Supervisors’ Experiences Working with Intimate Partner Violence Counselors

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**Importance and Relevance of IPV Counseling Supervision to the Supervision Field**

Intimate partner violence is an issue that almost 5.3 million women struggle with in the U.S. every year (Notestine, Murray, Borders, & Ackerman, 2017). 1,300 of those women face death. The rest of the survivors carry deep physical, emotional, and mental scars (Notestine et al., 2017). National Intimate Partner and Sexual Violence Survey (NISVS) reported that one in each eleven women have been raped, one in each four women will be raped, and one in each five women will experience sexual assault during her college years (Friesema, 2016). These statistics show that counselors will likely encounter IPV survivors in different settings, such as clinical mental health clinics or college counseling centers (Friesema, 2016).

According to Começanha, Basto-Pereira, and Maia (2017), there is a great need for women who experience IPV to receive quality counseling services because depression, anxiety, and post-traumatic symptoms are significantly high in this population. Therefore, it is important for counselors to be equipped with sufficient expertise to serve this vulnerable population. Hence, supervision of IPV counselors plays a crucial role in increasing those counselors’ competencies.

It is worth noting that the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) standards do not require students whose specialty is outside of marriage, couples, and family counseling to receive any specific training in the area of family or intimate partner violence (CACREP, 2016 Section 5-F.i). Hays, Green, Orr, and Flowers (2007) suggested that counselors receive minimal training in IPV treatment and, therefore, do not develop competence in this area. They also pointed out that counselors see IPV as a minor issue that needs less attention than mental disorders. Although exploring one’s biases is highly emphasized among counselor training programs, counselors-in-training do not receive clarification about myths that surround IPV, nor are they required to explore their biases about this topic (Comstock, Duffey, & St. George, 2003). As such, counselors may start working with IPV survivors without the awareness of biases they hold. This may result in causing harm to these clients. Clinical supervision is an effective way of providing both training and support to supervisees (Friesema, 2016). Supervisees help clients heal from acute and complex traumatic experiences. Such processes can result in vicarious trauma, burnout, and also compassion fatigue for supervisees. To combat these effects, supervisees should have an understanding of the contributors to vicarious trauma, knowledge of trauma theories, and a working understanding of the specific needs of survivors. Since most counselors lack the necessary knowledge and may carry biases and stigmas toward IPV survivors, clinical supervisors play an important role in helping them to better understand the specific needs of this population. Supervisors can also help supervisees pay attention to the impact that trauma work has and develop self-care strategies to maintain their mental health.

According to Tran (2017), Secondary Traumatic Stress (STS) is a common symptom of vicarious trauma that counselors, including ones who work with IPV survivors, experience. As a result, counselors’ cognitions may change because they may develop negative views of trusting others and lose a basic sense of safety (Howlett & Collins, 2014). Both short-term (STS) and long-term vicarious trauma exposure to IPV may leave counselors feeling unsafe and in need of supervision to process their clinical experiences.

Another aspect that supervisors can help counselors with is compassion fatigue, or the counselors’ inability to show empathy to clients. If supervisors do not address and attend to compassion fatigue, it can lead to ethical violations from supervisees. The third issue that supervisors can attend to with IPV counselors is burnout (Tran, 2017). In this case, counselors may feel inadequate and incompetent in working with IPV survivors, and this may lead to emotional exhaustion. Supervisors can help counselors to assess their vulnerabilities and build healthy coping skills, in addition to developing their competency related to this population. Furthermore, effective supervision provides supervisees with a safe environment in which they can raise their awareness and understand and explore their defense reactions (i.e., denial) to secondary traumatization.

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