

For the Sake of Children: Addressing Domestic Violence in Couple Relationships

Sandra M. Stith, Ph.D.
Eric E. McCollum, Ph.D.

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Virginia Tech, Falls Church, VA
sstith@vt.edu
ericmccollum@vt.edu

How Often Does It Occur?

- Violence occurs in 16% of marital relationships each year.
- 8.7 million couples experience abuse annually.
- While 6% of couples coming to therapy indicate that marital violence is a significant problem, a thorough assessment leads to rates closer to 50-60%.

Effects of Exposure to IPV on Children

Short Term Effects

- **Emotional:** anxiety, low self esteem, shyness, depression, suicide attempts, anger
- **School related:** social and academic problems, poor problem-solving skills, low empathy
- **Externalizing behavior**

Long Term Effects

- Higher levels of depression, trauma symptoms, lower levels of self-esteem, ineffective conflict resolution skills, victimization or perpetration in future intimate relationships

IPV and Child Witnesses

Dramatic increase of child maltreatment in families where intimate partner violence occurs.

Jouriles, in press

Study	N ^a	Sample	Co-Occurr. Rate
Mahoney et al.('03)	78 women	Youth Community mental health center	67% P 46% W 50% M
O'Keefe ('95)	120 women 184 children	DV shelter	67% P 40% W 44% M
Giles-Sims ('85)	27 women	DV shelter	56% W 63% M
McCloskey ('01)	193 women	DV Shelter and community	42% M
Jouriles et al. ('00)	154 women	Residents of DV shelter	31% P
Ross ('96)	1052 dual parent families	Community sample recruited through telephone survey	24% W 23% M
Slep & O'Leary ('05)	109 couples	Community sample recruited through telephone survey	22% P 11% W 13% M

Coordinated Community Response

- Prevention services
- Child Protective Services
- Criminal sanctions
- Restraining or no-contact orders
- Shelters for victims
- Treatment/Intervention for offenders
- Support groups for battered women
- Alcohol and drug services
- Couples therapy

Couples Treatment Controversy

- Why are many opposed to couples treatment?
 - Woman might feel blamed
 - Woman won't feel comfortable sharing
 - Woman may be in greater danger
 - Men should be held accountable

Why Treat Some Couples Together?

- Different types of physical aggression call for different treatment strategies
 - Michael Johnson typology
 - Situational Couple (Common) Violence
 - Intimate Terrorism
 - Violent Resistance
 - Mutual Violent Control

Why Treat Some Couples Together?

- No treatment approach has been documented as effective for all.

Meta-analytic and systemic reviews of Batterer Intervention Programs

- Small treatment effects: 35% continue violence after treatment vs. 40% non-treatment, victim reports.
- 55% of 13 studies had at least 1 positive effect (Morrison et al., 2004)
- “Duluth model” vs. cognitive-behavioral – no difference (Babcock et al., 2004)
- “There is conflicting evidence regarding the effectiveness of batterer intervention . . . The evidence . . . Does not allow making a recommendation . . .” (Canadian Task Force on Preventive Health Care, 2001, based on 11 studies)

Why treat some couples together?

- The role of women's physical aggression is ignored in male only treatment programs
- Marital discord important predictor of physical aggression against a partner.
- Women often choose to stay with their partner, but want the violence to end.

Why Treat Some Couples Together?

- Women often want couples counseling.
- Woman can be empowered.
- Relationships can be improved.
- Treatment of high-conflict couple reduces likelihood that violent will escalate to court involvement.

The "Partner Gap"

Female client:

"There's not hardly anyone that would take a violent couple...I've called and you just get 'if he needs counseling call this number' ...not even churches. There's nobody that wants to deal with violent couples. All they want to say is 'well how soon do you want a divorce?' Well, I'd really like to try to work it out first."

