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

Renay P. Cleary Bradley, Ph.D., Daniel J. Friend, M.S., Katherine Lesher, and John M. Gottman, Ph.D., Relationship Research Institute, Seattle, Washington



#### **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: Cox 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; Kreider, 2005). \*Low SES couples are, thus, in need of support that
- helps them build skills needed for maintaining healthy relationships (Adler-Baeder, et al., 2010; Amato, 2000). Most CRE programs were designed for middle-class, primarily Caucasian couples (Dion, 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 situational violence may be safely and effectively treated via conjoint couples treatment (Simpson et al., 2008; Stith 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 twohour intervention sessions with a group of 6-8 couples.
- Based on the "Sound Relationship House Theory" (Gottman, 1994), CHRP emphasizes skills for constructive conflict management, creating emotional intimacy, and fostering friendships and a culture of appreciation, fondness, and respect.
- \*Facilitators start sessions by airing a mock talk show that displays couples discussing the session topic (e.g., conflict management). After viewing the episode, the topic is opened up for discussion in the group. This is followed by an educational segment where couples are exposed to research-based knowledge about the topic (e.g., how flooding prohibits conflict management), and a skills component where couples engage in the topic (e.g., practice self-soothing via a biofeedback device prior to discussing an area of disagreement).
- ·CHRP materials have lower literacy levels and were pilot-tested with low-income couples. Efforts were also made to facilitate ease of participation for low-income couples (e.g., sessions were held in local neighborhood centers, incentives were provided for repeated attendance, child care was offered).

#### PARTICIPANTS

- N = 115 low-income, heterosexual couples who reported experiencing situational violence.
- Couples were romantically involved for ~7.9 (± 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 \$53,664 (± \$29,088). Most couples had 3-4 family members living in the household (M=3.76; SD=0.9).
- \*73.2% of couples were married, 24.7% were unmarried but cohabitating, and 2.1% of couples had separated/divorced before the start of the study but were in the process of reconciling.

#### PROCEDURES

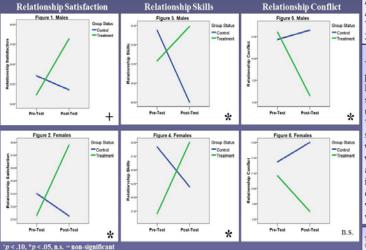
- Couples filled out questionnaires that assessed relationships status, satisfaction, skills, and conflict at two time points [Time 1=pre-test; Time 2=post-test assessment]. All couples filled out post-test surveys 0-6 months after treatment couples completed CHRP (i.e., 6-12 months after the pre-test).
- Couples were randomly assigned to a treatment (n = 62) or no-treatment control group (n = 53).
- \*Treatment couples participated in the CHRP intervention.

#### RELATIONSHIP DISSOLUTION

- A dichotomous variable was created to denote whether couples' relationships were dissolved or not. RELATIONSHIP SATISFACTION
- The dyadic satisfaction subscale of the Dyadic Adjustment Scale (DAS; Spanier, 1976) was used. RELATIONSHIP SKILLS
- Skills were measured via the Reduced Sound Relationship House Questionnaire (RSRH: Gottman 1999), which includes a series of statements regarding couples' thoughts, feelings, and behaviors regarding the relationship. Participants rate level of agreement 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 domain 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.



### 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,  $X^2(1) = 0.01$ , p = .94.

#### RELATIONSHIP SATISFACTION

Results of 2x2 (Time x Group) RM-ANOVAs showed: Figure 1) Predicting male relationship satisfaction: no main effect of Time or Group; a Time x Group interaction that trended toward significance, F(1, 30) =2.95, p<.10.

Figure 2) Predicting female relationship satisfaction: no main effect of Time or Group; a significant Time x Group interaction, F(1, 20) = 7.37, p < .01.

#### RELATIONSHIP SKILLS

Results of 2x2 RM-ANOVAs showed:

Figure 3) Predicting male relationship skills: no main effect of Time or Group; a significant Time x Group interaction, F(1, 14) = 4.60, p < .05.

Figure 4) Predicting female relationship skills: no main effect of Time or Group; a significant Time x Group interaction, F(1, 17) = 8.74, p < .01.

#### RELATIONSHIP CONFLICT

•Results of 2x2 RM-ANOVAs showed:

Figure 5) Predicting male conflict: no main effect of Time or Group; a significant Time x Group interaction, F(1, 20) = 7.73, p < .01.

Figure 6) Predicting female conflict: no main effect of Time or Group; no Time x Group interaction, F(1, 21) =2.30, p=.15.

# 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 CHRP 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 lowincome 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.

This study was supported by a grant from the U.S. Department of Health and Human Services, ACF (900)2022). The views expressed in this presentation do not necessarily reflect those of ACF.

For more information please contact Renay Bradley at renayc@rrinstitute.com www.rrinstitute.org