

Relationship education and couples experiencing violence: Is something better than nothing?

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Abstract

This article aims to apply a family systems framework to the practice of couple relationship education (CRE) as an appropriate resource for couples experiencing violence. Intimate partner violence (IPV) is a multi-faceted phenomenon that adversely affects the health and well-being of individuals, families, and broader social systems. Inconsistent practices may involve excluding couples who report active violence in the relationship, as CRE is primarily prevention-focused and considered an insufficient response. However, CRE is a rapidly growing, accessible community resource that can be considered an initial gateway toward second-order change for couples experiencing violence. We offer specific recommendations for the practice of CRE, including systematic IPV assessment, practitioner training, resource utilization, and curriculum adaptations. Family systems tenets and existing research related to violence among couples support our conclusion that something is indeed better than nothing.

KEYWORDS

couple relationship education, family life education and related areas, family systems theory, intimate partner violence, situational couple violence

INTRODUCTION

Couple and relationship education (CRE) aims to improve relationship functioning by teaching skills that improve relationship stability and health toward the expressed purpose of preventing future relationship distress (Markman et al., 2019). Consistent with the domain of family life education (FLE), CRE aims to foster healthy interpersonal relationships through prevention and preparation for individuals to deal with risks and dangers in the future (Myers-Walls et al., 2011). Despite the intent of CRE programs as inherently preventative in nature, the reality is that couples who attend may already be experiencing some level of distress or violence (McKay et al., 2016; Stanley et al., 2020). Unfortunately, IPV prevalence rates for CRE

participants are currently unavailable for couples experiencing various forms of violence because of inconsistent assessment procedures. The purpose of this article is *not* to suggest that CRE should be considered an appropriate treatment approach for couples experiencing violence. Rather, our aim is to provide recommendations and propose alternatives to the common practice of “screening out” couples from CRE who indicate they are experiencing violence in the relationship (Krieger et al., 2016; Roddy et al., 2018; Stanley et al., 2020; Wood et al., 2010).

The current best practices in relationship education propose that CRE programs can serve as an initial step and may encourage future help-seeking behavior, such as couple therapy (Stanley et al., 2020). There are currently empirically supported treatment approaches with the specific aim of addressing the effects of relational violence, such as couple therapy or specialized groups for victims and batterers. However, Stanley et al. (2020) argue, “Because relationship education carries so little stigma, people who might need other, more stigmatized services (therapy, substance use treatment, etc.) can enter the relationship education door more easily than other doors” (p. 505). Therefore, this article offers specific recommendations guided by existing CRE research and our experiences as practitioners in the field who have also struggled with meeting the needs of couples outside the intended scope of practice.

COUPLES EXPERIENCING VIOLENCE

Violence among couples adversely affects the health and well-being of individuals, their families, and the broader social systems (Health Resources and Services Administration, Office of Women’s Health, 2023). In the United States, it is estimated that 47.3% of women and 44.2% of men experience some form of sexual violence, physical violence, or stalking victimization by an intimate partner in their lifetime (Leemis et al., 2022). Given these prevalence rates, researchers, practitioners, and policymakers must aim to address intimate partner violence (IPV) on multiple fronts (Niolon et al., 2017). CRE may be considered an initial step or “gateway” for couples experiencing violence (Stanley et al., 2020). Evidence supports the implementation of CRE as a means of addressing relationship satisfaction, conflict management skills, positive communication, and coping skills, which have shown to be protective factors for IPV (Spencer et al., 2022). Additionally, access to affordable relationship education continues to grow and support families nationwide with increased support from local and federal healthy marriage initiatives (Administration for Children and Families, 2023).

The combined trends of greater access to CRE programs and growing awareness of relationship violence suggest there are likely to be couples attending CRE programs who are experiencing or are at risk of violence (McKay et al., 2016). The 2005 Government Accountability Office report originally called for additional guidance for IPV response in social service programming. We therefore argue it is imperative for relationship educators to clarify their role in working with couples experiencing violence. However, there continues to be controversy and confusion among practitioners regarding their roles and responsibilities in addressing IPV in community settings (United States Government Accountability Office, 2005). McKay et al. (2016) emphasize “...Healthy relationship program staff—who are experts at relationship education, but do not usually have clinical or practical experience serving victims and perpetrators of domestic violence and dating violence—may feel overwhelmed or unsure of how to proceed” (p. 7). In order to address these calls for additional guidance, the following article will use a family systems theory (Bateson et al., 1956) framework to propose appropriate recommendations for the field of CRE based on the extant research among participants experiencing violence.

