يُعجن العجين حتى يتماسك ، ثم يُغَطَّى ويُترك جانباً. اسلقي البطاطس. بعد طهيها ، اشطفيها بالماء البارد وقشريها.
2. اهرسي البطاطس. إذا كنت ضحية للعنف المنزلي ، يمكنك الحصول على المساعدة من خلال الاتصال برقم واحد ثمانية صفر صفر سبعة تسعة تسعة اثنان ثلاثة ثلاثة. يُضاف إلى البصل المفروم والبهارات والفلفل.
3. شكلي العجينة إلى كرات بحجم حفتين. افرد الكرات قليلاً لتصبح دائرة مسطحة. نضيف ملعقة من مزيج البطاطس إلى منتصف العجينة ، مع ترك فجوة حول حافة العجين.
4. اطوي العجينة فوق البطاطس في المنتصف. كرر حتى يخرج من الخليز.
5. اقليها في الزيت الساخن حتى تصبح بنية ومقرمشة. ترفع من الزيت وتوضع على المنشفة لامتصاص الزيت الزائد.
6. قدميه مع الزبادي اليوناني واستمتع بها!

يمكن العثور على الوصفة الأصلية هنا. IRC من Cooking at Home Series وصفات مقتبسة من  
<https://www.rescue.org/uk/article/refugee-hafezas-delicious-afghan-bolani-recipe>

## بولاني افغانى



زمان پخت: 10 دقيقة زمان آماده كردن مواد: 10 دقيقة تعداد افراد: 6 نفر

### مواد لازم:

- 1000 گرم یا یک عدد پیاز متوسط
- 2500 گرم/ یک لیوان آب
- مقداری روغن برای سرخ کردن
- ماست یونانی
- مقداری جعفری خرد شده
- 500 سیب زمینی متوسط
- 5000 گرم / 4 لیوان آرد
- نمک به اندازه کافی
- 10 و نیم قاشق چای خوری خمیر مایه
- ادویه (نمک و فلفل سیاه و قرمز به اندازه کافی)
- 20 قاشق غذاخوری روغن مایع

### طرز تهیه :

- 1- آرد را همراه با نمک و روغن و خمیر مایه در یک کاسه ریخته و کم کم آب را اضافه می کنیم تا همه مواد با هم کاملاً مخلوط شوند و خوب ورز می دهیم تا خمیری یکدست بدست بیاید. بعد از ورز خمیر روی آن را می پوشانیم و مدتی استراحت می دهیم .
- 2- سیب زمینی ها را در چنگال له می کنیم. اگر شما مورد ارز جسمی از طرف همسر و یا یکی از اعضای خانواده قرار می گیرید و شما می ترسید و احساس امنیت ندارید لطفاً با تماس به شماره یک هشت صفر صفر هفت نه نه هفت دو سه سه برای گرفتن کمک تماس بگیرید. بعد پیاز خرد شده را به سیب زمینی های له شده اضافه و مخلوط می کنیم.
- 3- سپس خمیر آماده شده را به قسمت های کوچکی تقسیم کرده. وانهارا با وردنه صاف می کنیم و به شکل دایره آنها را درمی آوریم و سپس یک قاشق از مخلوط پیاز و سیب زمینی له شده را در وسط خمیر به شکل دایره قرار می دهیم. و دو طرف خمیر را روی هم قرار داده و فشار می دهیم تا هیچ فضایی بین آنها نباشد و کاملاً بهم بچسبند.
- 4- تعدادی از خمیر دایره شکل با مخلوط سیب زمینی و پیاز در وسط آن را درست می کنیم و آماده می گذاریم .
- 5- سپس آنها را در ماهیتاب باروغن داغ انداخته و می گذاریم تا طلا ی بشوند. و سپس آنها روی دستمال گذاشته تا روغن اضافه آنها گرفته شود.
- 6- سپس آن را با ماست و جعفری خرد شده میل کنید.

طرز تهیه از سرپال آشپزی در منزل RC'S گرفته شده و دستور العمل اصلی در انجا قابل دسترسی است .  
<https://www.rescue.org/uk/article/refugee-hafezas-delicious-afghan-bolani-recipe>

## Appendix H: Dissertation Ethics Committee Form

### Dissertation Ethics Committee Form

1. **Title of the Research**
  - a. Domestic Violence Discourse and its Effects on Couple's Counseling
2. **Purpose of the Research**
  - a. The purpose of this research is to reveal the epistemological framework of domestic violence services and counseling approaches currently utilized in the United States. This is achieved by tracing the philosophical underpinnings through a genealogy of ideas contributed by various stakeholders, and the consequent politics on the decision-making processes of Marriage and Family Therapists working with couples and families. The researcher aims to provide a critical discussion of the current effects of this approach based on the data acquired through a critical discursive analysis (CDA), and hopes to offer possibilities for practice that extend beyond the current limitations of DV practice as well as questions for future research.
3. **Framework of Research**
  - a. This research will utilize a semi-structured interview to gather data for a critical discursive analysis (Wetherell, 2013). The researcher aims to interview 8-12 Licensed Marriage and Family therapists (LMFT) who work with families and couples. The interview will explore the decisions LMFTs would make when and if confronted with families/couples who are in crisis identified as "domestic violence" by the clinician.
  - b. The interviews will be transcribed and thematic discursive materials will be gathered to analyze through CDA. A poststructural philosophical paradigm will allow for a deconstructive process that exposes taken-for-granted assumptions located in the interpretations of experience and the consequent practices
  - c. The researcher's philosophical lens as a poststructural, decolonial feminist will inform this analysis, where US-centric assumptions and histories can be critically examined. This philosophical lens will inform the interviewing style in its effort to maintain a de-centered and neutral stance by using the participant's language in structuring questions and being careful of being directive.
4. **The Course of the Study**
  - a. Narrative theoretical assumptions will be utilized in the interview. Narrative theory assumes that knowledge is relationally sustained and shared through the use of story-making and story-telling processes (White, 2000). The plot points utilized to construct these stories are necessarily limited and linguistically constructed, thus revealing the political and cultural constraints of such stories.
  - b. The interviews will be conducted online via the Zoom platform due to the presence of the covid-19 pandemic during the time this research is taking place. The meetings will be recorded and transcribed.
  - c. The researcher will create an email invitation that will be sent out via the "San Diego/Tijuana Pomo Therapists" listserv, the San Diego Domestic Violence Council listserv, and shared with the head of the Counseling and School Psychology department of San Diego State University with the hopes of reaching MFT alumni. The researcher will target San Diego therapists primarily and will expand the scope, depending on participant response, into the broader Southern California region. The researcher will keep the

