

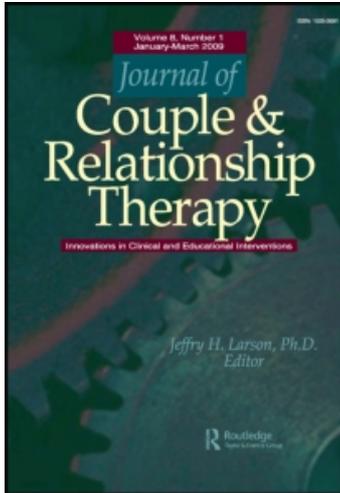
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Intimate Partner Violence in a Statewide Couple and Relationship Education Initiative

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As couple and relationship education (CRE) has become an increasingly common intervention, issues surrounding the awareness, prevention, and treatment of violence have been raised. Concerns include the level of risk among participants, appropriate training for educators, and the extent to which CRE increases or mitigates risks for intimate partner violence (IPV). This study reports the level of risk among CRE participants and explores the associated experiences of county Cooperative Extension agents who served as the CRE educators in Utah. The educators presumed those interested in CRE would not be experiencing IPV. However, 10% of CRE participants indicated moderate-to-severe risk, and an additional 29% indicated likelihood of at least mild violence. Implications include the need for CRE initiatives to (a) take the possibility of IPV seriously, (b) train educators to identify and handle diverse types of IPV, and (c) monitor the implementation of IPV protocols.

KEYWORDS *level of risk, intimate partner violence, prevention, couple and relationship education*

Tension has existed between professionals who work with couples and those who are concerned that such work may exacerbate or ignore violence in relationships (Catlett & Artis, 2004). In the realm of therapy, clinicians have advocated for the screening of couples, with recommendations against

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conjoint couples treatment if the situation is in anyway unsafe or treatment is not freely chosen (Bograd & Mederos, 1999). However, emerging work indicates that conjoint treatment can be both safe and effective for some couples given specialized treatment and an absence of severe violence (e.g., McCollum & Stith, 2007).

Risk for violence is common among couples, even those who do not present clinically (Centers for Disease Control and Prevention [CDC], 2009). In the realm of couple and relationship education (CRE) and marital enrichment, issues of violence have been addressed infrequently. However, it is crucial for interventionists of all levels to understand intimate partner violence (IPV) and proactively deal with it. This article will present rates of risk for IPV among participants of the statewide Utah Healthy Marriage and Relationship Initiative (UHMRI) and explore qualitative themes of the experiences of the Cooperative Extension agents who facilitate the CRE.

PREVALENCE AND TYPES OF IPV

Couple therapy and relationship education for couples have both been demonstrated to be effective in improving couple functioning (Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Shadish & Baldwin, 2003). Yet the potential for violence in couple relationships requires careful attention from interventionists. Violence has become recognized as an important social and public health issue. Each year in the United States, 1.5 million women and 800,000 men are physically or sexually assaulted by an intimate partner (CDC, 2009). A study of Australian newlywed couples found that roughly 20% of couples reported at least one incident of relationship violence in the past year (Halford, Farrugia, Lizzio, & Wilson, 2010). A randomized national study of U.S. women and men ages 18 to 65 found that 28.9% of women and 22.9% of men had experienced physical, sexual, or psychological IPV during their lifetime (Coker, Smith, McKeown, & King, 2000). These rates suggest that violence is not uncommon among couples in general. Offenses against spouses or partners often constitute the majority of crimes committed against family members.

The etiologies of violence are complex and include neurological and psychosocial factors, life stressors, substance abuse, and intergenerational transmission processes (Dutton & Corvo, 2006). IPV also varies in intensity and risk, although a full discussion is beyond this article's scope. Violence is now seen as heterogeneous, but disagreement exists as to whether violence should be classified by typologies, by processes, or by continua of severity (Capaldi & Kim, 2007). In terms of typology, Johnson (2008) distinguished between *situational couple violence*, a relatively common form in which disagreement escalates into violence and which is almost equally likely to be perpetrated by women as men; *violent resistance*, where

violence is a response to a perpetrator; and *intimate terrorism coercive controlling violence* (almost always perpetrated by males), which involves battering, control, intimidation, and psychological abuse (Johnson, 2008; Kelly & Johnson, 2008). Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2000) found that gender attitudes did not differ among perpetrators versus nonperpetrators of situational couple violence but, conversely, they found that male perpetrators of intimate terrorism were significantly more misogynistic than nonperpetrators.