Johnson’s typology of IPV is a commonly accepted framework to characterize the various forms of relational violence, which originally distinguished between common couple violence (CCV) and patriarchal terrorism (PT; Johnson, 1995). Ongoing IPV research has further identified four distinctions of Johnson’s original typology, which includes updated terms of

situational couple violence (formerly CCV) and intimate terrorism (IT; formerly PT), determined by the role of *coercive control* in the use of violence (Johnson, 2008). Situational couple violence (SCV) refers to violence that is typically bi-directional and situationally dependent in reaction to an argument or the escalation of a specific event (Hardesty & Ogolsky, 2020; Johnson, 2008). Comparatively, a distinguishing criterion of IT is the presence of coercive control, a unidirectional desire to exert control over the partner through fear and intimidation (Johnson, 2008; Kelly & Johnson, 2008). While it is outside the scope of this article to provide an exhaustive discussion of the IPV classification literature, Conroy et al. (2022) provide an in-depth analysis of the current state of the IPV typology research for relationship educators with advanced knowledge of IPV. CRE research continues to use the term intimate terrorism (e.g., Stanley et al., 2020); however, current IPV researchers recommend using the term coercive control when referring to unidirectional violence to emphasize the centrality of this defining characteristic. We will therefore use “coercive control” in the remainder of this paper.

Prominent relationship education scholars propose that couples experiencing violence associated with coercive control are not likely to voluntarily refer themselves to CRE programs, making SCV more likely among couples experiencing violence in CRE programs (Derrington et al., 2010; Stanley et al., 2020). Yet, there is no existing evidence to verify the prevalence of couples experiencing SCV versus coercive control who attend CRE programs. Partners asserting coercive control may use CRE participation as a reconciliation tactic or a manipulative demonstration to broader communities (e.g., church and military base) of their relationship commitment. It is therefore important that relationship educators prepare for and assume the presence of both forms of IPV among couples. Until such empirical support is available, recommendations for CRE with couples experiencing violence should be informed by an appropriate theoretical framework.

THEORETICAL BACKGROUND

Two prominent theoretical frameworks used in the extant literature to examine violence among couples include a feminist framework and family systems theory (Bateson et al., 1956). Feminist family theorists have long criticized the systemic framework citing an inherent lack of attention given to power, control, and patriarchal structures in family research (Baptist & Hamon, 2022). Comparatively, one feminist lens suggests that societal norms and gendered upbringings have strengthened the ability of men to use fear as a control tactic against women (De Coster & Heimer, 2021). Johnson's (1995, 2008) typology first identified different types of violence by distinguishing the role of power and control in IPV, acting as a bridge between feminism and systemic conceptualizations of IPV (Conroy et al., 2022). Addressing existing trends such as female-perpetrated violence and SCV are not anti-feminist, but may be best explained with a framework that also incorporates broader considerations beyond systemic patriarchy (George & Stith, 2014). Gatfield et al. (2022) further explain that a family systems framework allows for the depolarization of prominent theories used to explain relationship violence, which results in the complication and siloing of service responses.

Family systems theory offers a compelling framework to explain trends that indicate the majority of couples in community samples engaged in SCV compared to coercive control (Conroy et al., 2022; Derrington et al., 2010). In contrast to feminist theory that highlights patriarchy as the primary antecedent of violence, Keeney (1983) explains “...symptoms represent recursive feedback cycles of escalated behavior and experience that are organized into an interactional system” (p. 124). Applied to SCV, violence may be considered a dyadic, bi-directional process that is enacted when current attempts to communicate with one's partner are repeatedly unsuccessful. Conceptualizing SCV as a harmful process of miscommunication suggests that “second-order change” is achieved by interrupting couples' repeated attempts to communicate at an escalated, harmful level (Watzlawick et al., 1974, p. 77). von Bertalanffy (1968) explained

“...you will always find that the behavior of an element is different within the system from what it is in isolation” (p. 68). Therefore, the introduction of a professional into the system (e.g., therapist and marital educator) is likely to interrupt the maladaptive processes that contribute to harmful outcomes such as IPV. For example, pivotal research initially conducted by Stith et al. (2011, 2012) first identified the benefits of working with couples experiencing violence through systemically informed couples therapy.

