Creating Healthy Relationships in Low-Income, Violent Couples: Reducing Conflict and Encouraging Relationship Skills and Satisfaction

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Abstract
Researchers, practitioners, and policy-makers have highlighted the need to evaluate couple and relationship education (CRE) designed to strengthen relationships and meet the needs of populations that are most in need, including low-income distressed couples. This work evaluated a CRE program designed to bolster relationships in low-income situationally violent couples. 115 couples were randomly assigned to a treatment or no-treatment control group. Couples reported relationship satisfaction, use of healthy relationship skills, conflict, and relationship status/dissolution at two time points (pre- and post-intervention). Results show that the treatment group benefited in several ways: increased relationship satisfaction, greater use of healthy relationship skills, and reduced conflict.

Introduction
• Low SES couples are at risk for heightened conflict and intimate partner violence (IPV) (Cort et al., 2003; Cunradi et al., 2002), and are also exposed to other risk factors that make them more susceptible to relationship dysfunction (Conger et al., 1999; Keider, 2005).
• Low SES couples are, thus, in need of support that helps them build skills needed for maintaining healthy relationships (Adler-Blaut, et al., 2010; Amato, 2000).
• The CRE program was designed for middle-class, primarily Caucasian couples (Don, 2005). Only limited work has assessed whether low-income couples benefit from CRE (Ooms & Wilson, 2004).
• This work tested a CRE program designed to strengthen relationships and reduce conflict in low-income, situationally violent couples.
• Situational violence is reciprocal in nature (i.e., both partners engage in low-levels of violence, like pushing and shoving) and tends not to involve control/dominance.
• Research suggests that 50-80% of all IPV is situational in nature (Jacobson & Gottman, 1998).
• Prior work has suggested that situationally violent violence may be safely and effectively treated via conjoint couples treatment (Simpson et al., 2008; Sitter et al., 2004).
• The Creating Healthy Relationships Program (CHRP) was designed to address conflict between low-income, violent couples. Our goal was to evaluate whether participation would prompt healthier relationships.
• We hypothesized that couples who participated in CHRP would exhibit less relationship dissolution, increased relationship satisfaction, greater use of healthy relationship skills, and less conflict.

Creating Healthy Relationships Program (CHRP)
• A 22-week group-based psycho-educational intervention based on more than three decades of research with over 3,000 couples (Gottman, 1994; Gottman & Silver, 2000).
• A pair of male/female Masters-level clinicians facilitate weekly two-hour intervention sessions with a group of 6-8 couples.
• Based on the "Social Relationship House Theory" (Gottman, 1994), CHRP emphasizes skills for constructive conflict management, creating emotional intimacy, and fostering friendships and a culture of appreciation, kindness, and care.

PARTICIPANTS
• N = 115 low-income, heterosexual couples who reported experiencing situational violence.
• Couples were randomly assigned for ~7 (± 8 months) years, had been living together for ~6.6 years (± 7 months), and had at least one child living in their home.
• The average combined household income was $53,661 (± $29,088). Most couples had 4-5 family members living in the household (M = 3.76; SD = 0.9).
• 87% of couples were married, 21% of couples were separated or divorced before the start of the study but were in the process of reconciling.

PROCEDURES
• Couples filled out questionnaires that assessed relationships status, satisfaction, skills, and conflict at two time points (Time 1: pre-test; Time 2: post-test assessment). All couples filled out post-test surveys 6-12 months after treatment couples completed CHRP (i.e., 6-12 months after the pre-test).
• Couples were randomly assigned to a treatment (n = 62) or no-treatment control group (n = 53).
• Treatment couples participated in the CHRP intervention.

RELATIONSHIP SATISFACTION
• A dichotomous variable was created to denote whether couples’ relationships were dissolved or not.
• The dyadic satisfaction subscale of the Dyadic Adjustment Scale (DAS; Spanier, 1976) was used.

RELATIONSHIP SKILLS
• Skills were measured via the Reduced Social Relationship House Questionnaire (RSRH; Gottman, 1999), which includes a series of statements regarding couple’s thoughts, feelings, and behaviors regarding the relationship. Participants rate agreement of statements with statements, which are divided into three domains—friendship, sex/romance/passion, and shared meaning. Scores from all domains were summed to create a “relationship skills” score for each partner.

RELATIONSHIP CONFLICT
• The conflict domains of the RSRH was used, which assesses lack of acceptance of influence, harsh starts to arguments, gridlock, criticism, defensiveness, stonewalling, and contempt in the relationship.

Method

Results
• RELATIONSHIP DISSOLUTION
• 72.4% of couples remained together, 25.8% ended their relationships. Control couples had a higher percentage of dissolution (56.9% of controls broke up compared to 43.1% of treatment couples), but this difference was not significant, χ2(1) = 0.01, p = 0.94.

• RELATIONSHIP SATISFACTION
• Results of 2x2 (Time x Group) RM-ANOVA showed: Figure 1: Predicting male relationship satisfaction: no main effect of Time or Group, a significant Time x Group interaction that trended toward significance, F(1, 30) = 2.95, p < 0.10.

• RELATIONSHIP SKILLS
• Results of 2x2 RM-ANOVA showed: Figure 2: Predicting female relationship skills: no main effect of Time or Group, a significant Time x Group interaction, F(1, 17) = 8.20, p < 0.05.

• RELATIONSHIP CONFLICT
• Results of 2x2 RM-ANOVA showed: Figure 3: Predicting conflict: no main effect of Time or Group, a significant Time x Group interaction, F(1, 20) = 7.37, p < 0.01.

Conclusion
This was the first study to evaluate efficacy of a CRE program for low-income, situationally violent couples. Findings confirm that the treatment group benefited in several ways: increased relationship satisfaction, greater use of healthy relationship skills, and reduced conflict. This supports the notion that CRE was effective at strengthening relationships in low-income, situationally violent couples. Findings suggest that situationally violent couples may be safely and effectively treated as a couple in conjoint treatment. Results suggest that low-income couples may indeed benefit from CRE programs designed to meet their needs. Providing these couples with CRE opportunities may help to promote health and well-being in low-income families.

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