



**Indicators for referral to couples counselling
following domestic violence prevention
programme attendance**

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Definitions for the purpose of this document:

Couples counselling – this term is used to cover therapeutic conjoint interventions with couples who wish to stay together as well as those who are separated.

Client – the client is the party who has attended a violence prevention programme¹ to address their past use of domestic violence.

Partner – is used here to cover the client's current or past partner – the party who is considered vulnerable to being abused.

There are many good reasons for referring to couples counselling following a violence prevention programme:

- Violence can be employed to stop and 'win' arguments. Once the violence ceases, the underlying problems in the relationship – for example in terms of mutual expectations or communication - may be revealed rather than resolved. Some of these kinds of issues can be very effectively explored in a couples counselling setting.
- When couples who are also parents decide to separate, counselling could help them to resolve issues concerning their ongoing co-parenting.
- The subtle dynamics of the abuse and alternative non-controlling behaviours may be difficult to learn about on violence prevention programmes. In couples counselling they are easier to highlight as they occur. Goldner (1998)² instances the possibility of being able to “be in the room with the couple and ask the man whether he is aware that he has begun to interrupt his partner. Once his attention has been captured, his partner can then be asked whether she is beginning to feel the first signs of tension and fear”.
- A couples' worker can – as in the example above – take some of the responsibility from the partner for identifying abusive behaviours, rendering it safer for them to be discussed.
- In the same vein a good couples worker can foster a clear, shared understanding of the violence and abuse and their responsibility thereof. In contrast the client may twist, misuse and withhold from his partner the messages he learns on a violence prevention programme.

¹ The domestic violence prevention programmes referred to in this document address violence and abuse used by men (rather than women) as this is where current knowledge and expertise has been developed. The use of the word men in this context does not imply that all men use violence or abuse against their (ex) partners.

² VIRGINIA GOLDNER, Ph.D.. (1998) The Treatment of Violence and Victimization in Intimate Relationships. *Family Process* 37:3, 263–286

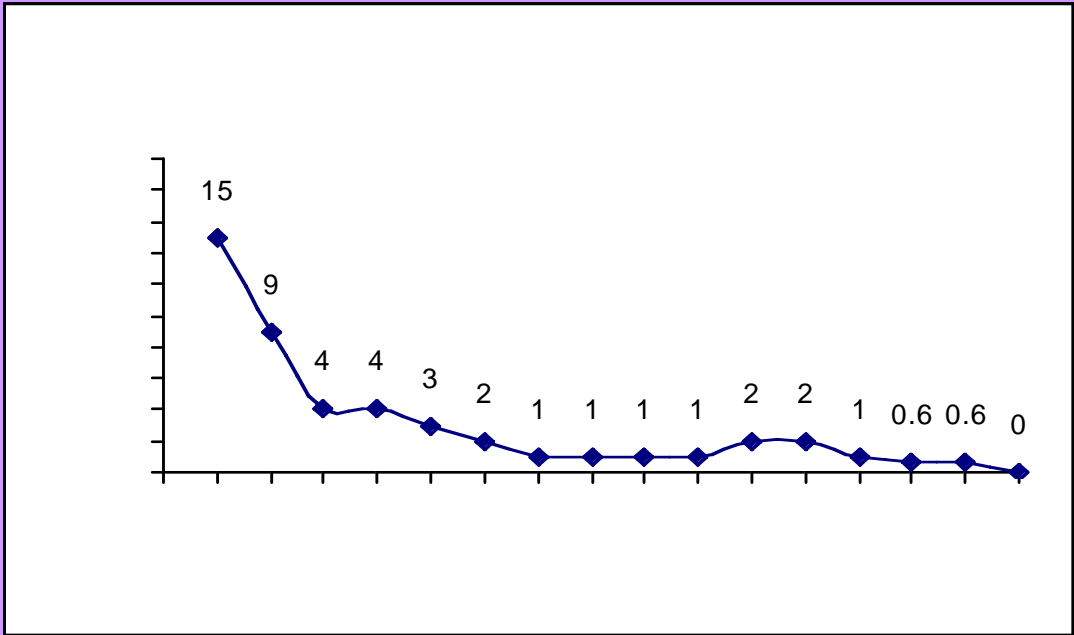
- A third person can 'bear witness' to the partner speaking about what she has experienced, increasing the imperative upon the client to be properly accountable for his abuse.
- Even risky subjects such as separation may be safer to broach with a trusted third party who is seen as neutral.
- Couples work can allow the partner's own self-blame and other attitudes and behaviours, which have protected the abuser and the abuse to emerge and be deconstructed.
- There is potential for the couples' counsellor to use the authority of their role skilfully to significantly underpin the message that the use of violence and abuse is not acceptable and that people can learn alternative ways of managing conflict and differences within relationships.