The "Partner Gap"

Male client:

"They [men's groups] can't really address relationships because they're only seeing one half of the issue... their primary function was to persuade people to stop that behavior and give them tools to help them do that. The other side of that is these people are involved in relationships and there may have been something wrong with the relationship. Yes, it was a bad attribute of the guy's behavior, but there was something else there too, and that needs to, at some point, be addressed."

Overview of Treatment Approach

- 18-week program
- 7-week men's and women's separate treatment program proceeds conjoint treatment
- Both 7-week program and conjoint program delivered in either individual or multi-couple group format
- Domestic violence-focused
- Safety is primary
- Range of outcomes
- Couples not for everyone

Project Assumptions

- Violence is a choice.
- The safety of each person in the family is of paramount importance
- A one-size fits all treatment approach is not going to be effective with all types of domestic violence.

Project Assumptions

- Even couples in violent relationships have the ability to make sound decisions for themselves and their relationship.
- Focusing on solutions and/or exceptions to hostile or abusive behavior reduces shame and increases the likelihood of building a future free of violence

Treatment Goals

- Eliminate Violence
- Enhance positive marital relationship
- Promote self responsibility

Eligibility Criteria

- Both partners must want couples counseling
- Both partners must want to try to maintain relationship

Exclusion Criteria

- Severe violence
- Weapon use
- Violence outside home
- Court-ordered men
- Unwilling to remove guns/knives
- Refuses no-violence contract

7 Week Men's and Women's Pre-Conjoint Treatment Program

- Goals:
 - Provide psycho-educational information about domestic violence
 - Increase comfort level of individuals in participating in counseling
 - Provide further screening regarding appropriateness of conjoint interventions
 - Increase individual responsibility for own behavior

7 Week Model

- Men and women meet with different therapists.
- First session is 2 hours and includes signing consent forms and completing family background form and pretest.
- Other sessions are 60-90 minutes.
- Both partners cover the same information
- At the end of most sessions both clients and both therapists meet together.

7 Week Model Agenda

- Testing and Consent Forms (2 hrs)
- Hearing the story
- Honoring the problem and defining the miracle (couple session)
- Introduction to domestic violence
- Mindfulness and Safety Planning
- Escalation, negotiated time-out. (part separate/part conjoint)
- Alcohol and drug use

Overview of First Session

- ☀ No fee
- ☀ Schedule for 2 hours
- ☀ Meet with both therapists and both clients to welcome couple and explain the program.
- ☀ Meet separately and explain and have clients sign two consent forms (research and clinical) and no-violence contract before completing background form and pre-test.
- ☀ After completion of forms, if time, spend time with clients, may use pre-session change question.

Week 1

Assessment

- Testing
 - Level of violence
 - Relationship satisfaction
 - Depression & Anxiety
 - Jealousy
 - Substance Abuse (AOD)
- Recognizing Pre-Session Change

After First Session

- Study pretests and family background forms.
- Make list of abusive behavior each client reported and how self report differed from partner report.
- Note response to instruments, e.g., alcohol, jealousy, marital satisfaction, etc.
- Make list of client goals for self, partner, relationship.
- Meet with team to decide if client is appropriate for treatment and make alternate referrals if necessary.

Week Two

- Therapists listen to client's story
- Ask about how they have coped
- Identify strengths
- Ask about what they know about their partner that makes them believe that the relationship is worth saving.
- Therapist uses information to enhance screening, to build solutions, and to enhance the therapeutic relationship.

Week 3: Defining the Miracle

- Miracle Question (Individual couples)
- Visioning a Healthy Relationship (Multi-couple Group)

Week 2

Miracle Question

- Solution-focused approach
- Orients to the future and the absence of the problem
- “Miracle” lifts people out of assumptions about what’s possible

Week 2

Miracle Question

- "Suppose tonight, while you are asleep, a miracle happens and the problems that brought you here are solved. Because you are asleep, you won't know a miracle occurred. When you awake, what will happen that will tell you a miracle has happened?"
- Elaborate!!



Miracle Question Video

Sessions three - six

- Meet with male and female separately for about 45 minutes.
- Co-therapists check-in.
- Final message delivered to couple together.
- Try to follow the proposed schedule, but should adapt the program as appropriate.
- Use clients goals as guides.