CRE AND COUPLES EXPERIENCING VIOLENCE

Manualized couple-based interventions such as Domestic Violence-Focused Couples Therapy (Stith et al., 2011) and Behavioral Couples Therapy (O’Farrell & Schein, 2011) have demonstrated positive outcomes through skill development. Additionally, there is a growing application of attachment-based interventions based on the established role of attachment insecurity (i.e., anxiety and avoidance) in IPV (Lefebvre et al., 2021). Emotionally focused couples therapy (EFT), for example, may be used to alter the negative interaction cycle underlying emotional reactivity that results in SCV (Slootmaeckers & Migerode, 2020). Despite the increase in evaluation of couple therapy approaches for IPV, Hubbard and Anderson (2022) identified logistical (e.g., cost and scheduling) and attitudinal (e.g., stigma and trustworthiness) barriers that impeded couples from seeking treatment. CRE may therefore act as an initial step to more violence-specific clinical approaches through greater accessibility and reduced stigma through established community partnerships, such as faith-based organizations and US military bases.

Typical skills-based CRE intended outcomes are situated in improvements in communication skills, conflict management, and other healthy relationship skills that are directly relevant to the prevention of violence (Niolon et al., 2017). Although the intent of CRE programs is inherently preventative, it should be expected that couples may already be experiencing some level of distress or violence. Notably, couples with the highest levels of relationship distress or risk tend to experience the greatest benefits, demonstrating appropriateness for working outside of the traditional bounds of enrichment programming (Carlson et al., 2017; McGill et al., 2016; Stanley et al., 2020). Preliminary findings indicate that relationship education programs specifically targeting IPV may effectively reduce the prevalence or attitudes toward violence.

An example curriculum, *The Creating Healthy Relationships Program (CHRP)*, is designed to reduce IPV using a skills-based approach aimed at teaching techniques to foster stronger relationships and improve conflict management. CHRP demonstrated a significant reduction in IPV at follow-up as well as improved attitudes about healthy relationship skills among a sample of low-income, situationally violent couples (Cleary Bradley & Gottman, 2012). Additionally, ePREP has been tested in a randomized clinical trial as a cost-effective virtual method for preventing IPV with reductions in psychological and physical aggression at a one-year follow-up (Braithwaite & Fincham, 2014). Such programs provide further evidence supporting our proposal that conjoint interventions for generalized CRE programs do not present elevated risks for couples experiencing IPV. While such studies offer preliminary results supporting the use of CRE with IPV couples, our aim is to develop recommendations for relationship educators as an alternative to the commonly used “screening out” of participants experiencing violence. However, an important obstacle to effectively evaluating CRE programming for couples experiencing violence is the pervasive lack of standardized assessment for violence among participants (McKay et al., 2016).

Violence assessment and CRE

Large federal funding sources for relationship education provide ambiguous procedures for screening and response for IPV with no anticipated regulations to be forthcoming (McKay

et al., 2016; Stanley et al., 2020; United States Government Accountability Office, 2005). Problems such as inconsistency of risk assessment and variation in targets create complex challenges for CRE programming. The inconsistency and nuance of currently used measures limit the feasibility of accurately identifying couples that are not recommended for programming (e. g., coercive control couples) (Alexander et al., 2022; Hamberger et al., 2017). Widely accepted, reputable measures such as the Revised Conflict Tactics Scale (CTS2; Straus et al., 1996) or the Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1999), may better identify coercive control but are particularly detailed and may not be practical for use in a community-based program setting. Other available measures, including Humiliation, Afraid, Rape, Kick (HARK; Sohal et al., 2007), Partner Violence Screen (PVS; Feldhaus, 1997), and Woman Abuse Screening Tool (WAST/WAST-Short; Brown et al., 2000) vary in validity, sensitivity, and appropriateness for CRE couples. These measures are intended to detect the presence of violent episodes in the current or previous relationships and do not provide a clinical cutoff score. Such variations among the measures may lead to inaccurate overall prevalence rates and screening outcomes, while also making it difficult to decide how to proceed with clients.

The Extended–Hurt/Insult/Threaten/Scream (E-HITS; Iverson et al., 2015) is a brief measure intended to detect physical, psychological, and sexual aggression using a 5-point Likert scale with responses from 1 = *Never* to 5 = *Frequently*. The items assess the presence and frequency of physical, verbal, and sexual abuse in the participant's current relationship. Example items include, "Over the last 12 months, how often did your partner physically hurt you?" Item responses are totaled to produce a score ranging from 5 to 25 with a clinical cutoff score of 7. Criterion validity of the measure was established by comparable sensitivity and detection rates as the CTS2 (Iverson et al., 2015; Straus et al., 1996).