On the other hand, counselling the couple together has the potential to re-victimise the partner both physically and psychologically. The dangers include:

- That the containment and feeling of safety of the counselling will lead the partner to say more about 'risky' subjects than she would normally and that this may lead to increased danger for her outside of sessions.
- That the partner may judge that she needs to censor herself in sessions to protect her safety and that consequentially the client may speak more freely than her, thereby exacerbating his domination of the agenda and the issues under discussion and generally reinforcing the skewed power relationship between them.
- That the issues of violence and abuse themselves come to be seen as rooted in the relationship – possibly by the very fact of suggesting that they may be amenable to a couples intervention - and that this leads parties to believe that in order for the client to stop the abuse the partner has to change in some way.
- That the client is able to use the counselling to blame his partner in part for the violence which – as well as being an abuse in itself – will leave her more vulnerable to putting up with further violence.
- That couples counselling itself becomes a coercive issue and that the partner is pressured to take part in return for the client having attended a violence prevention programme.
- That couples counselling will actively bring contentious issues to the fore and may be intensive and unsettling- increasing the risk of arguments and abuse within the relationship or the family more widely
- That the worker will become biased or be seen to be biased, thereby increasing the risk and the conflict.

Is couples counselling indicated?

Given the above, the following areas should be taken into consideration in your assessment of whether couples counselling is indicated. Views on these should be obtained from the client, violence prevention programme workers, the partner and her workers. The highlighted issues are absolutely essential and where these are not met referral for couples work should not be made. Those not highlighted may also be contra-indicators for safe or successful couples work. Violence prevention programmes should highlight to the couple's workers any of the areas below that give rise to concerns, taking care to indicate whose views on the matter are whose.

About the client																																			
1	<p>Has there been a sufficient period without violence to indicate a change in pattern and an acceptably low risk of re-assault? Gondolf, E. W. (2002) <i>Batterer Intervention Systems: Issues, Outcomes and Recommendations</i>, Thousand Oaks: Sage Publications.</p> <div style="text-align: center;">  <table border="1" style="margin: 0 auto;"> <caption>Re-assault Rates Data</caption> <thead> <tr> <th>Time (Months)</th> <th>Re-assault Rate</th> </tr> </thead> <tbody> <tr><td>0</td><td>15</td></tr> <tr><td>1</td><td>9</td></tr> <tr><td>2</td><td>4</td></tr> <tr><td>3</td><td>4</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>2</td></tr> <tr><td>6</td><td>1</td></tr> <tr><td>7</td><td>1</td></tr> <tr><td>8</td><td>1</td></tr> <tr><td>9</td><td>1</td></tr> <tr><td>10</td><td>2</td></tr> <tr><td>11</td><td>2</td></tr> <tr><td>12</td><td>1</td></tr> <tr><td>13</td><td>0.6</td></tr> <tr><td>14</td><td>0.6</td></tr> <tr><td>15</td><td>0</td></tr> </tbody> </table> </div> <p>The table above shows how the re-assault rates drop from the time of starting a programme. By 9 months the first time re-assault rates are pretty low. However workers need to consider the previous pattern of violence. If this has involved very frequent low-level violence then 6 months cessation of all violence indicates a substantial change in pattern and an acceptably low risk of re-assault to consider couples counselling. On the other hand in a case of intermittent and serious violence then a period of 6 months violence-free may not necessarily indicate any change in the risk and pattern of violence and a considerably longer period of monitoring will be needed.</p>	Time (Months)	Re-assault Rate	0	15	1	9	2	4	3	4	4	3	5	2	6	1	7	1	8	1	9	1	10	2	11	2	12	1	13	0.6	14	0.6	15	0
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2	Has the client attended most of the programme and completed the modules that workers consider particularly relevant to his areas of risk?
3	Has he made changes in his attitudes towards his violence and abuse?
4	Is he able to take responsibility for his violence most of the time and has agreed to try to do so in the couples setting?
5	Has he improved his skills in finding non-controlling ways to deal with difficult relationship issues?
6	Is he willing for you to discuss his version of what he has done with his partner?
7	<p>Does he acknowledge having used all the violence and abuse that his partner alleges?</p> <p>If he does not acknowledge all of the violence alleged then the discrepancy needs to be discussed with his partner. Bearing in mind that this may prove a site for future conflict between them, even these discussions may give rise to a need to safety plan around what she does with this information.</p> <p>Is the discrepancy of a scale that can be attributed purely to differences in subjective viewpoints of the same events?</p> <p>Can the remaining discrepancies be discussed safely in a couples counselling setting?</p>
8	Was any of the client's past violence and abuse high risk? Did it potentially result in injuries requiring medical attention?
9	<p>Does he understand and acknowledge the impacts of his violence on his victims and on the children it may have effected?</p> <p>In so far as there are discrepancies between his idea of these impacts and the views of others, can these be safely discussed with him?</p>
10	Where there have been strongly linked risk factors in any of his past use of violence (in both recent and previous relationships) such as alcohol abuse, or mental health issues, has the perpetrator made progress in managing these and bringing the contributing risk down to an acceptable level?
11	Did the client participate in a manner that workers thought to be constructive and honest?
12	Have workers – including female workers – found that he can accept challenge around his abuse without using intimidation?
13	Does he accept the asymmetrical impacts of violence from men to women and women to men?