Begin each session

“What did you do well this past week and what is not going well yet?” Specifically ask about any ongoing violence.

Ask about homework if appropriate.

Week 4

Intro to DV

- Program principles
 - Violence learned intergenerationally
 - Violence is culturally reinforced
 - New behaviors can be learned
 - Each person is responsible for his or her own behavior
- Types of Abuse
- Cycle of Violence
- Anger & DV

Cycle of Violence



Week 5

Mindfulness

- Using a calming phrase to meditate
- Distraction from difficult inner experience
- Soothes physiological arousal
- Increases awareness of body sensations
- May help disconnect from distressing thoughts and feelings

Safety plan

- Help men work on strategies to keep themselves safe from using violence or from participating in violent relationship.
- Help women increase safety for self and children.
- Distribute information on local resources (shelter, hotline).
- Develop safety plan with each woman and document that plan has been developed.


Week 6

Safety Strategies

- Negotiated Time Out
 - Escalation signals



Exceptions Video



Time-out

Not as simple as it seems!

Time-out Glitches

- **“Forced” break**
- **Misunderstood by partner**
- **Misused by male**

Time-out Glitches

Female client:

“They [time-outs] really didn’t work. When he is really angry and really upset, he still wants to argue and fight. When he’s not mad, he pulls a time-out just to do something to make me mad and to keep me away.”

Time-out Glitches

Female client:

"I feel my husband is still denying that he knew the real coping mechanisms...I found them [time-outs] abusive...the way he was leaving and not letting me know where he was..."

Negotiated Time-out Planning

- Motivate
- Help couple negotiate "HOW"
- Make process interactive
- Revisit as needed

Negotiated Time-out: Either Partner May Initiate

- Awareness
- Agreement
 - Pre-arranged cue
 - What will you do?
 - How long?
 - Check-in
- Time-in

Time-out: When it Works

Male client:

“When we started, it [use of time-out] was zero! I would follow her around the house, yelling and screaming. She’d be yelling and screaming, the kids would be crying. Now we’re able to come back [after a time-out], level-headed and calm, and I’d say 90% of the time we’ll resolve [the issue].”

Week 7

Substance Abuse Module

- Optional – based on assessment
- Relationship between Alcohol/Drug Use and DV
- Defining Problem Drinking & Drug Use
- Self-Screening Usage
- Planning for the Future

Conjoint Therapy



Safety Is Primary in Couples Treatment

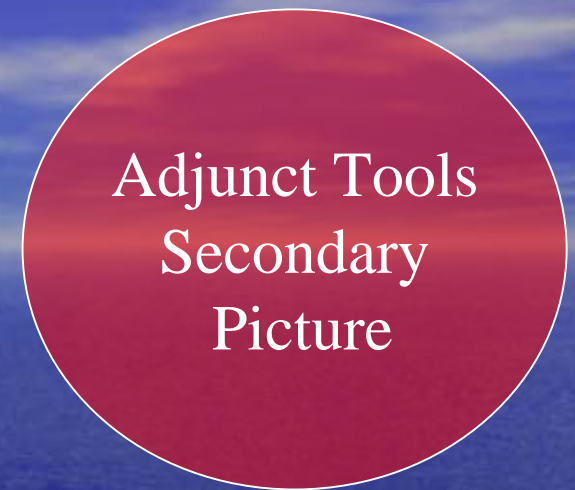
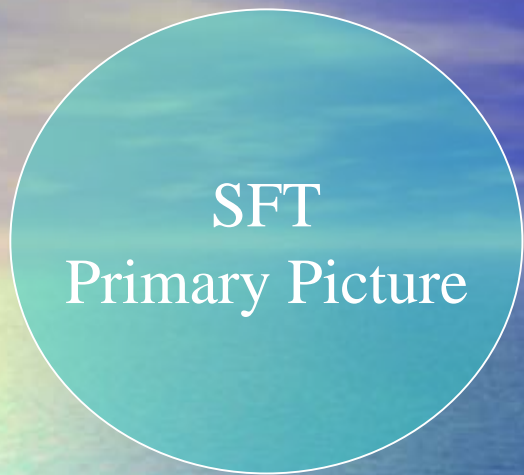
- No-violence contract
- Co-therapists
- Safety plan
- Negotiated time-out
- Pre and post-session meeting with each partner
- Ongoing assessment of appropriateness of couple treatment