Capaldi and Kim (2007) proposed an interpersonal process model in which developmental risks (e.g., antisocial behavior) combine with incidents (e.g., couple interactions in proximal contexts such as a breakup and/or substance use) and the impact of IPV (e.g., injury). In contrast, Cavanaugh and Gelles (2005) summarized literature on batterer typologies and derived three types: low, moderate, and high in terms of severity and frequency of violence. Other research posits the possibility of couple relationships where risk exists but in which there has been no violence. For example, a study of therapy-seeking couples yielded a three-class typology of no violence, low-level violence, and moderate-to-severe violence (Simpson, Doss, Wheeler, & Christensen, 2007). The current study likewise assumes there are different types of relationship violence, and we use a measure that classifies responses in terms of three levels of risk: little risk of violence, likelihood of minor violence, and likelihood of moderate-to-severe violence (Jory, 2004).

The rate of risk for violence among those who attend relationship education is an important empirical question. Relationship problems are common among those who attend CRE (Duncan, Holman, & Yang, 2007). Problems that prompt couples to seek either counseling or CRE may also be predictive of risk for IPV. Risk factors for abuse include problems such as prior emotional abuse, substance use, and low marital satisfaction (Stith, Smith, Penn, Ward, & Tritt, 2004).

CRE IPV PROTOCOLS

Violence prevention protocols have been recommended to proactively address the potential for violence among CRE attendees (Whiting, Bradford, Vail, Carlton, & Bathje, 2009). Questions have arisen regarding how CRE initiatives handle IPV issues and, consequently, federally funded CRE initiatives are required to consult with IPV experts, have a plan to address violence issues, and ensure voluntary participation (ACF, n.d.). Utah's state initiative uses a nine-page document designed to ensure that violence and risk for abuse were safely and consistently addressed. The protocol contains facts regarding violence, local resources, and specific steps that educators should take. As part of this protocol and before offering any CRE services, participating county Cooperative Extension agents are instructed to complete a

4-hour web-based training course, *The Basics of Domestic Violence*, offered by the Utah Domestic Violence Council (2009). Agents were also instructed to contact their local domestic violence centers in anticipation for future referrals.

The protocol explained how to safely raise awareness of IPV and what is reportable in the state of Utah. At registration or at the first class, CRE participants had to sign an informed consent letter stating he/she was willingly attending the CRE offering and that any child abuse and/or neglect, including child witness to IPV, would be reported to the Division of Child and Family Services. During orientation for the first class, agents were to provide an IPV fact sheet and materials/brochures from local agencies with basic IPV information and telephone numbers for resources/shelters. The agents were given the latitude to offer participants the option of leaving brochures and handouts if taking the materials home would compromise safety. As a suggestion, agents were also encouraged to place IPV and shelter information in the women's restroom as well. Finally, agents who held series of classes were instructed to show an 8-minute DVD video, *Safe & Skilled: Understanding Marriage Education and Domestic Violence* (Bathje, Whiting, Carlton, & Bradford, 2005), at the beginning of the series. The video prepares people for relationship education and states that CRE may not be appropriate when IPV is present. The video was not required for brief, one-time educational events.

STUDY PURPOSES

This study takes a step toward the larger goal of better understanding risk of IPV among CRE participants and the ways in which CRE initiatives handle IPV. Using descriptive data from Utah's statewide initiative approach to IPV, the purposes of this study are to (a) report the level of risk for IPV among participants using self-report survey data and (b) present the perceptions of Cooperative Extension agents regarding the problem of IPV in their communities as well their experience of dealing with IPV in their CRE program.

