## **Guidelines for Assessment of Couples with Domestic Violence Issues**

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# Rationale for Investigation Beyond the Screening Questionnaire

For couples in which a conflict screening score (like the Conflict Tactics Scale) is elevated, it is imperative that therapists distinguish between mild-to-moderate and severe violence. Mild-to-moderate violence is the most common type of domestic violence, and is often called common couples violence (Horowitz, Santiago, Perason, & LaRussa, 2009). "Mild-to-moderate violence is primarily a pattern of failed interactional, recursive sequences driven by thoughts and feelings translated into conflict tactics (behaviors) that may be initiated by either partner simultaneously or at different points in time to resolve differences (Horowitz et al., 2009, 254)." Some research suggests that couples therapy is as effective for mild-to-moderate violence as gender-specific treatments (Brannen & Rubin, 1996; Dunford, 2000; O'Leary, Heyman, & Neidig, 1999; Horowitz & Skiff, 2007). However, if there is severe domestic violence, the couple is most likely not appropriate for any couples therapy.

Below are some characteristics of each type of violence.

Mild-to-Moderate	<u>Severe</u>
<ul><li>Pushing</li></ul>	* Choking
<ul><li>Shoving</li></ul>	* Closed-fist hitting
<ul><li>Grabbing</li></ul>	* Kicking
<ul><li>Slapping</li></ul>	* Use of a weapon

- Poor communication skills
- Poor social skills
- Difficulty expressing emotions
- Low frustration tolerance
- Dependence in relationship
- Typical complaints in therapy
  - o Anger problems
  - o Communication problems
  - Fighting
- Is often bi-directional (two-way)
- Usually less frequent

- \* Repeated hospitalizations
- \* Physical evidence of violence
- \* Intent is to gain power and control
- \* May have criminal record
- \*Is usually unidirectional (one-way)
- \* Isolating partner from others
- \* Observed increases in violence over time/ months and years
- \*Characterized by a cycle of violence

#### Guidelines for Individual Intakes

Remember that safety should be your first priority. Any assessment of violence should be done in the individual intakes, not the dyadic intake because some clients may not feel safe to discuss these issues in the presence of their partners. Pay close attention to who reported the violence. If only one partner reported physical aggression, the therapist should conduct the individual session with that person first, use their judgment, and obtain permission before discussing it with their partner.

To distinguish between mild-to-moderate and severe types of violence, the therapist must assess the frequency of violence, severity of violence, contextual situations and duration of violence within the past year. Some of this is addressed in initial questionnaires, but following up on these items is always a good idea.

It would be beneficial to assess previous violence in other relationships, including criminal charges related to domestic violence, substance use during the violence, attempts to leave the current relationship because of violence, and number of returns to the relationship.

This guide contains several key questions that assess if severe violence is present. You may need to postpone other intake assessment and prioritize this assessment.

To start the conversation regarding this sensitive topic, mention the initial questionnaires. "I noticed on the questionnaires that you mentioned you and your wife hit each other three times in the past year. Can you tell me more about that? How did it begin?"

# Key Questions to Ask

- How often have you or your partner engaged in \_\_\_\_\_ in the past year? Past month? Past week?
- Can you tell me the story of what happened the worst time?
- When this occurred, did you (or your partner) have bruises, cuts, etc left on your body?
- Were you (your partner) taken to the hospital or other medical facility?
- Were you afraid at the time of the incident?
- Did you (your spouse) use or threaten to use any type of weapon?
- Were either you or your partner under the influence of alcohol or other drugs at the time of the disagreement?
  - If so, frequency and severity of substance abuse will also need to be assessed.
  - Couples therapy is typically contraindicated when couples present with both co-occurring substance abuse and physical violence, even mild violence.

