Increasing attention has been devoted to marital violence, or couple violence, by the general public, government agencies, and mental health professionals during the past decade. Psychologists have focused their research on understanding couple violence in order to prevent it, or eliminate it once it has developed. Currently, mental health professionals take various approaches in the prevention and treatment of couple violence.

What Is Couple Violence?

Various forms of behavior, or acts, classify as couple violence. The most obvious forms are physically aggressive acts, such as pushing, slapping, punching, scratching, biting, hitting with objects, choking, burning, assaulting with weapons, and rape. More common, but less likely to be thought of as couple violence, are psychologically or emotionally aggressive and abusive acts, such as threatening physical aggression or abandonment, insulting, intimidating, humiliating or ridiculing, destroying property and pets, and controlling access to finances, friends, and family. Although these acts appear to be very different, they are very similar in their function: coercing or forcing the partner to do something he or she does not want to do. Thus, many professionals consider a relationship to be characterized by couple violence when it includes a pattern of psychologically and/or physically coercive behavior of one or both individuals, significantly limiting the freedom of the partner.

How Common Is Couple Violence?

Couple violence is shockingly common. Statistics vary, of course, depending on who’s counting what when. The Center for Disease Control contends that one out of six families (17%) experiences some form of “marital violence”; with one out of eighteen families (6%) experiencing serious violence (beatings, say, or the use of weapons). Some national surveys indicate that as many as 28% of domestic partners, married or unmarried, experience some physical violence at some point during their years together, while 16% of all American couples, or one out of six couples, experience physical violence during any given year.

If one considers the higher numbers (28%), this means that as many as 8.7 million American couples could experience at least one episode of physical violence during the year, and up to 2 million adults are severely assaulted by their partners every year. Surveys conducted among dating couples, including high school and college student couples, show that approximately 30% to 35% of these couples are characterized by physical violence. The prevalence of psychological aggression or abuse is not known.

Who Experiences Couple Violence?

According to the Department of Justice, 97% of the victims of reported domestic assaults are women. Further, according to other studies, of women murdered, as many as 75% were murdered by current or former male partners (as opposed to murders in robberies, random assaults, etc.). Two-thirds of the women murdered, as many as 75% were murdered by current or former male partners (as opposed to murders in robberies, random assaults, etc.). Two-thirds of the women murdered, as many as 75% were murdered by current or former male partners (as opposed to murders in robberies, random assaults, etc.). Two-thirds of the women murdered, as many as 75% were murdered by current or former male partners (as opposed to murders in robberies, random assaults, etc.). Two-thirds of the women murdered, as many as 75% were murdered by current or former male partners (as opposed to murders in robberies, random assaults, etc.). 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women murdered by current or former male partners had been physically abused for some time prior to being murdered. However, while women comprise the majority of the victims of domestic assault, men are often abused by their partners; further, many believe abuse against males is severely underreported.

Couple violence occurs among all types of families, all ages, races, religions, and occupations. However, research has found some common characteristics among abusive partners. Abusers tend to be younger, less educated, unemployed or less satisfied with their jobs, and to have lower-status occupations and lower incomes. Abusers are more likely to have grown up in homes characterized by couple violence, to use and/or abuse alcohol and drugs, to approve of domestic violence, and to report more daily stressors than nonabusers. Characteristics such as low self-esteem, jealousy, lack of assertiveness, and the tendency to blame others for their actions have been found to increase the risk for being abusive. Abusive relationships are characterized by poor communication between partners, high levels of conflict, and unequal distribution of power.

**What Are the Consequences of Couple Violence?**

Victims of couple violence suffer from a variety of physical and psychological symptoms. In addition to physical injuries, such as bruises, broken bones, cuts, and burns, victims of abuse experience general restlessness, insomnia, nightmares, chronic headaches and backaches, and fatigue. Psychological symptoms of victims include depression, anxiety, low self-esteem, suspiciousness, and feelings of shame, loneliness, inferiority, helplessness, and hopelessness. The abuse suffered by victims of couple violence can lead to Post Traumatic Stress Disorder. Victims of couple violence are more likely to be victims of suicide and homicide as well.