METHODS

CRE Participant Data

SAMPLE

The quantitative data used in this study were gathered from 1,124 participants in the UHMRI, an initiative that provides relationship education in 14 counties coordinated by county Cooperative Extension agents. Of these

participants, 987 indicated being in stable relationships (88% of the total) and were selected for inclusion in this study. Individuals who reported being “single” or “dating” were excluded. Of those included, 95.5% were married (70% of which were first marriages) and 4.5% were cohabiting. In this convenience sample, individuals completed self-report surveys after relationship education events, 58% of which were one-time events such as workshops and date nights. Other CRE activities included conferences and ongoing classes. No incentive was offered for participation in the research, although some sites offered modest programmatic supports to encourage attendance (e.g., gas cards). The sample consisted of 43% males and 57% females. The mean age was 38 years ($SD = 13.1$ years) for men and 36 years ($SD = 12.2$ years) for women. Most participants were parents (just over 80%), with a mode of three children. In terms of race and ethnicity, 86% were Caucasian, 10% were Hispanic, and 4% were of another minority. The mean family income was \$39,600 ($SD = \$37,700$). In terms of religious preference, consistent with the overall state proportions, 79% were members of the Church of Jesus Christ of Latter Day Saints (Mormon), 8% were Protestant or nondenominational Christian, 7% stated no preference, 5% were Catholic, and 1% indicated another major religion. On average, participants reported having attended one prior relationship education course or event.

Some of the data consisted of responses from both partners in a relationship, but there was also a portion of the data that came from individuals who did not attend with their partners. Couples' responses may be correlated, creating nonindependence of data. To achieve independence of data, analyses were conducted separately by sex.

Measures

RELATIONSHIP SATISFACTION

Couple relationship satisfaction was measured using the 3-item Kansas Marital Satisfaction Scale. Respondents rated their satisfaction with their marriage or relationship, their partner as a spouse or partner, and their relationship with their spouse or partner. The responses ranged from 1 = *extremely dissatisfied* to 7 = *extremely satisfied* ($\alpha = .95$ for men and $.97$ for women).

RISK FOR VIOLENCE

Risk for violence was measured using the Intimate Justice Scale (IJS; Jory, 2004). The IJS measures patterns of psychological control, manipulation, and harassment. The IJS has the dual benefit of measuring psychological abuse and physical violence without requiring CRE participants to answer multiple questions about violence, and it has established clinical cutoff

scores that distinguish three levels of risk. Jory (2004) reported a correlation of .77 between the IJS and the *Violence Scale* of the Conflict Tactics Scale (CTS; Straus, 1979), suggesting significant overlap with behavioral aggression. Couples were not screened because most of the activities were either one-time events or of relatively short duration, the programming was typically light in intensity, and the survey was anonymous.

A recent study found that survey-based rates of partner agreement were highest for psychological violence compared to physical and sexual violence (Caetano, Field, Ramisetty-Mikler, & Lipsky, 2009). The use of the IJS may thus possibly increase accord. In this sample there was a significant difference between men's versus women's mean responses (19.41 [$SD = 8.02$] vs. 18.38 [$SD = 8.09$], $p = .05$), indicating that men perceived slightly higher levels of psychological abuse; however, mean levels for both sexes were still below the clinical cutoff of 20 to 30, which would indicate the likelihood of minor violence. Respondents responded to statements such as, "My partner retaliates when I disagree with him or her" and "My partner tries to isolate me from family or friends." Respondents report on experiences with "my partner" rather than reporting individual behavior, with responses ranging from 1 = *I do not agree* to 5 = *I strongly agree*.

Given limitations in survey space and participant time, a short version of the IJS was developed for this project using 10 rather than the full 15 items of the scale (B. Jory, personal communication, December 15, 2008). The items were reduced based on factor analyses of data collected previously (see Whiting et al., 2009). As with Jory's (2004) original analyses, our analyses suggested that the items could be treated as a single factor ($\alpha = .91$ for both men and women). Cutoff scores converted to the following: 10 to 19 = little risk, 20 to 30 = likelihood of minor violence, and 31 and higher = likelihood of moderate to severe violence.