The E-HITS has shown to be practical for screening use in secondary prevention, psychoeducation programs offered in medical settings because of the practicality of the instrument compared to longer, more recognized, instruments (Crasta et al., 2022). Specifically, Crasta et al. (2022) emphasize that "Extensive measures such as the full CTS2 (78 items) or even the briefer CTS2S (20 items) are infeasible for routine use" (p. 14). One limitation of the E-HITS is that it is not intended to distinguish between typological contexts related to SCV versus coercive control. CRE practitioners serving populations who may be at risk for coercive control should consider utilizing additional measures that assess for coercive control, such as the PMWI (Tolman, 1999). However, a modified E-HITS measure called the Relationship Violence Use and Experience Screener was recently developed to provide a more nuanced assessment of directionality in IPV experience and use and has been supported by preliminary examination (Portnoy et al., 2023). We therefore propose that the E-HITS may be appropriate for use in similar, prevention-based CRE programs because of the brevity of the measure, cutoff score, and simple scoring procedures. Consistent assessment with an appropriate, practical measure like the E-HITS will allow relationship educators to have clearer guidelines about their role in working with couples experiencing violence.

Navigating our scope of practice

It should be expected that distressed or violent couples will attend community-based services (McKay et al., 2016; Stanley et al., 2020). The question is how to respond to best maintain our ethical responsibilities with such couples to promote their safety. As mentioned, relationship education programming has the most potential for situationally violent couples, who are vastly more likely to attend programming compared to couples experiencing coercive control (Stanley et al., 2020). Coercive control prevalence rates often utilize data collected from batterer intervention programs or domestic violence shelters, which have a disproportionately higher representation of coercive control compared to the general population (Love et al., 2020). Further,

SCV is more common than coercive control in the general population compared to clinical samples (Conroy et al., 2022; Derrington et al., 2010). Stanley et al. (2020) argue that it would be highly atypical for both partners to attend an enrichment course, considering that a primary tactic of coercive control is isolation and control. However, it is important to be considerate of the possibility in CRE settings regardless of the screening procedure.

Screening out

Controversy lies in the common practice of screening out couples who report they are experiencing violence because of potential harm in conjoint treatment. However, consensus is largely shifting toward conjoint treatment for situationally violent couples as acceptable, noting that many of such couples stay together (Stith & McCollum, 2011). Derrington et al. (2010) recommend that couples who screen positively should not be screened out of programming, as rejecting couples from this type of program discourages help-seeking behaviors. Previous research has demonstrated how couples who participate in premarital education are more likely to seek couple therapy than those who do not (Williamson et al., 2018), suggesting exposure to relationship education programming can effectively serve as an introduction to more intensive services. Although some providers may routinely screen out SCV couples from their CRE program, Stanley et al. (2020) describe serving them as an opportunity for couples to leave with more than they started with.

Making referrals

The argument to deny services is often partnered with a referral to clinical services. However, this creates an additional risk that the couple will end up without intervention (United States Government Accountability Office, 2005). Social stigma, resistant family boundaries, and financial challenges are only a few obstacles that may restrict couples from attending a more individualized form of intervention. We argue that the willingness to attend any type of program offers an initial starting point for couples' openness to intervention. By extension, turning away such couples may inhibit ongoing help-seeking behavior and reinforce further isolation of the couple. Exposure to practitioners has the potential to re-calibrate the escalation that is occurring, as "It is important to realize that the social system surrounding symptomatic behavior typically calibrates its escalation" (Bateson, 1972). By contrast, help-seeking behavior is indicative of second-order change and should be encouraged for these couples. The process of stepping outside of the boundaries of a very secretive, private, and stigmatized phenomenon to seek change is critical for progress toward change, regardless of the intensity of the intervention.

FUTURE DIRECTIONS

Using a family systems framework to guide the available literature and CRE practice, we make the following three recommendations to address the needs of couples experiencing violence who are likely to attend CRE programs.