Session Format

- 75 Minutes
 - 10 minute individual check-in
 - 5 minute therapist check-in
 - 45 minute conjoint session
 - 15 minute individual post-session

Conjoint Treatment Model

- Framework Is Solution-Focused
- Adjunct Tools Used to Address Specific Issues



- Highlighting change
- Exceptions
- Compliments
- SF Meta-dialogue
- Vision
- Ending well

- Recurrence of violence
- Escalation
- Depression
- Unresolved grief/loss
- Skill deficits
- Stress

- Safety planning
- Time-out
- Airing hurts
- Communication skills
- Stress management
- Psycho-education
- Medication

Using SFT Techniques

- Joining with competencies
- Amplifying success
- Working toward the future
- Exceptions
- Working with “negative” experiences
- Therapist meta-dialogues
- Ending

Ending Well

- Video Examples

Alumni Group

- Developed in response to client concerns
- Available to all clients
- Meets every 2-3 weeks
- Provides couple-to-couple support
- Keeps focus on solutions
- Fosters autonomy

Best Practices for couples work with IPV

- Clinicians need specialized training and supervision in IPV and in working with high intensity couples.
 - Insure that violence is the responsibility of the violent individual, not the couple.
 - Know ethical and legal responsibilities regarding IPV.
 - Act decisively if escalation begins.
 - Be comfortable using IPV-focused interventions
 - Negotiated time-out
 - Safety planning
 - Psychoeducation about IPV
 - Be prepared to deal with own counter transference

Treatment needs to be modified to ensure safety

- Treatment may need to be more structured to ensure safety.
- Be careful about revealing secrets that could endanger partners.
- Check-ins and individual sessions need to be part of treatment.

Careful screening for appropriateness of this modality must be a part of ongoing treatment

- Use screening instrument (CTS2 or other measure of IPV)
 - Have weapons been used? Have potential participants needed medical care as a result of IPV.
- Assess other mental health and substance abuse issues
 - Is it likely that substance abuse and/or serious mental health issues will make treatment difficult or unsuccessful?
- Ongoing interviews
 - Does the partner have any fear of violent retaliation as a result of speaking freely in sessions?
 - Does the violent partner(s) blame the other partner or accept responsibility for the violence?
- Monitor agreement between clients
 - Are both partners open about level of past or current violence, etc.?

Clinicians should work in conjunction with coordinated community response to IPV

- Become familiar with and work to earn respect of others in community working to end violence
- Be prepared to refer to shelters and hotlines.
- Be prepared to help victim use legal interventions (retraining orders, call police).



Treatment Outcome

Our Study

- NIMH-funded study
- Quasi-experimental design
 - Random assignment to Tx conditions
 - Non-random control group