CRE Educator Data

This study is one part of a larger evaluation of the UHMRI that focuses on processes and outcomes of the initiative (Bradford et al., 2010). Qualitative data were collected from all 14 Cooperative Extension agents who were project leaders for CRE in their respective counties. These agents were engaged as project leaders because Cooperative Extension (a) serves almost all counties in the state, (b) has a long and successful history of delivering family life education to the community, and (c) has experience and history partnering with community organizations (Goddard & Olsen, 2004). Agents were charged with disseminating CRE throughout the state. They received modest funding support from the Utah Department of Workforce Services, which sets aside 1% of received federal TANF funds to support CRE efforts in the state.

In-person interviews were conducted with the 14 Cooperative Extension agents, lasting approximately 40 minutes each. These interviews were conducted approximately 9 months into the project. Mixed into the semistructured interview protocol regarding implementation, agents were asked to talk about IPV, to discuss any risk factors they may have seen, and to talk about the extent to which each felt equipped to handle IPV. Thirteen of the 14 agents were female (93%). Ages ranged from 32 to 63, with a mean of 29 years. All 14 were Caucasian; 64% were married, 21% were single (never married), and 14% were separated or divorced. All had master's degrees, and years spent as a Cooperative Extension agent ranged from 2 to 30, with a mean of 12 years. Most agents' programmatic responsibilities also included 4-H, youth development, finance, food and nutrition, and other duties. On average, agents reporting spending 18% of their time and programming in the area of family relations. In terms of county populations served, agents indicated a breakdown of approximately 14% urban, 23% suburban, and 63% rural.

Qualitative data analysis of agent interviews was done using the procedure described by Bogdan and Biklen (2003), who analyze data in the field of education. Two researchers read the transcriptions several times and developed coding categories based on the themes that emerged. Coding was then done independently and later compared. Discrepancies were reconciled by looking back at the data and jointly developing consensus.

RESULTS

CRE Participants

To contextualize the level or risk for violence in this community sample, levels of relationship satisfaction were calculated. The mean score for men's relationship satisfaction was above the clinical distress cutoff (17.75, $SD = 1.32$), and women's scores were just at the cutoff of 17 (17.0, $SD = 1.43$). On average, the relationships of these participants were not clinically distressed, but levels of relationship satisfaction were on the border of clinical satisfaction versus dissatisfaction.

Reports of levels of risk for violence according to cutoff scores (likelihood of little risk, likelihood of minor violence, and likelihood of moderate to severe violence) were calculated combining scores for both men and women: for 10% of the participants there was moderate to severe levels of risk. For 29% of the participants, there was at least minor violence likely at some point ever in the relationship. The other 61% of participants reported little risk. Comparing younger participants with older participants, there was no difference in levels of risk for violence for men ($p = .07$) or for women ($p = .37$). Comparing participants by lower versus higher family income, there was no difference in levels of risk for violence for men ($p = .81$) or for

women ($p = .17$). Individual items of interest also shed light on participants' risk for violence. In response to the item, "My partner believes he or she has the right to force me to do things," 9% indicated *agree* or *strongly agree*. On the item, "My partner tries to isolate me from family and friends," 7% indicated *agree* or *strongly agree*. Only 2% checked *agree* or *strongly agree* on the item, "Sometimes my partner physically hurts me." These responses point to components common in violent relationships: control, isolation, and harm.

Educator Interviews

The qualitative responses from the 14 Cooperative Extension agents regarding IPV focused on four areas. First, they described their knowledge of IPV in their counties. Second, they talked about the extent to which IPV had been integrated into their educational offerings. Third, they described evidence of Ifr2PV issues on the part of participants in their programs. Fourth, they talked about their comfort level in addressing IPV issues if they came up in offerings and if they knew how and where to refer people who had problems. In all of these areas, there was a wide range of responses on the part of agents.

KNOWLEDGE ABOUT IPV IN THEIR COUNTIES

When agents described their knowledge about the extent of IPV in their counties, they generally provided two types of responses. The response given by most of agents was that they knew it was in their counties based on information from the newspapers or that there were shelters or other services in the community. A minority of agents volunteered that they had first-hand knowledge about the rate of IPV.