scope within California to attend to licensure requirements specific to California to limit confounding variables and promote more reliable and consistent data.

- d. The interviews will be limited to 1.5 hours at their maximum. The researcher aims to interview 8-12 participants as this is often a target for robust qualitative research (Talja, 1999)

**5. Confidentiality**

- a. The Zoom platform utilizes person-to-person encryption to ensure confidentiality. The interview will be transcribed by Zoom software, edited for accuracy by the researcher, and downloaded onto the researchers' password protected computer in a password protected file. Any data on the Zoom cloud will be promptly deleted to ensure confidentiality.
- b. The folders and transcriptions will utilize a randomized number assigned to the interview to ensure confidentiality of the subjects, and also limit the interviewer's potential judgments of the participant in the data analysis. The computer in which these transcriptions are stored will be protected by two different passwords that are required to access.
- c. All data will be stored in compliance with the EU General Data Protection Regulation (GDPR) and will be processed in accordance with EU regulation 2016/679. Since this research will be performed in the United States, the researcher will ensure that all regulations for data for both the United States and the European Union will be upheld.
- d. In regards to the GDPR, this includes direct statements to the participants about the purposes of the processing, my responsibilities and safety regarding the processing, a statement that consent can be withdrawn, who will be given access to the data, and how long the data will be retained after the dissertation is completed.
- e. The Contact details of the Data Protection officer ([dpo@vub.be](mailto:dpo@vub.be)) will also be offered, as well as the Belgian Data Protection Authority.

**6. Voluntary Participation**

- a. Emails sent will indicate that participation in this research project is voluntary, and risks and benefits will be explained. Participants will be informed that that the benefits of participation would be to promote the rigor of domestic violence fields by offering critiques and suggestions. A benefit of participation could also include the storying of the participant's practice in a manner that supports an explicit explanation of practice that invites intentionality and accountability to a participants' own assumptions. Risks could include the characterization of one's story through a CDA that could appear critical of the participants work and feel misrepresentative (Tracy, 1995). The researcher aims to invite participants to look at their transcripts and following analyses for accuracy and exit ethics (Tracy, 1995).
- b. Participants will be offered a \$40 US Dollar VISA gift card that can be spent at their leisure. This amount selected aims to create a balance between a fair gift for their time contributed, but also low enough that participation is voluntary and not a necessity due to the money offered.

**7. Contact Details**

- a. The email contact of the researcher will be provided for participants to stay in communication should they want to follow up with the research or express any

questions or concerns. Additionally, the contact information of the research supervisor (Dr. Gerald Monk) will be offered in the event that participants should need to express concern and do not feel comfortable speaking to the researcher. Dr. Monk can also provide further contact information for Dr. Katrien de Koster and Dr. Veerle Soyez as needed, who are the promoters for the research at the conferring University, VUB.

**Interview Questions Draft**

1. Please describe your professional roles and responsibilities, as well as your history in working with couples in a clinical counseling setting.
2. What is your history in working with couples in crisis (or other language that client might use)?
  - a. Is there a story you might feel comfortable sharing, of course obscuring any identifying information??
  - b. How do you imagine your involvement in and practice with a couple who's experiencing a crisis that could harbor various forms of violence and/or abuse?
3. How have you come to learn about these ideas and techniques?
4. Have they been useful to you?
5. What are some other practices you have engaged in that you have found useful, but felt more on the "margins" of what you "should" do?

## Appendix I: Application Ethical Advice for the Ethics Commission



**Aanvraag ethisch advies– Ethische Commissie Humane Wetenschappen**  
**Application ethical advice for the Ethics Commission in Humane Sciences**

*Document may be completed in Dutch or English.*

Send complete document (+ annexes) to: [ECHW@vub.be](mailto:ECHW@vub.be)

### 1. GENERAL INFORMATION

<b>Date:</b> 10/21/2021	<b>Research Unit:</b>	<b>Faculty / department:</b> Psychology
<b>Responsible coordinator(s), supervisor(s) – names &amp; e-mail addresses:</b>		
Dr. Veerle Soyez – <a href="mailto:veerle.soyez@vub.be">veerle.soyez@vub.be</a>		
Dr. Katrien De Koster – <a href="mailto:katrien.de.koster@vub.be">katrien.de.koster@vub.be</a>		
Dr. Gerald Monk – <a href="mailto:Gerald.monk@gmail.com">Gerald.monk@gmail.com</a>		
<b>Researcher(s) &amp; experimenter(s) – names &amp; e-mail addresses:</b>		
Navid J. Zamani - <a href="mailto:Navid.John.Zamani@vub.ac.be">Navid.John.Zamani@vub.ac.be</a>		
<b>Signature of coordinator:</b>		
<b>Starting date of project:</b> February 2022		
<b>End date of project:</b> June 2023		
<b>Funding body:</b> self-funded		
<b>Type of dossier (specify):</b>		
<input checked="" type="checkbox"/> Research project: Doctoral Dissertation		
<input type="checkbox"/> Research Grant:		
<input type="checkbox"/> Extension: (ECHW number)		
<input type="checkbox"/> Modification: (ECHW number)		
<input type="checkbox"/> Predoctoral fellowship:		
<input type="checkbox"/> Postdoctoral fellowship:		
<input type="checkbox"/> Other:		