Participants

- Referral routes
 - Local DV program
 - Court services
 - Advertising

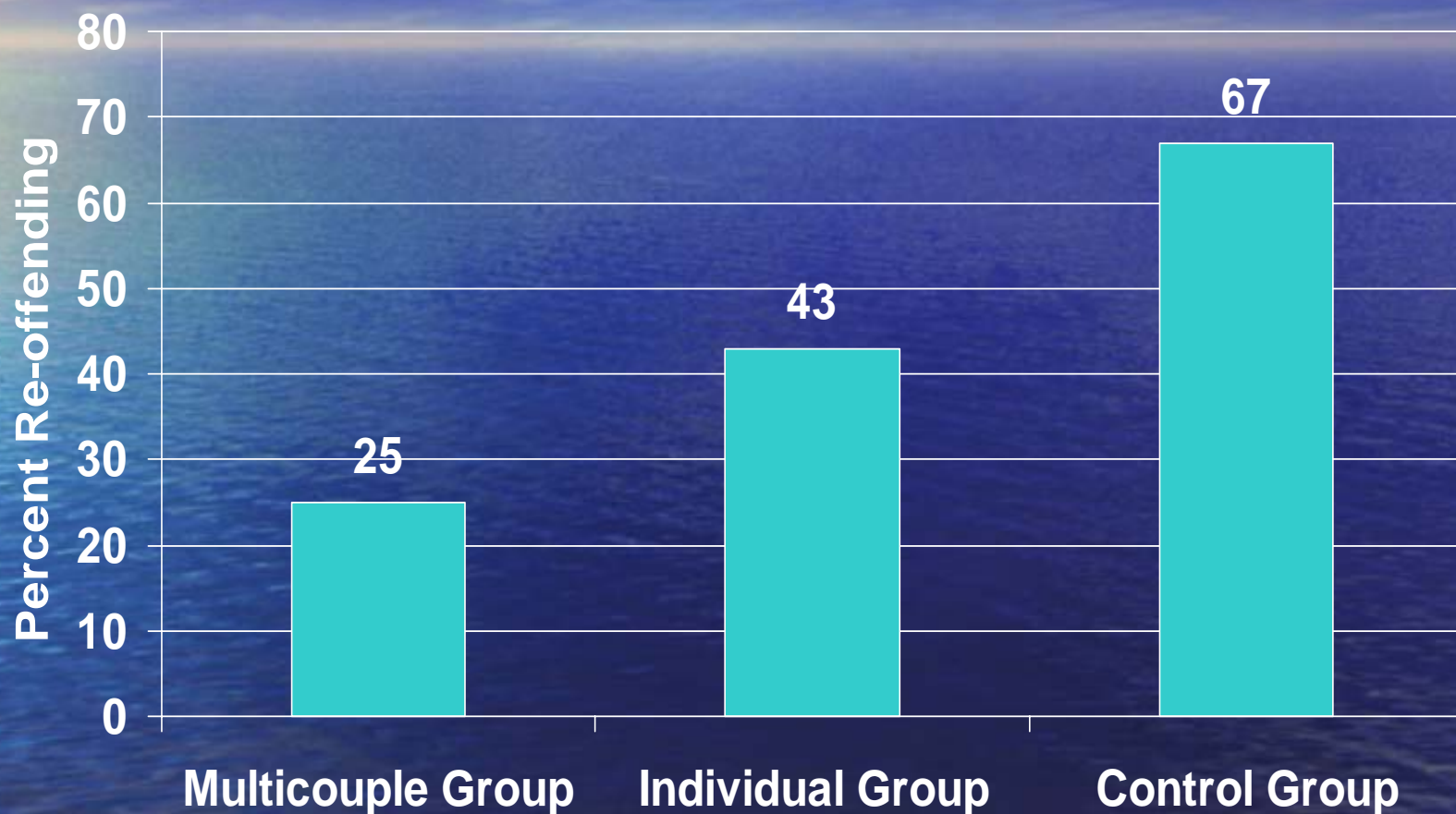
Design

- Two treatment groups
 - Individual couples (14 completed)
 - Multi-couple group (16 completed)
- Control group (N = 9)
 - Couples who couldn't attend for scheduling reasons but who were available for data collection