When agents talked about knowing that IPV was in their counties, several said they were aware of services such as shelters in their communities:

I know it's there because we have shelters and I know they are pretty busy. I deal with the people who are on the board of the domestic violence shelter and we're always donating stuff to them.

Others indicated their knowledge was a little more extensive in that they identified certain areas of the county that had more problems than others or that the problem was across all groups of people. Some relayed stories of incidents in their counties that was reported in the newspapers and became public knowledge. Their personal experience and knowledge, however, were based on what any community member might know and were limited.

A minority of agents had extensive knowledge of IPV in their communities because as part of the job as agents they had worked with children in foster care or other programs where they heard the stories of abuse or control first hand. One agent had worked with IPV before becoming an agent and had extensive knowledge of violence in the county and could recognize signs of abuse. This agent described from a previous job how it was unreported because it was so common in their community:

It's really hidden. They call it the hidden crime and it really is. The reporting, it is way underreported. People are afraid of the system too. I would have people in court and the judge would have a penalty. . . . So the next time something happened they would would never call because they would go back to the guy and now they have this big bill they would have to pay for his fine.

IPV CONTENT IN OFFERINGS

There was a wide range of responses about the degree to which agents included IPV issues into educational offerings. Some of the agents indicated they did not talk about it at all in their programming. The reason typically given was because they had a one-time event and did not feel it was appropriate. A few agents showed a brief IPV video, *Safe & Skilled: Understanding Marriage Education and IPV*, at the beginning of each class (Bathje et al., 2005). However, most commonly agents wove it into other topics. Only one agent made it a significant component in the programming.

Those who wove it into other topics would talk about IPV or control with topics such as communication, respect, trust, or conflict resolution. For example, one agent said, "I touch on it briefly when they talked about trust and respect." Another agent said, "With each series we touch on some domestic violence prevention." A handout was used in one program that addressed the issue of control in relationships. The most extensive coverage of IPV issues was done by an agent who provided an entire class (of a series of classes) on preventing abuse and IPV and gave participants an incentive if they attended that class.

Finally, one agent volunteered that learning about IPV also came about by way of participants teaching each other. Advice about staying or not staying with an abusive partner sometimes came from others in the class when their partner was not present, as described by this agent:

We try to help them to see some of the thinking errors that they are going through, which is really powerful because you've got these other women who may have been out of situations and who've been through it. And they're saying, "Honey, you don't want to stay with this guy." So it's not me saying it, it's their peers saying it to them—which is very powerful.

EVIDENCE OF IPV

The great majority of agents said they saw no evidence of IPV in their program participants. They said things like, “I didn’t really notice anything” or “I don’t see that the couples that have been coming have an issue with it.”

There was a perception on the part of some agents that they were not attracting participants who had high levels of IPV. For example, one agent said:

We’re not really seeing that a lot, but I think that’s partly because we’re not hitting that demographic where that tends to be more of an issue. We try to advertise within those areas for our classes, but I can’t say whether or not they are coming.

Another agent who did not see evidence in offerings said, “The people that participated, I think, really wanted to work at marriage, work at their family relationships, work at trying to make their families better and stronger.”

Other agents, however, saw examples of unhealthy relationships in course offerings. One agent described the participants in some of her classes as having multiple relationship issues. This same agent described a situation where a woman who had been in multiple abusive relationships brought her 17-year old daughter to a class because she wanted to keep her daughter from falling into abusive relationships. The woman had said, “I’ve been in and out of domestic violence relationships for years and never wanted my daughter to go through this.” Another agent described how she tried to watch for evidence of abusive relationships in classes and would sometimes see a woman crying and she speculated about IPV issues.

RESPONDING TO IPV

Most agents said they were comfortable making referrals if issues of IPV arose in the educational offerings. A representative response was made by this agent:

I know the resources in the community and, in fact, just had a refresher course on what to do if something comes up, what should you do. So I have that information that I can turn to very quickly.