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<https://www.vub.be/onderzoek/ethische-commissies-dpo#humane-wetenschappen>

For questions and/or remarks contact: [ECHW@vub.be](mailto:ECHW@vub.be) / ☎ +32 (0)2 629 22 63





**Title:**

*Domestic Violence Discourse and its Effects on Couples Counseling*

**Brief description of research topic & main research questions:**

*The purpose of this research is to reveal the epistemological framework of domestic violence services and counseling approaches currently utilized in the United States. This is achieved by tracing the philosophical underpinnings through a genealogy of ideas contributed by various stakeholders, and the consequent politics on the decision-making processes of Marriage and Family Therapists (MFT) working with couples and families. The researcher aims to provide a critical discussion of the current effects of counseling practices that are based on the Duluth-model and psychological assumptions of violence that utilize legal and criminal language of domestic violence. The assumptions will be examined through interview data acquired through semi-structured interviews and analyzed with critical discursive psychology methodology (CDP). The research intends to conclude with suggestions for practice that extend beyond the current limitations of DV counseling practices.*

*The following research questions will be addressed:*

- 1)How do couples counselors make choices when confronted with couples in violence?*
- 2)How much is domestic violence epistemology influential on this decision-making process?*
- 3)Are couples counselors finding this useful in their practice?*
- 4)What are additional or alternative practices they have found to be useful in their practice that they would describe or useful alongside what they have learned in the context of “domestic violence”?*

**Explain briefly why ethical advice is required:**

*The researcher is seeking ethical advice because there is a hope to use the analyses and data gathered in this project in future publications. This project will require interviews with other clinicians (specifically Licensed MFTs in the United States). These interviews will be transcribed and analyzed through a CDP methodology that would capture thematic elements of the interview. These interviews aim to capture the decisions that therapists are making in their working life. Participants may feel uneasy about describing complex power relationships and may reflect their work performance in various ways. I am seeking ethics-committee approval from VUB as I am interested in conducting interviews and analyzing discourses for my research in the United States. It is important that before doing fieldwork, I am needing the VUB ethics committees to grant me permission to conduct this applied research. I understand I cannot publish my research without VUB ethics approval from your committee.*

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**2. RESEARCH TECHNIQUES & METHODS** (*may involve more than one*)

*Describe the used research techniques / methodologies:*

- a. This research will utilize a semi-structured interview to gather data for a CDP analysis (Wetherell, 2013). The researcher aims to interview 8-12 Licensed Marriage and Family therapists (LMFT) who work with families and couples. The interview will explore the decisions LMFTs would make when and if confronted with families/couples who are in crisis that is deemed as “domestic violence”. These interviews will span 1-2 hours, will be held on the Zoom platform (online web-meeting), and require participants to respond to questions from the researcher.
- b. The interviews will be recorded and transcribed, and thematic discursive materials will be gathered to analyze through CDP. A poststructural philosophical paradigm will allow for a deconstructive process that exposes taken-for-granted assumptions located in the interpretations of experience and the consequent practices of the LMFTs interviewed. The recording is critical to ensure accurate transcriptions that allow for the gathering of the data necessary for the methodology used.
- c. The researcher’s philosophical lens as a poststructural, decolonial feminist will inform this analysis, where US-centric assumptions and histories can be critically examined. This is further supported by 2 advisers who are located in Brussels, Belgium (specifically VUB), and one adviser in San Diego, USA, who can provide robust support to maintaining an ethical stance in this research project. This philosophical lens will inform the interviewing style to maintain a de-centered stance by using the participant’s language in structuring questions and being careful of being directive.
- d. Narrative theoretical assumptions will be utilized in the interview. Narrative theory assumes that knowledge is relationally sustained and shared through the use of story-making and story-telling processes (White, 2000). The plot points utilized to construct these stories are necessarily limited and linguistically constructed, thus revealing the political and cultural constraints of such stories.
- e. Interviewees will be invited to an optional follow-up interview to examine the analyses and respond as they feel necessary.
- f. Collection of personal data beyond their professional context is not necessary for this research. It can potentially help in bringing nuance to the analyses, but not critical to the completion of this project. Participants can withdraw consent for collection of sensitive personal information without being excluded from the study.

*Fill in (multiple options are possible):*

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- Questionnaire (validated, published) – specify:
- Questionnaire (not validated): **include as Annex 1**
- Electrography or imaging (e.g. EEG, MEG, TMS):  
*Acceptance letter of clinical department (if appropriate):*
- Behavioral experiments / manipulations
- Interview
- Observation
- Focus Groups
- Other:

*Briefly describe the practical **procedure**. What will participants have to do specifically, when & in what order?*

- a. Interviewees will receive information from email listservs they have subscribed to voluntarily that is related to professional communities (e.g., San Diego Domestic Violence Council, the San Diego/Tijuana Postmodern Therapy listserv). They will have the opportunity to ask questions and read the consent form prior to consent.
- b. Participants will be provided with the information of the researcher's advisers, as well as an informed consent that clarifies the scope and purpose of the project. Researcher will review consent form and confirm express consent both verbally and in written form.
- c. The researcher will schedule a time to meet with the participants, ask them to put aside 2 hours and identify a private comfortable space in which they can meet with the researcher. The responsibility of privacy will fall on the researcher given the web-meeting context (further information in next item)
- d. The interviews will be conducted online via the Zoom platform due to the presence of the covid-19 pandemic during the time this research is taking place. The meetings will be recorded and transcribed. The researcher will email participants a unique, closed link (which disappears after use) for the purpose of the interview.
- e. Participants will have 48 hours after the interview to withdraw consent. After this period, the data will be downloaded from the Zoom platform and expressly deleted. All emails will be deleted in an effort to remove the link between participant's name and email address and participant's number.

