INTIMATE PARTNER VIOLENCE AND STAGES OF CHANGE

A WORKSHOP FOR THE MARYLAND HEALTH CARE COALITION AGAINST DOMESTIC VIOLENCE

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Objectives

- Explain how a stages of change model can apply to help IPV survivors end abuse

- Understand how knowledge of survivors’ progress through stages of change can facilitate counseling

- Discuss the pros and cons of offering stage based counseling to IPV survivors identified in health care settings
Ecological approach to health promotion

“a conceptual framework designed to draw attention to individual and environmental determinants of behavior.” McLaren and Hawe, 2005
<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrapersonal Level</td>
<td>Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits</td>
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<tr>
<td>Interpersonal Level</td>
<td>Interpersonal processes and primary groups, including family, friends, and peers that provide social identity, support, and role definition</td>
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<tr>
<td>Community Level</td>
<td></td>
</tr>
<tr>
<td>Institutional Factors</td>
<td>Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors</td>
</tr>
<tr>
<td>Community Factors</td>
<td>Social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organizations</td>
</tr>
<tr>
<td>Public Policy</td>
<td>Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control, and management</td>
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</table>
Ecological Models

• An organizing heuristic or framework that encourages consideration of multiple levels of influencing factors when trying to understand and change behavior

• To be successful at health behavior change, you need to think ecologically about the behavior you are trying to help people change

• Different behavior change theories are helpful at different levels of the ecological model

• We are going to explore TTM, which is typically used when working at the individual (intra and interpersonal levels)
The TTM Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
- Termination
TTM Stages

• Precontemplation
  – No intention to take action within the next 6 months

• Contemplation
  – Intends to take action within the next 6 months

• Preparation
  – Intends to take action within the next 30 days and has taken some behavioral steps in this direction
TTM Stages - continued

• Action stage
  – Changed overt behavior for less than 6 months

• Maintenance stage
  – Changed overt behavior for more than 6 months

• Termination stage
  – No temptation to go back to the old behavior and 100% confidence
Activity 1

• Think about the women IPV survivors you have worked with.
• How do you think the stages of change apply to them?
The WISH Project

Women’s Initiative for Safety and Health

Addressing Intimate Partner Violence in the Health Care Setting

Co-Investigators:
Andrea Gielen, Jessica Burke, Samantha Illangasekare, Patricia Mahoney, Karen McDonnell, Patricia O’Campo

This work funded by the National Institutes of Mental Health and the Centers for Disease Control and Prevention
Phase 1
- Is the TTM an appropriate theory to address IPV?

Phase 2
- How do we appropriately “stage” women for intervention and evaluation purposes?

Phase 3
- How do women respond to a stage-based intervention?
Phase 1: Qualitative Research

• 78 women currently or recently in abusive relationship

• Broad, open-ended to explore whether stages emerged questions about their experiences of abuse

• 23 women currently or recently in abusive relationship

• Talk through relationship, starting when problem was recognized to explore processes, self efficacy, decisional balance

• Interviews audio-taped, transcribed, and coded
Precontemplation

• The woman does not recognize the abuse as a problem and is not interested in change.

• “Well, basically, you know, when we first started seein’ each other I didn’t, I won’t say I didn’t detect some obsessiveness, but I kinda wore the flower colored glasses. Then I was like, ‘Oh well, you know, he just cares about me’ kinda thing.”
Contemplation

• The woman recognizes the abuse as a problem and has an increasing awareness of pros and cons of change.

• “[I recognized the abuse as a problem when] the hits got more harder…it wasn’t a slap or something.”
Preparation

- The woman recognizes the abuse as a problem, intends to change and has a developed a plan.

- “I [can’t leave the abusive situation], not like right now but as soon as I get myself together where I can stand on my own two feet without needing anybody to help me then I’ll be gone… I’ve been trying to find a job.”
The woman is actively engaged in making changes related to ending the abuse.

“I got tired of getting my tail whipped, you know. That’s when my sister said I could come stay with her.”

“I got tired of it, that’s why I left. I got tired of getting beat on. I got tired of feeling like I was to blame. I got tired of being cussed out.... I had to get ex-parte orders to keep him away from me because he was very abusive. He would fight me and put holes in the walls and stuff... he was mean. He did mean things.”
Maintenance

• The abuse has ended and the woman is taking steps to prevent relapse.