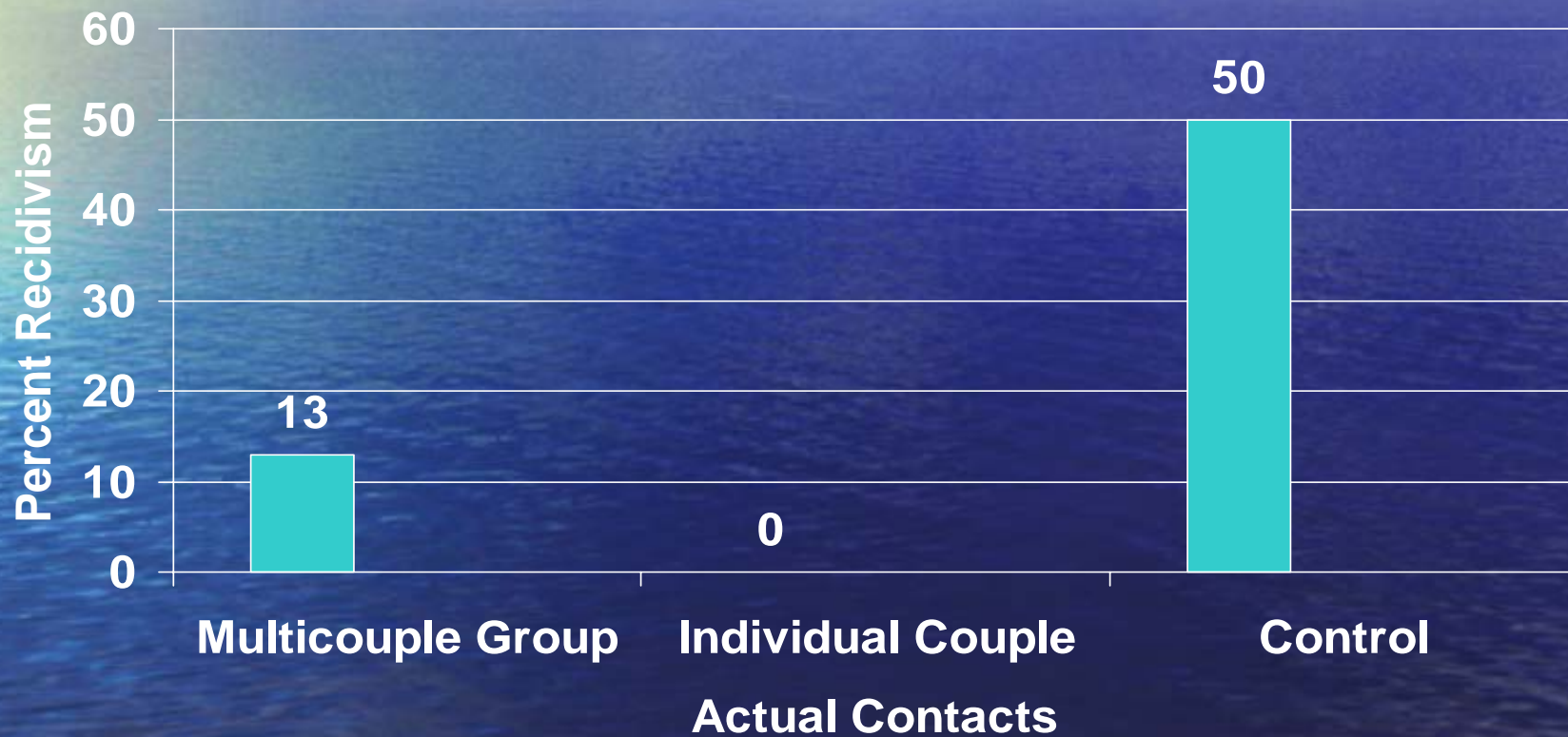
Recidivism

- 6-month follow up
 - All female partners contacted at 6-months post treatment
 - Completed CTS2
 - Any report of violence led to male being judged to have recidivated
- Multicouple group better than control ($p = .04$)