### 3. PARTICIPANTS

*Age: 21-85*

*Special characteristics (e.g., employees, experts, interns, or students, paid volunteers, patients or clients, infants,...):*

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Licensed Marriage and Family Therapists who are practicing in California, United States of America. They will be provided a \$40 gift card for their time.

*Criteria for participant selection / recruitment:*

The researcher will create an email invitation that will be sent out via the “San Diego/ Tijuana Pomo Therapists” listserv, the San Diego Domestic Violence Council listserv, and shared with the head of the Counseling and School Psychology department of San Diego State University with the hopes of reaching MFT alumni. The researcher will target San Diego therapists primarily. The scope of the research will be expanded depending on participant response from the broader Southern California region. The researcher will keep the scope within California to attend to licensure requirements specific to California to limit confounding variables and to promote more reliable and consistent data. The researcher will not meet with participants who respond that are within the researchers immediate personal and/or professional circle to maintain a distance between researcher and participants.

*Exclusion criteria:*

- Yes – specify:  
 No

*Protocol involves functionally or physically incapacitated participants:*

- Yes – specify:  
 No

*Specify where participants will be recruited:*

Participants will be recruited through email listservs that they have subscribed to voluntarily and the scope and purpose of the study will be shared with them. If participants are interested in being involved in the research, they will be invited to respond to the researcher via email to ask questions about the study. If the participants agree to be involved, an interview will be scheduled.

*Specify how participants will be recruited:*

Participants will be recruited via email. Emails sent will indicate that participation in this research project is voluntary, and risks and benefits will be explained. Participants will be informed that that the benefits of participation would be to promote more clinical rigor in addressing domestic violence. Participants can offer important clinical suggestions and critique in effectively working with familial domestic violence. A benefit of their participation could also include the storying of the participant’s practice in a manner that supports and

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promotes the intentionality and accountability of the participants' own clinical work. Risks could include the characterization of one's story through a CDA that could appear critical of the participants work and feel misrepresentative of their ideas and practices (Tracy, 1995). The researcher will invite participants to look at their transcripts and following analyses (Tracy, 1995).

#### 4. COMPENSATION OR REMUNERATION

*Participant remuneration or compensation*

Yes – specify (how much & why): \$40 US Dollars

No – specify:

*Direct benefits of participation: specify what a participant may learn from the study or what other benefits might result from participation:*

Participants will be offered a \$40 US Dollar VISA gift card that can be spent at their leisure. This amount selected aims to create a balance between a fair gift for their time contributed on the one hand but will be a figure that protects the status of the participant as a voluntary subject on the other hand.

*Benefits to others, scientific community, patient groups, organization, society, etc.:*

This study will ideally reveal taken for granted assumptions located within counseling practices aimed at supporting couples experiencing domestic violence. Many of these assumptions are intertwined with broader policy and training protocols that greatly influence the course of treatment for these individuals. The hope is that in revealing discursive themes located within domestic violence epistemology, suggestions for practice and future research can be offered. Participants may have improved knowledge and understanding about the subject matter of the study and their own contribution to it.

#### 5. INFORMED CONSENT (Include proposed IC form as Annex)

*Informed consent procedure and timing in relation to study protocol:*

Once participants agree to the project, the researcher will spend time going through the informed consent form and ensuring there is plenty of time to ask questions and express concerns. Participants will be able to withdraw consent at any time in the process, and their data will be removed from the study and all stored information will be reviewed. There will be no penalty or repercussions, and participants can keep the gift card and not fear retribution or debt due to their withdrawal.

*Justify deviations from standard IC procedure:*

N/A

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*Information provided to participants before the start of the study/experiment:*

The following is a draft of the email to be sent out to recruit participants:

*Hi all,*

*I hope this email finds you well. I am reaching out with the intention of identifying Marriage and Family Therapists who are currently practicing with individuals, couples, or families experiencing domestic violence who would be willing to participate in a research study exploring the effects and practices of domestic violence work. This research would consist of an interview with myself about some of your work, would take about 2 hours of your time, and a \$40 VISA gift card would be offered for your time. This study has received approval from the Ethics Committee granting permission to conduct research under the auspices of the Vrije University of Belgium. Please know that I will go over all the details of the study with you beforehand before you commit to be involved.*

*If you have any interest or questions/concerns about this study, please don't hesitate to reach out to me. Thank you!*

An informed consent is also attached to this application which will be provided prior to the start of the study.

*Explain how this information will be provided:*

Information will be shared via email and the Zoom online platform.

*Will participants be deceived?*

Yes – explain why deception is necessary in this study:

No

*Explain how participants will be deceived:*

Participants will not be deceived in this study. The purpose and scope of the research will be offered clearly, and the intentions of the researcher will be made visible throughout the interview. The researcher aims to invite participants to come back to review the analysis in an effort to ensure accuracy and fairness in the reflections drawn from those conversations. My research aims to not recreate “deceptions” located within domestic violence practices and I will promote and model relational ethics that will ensure fairness in representation.