• “I wouldn’t have never took him back. Never look back. I see myself now as just struggling and taking it day by day [after having left him]. Doing the right thing.”

• “No man out there that can put his hands on me again. It’ll never happen. I refuse to let any man, woman, child, whatever, any human being hurt me again. Because I’ve been hurt too much and I feel good about myself today.”
Activity 2

• How do you think you can help women progress through the stages of change?
• What interventions have you seen that have been successful and with women in what stages?
Also needed to achieve change

• Decisional Balance
  – Process of weighing the pros and cons of behavior change

• Self Efficacy
  – Confidence in one’s ability to make a behavior change
Consciousness Raising

• Process of seeking new information and gaining a better understanding of the abuse.

• “[I recognized the abuse] believe it or not when Oprah [the talk show host] was having a lot of things on abusive relationships, and then I started identifying with some of the things and then I started reading.”
Environmental Reevaluation

• Process of assessing how the abusive behavior affects one’s environment.

• “when he started talkin’ nasty in front of my children and my son wanted to fight him, that’s when I was thinking of leaving… that really pushed me to make a decision.”
Helping Relationships

• Process of trusting, accepting and utilizing support of caring others during attempts to end the abuse.

• “my mother and them used to say, ‘leave this man alone’...but I ain’t want to hear it. Nobody could tell me nothing. I didn’t want to hear it, but I knew it was the truth. It was just accepting it that took a while.”
Other factors that facilitate change

- **Decisional Balance** -- Pros > Cons of change
  - **PROS** = concerns about personal and children’s safety
  - **CONS** = financially and emotionally dependent upon partner

- **Self Efficacy** -- Confidence in ability to change
  - I’m very confident now that I can stay free from it [the abuse]. If I get even one sign from this guy [new partner], he’s gone.
## Intervention Needs by Stage

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Intervention Needs</th>
</tr>
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</table>
| Precontemplation  | • Increase awareness of need for change  
                      • Personalize risks and benefits                                                |
| Contemplation     | • Motivate  
                      • Encourage to make specific plans                                                |
| Preparation       | • Assist in developing concrete action plans  
                      • Help to set gradual goals                                                     |
| Action            | • Assist with feedback  
                      • Help to problem solve  
                      • Provide social support and reinforcement                                      |
| Maintenance       | • Assist in coping  
                      • Provide reminders  
                      • Engage in helping others                                                      |
• Women’s stories are consistent with stages and change constructs

• Can we measure stages so that we can tailor interventions and evaluate them?
Phase 2: Quantitative Research

• One hour face-to-face interview with 96 women
  – Had experienced IPV within the past year
  – Recruited from health care settings
<table>
<thead>
<tr>
<th>Sample Characteristics, N=96</th>
<th>%</th>
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</thead>
</table>
| Age                        | Mean = 40.1  
Range = 20 - 54 |
<p>| African American           | 83% |
| Unemployed                 | 81% |
| High school graduate       | 58% |
| HIV-positive               | 27% |
| Experienced severe abuse in past 6 months | 62% |
| Used safety planning in past 6 months | 95% |</p>
<table>
<thead>
<tr>
<th>Stages of Leaving</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Together, no plans to leave</td>
<td>22%</td>
</tr>
<tr>
<td>Together, plans to leave in next 6 months</td>
<td>30%</td>
</tr>
<tr>
<td>Apart, less than 6 months</td>
<td>22%</td>
</tr>
<tr>
<td>Apart, 6 months or more</td>
<td>26%</td>
</tr>
</tbody>
</table>
Helping women stay safe/end abuse

- Majority of women were actively coping – using a variety of safety plan behaviors

- Generally the personal behavioral (avoided partner, hid things) were more common than the environmental (police, sought education/job)

- Desired multiple types of services, including all levels of the ecological model (information, hotline, counseling, legal advice, housing, etc.)
From Phase 2 to Phase 3: Project WISH
intervention development and testing

• Women desire a wide array of services and are at
  various stages of deciding about leaving their
  abuser

• Can tailored counseling and referral address these
  needs?
WISH Counseling Curriculum