About the partner	
14	Does the partner believe that he will be physically violent to her again?
15	Does the partner feel safe, both during and outside of sessions to do couples work?
16	Does the partner believe that she is now safe to argue with the client, to confront difficult issues and to express anger towards him and that she can do so without fear?
17	Has she engaged in any parallel work around her experience of domestic violence?
18	Has she made progress in terms of decreasing her vulnerability to re-assault insofar as this has been an issue in the past (e.g. decreasing self-blame, improving safety planning, or otherwise increasing her ability to prioritise her safety)?
19	If she has also instigated violence in the past, is she less likely to do so now?
20	Has she made progress in terms of her ability to prioritise and act towards her children's safety and wellbeing (If this was ever a relevant issue)?
21	Does she believe that there are some issues she may not be able to discuss in a couples counselling setting for safety reasons? e.g. (should she decide to leave the relationship). If so does she retain access to separate services?
22	Is she currently likely to separate from the client? If so this is a contra-indicator for couples work
About both parties	
23	Are both parties willing to try couples work in the full knowledge that this is not aimed at saving the relationship or separating parties?
24	Do parties agree to have information shared freely about the history of the abuse between the violence prevention programme and couples counsellors? If not are there safety related reasons for this (e.g. on the part of the partner), which might prove to be obstacles or risk factors to couples work?
25	Do both parties show some capacity for empathy and insight?
26	Can difficult issues be discussed in the adult relationship without undue impact on the children?

Referral agreements

Agreement for a referral to couple counselling should cover the following areas:

<p>The client should commit to contain angry feelings and not to be violent or threatening for the duration of the couples counselling. He should commit to remove himself if his partner asks him to and to allow her to leave at any time should she want to.</p>
<p>The couple may wish to agree to a specific focus of the work.</p>
<p>Both parties should agree that the children's safety and welfare is to be prioritised over and above all issues in the adult relationship.</p>
<p>Both parties will need to agree that information may be shared freely between the violence prevention programme and couples counselling project – especially about safety and welfare concerns and about the history of the domestic abuse</p>
<p>Both parties should be willing to try couples work in the full knowledge that this is not aimed at saving the relationship or at separating them</p>
<p>The client should accept the asymmetrical impacts of his violence compared to his partner's violence due to gender differences and agree that these will not be dealt with as equal issues in the couples work</p>
<p>Both parties should commit to refrain from using violence against others – including desisting in physical discipline of the children – for the duration of the couples counselling, which may focus on contentious issues and intensify or shift the family dynamics in unpredictable ways</p>
<p>If the couple's counselling goes ahead parties should be informed that they will agree break points with the couples counselling worker. These are review points where any of the issues in this document can be revisited in one to one sessions with each party - and where the therapist will assess the helpfulness and safety of continuing with the couples counselling. The client should agree that they will return to the violence prevention programme if the couple's counsellor has concerns about the continuing risk of abuse or coercion.</p>