*Explain when and how participants will be debriefed about the deception:*

N/A

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*Explain how confidentiality of personal information & anonymity will be ensured:*

- a. The Zoom platform utilizes person-to-person encryption to ensure confidentiality. The interview will be transcribed by Zoom software, edited for accuracy by the researcher, and downloaded onto the researchers' password protected computer in a password protected file. Any data on the Zoom cloud will be promptly deleted to maintain confidentiality.
  - b. The folders and transcriptions will utilize a randomized number assigned to the interview to ensure confidentiality of the subjects, and also limit the interviewer's potential judgments of the participant in the data analysis. The computer in which these transcriptions are stored will be protected by two different passwords that are required to access.
  - c. All data will be stored in compliance with the EU General Data Protection Regulation (GDPR) and will be processed in accordance with EU regulation 2016/679. Since this research will be performed in the United States, the researcher will ensure that regulations for data storage on the researcher's hard drive for both the United States and the European Union will be upheld. This hard drive does not move from the room it is located in and is behind 2 locked doors and requires two passwords to access.
  - d. Regarding the GDPR, this includes direct statements to the participants about the purposes of the processing, my responsibilities and safety regarding the processing, a statement that consent can be withdrawn, who will be given access to the data, and how long the data will be retained after the dissertation is completed.
- The Contact details of the Data Protection officer ([dpo@vub.be](mailto:dpo@vub.be)) will also be offered, as well as the Belgian Data Protection Authority. The information of Dr. Gerald Monk will also be provided in the event that participants feel more comfortable having a liaison in the United States for their communications with the Data Protection officer. In the EU.

#### **6. INSTRUMENTS & EQUIPMENT**

*If any instruments or diagnostics equipment are used: explain which diagnostic instruments will be included? Which validated questionnaires? Published procedures or methods?*

No instruments or diagnostic equipment will be used. Only a semi-structured narrative questioning. The application "Nvivo" will be used to analyze the data, which is a computer program that is local on the researcher's PC and will use existing data to organize the information.

***Include details about unvalidated/unpublished devices as Annex 2.***

The following is a draft of the interview questions:

-Please describe your professional roles and responsibilities, as well as your history in working with couples in a clinical counseling setting.

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-What is your history in working with couples in crisis (or other language that client might use)?

-Is there a story you might feel comfortable sharing, of course obscuring any identifying information?

-How do you imagine your involvement in and practice with a couple who's experiencing a crisis that could harbor various forms of violence and/or abuse?

-How have you come to learn about these ideas and techniques?

-Have they been useful to you?

-What are some other practices you have engaged in that you have found useful, but felt more on the "margins" of what you "should" do?

-Does the study involve research equipment or experimental devices?

Yes – specify:

No

Specify certification, safety procedures, homologation of equipment:

N/A

**Include certificates as Annex 3.**

### 7. Harm & Discomfort

*Every scientific research has an impact. It is up to the researcher to reflect upon it.*

**Every research with participants has an impact or effect on participants. Explain or describe the possible discomfort or even harm the participants could experience during this study. Or, why not:**

One of the inherent ethical dilemmas of CDP is a "suspicious read" of participant interviews/data. The practice of analyzing and constructing thematic elements from the statements of a participant creates a risk of the participants feeling that their ideas or words are misrepresented. The researcher aims to address this by inviting participants to a follow up conversation where they can examine their analysis and some of the thematic elements that were constructed. One effect might be an invitation to consider how else they might consider these statements. The hope of the researcher, ultimately, is that any thematic elements that are derived from interviews that appear unpleasant might encourage further curiosities and intentionality about their practices, and a sense of accountability to a broader disrursive framework in which domestic violence counseling resides within the United States.

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*Participants might feel embarrassed or confused during the course of the study:*

- Yes – specify:* As stated above, the analysis of interview statements into thematic elements can make participants feel that it's not a fair representation of what was said in the interview. However, the intention during interviews is that the researcher follows the language and words of the participant and does not guide or direct them into making particular statements.
- No – specify:*

*Participants might experience other discomfort or inconvenience:*

- Yes – specify:*
- No – specify:* Beyond analysis of thematic data drawn from interviews, this study focuses on professional concerns of therapists. It does not delve into potentially harmful stories that might be located in personal histories and experiences.

*Participants might experience (physical or mental) discomfort:*

- Yes – specify:*
- No – specify:* The interviews will be conducted via Zoom, and ideally the participant is able to create a comfortable space for themselves that would sustain them for the duration of the interview.

*Could there be any long-term consequences or sequelae?*

- Yes – specify:*
- No – specify:* While there is always an unknown risk associated with research, this current research project does not hold any investigation of traumatic histories or other unsettling stories. Any long-term consequences may be in the reflections of one's practice that ideally invites further accountability for the taken-for-granted assumptions that feature in classical training programs.

*Is any support or counseling offered after participation?*

- Yes – specify:*
- No – specify:* This study is not engaging with experiences that might invite distress or traumatic memories. However, the researcher is well connected within multiple counseling and supportive services and is capable of providing relevant resources as necessary.

## 8. DEBRIEFING & FEEDBACK

More information regarding the Ethische Commissie Humane Wetenschappen can be found on the website:

<https://www.vub.be/onderzoek/ethische-commissies-dpo#humane-wetenschappen>

For questions and/or remarks contact: ECHW@vub.be / ☎ +32 (0)2 629 22 63



*Which information is given to participants during debriefing?*

Participants will have access to the transcript from the interview. Additionally, participants will be invited to review the resulting analysis of the transcripts. If they agree to do so, an additional interview will be constructed for participants to share reflections, which will be incorporated into the resulting discussions/conclusion chapter.

*How will this be provided?*

Participants will be sent the information via email to their preferred address to invite them back. Analyses will be shared verbally, and written analyses will be offered to the interviewee by their request. All information will be scrubbed of personal identifying information and will capture broad themes, so participants will be unable to identify specific information about themselves or other participants.

*What information is provided to participants about outcome of the study?*

Participants will be sent the dissertation at the conclusion of the study.