- (If they have children) What has been the impact on your own children? Have they witnessed physical aggression between you and your partner? Have they ever been the targets of the abuse?
- Has your spouse ever threatened to hurt and/or kill you?
- If severe violence has occurred (based on the previous questions):
  - Do you have a safety plan set in place in the event that physical violence begins to escalate? (If they don't already have a safety plan, it is important that you help them formulate one during this session).

## Follow-up Questions

If mild to moderate. If you believe that the violence is mild to moderate or "common" type of violence, then it would be important to assess them as aggressors, as well as receivers of violence. Remember that common couples violence is often 2-way so you may need to ask these questions of both partners.

- (Directed at any partner that has been aggressive) Do you accept responsibility for your aggressive behavior? Do you recognize that others cannot control your behavior and that you are able to make good decisions?
- Are you committed to avoiding physical aggression? In order to proceed with couples therapy, you must both commit to avoiding physical aggression and trying new coping strategies.

If more severe. If the couples violence is more severe violence and suggests that couples therapy is contraindicated for the couple. There are always couples "on the bubble" in between severe and moderate and seeking supervision on those couples is recommended. After asking the above questions, you have the option of asking

several follow-up questions. These questions may be relevant to your couple, specifically if they endorsed any of the original violence items.

- Have you (or has your spouse) ever been sexually aggressive within your relationship?
- Do you consider your partner (yourself) controlling or jealous?
- Have you ever been in an aggressive relationship prior to your current relationship?
- Is the physical violence in your relationship something you want to work on in couples therapy?
- Do you feel safe talking about physical violence with your partner during therapy sessions?
  - If not, couples therapy is contraindicated and individual therapy may be more appropriate.
- Do you believe that talking about these issues during session will lead to more violence after the session?
  - If so, couples therapy is contraindicated and individual therapy may be more appropriate.
- Did you ever witness your parents hitting/pushing/shoving each other?
- Did your parents ever hit/push/shove you as a child?

# Are they Suitable for Hope Focused Couples Therapy?

In order for couples to benefit from Hope therapy, they must meet several criteria.

- Their current level of violence is mild-to-moderate (within the past year).
- Domestic violence is not the primary issue in the marriage, but both partners
  express an interest in addressing it in conjoint sessions with their partner. For
  instance, they express a desire to improve their communication, intimacy, etc,

but acknowledge that physical aggression may interfere with progress in these areas.

- Both partners report that they feel safe to talk about these issues and that they
  do not fear what will happen after the sessions.
- Commitment to avoid physical aggression and to implement new strategies for dealing with their frustration
- Both partners respond well to a "time out" intervention given as the original intervention and are able to maintain a violence-free relationship throughout therapy. If they engage in violence while in counseling then a transition to individual therapy for some time is recommended.
- Both partners sign a no violence contract

### Additional Resources

If the couple meets these criteria and you believe they are appropriate for the study, please refer to the existing Hope resources on implementing effective time-outs:

Strategies for time-outs with couples (the white paper by Ripley & Robertson, 2009);

Using Time Outs Effectively/Time Out Contract; and the Time-Out take-home worksheet. In addition, you may want to add additional sessions focused on exploring their current cycle of conflict and establishing ways to break the sequence. Please refer to the in-session guides: Identifying Patterns of Unresolved Conflict and Pathways to Resolution. If the couple needs these interventions, it is recommended that your treatment plan be extended to 10 sessions, with 1-3 sessions focused on interrupting the violence pattern.

#### References

- Brannen, S. J., & Rubin, A. (1996). Comparing the effectiveness of gender-specific and couples groups in a court-mandated spouse abuse treatment program.

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- Dunford, F. W. (2000). The San Diego Navy Experiment: An assessment of interventions for men who assault their wives. *Journal of Consulting and Clinical Psychology*, 68, 468–476.
- Horowitz, S.H., Santiago, L. Perason, J., & LaRussa-Trott, M. (2009). Relational tools for working with mild-to-moderate couple violence: Patterns of unresolved conflict and pathways to resolution. *Professional Psychology: Research and Practice*, 40, 249-256.
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