Other agents recognized the limits of their abilities when it came to helping participants with such issues:

The best thing that you can do is get them the kinds of help that they need. I don’t have that kind of training. . . . I mean I can help them find help, but I’m not the person to help them. I have referred people—helped people to get to people that can give them help.

A small number of agents did not feel that they had the information for referrals at their finger tips and some wished they had more training in that area. One agent said, "I know what to do, but I don't have the connections of the person to call and things like that. I need to get more aware of that in case we run into it."

DISCUSSION

This study represents the first known effort to study IPV in a statewide CRE initiative offered through the Cooperative Extension service. The appropriateness and role of the Cooperative Extension in implementing CRE has already been established (see Goddard & Olsen, 2004). What has not been established, however, is (a) the degree to which CRE participants are at risk for IPV and (b) the knowledge and comfort levels of County Extension agents who oversee local CRE offerings.

By and large, the Cooperative Extension agents in this study were already aware of IPV resources in their community. The fact that coordinating and partnering with local agencies are already part of the county agents' jobs is one of the many advantages of using the Cooperative Extension network for statewide CRE initiatives (Goddard & Olsen, 2004). However, despite training and protocols, not all agents were equally comfortable with incorporating IPV content or addressing IPV issues. Their responses in the interviews suggest their comfort level is more of a function of past experiences rather than of current trainings, resources, or protocols. Those who had previously worked with IPV victims felt more knowledgeable on how to identify it and more confident in their ability to address related issues.

While all acknowledged IPV was a problem and likely occurring in their respective county, a fair number of agents did not think it was a problem for those attending their CRE offerings. It was more common than not for agents to presume those interested in CRE were not people who had violence issues. The data from participants' surveys, however, provide a more complicated picture. Results from the IJS suggest that while 61% of participants had little risk of violence, 29% scored in the minor risk level and 10% had moderate to serve risk.

Self-report survey data are known to overreport situational couple violence while providing little information about intimate terrorism or violent resistance (Johnson, 2008). Victims and perpetrators of intimate partner terrorism tend not to participate in self-report surveys out of fear of exposure and later retribution (Johnson, 2009). On the other hand, agency data can underrepresent mild situational couple violence due to the focus on more serious forms of violence including those that produce serious injuries (Johnson, 2009). A couple of studies have found that, when distinctions among types of violence are allowed, between 60% and 90% of IPV in agency

data involves intimate terrorism (Graham-Kevan & Archer, 2003; Johnson, 2006).

When asked about IPV prevalence in their classes, Cooperative Extension agents, like other professionals, may immediately think about the more visible and obvious indicators of intimate terrorism. In the absence of cuts and bruises, they may think that IPV is not a problem. While they may be correct about intimate terrorism, the possibility of situational couple violence is still very real (cf. Johnson, 2008). Because of this, there is always the possibility that CRE offerings, despite screening and orientation efforts, will include participants who are experiencing (or at risk for) some type of IPV. This possibility is the source of discomfort to professionals who worry that CRE may do more harm than good (see Derrington, Johnson, Menard, Ooms, & Stanley, 2010).

Yet there are others, mostly from the CRE field, who believe screening out people with only mild or moderate violence should not be automatic and may do more harm than good. Derrington et al. (2010) summarize several relevant considerations. First, it may not be until an individual or a couple participates in a CRE program that they begin to realize that they are in an abusive relationship. Second, being allowed to attend CRE might afford them the opportunity to learn skills to control their conflicts and anger more effectively. Third,

... seeking voluntary participation in relationship education services could represent the first or most recent attempt by the victim or the couple to get help for the abuse ... even if a couple does not initially enter the ideal "room" for their particular needs and issues, that room may be the only room (metaphorically speaking) where this couple is going to show up at all. It represents an important starting point for gaining trust in providers who can help them identify and address issues and connect them with resources, services and supports (Derrington et al., 2010, p. 13).

The Cooperative Extension agents did not think there was much of an IPV problem with the people who came out to their CRE offerings. Experts would not preclude the possibility that the agents' assessment was correct inasmuch as voluntary group CRE offerings are likely unattractive to couples where one partner is trying to isolate or control the other (Derrington et al., 2010). However, with 10% of this sample indicating moderate to severe risk for IPV, the experts may be wrong. These data suggest that, in fact, a minority of CRE participants may be feeling controlled or isolated.