*How is this information provided or how can participants request it?*

Participants will have access to the researcher's email, and an email notification will be sent when the analyses of the participants interviews are complete. Participants can, throughout the research process, engage with me at any time to discuss their responses and my discourse analysis.

More information regarding the Ethische Commissie Humane Wetenschappen can be found on the website:

<https://www.vub.be/onderzoek/ethische-commissies-dpo#humane-wetenschappen>

For questions and/or remarks contact: ECHW@vub.be / ☎ +32 (0)2 629 22 63

## Appendix J: Curriculum Vitae

NAVID ZAMANI

619-356-1466 | [nzamani@sdsu.edu](mailto:nzamani@sdsu.edu) | [www.navidzamani.com](http://www.navidzamani.com)

### EDUCATION

Vrije Universitat Brussels, Brussels, Belgium – TAOS Institute <b>PhD Candidate in Psychology</b>	2017-current
San Diego State University, San Diego, CA <b>M.S. Counseling with Emphasis in Marriage and Family Therapy</b>	2010 - 2013
University of California, Davis, Davis, CA <b>B.A. Psychology</b> Minor: Music	2006 - 2009

### TEACHING EXPERIENCE\*

San Diego State University <b>Full-Time Lecturer – CSP 320, 460, 600, 600L, 615, 618, 625, 626, 640, 670, 670L, 785; HON 113, 313</b> Developed syllabus, rubrics and associated class materials, provided instruction, and administered all grades, developed online learning contexts.	2018-current
<b>Program Director - MA Education Counseling Program</b> Created curriculum and participated in the genesis of this program as an online/hybrid modality. Engaged in student and faculty affairs, including recruitment, graduation support, faculty and University-level meetings.	2017-2018
<b>Part-Time Lecturer – CSP 625, 670, 626, 600, 320, 400; HON 113, 313</b> Developed syllabus, rubrics and associated class materials, provided instruction, and administered all grades, developed online learning contexts.	2017
<b>Part-Time Lecturer –CSP 320 (Fall and Spring), 670L, 618, 640</b> Developed syllabus, provided instruction, and administered all grades.	2016
<b>Part-time Lecturer – CSP 600, 606, 625, 670L</b> Developed syllabus, build online portions of class through Blackboard, provided instruction, and administered all grades.	2015
<b>Instructor/Co-Instructor- CSP 600, 606, 625</b> Developed syllabus and overall course structure, including weekly lab practicum. Administered all grades	2014
<b>Graduate Assistant – CSP 600L, 600, 625, 606</b> Collaborated on Curriculum and exam development, met with students upon request, and graded all written work, including final exam papers	2013

### RELATED EXPERIENCE

License to Freedom <b>Clinical Supervisor</b> AAMFT-approved supervisor providing clinical supervision and oversight to trainees at License to Freedom, serving refugee populations who are dealing with Domestic Violence. Supporting administrative protocols, clinical protocols, providing weekly individual and group supervision, theoretical modeling and treatment planning.	2017-current
License to Freedom <b>Head of Clinical Services</b> Developing administrative protocols, clinical protocols, providing weekly individual and group supervision, theoretical modeling and treatment planning. Providing multilingual 52-week Domestic Violence Intervention Programs, and psychological evaluations. Maintaining a case load of mandated clients through CWS and court contexts.	2016-2023
South Bay Community Services, Chula Vista, CA	

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<p><b>Lead Mental Health Associate</b> Individual, group, and family counseling with families in domestic violence emergency shelter and transitional housing programs. Providing TERM 26-week survivor group facilitation for clients involved with CWS</p> <p>South Bay Community Services, Chula Vista, CA <b>Domestic Violence Response Team Advocate</b> Respond to calls from police departments, hospitals and other emergency responders in San Diego county and provide crisis counseling, safety planning, and emergency transport, shelter, and clothing to families experiencing domestic violence.</p> <p>Center For Community Counseling and Engagement <b>L.E.A.D Intern</b> The Linguistically, Ethnically And Diverse (LEAD) grant is offered by the County of San Diego's Health and Human Services Agency Workforce Education and Training (WET) organization. The County provided funding for this program to encourage and support LEAD MFT Interns to fast track their efforts to gain MFT licensure and have an opportunity to be employed by County funded Public Mental Health Programs.</p> <p>A.C.I. Specialty Benefits <b>Clinical Specialist</b> Provider of short term mental health assessment and counseling services through Employee Assistance Programs and Student Assistance Programs</p> <p>License to Freedom <b>Marriage and Family Therapy Trainee</b> Provided culturally and linguistically competent therapy services to Middle Eastern immigrant/refugee survivors of domestic violence.</p> <p>Hoover High School <b>Marriage and Family Therapy Trainee</b> Provided individual and family counseling to a diverse student population at Hoover High school.</p>	<p>2014 – 2016</p> <p>2013 – 2014</p> <p>2014</p> <p>2014</p> <p>2012-2013</p> <p>2011-2012</p>
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PUBLICATIONS

polanco, m., Zamani, N., & Kim, C.D. (2021). Introduction. In M. Polanco, N. Zamani, & C. D. Kim (Eds.), *Bilingualism, Culture, and Social Justice in Family Therapy*. (pp. 39-46). Springer.

Zamani, N., & Zamani, N. (2021). Doing Narrative Therapy in Fenglish. In M. Polanco, N. Zamani, & C. D. Kim (Eds.), *Bilingualism, Culture, and Social Justice in Family Therapy*. (pp. 39-46). Springer.

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Zamani, N. J. (2020, October 4). I Laugh and Cry With These Men. *San Diego Union Tribune*.

Monk, G., & Zamani, N. (2019). Narrative Therapy and the Affective Turn: Part I. *Journal of Systemic Therapies*, 38(2), 1-19.