Unfortunately, the consequences of couple violence are not limited to the abused spouse or partner. Couple violence has a negative impact on the psychological and social adjustment of children growing up in violent homes. Although not all children from violent homes develop psychological problems, children who witness or are aware of their parents’ violent relationship are very likely to have conduct problems, such as with violent behavior, truancy, lying and stealing, and emotional problems, such as depression and anxiety. The effects of couple violence on children are compounded if the children are physically abused as well.

**What Help Is Available?**

Victims of domestic violence often feel ashamed or feel as if they are somehow responsible for the abuse; this often prevents them from seeking help. In these cases, the first step is for the person suffering abuse to admit that no person is responsible for his or her own abuse at the hands of someone else; the second step requires the courage to step forward and ask for assistance or intervention.

There are three major forms of interventions for couple violence: legal, community, and therapeutic.

Legal intervention for couple violence consists primarily of arrest and criminal prosecution of abusers, and court orders of protection for the victims. Victims of couple violence can contact their local precinct, district
attorney’s office, or battered women’s shelter or hotline for information and assistance with legal resources.

Community intervention consists of local women’s shelters offering temporary housing and legal, psychological, and social services for battered women and their children. Battered men typically do not have access to shelters. Location of shelters often are not disclosed to the public in order to maximize the safety of shelter residents and staff. Individuals needing shelter services may call shelter hotlines or their local precincts to make appropriate arrangements. When resources allow, shelter networks also will offer transitional housing: housing at a reduced cost for a longer period of time to assist women who decide to leave their abusive partners permanently.

There are various forms of therapy available for the abused partner and the abuser. The major goal of all forms of therapy is the elimination of violence.

**What Types of Therapy Are Available?**

Generally, in treating people involved in couple violence, one of three distinct formats are employed: individual therapy, group treatment, or marital therapy. The goal of treatment remains similar across all forms of intervention, and all interventions emphasize the importance of the abuser’s willingness to accept responsibility for the violence and the ability to control anger. However, these different interventions vary in their assumptions about the major causes of couple violence, the specific issues emphasized in therapy, and the techniques and strategies used to accomplish treatment goals.

Behavior therapists and cognitive-behavior therapists believe therapy should be goal-oriented, should specifically address current or ongoing problems, should work with the individual’s thoughts, feelings, and behaviors, especially those that precede and follow abusive incidents, and it should focus on the dynamics of the relationship in which the abuse is taking place.

**Individual therapy.** Individual cognitive-behavior therapy approaches to couple violence are based on the assumption that a set of beliefs or behavioral characteristics of the abuser is responsible for the violence. The objective of individual cognitive-behavior therapy is to discover and change the abuser’s attribute or characteristic that is responsible for his or her choice of violence for conflict resolution. The focus of therapy is on the abusive individual’s background, current experiences, thoughts, and behavior. Typically, individual therapeutic interventions are designed on the basis of cognitive-behavioral conceptualizations of human behavior. Cognitive-behavioral approaches focus on what and how we think, and on the effects of our thoughts on our behavior. Anger control, problem-solving, and social skills training are commonly used by therapists treating abusers individually. Of course, the abusive partner must be willing to enter therapy for this to work.

In addition to individual cognitive-behavior therapy for the abuser, individual therapy for the victim of couple violence is available. Therapy for the victim may be conducted concurrently with or independent of therapy for the abuser. Choosing to treat both the abuser and the victim or only one partner depends on the individual therapist’s training and assumptions, and availability and willingness of each partner to be treated. Individual therapy for the victim attempts to correct the emotional damage created by the violence
and to empower the victim, thereby enabling him or her to make a personal decision regarding relationship maintenance. Typically, cognitive-behavioral approaches are employed to reduce anxiety and depression, to address any symptoms from Post-Traumatic Stress Disorder, to increase and maintain self-esteem, and to develop or strengthen assertiveness and problem-solving skills.