• A counseling program for women experiencing Intimate Partner Violence

• 8 session individual counseling program delivered by a masters prepared counselor

• Based on the Stages of Change
Objectives of WISH

- To improve physical and mental health and health-related quality of life for women experiencing IPV

- To help women make informed decisions about their abusive relationship and personal safety

- To increase safety behaviors and coping strategies, reduce IPV and facilitate stage movement towards ending an abusive relationship

- To increase self efficacy, decisional balance and use of processes of change
Content and Methods of WISH Curriculum

• Individually tailored to women’s stage of readiness to end an abusive relationship, her current level of IPV risk, and her personal goals

• Includes a series of counseling activities designed to
  – address cognitive and emotional aspects of living with IPV
  – encourage safety planning and crisis intervention
  – enable the use of personal and community resources for women who are ready to take action to change their circumstances
<table>
<thead>
<tr>
<th>STAGE</th>
<th>COUNSELING ACTIVITIES</th>
<th>INFLUENCING FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRECONTEMPLATION</td>
<td>Negative to Positive Self-Talk</td>
<td>Self-Efficacy</td>
</tr>
<tr>
<td></td>
<td>Weighing Advantages/Disadvantages</td>
<td>Decisional Balance</td>
</tr>
<tr>
<td></td>
<td>Check What You Know</td>
<td>Processes of change</td>
</tr>
<tr>
<td></td>
<td>Red Flags</td>
<td>• Consciousness raising</td>
</tr>
<tr>
<td></td>
<td>Who Knows</td>
<td>• Environmental reevaluation</td>
</tr>
</tbody>
</table>

Objective: To make an informed decision about whether to end the relationship.
WISH Counseling Activities

• “Check what you know”
  • Read a list of statements to client and ask her which are true and which are false in order to stimulate discussion about violence and abuse  [Consciousness Raising]

• “Building Skills”
  – Brainstorm a list of things that tend to cause/escalate the abuse. Talk through how to avoid such situations  [Stimulus Control]
Pilot testing

• Urban women recruited from health care and substance abuse programs in East Baltimore (N=12)
  – Counselor was a new masters prepared clinical social worker hired for the project

• Rural/suburban women recruited from community-based domestic violence services program (N=19)
  – Two experienced masters prepared clinical social workers working in an existing counseling program
**Urban Sample (N=12)**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>10</td>
</tr>
<tr>
<td>Unemployed</td>
<td>12</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>5</td>
</tr>
</tbody>
</table>
| Age                               | Mean = 41.5  
Range = 31-47  |
| HIV-positive                      | 12  |
Changes from baseline to end of counseling (Urban Sample)

- 1 Precontemplation moved to Action
- 2 Precontemplation moved to Preparation
- 2 Action approached Maintenance
- 1 stayed in Precontemplation
- 1 stayed in Action

Significant changes, baseline to conclusion (paired t-tests):
- Average stage moved from 2.8 to 3.3
- Experiences of IPV reduced from 3.1 to 0.5
- PTSD symptoms decreased; perceived control, sense of empowerment, and social support increased
What was helpful? (Urban Sample)

• Showing me there is another way that I can experience a healthy relationship

• They give you some self esteem and confidence that you are a strong woman

• There was so much information that I didn’t know

• I felt free to be more open with her (than with a girlfriend)
What would you tell other women about the program? (Urban Sample)

• If they are ready to change and get their lives in more perspective, they should join

• It’s the best thing that happened to me and it would be worth their time to join

• A great experience that would help our lives and our children’s lives and the people in our neighborhoods. We can take it to our churches. Teach other women not to stay stuck.
Rural/Suburban Sample (N=19)