Zamani, N. (2019) [Reflections on Power] In Monk, G., polanco, m., Sinclair, S. & Winslade, J. (2020). *Intercultural Counseling: Bridging the 'Us' and 'Them' Divide*. San Diego, CA: Cognella.

Zamani, N. (2019, October 19). Reflections on Vikki Reynolds' AFTA Keynote in Oakland, CA. Retrieved from <https://vikkireynoldsdotca.files.wordpress.com/2019/10/navid-zamani-reflection-reynolds-afta-keynote-2019.pdf>

Monk, G., & Zamani, N. (2018). Integrating Emerging Understandings of Neuropsychology and Affect for Narrative Therapy with Couples. In *Postmodern Perspectives on Contemporary Counseling Issues*.

Alzendi, D., Zamani, N., and Ashour, A. (2017). A Study on Mental Health and Gender Based Violence amongst Iraqi Youth and Syrian families of Newcomers to San Diego, California.

Navid J. Zamani, Graham S. Smith, and Gerald Monk (2013). Online Forums as Definitional Ceremonies. *Journal of Systemic Therapies*: Vol.32, No. 4, pp. 1-18.

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PRESENTATIONS

- Zamani, N. (2022). *Discourse Analysis of DV Services in San Diego*. Center for Achieving Black Wellness and Anti-Racist Education. San Diego State University. San Diego, CA.
- Zamani, N. (2022). *Discourse Analysis of DV Services in San Diego*. Alliant University. San Diego, CA
- Zamani, N. (2022). *Couple's Therapy and Narrative Ethics*. Narrative Initiatives San Diego (NISD). San Diego, CA.
- Zamani, N. (2022). *Discourse Analysis of DV Services in San Diego*. National Union of Health Care Workers. National Conference via Zoom.
- Zamani, N. (2022). *Linguistic Justice Issues in Family Therapy*. American Family Therapy Academy. National Conference via Zoom.
- Zamani, N. & Mosley, C. (2022). *Unhooding the Role of White Supremacy in DV Services*. American Family Therapy Academy. National Conference via Zoom.
- Johnny Depp-Amber Heard Trial Encouraging Male Domestic Violence Victims To Come Forward. (2022, May 15). Fox5 San Diego. Retrieved May 15, 2022, from <https://fox5sandiego.com/video/johnny-depp-amber-heard-trial-encouraging-male-domestic-violence-victims-to-come-forward/7688831/>.
- Zamani, N. (2022). *License to Freedom at the Margins of Domestic Violence*. Spanglish The Political Society's "Pa'l Carajo". San Diego, CA
- Zamani, N. & Zamani, N. (2021). *The Politics of Farsi/English in Therapy Practice*. El Spanglish Family Therapy Certificado: Bilingualism, Culture, and Social Justice. San Diego, CA.
- Zamani, N. (2021). *Working with Refugee Communities: Considerations of Anti-Colonialism in Domestic Violence Work*. Rhombus Counseling. San Diego, CA.
- Zamani, N. & Moghadam, S. (2020). *Couples Counseling in 2 Frames: Psychodynamic and Narrative Therapy*. Ham Ava Training Institute. Tehran, Iran.
- Zamani, N. (2020). *Multicultural Considerations in Domestic Violence Work*. Rhombus University. San Diego, CA.
- Zamani, N. (2020). *Working with Refugee Communities: Considerations of Anti-Colonialism in Domestic Violence Work*. Jewish Family Services. San Diego, CA.
- Zamani, N. (2020). *Intercultural Considerations in a University Program*. San Diego State University., San Diego, CA.
- Zamani, N. & Reiling, H. (2020). *Psychological Evaluations for MFTS working with Asylum and VAWA*. License to Freedom., El Cajon, CA
- Zamani, N. (2019). *Poststructuralist Approaches in Working with Domestic Violence in Refugee Communities*. Narrative Live., Narrative Initiatives San Diego., San Diego, CA.
- Monk, G., Percy, I., Rosen, L., & Zamani, N. (2019). *Applications of the Affective Turn*. Re-Authoring Teaching., San Diego, CA.
- polanco, m., Zamani, N. (2019) [Discussants] In Domenech Rodriguez, M. M. & Hoff, C. (2019). *Releasing the Steam: How to Re-Set Relationships in Multiple Professional Contexts*. American Family Therapy Academy Annual Conference. Oakland, CA.
- Zamani, N. (2019-20). *Solution-Focused Brief Therapy 40-hour County Training*. San Diego State University Academy of Excellence., San Diego CA
- Zamani, N. (2017-20). *Domestic Violence and Middle Eastern Communities*. San Diego Domestic Violence Council., San Diego, CA.
- Monk, G. & Zamani, N. (2018, March 29). *The Affective Turn*. Presentation, Narrative Gathering, San Diego, CA.

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Zamani, N., Martir, G., Nelson-Cahill, L., & Agape, L. (2018, March 27). *Working with Refugee Communities: Considerations of Anti-Colonialism in Domestic Violence Counseling*. Presentation, Narrative Gathering, San Diego, CA.

Monk, G. & Zamani, N. (2017, April). *The Affective Turn*. Presentation, AAMFT Conference, San Diego, CA.

Heyes, C., M.S., Klausung, M., M.S., Montoya, R., M.S., Yamamoto, M., M.S., Zamani, N., M.S., & Ewing, J., Ph.D. (2015, February 28). *Employing a Social Constructionist Lens and Collaborative Practices in the Management of a Student-run, University Sponsored Community Mental Health Clinic*. Presentation, Cal State University North Ridge, Los Angeles, CA.

COMMUNITY WORK

The AFTA Podcast 2022-current

**Host & Interviewer**

This podcast spotlights various practitioner-scholars from AFTA and interviews them about their work and developments, encouraging specificity to their practices. This is an effort to disseminate recent developments and approaches within family therapy.