**Group cognitive-behavior therapy.** Treating abusers using a group format is a commonly advocated and practiced form of intervention for couple violence. This approach is based on the belief that the causes of couple violence are not limited to the personality or psychological characteristics of the abuser. Rather, the choice of violence for resolving couple disputes is assumed to be influenced also by the environment in which this behavior occurs. Issues such as attitudes toward women’s and men’s gender roles and society’s tolerance of family violence are important issues to address in group interventions. The support of other abusers in the group, sharing similar situations, is thought to allow the abuser to reject social mores that facilitate couple violence and to accept responsibility for his or her use of violence. The abuser’s acceptance of responsibility for domestic violence is viewed as the key to change. Capitalizing on the support provided by the group, group intervention programs include cognitive-behavioral strategies to facilitate both attitudinal and behavioral change. As with individual therapy, the focus of group intervention is on the abusers’ background, current experiences, perceptions and attitudes, and behavioral choices. Common interventions similarly include anger management, problem solving, and social skills training. Success may be determined by the degree of motivation shown by the abuser to change. Court-referred abusers may be less likely to change than abusers who elect therapy on their own.

Group interventions for victims are equally common. Group therapy capitalizes on the support of other group members to help victims assess their relationships realistically and to follow through on choices made regarding those relationships. As in groups for batterers, there is a strong emphasis on attitudes toward gender roles and the expectations of men and women. The focus of the group intervention is on members’ backgrounds, current experiences and perceptions, attitudes, and options for choice. Cognitive-behavioral strategies are employed to decrease anxiety and depression, to increase self-esteem, and to enhance problem-solving skills. Legal advocacy or information about legal rights and services is frequently provided to members of therapy groups for battered men and women.

**Marital therapy.** Cognitive-behavioral models of human behavior have been used to design marital therapy programs to eliminate couple violence. Marital therapy approaches conceptualize conflict and violence as the result of dysfunctional patterns of interaction. Specifically, use of violence by an individual is seen as the extreme on a continuum of coercive methods for controlling the partner. Marital therapy programs attempt to reduce the amount of conflict that couples experience and their characteristic method for resolving such conflict. The focus of marital therapy is the couple. Attention is devoted to the partners’ perceptions of each others’ behavior and the cues and signals they provide each other when they interact. Communication and listening skills and problem-solving skills are taught so that couples can learn how to negotiate their differences while avoiding vio-
ence. While marital therapy programs help both partners recognize how each contributes to dysfunctional communication and ineffective conflict resolution, the abuser is taught to accept responsibility for the choice of violence as a response to conflict. Often, individual therapy with the abuser concurrently or before marital therapy is employed to address issues of responsibility and anger management.

**What Is the Best Method of Treatment for Couple Violence?**

Currently, there is no agreement on which method of treatment is best. Therapists choose a method of treatment on the basis of their own and their colleagues’ experiences with couple violence, and on the models of human behavior consistent with their professional training. Thus, in choosing a therapist, it is important to inquire about training background and assumptions about the causes of couple violence. Because behavior therapy and cognitive-behavior therapy are short-term and goal-oriented and emphasize problem-solving, many people find it to be especially useful for many of the problems encountered in an abusive or violent relationship.

The availability of types of therapy and the willingness of each partner to commit himself or herself to therapy will influence your form of treatment choice as well. If the abusive partner is unwilling to enter therapy, for instance, marital therapy is not an option. However, marital problems can be improved even if only one member of the couple seeks treatment.

When making a choice, it is important to make sure that the form of therapy you are considering includes the following ingredients: methods to help the abuser assume responsibility for his or her behavior, methods for controlling anger, and nonviolent ways of disagreeing and resolving problems with a partner. The therapy should also have a goal of helping the abused partner become empowered to set limits for the psychological and physical assaults that he or she is willing to endure. Research in cognitive-behavior therapy with family and couple violence has shown it to be effective. Above all else, choose therapists employing treatment programs that are sensitive to the safety of the victims of couple violence and that make provisions for monitoring that safety during treatment.

For more information or to find a therapist:

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