Implications for Practice

The self-reported risk for violence and the interview data point to several implications for practice. First, it is not safe to assume that all CRE participants

are, or will always be, free from IPV. Although most participants who presented in this study were not at “high risk,” nearly a third scored between the minor to moderate levels on the IJS, and one tenth were indeed at relatively high risk. Second, it is not safe to assume all CRE practitioners are equally adept at identifying situational couple violence or that they are comfortable dealing with IPV in general. In light of these first two implications, directors of statewide CRE initiatives, particularly those using county Cooperative Extension agents, should consider the following recommendations adapted from Derrington et al. (2010):

- Require orientations, in-services, and training on IPV issues and resources.
- Require partnerships with local community experts. State-level partnerships with state-level organizations are helpful to create protocols. However, local-level partnerships are needed to provide proximal and immediate assistance, as needs arise.
- Incorporate IPV content into the program content. For example, scenarios of situational couple violence can be used in lessons that teach conflict resolution skills. In so doing, couples who previously did not recognize their behavior as a form of IPV would be educated and made aware of alternative strategies.
- Provide “safe” opportunities for IPV identification and referral. For example, in the UHMRI all participants completed their survey separately from their partner and everyone received an informational facts sheet.
- Create a mechanism to ensure the protocol is followed. There are several possible mechanisms that could be considered to enhance compliance, such as additional documentation or certifications, IPV protocol audits, continuing education or trainings, etc. However, particularly for a statewide or multisite initiative, project directors will need to account for geographical obstacles of onsite monitoring, the expected autonomy and varying resources of each county/site, and the personality and experiences of CRE practitioners.

Study Strengths and Limitations

The inclusion of both quantitative and qualitative data provides two perspectives regarding IPV in CRE. First, the quantitative data highlight the reality of IPV risks in offering CRE. Even though the IPV measure did not allow us to distinguish between types of violence (Johnson, 2008), the IJS distinguishes three levels of risk (Jory, 2004). Second, the interviews make it clear that not all agents are aware of or equipped to deal with these risks, despite required training in IPV protocol. Cooperative Extension agents are constrained in the amount of time and follow-up they can commit to any one program, which may affect the fidelity and attention they give to details and protocols.

For most, CRE is but one of many programs for which they are tasked to administer, implement, and collect data. Simplicity is often necessary when embarking on unchartered applied research across multiple sites (cf. Heppner, Wampold, & Kivlighan, 2008), yet, in the case of this study, the simplicity of the evaluation design limits the strength of the findings.

Another limitation pertains to the demographics of the sample. The CRE participants were generally married and White with moderate incomes and multiple children. Additionally, 79% self-identified as members of the Church of Jesus Christ of Latter Day Saints (Mormon), a religion that encourages regular church attendance. Ellison, Bartkowski, and Anderson (1999) found that religious attendance was linked to decreased rates of IPV, which raises the question of whether the findings presented herein would generalize to other groups of religious and nonreligious CRE participants.

CONCLUSION

Participants in this statewide UHMRI did not self-report high risk for IPV. However, for 29% there was some risk for mild violence, and for another 10%, the risk was moderate to severe. The Cooperative Extension agents overseeing the CRE offerings were aware of IPV in their counties and associated resources. However, there was great variability in the extent to which IPV information was being integrated into their educational offerings. Most did not see any evidence of IPV occurring in the lives of CRE participants in their programs. Few felt confident in their ability to address IPV issues if they came up during the CRE offerings, although most knew how and where to refer people who had problems. Collectively, the findings suggest County Extension agents may be strategic partners in local healthy marriage and relationship initiatives and CRE offerings (Goddard & Olsen, 2004), particularly when there is also a partnership with local IPV services. For both experienced and new county agents, IPV trainings and mechanisms to ensure compliance to protocols are recommended to raise awareness of and increase sensitivity to (a) the different types of IPV that may be represented in CRE participants and (b) how CRE content and other community resources can assist.

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