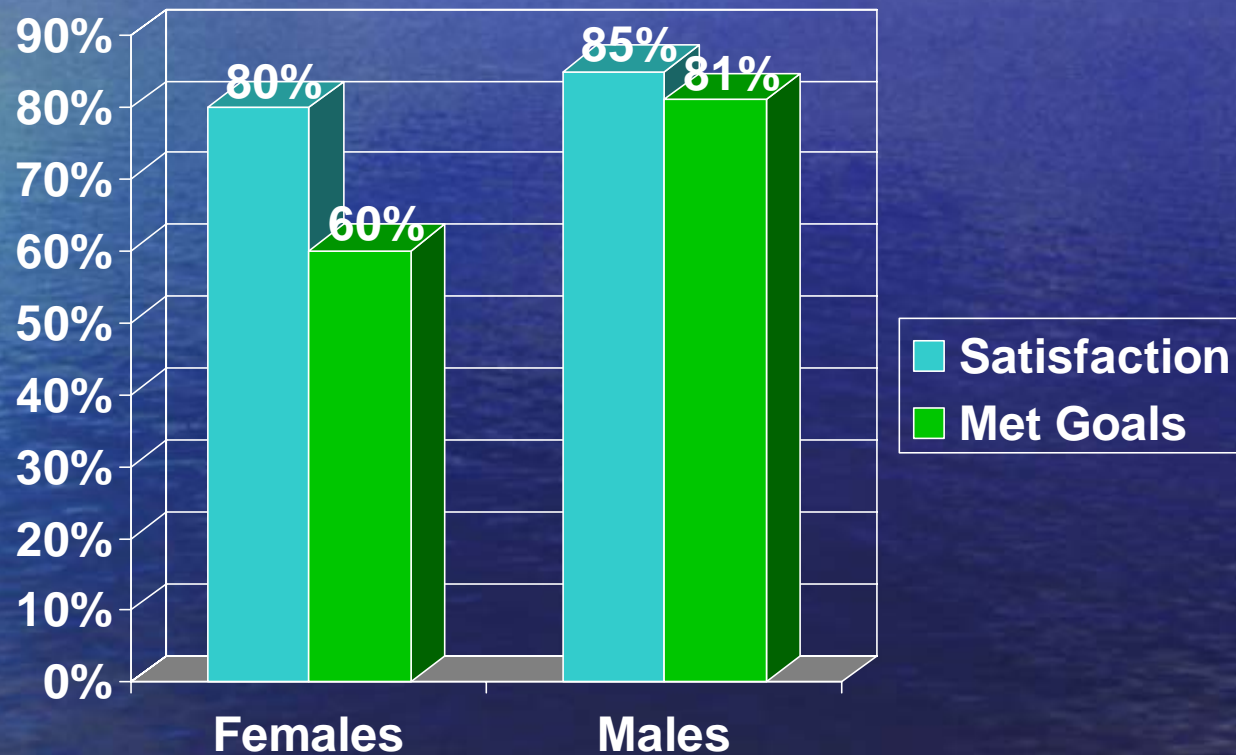
6-month Recidivism



2-year Recidivism



Clients' Perceptions of Therapy



Changes Men Made

- Stress and anger management skills
- More trust
- Broader perspective
- Consideration
- Greater ability and desire to communicate
- More accepting of partner

Changes Men Made

Male clients:

“not letting stress build up; not throwing objects, and staying pretty calm.”

“I am more considerate of my wife’s feelings and points of view.”

“I do not speak for [wife].”

“less jealousy.”

“think more how my actions (speech) affect her.”

Female clients:

“less likely to violent behavior.”

“talking more; compromising.”

“My spouse is more sensitive, supportive, and more there for me emotionally. He is making great efforts to lessen stress in my life.”

“no hitting; no bad language.”

Changes Women Made

- Empowerment
- Lower reactivity
- Increased hopefulness
- Patience toward partner
- More involvement

Changes Women Made

Female clients:

“Free to be myself. I look for the positive in my spouse. I’m more direct in expressing my needs.”

“feel more secure in our relationship.”

“have more hope that we can work out our difficulties without resorting to verbal, emotional, or physical abuse.”

“an increase in self-identity and individual goals.”

Male clients:

“more involved”

“greater acceptance of different opinions and anger coping mechanisms.”

“understanding me a little more; catching herself when she is getting really frustrated.”