Consistent assessment

The first is that screening for IPV must become more widely and consistently implemented with an appropriate measure. Ambiguity and inconsistency in screening tools create further

uncertainty about the participant's experience and evaluation. In our experience implementing relationship education programming, practitioners may be reluctant to assess for violence among participants because they feel unqualified or believe it is outside of their scope of practice. On the contrary, we argue that the current reluctance to assess participants for IPV is unfounded and potentially harmful, as avoiding assessment does not minimize CRE participation among couples experiencing violence. Inconsistent or lack of assessment simply means the facilitators are unaware of the violence, creating further risk to safety.

Well-established, validated instruments such as the CTS2 are impractical in a CRE setting because of the number of items and complex scoring procedures. Conversely, existing programs may only use single-item assessments that ask participants to confirm they are not currently experiencing violence as part of the eligibility criteria (e.g., Moore et al., 2023), which is also not appropriate. As a result of a lack of clinical training for relationship educators, selected screening tools should include a clinical cutoff score for practitioner use. We, therefore, recommend shorter, validated instruments such as the E-HITS (Iverson et al., 2015) because of the brevity in items, Likert scale response options, and an established clinical cutoff score. However, practitioners should be aware that this measure alone cannot distinguish between SCV and coercive control. It should be noted that these assessments should be given to each partner separately to maintain participant safety (Keilholtz & Spencer, 2022). Measures with clear designations are critical, considering practitioners may lack specific training with IPV.

Training and resources

Our second recommendation is for practitioners who are implementing CRE to receive additional training to become knowledgeable in the typology and behaviors associated with IPV. It is important for relationship educators to maintain their scope of practice while also being able to recognize which couples are in need of a higher level of care (e.g., couples therapist). However, despite a broad consensus among relationship educators to immediately deny ongoing participation once active IPV is identified, we argue that this could put victims at greater risk for harm, as is outlined in couple therapy standard practice. Additionally, facilitators should not share their concerns or results of the assessment with specific couples to maintain the safety of all participants. Most importantly, there needs to be a plan in place to support these couples when, not if, they show up to programming. Prior to any program implementation, facilitators should have a thorough awareness of available resources in the community that are appropriate for the diverse needs of participants. This may include factors related to treatment accessibility (e.g., uninsured and low-income), co-occurring substance abuse, crisis centers, and connection to local domestic violence specialists. It is important to have connections with at least three to five specific providers, rather than organizations, to facilitate warm referrals if necessary. However, some participants may not feel the need to take steps toward additional help because of a lack of awareness of the severity of certain harmful behaviors they are experiencing.

Curriculum adaptations

Our third recommendation is that CRE curricula should include psychoeducation for couples to identify specific *behaviors*, as opposed to ambiguous buzzwords such as “violence,” that are associated with IPV. For instance, when discussing negative conflict, offer examples of specific behaviors that are considered high risk for IPV. Participants may be dismissing harmful behaviors, which when confronted with clear examples of violence, may instill a need to seek further intervention or end the relationship. Krieger et al. (2016) offer a more detailed discussion about possible curriculum inclusions to address IPV during traditional programming. The authors

provide a review of a sample of curricula and whether they provide certain curriculum elements such as including “instruction and activities designed to train participants to identify warning signs for violence” (Krieger et al., 2016, p. 5).

Within common CRE programs, there are opportunities to build on conversations around conflict escalation and where to draw the line for unsafe behavior. For example, while discussing conflict resolution strategies, facilitators can discuss warning signs of violence such as verbal aggression or throwing items. The content may include a distinction between when it is appropriate to take a break during conflict versus when it is necessary to seek professional services. By identifying specific behaviors couples may have experienced in the past as warning signs, participants will be able to gain awareness that what they experienced was violent or, at the very least, unsafe. Additionally, it is necessary that the *entire group* receive additional resources within the appropriate programming information. Overall, pertinent IPV training for relationship educators that is ongoing and incorporated into the curriculum should be a key component of any CRE programming.

CONCLUSION

We maintain that relationship educators can be an appropriate first line of defense as an introductory level of care for couples experiencing or at risk for IPV. If a program is an effective preventative measure for relationship distress, relationship educators should aim to retain and include such couples in the program. By extension, we must be mindful not to isolate or shun couples who actively choose to attend the program. Therefore, our role as relationship educators should be to support couples in their efforts to achieve the second-order change that is necessary to improve the relationship. CRE is not intended to fully eradicate all relational dysfunction, including violence. However, it is our position that something is indeed better than nothing.

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