- Median age: 37 years old
- Race: 90% White
- Employed at least part time: 68%
- Education: High School = 47%; Post HS = 37%
- Household monthly income < $1,000: 53%
- Currently living with partner: 36%
- Current physical violence: 64%
- Current forced sex: 31%
Changes from baseline to end of counseling (Rural/Suburban Sample)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>n</th>
<th>Improved score</th>
<th>No change</th>
<th>Worsened score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall health</strong></td>
<td>19</td>
<td>4 (21%)</td>
<td>12 (63%)</td>
<td>3 (16%)</td>
</tr>
<tr>
<td><strong>Self-efficacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay safe</td>
<td>16</td>
<td>7 (44%)</td>
<td>7 (44%)</td>
<td>2 (12%)</td>
</tr>
<tr>
<td>End/stay out</td>
<td>15</td>
<td>9 (60%)</td>
<td>6 (40%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>IPV incidents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>14</td>
<td>5 (36%)</td>
<td>7 (50%)</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>Forced sex</td>
<td>14</td>
<td>3 (21%)</td>
<td>10 (71%)</td>
<td>1 (8%)</td>
</tr>
<tr>
<td><strong>Decisional balance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ of ending/staying out</td>
<td>17</td>
<td>9 (53%)</td>
<td>3 (18%)</td>
<td>5 (29%)</td>
</tr>
<tr>
<td>- of ending/staying out</td>
<td>17</td>
<td>12 (71%)</td>
<td>0 (0%)</td>
<td>5 (29%)</td>
</tr>
<tr>
<td><strong>Stage of change</strong></td>
<td>19</td>
<td>9 (47%)</td>
<td>10 (52%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
BASELINE STATUS OF THOSE WHO STAYED THE SAME
(Rural/Suburban Sample)

OVERALL HEALTH: 10/12  Good/Very Good/Excellent

STAY SAFE EFFICACY: 5/7  Somewhat/Very Sure

END/STAY OUT EFFICACY: 6/6  Somewhat/Very Sure

PHYSICAL VIOLENCE: 6/7  Rarely/Never

FORCED SEX: 9/10  Never

STAGE OF CHANGE: 9/10  Action or Maintenance
<table>
<thead>
<tr>
<th>Theme</th>
<th>Exemplar quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone to talk to</td>
<td>“I was able for the first time to talk about my abuse.”</td>
</tr>
<tr>
<td></td>
<td>“I could really open up...and talk to her.”</td>
</tr>
<tr>
<td>2. Relationship-awareness</td>
<td>“Understanding what is OK, healthy and safe.”</td>
</tr>
<tr>
<td></td>
<td>“Learning about healthy boundaries and recognizing red flags.”</td>
</tr>
<tr>
<td></td>
<td>“Identifying the abuse, learning techniques to stop the abuse.”</td>
</tr>
<tr>
<td>3. Self-awareness</td>
<td>“I realized that my culture and background and how I was raised set up wrong truths for me.”</td>
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<tr>
<td></td>
<td>“The knowledge and ability to recognize the struggle of surviving trauma.”</td>
</tr>
<tr>
<td></td>
<td>“Understanding that bruises on your heart are just as bad as bruises on your body.”</td>
</tr>
<tr>
<td>4. Qualities of the counselor</td>
<td>“One on one support. It was an hour of not being judged, having a counselor listen to what I had to say. It made me feel very important.”</td>
</tr>
<tr>
<td></td>
<td>“She (counselor) was great. She was an amazing listener and support system.”</td>
</tr>
<tr>
<td>5. Qualities of the whole experience</td>
<td>“Very well done; knowledge was helpful; I could identify with it.”</td>
</tr>
<tr>
<td></td>
<td>“Everyone was very nice and kind.”</td>
</tr>
</tbody>
</table>
Counselor Feedback (Rural/Suburban Sample)

- Structured, goal-centered approach, encounter forms helpful
  "The goal-centered approach was very useful for me, because as a clinician, it gave me a way to think about working with clients and it gave me tools to use while I was working on specific [issue]."

- Make physical curriculum more user friendly and duration more flexible
  "I think it almost at times felt like it was more the length of time connected, not necessarily the number of sessions because thinking about the clients who came every single week, it was a shorter relationship and...not that they didn't benefit from it, but there just wasn't as much that happened during those two months."

- Add session on grief and loss, psychological and emotional violence
Summary

• TTM is a useful theory to understand women’s experience of IPV and help them when they are ready for counseling
• Counselors and programs can benefit from using a structured approach for program implementation and evaluation
• Quantitative and qualitative data are useful for program development and evaluation
• Sample retention is an issue that needs more formative research to understand and address
• Larger sample sizes and control groups are needed
Activity 3

• In what ways might the TTM approach be useful to the work you do with IPV survivors?

• Questions, concerns, ideas?