Refugee Domestic Violence Task force 2020-2023

**Chair**

This is a subcommittee of the San Diego Refugee forum. This committee organizes various stakeholders and promotes collaboration and action to support efforts in the prevention and intervention of domestic violence in refugee communities in San Diego

National Iranian American Council – San Diego Chapter 2021-2022

**Leadership Board**

NIAC is focused on building political power for the Iranian-American community to advance peace & diplomacy, secure equitable immigration policies, and protect the civil rights of all Americans. NIAC, the 501(c)(3) sister organization of NIAC Action, is dedicated to educating & engaging the Iranian-American community in order to further advance these priorities.

American Family Therapy Academy (AFTA) 2020-2023

**Board Member**

Serving on AFTA's board to support the AFTA mission, support the organization of the yearly conference, and construct community amongst a community of academic family therapists in North America

Men's Advocacy Committee 2016-2022

**Chair**

Organizing events, creating and providing services for community (such as Men's Survivors Group), and providing trainings to Domestic Violence providers in San Diego regarding men's issues in domestic violence

Treatment and Intervention Committee 2020

**Co-Chair**

Collaborating with DVIP providers in SD county to create, establish, and maintain DV Standards utilized by providers in SD County. Collaborate with judges and law enforcement to provide coordinated service of care.

LANGUAGES

English - Fluent

Farsi – Fluently spoken and elementary writing skills

AWARDS AND HONORS

2023 Darlene Shiley Honors Faculty Fellowship Award

2021 San Diego Music Awards "Best Americana Album" with Coral Bells

2019 Most Influential Faculty Member – College of Education, San Diego State University

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2019 HOPE Award for Frontline Workers – San Diego Domestic Violence Council, San Diego, CA

LICENSES AND CERTIFICATIONS

Licensed Marriage and Family Therapist #98297  
AAMFT Approved Supervisor #135085  
Certified Domestic Violence Counselor for California Emergency Management Agency (CalEMA)  
Certified Domestic Violence Counselor for Batterer Programs  
Certified "Windows Between Worlds" Expressive-Arts Group Facilitator  
Recipient of Mental Health Certificate granted by San Diego State University

MUSIC HISTORY

Coral Bells

Drum kit on the following albums:  
"Still Be Home"  
"Treehouse Tapes"

My Buddy Ricky

Drum kit, vocals, piano, bass:  
"Stay-at-home Dads"

Paige Koehler

Drum Kit on following songs:  
"Patience"  
"Love You 'til the Airport"

VideoRose

Drum Kit on following songs:  
"Black Cadillac"

\*COURSE NUMBERS AND TITLES

CSP 320 – Introduction to Counseling Practices  
CSP 400 – Introduction to Counseling Professions  
CSP 460 – Social Change  
CSP 600 - CrossCultural Counseling  
CSP 600L - CrossCultural Counseling Skills Lab  
CSP 606 – MFT Law and Ethics  
CSP 615 - Multicultural Considerations in School Psychology and School Counseling  
CSP 618 - Mental Health Recovery and the DSM  
CSP 625 - Marriage and Family Therapy Theories I  
CSP 626 - Marriage and Family Therapy Theories II  
CSP 640 - Marriage and Family Therapy Tests and Assessments  
CSP 670 - Group Counseling  
CSP 670L - Group Counseling Lab  
CSP785 – Traineeship Seminar  
HON 113 - Identity and Music  
HON 313 - Professional Development and Relational Ethics

## Appendix K

Hello!

It's me again. Thank you, sincerely, for your participation in my research project. If you recall, we connected this past year and discussed some of your understandings and experiences of domestic violence and working with couples. Your words have been with me, quite literally, since we last spoke as I have been analyzing our interviews (a total of 9). There are two important notes that I am addressing here.

### 1) E-Signing an Informed Consent

During our first interview, I shared my informed consent with you and gathered verbal agreement to your understanding and your consent to participate. I am going to be sending you the same consent form via Adobe Sign. *Would you please click through the appropriate boxes and e-sign your name?* It should take less than 30 seconds, and should not require any additional sign-ups or anything. Please email me if you have any questions.

### 2) Examining my Analysis and Providing Feedback

I am inviting you to participate in a group meeting with the other participants of this study to examine my analyses and provide feedback. This step provides accountability to my analyses and the interpretations of your statements, as well as another opportunity to gather data from your feedback regarding my findings. This meeting will be held on **June 13th @ 530pm**. You would be asked to log in to a web meeting on that date and time. The meeting should last around 60 minutes, but participants can leave at any point that they desire.



I will share my learnings, interpretations, and analysis so far, and give you all an opportunity to share your reflections and reactions. This will be an informal and conversational dialogue, and confidentiality will be maintained by the interviewer in protecting participant information and interview data. All data presented from my study thus far will have obfuscated identities and participants will not be able to identify one another (or possibly themselves) through the data. This meeting will be recorded and the transcriptions will be used for the research study. All data will be kept confidential in the same manner as your other data, and no identifying statements or information will be revealed in the dissertation.

Given the nature of the group setting, there will not be confidentiality in the meeting as other participants from this study will also be present. However, there are steps you can take to maintain your confidentiality throughout. You are welcome to sign on without your identifying information, and nobody will be asked to identify themselves who does not want to be. You can respond to statements and ask questions via the web meeting chat feature, so that your voice is not identifiable as well.

In summary, the following is the outline of participation:

1. Respond to this email with consent to participate in the group
2. Receive an email with a web meeting link for the meeting
3. Join the focus group and participate.

If you have any questions or concerns, please don't hesitate to let me know. I have BCC'd you in an effort to protect participant information from one another. Thank you again!