

## Distinguishing Among Types of Intimate Partner Violence: What It Could Mean for MRE Practitioners

An important and influential debate has been growing within the intimate partner violence (IPV) field for the past 15 or so years: Are there different types of intimate partner violence (commonly known as *domestic violence*), and if so, why does this matter? This debate can, and undoubtedly will, inform the field of marriage and relationship education (MRE).

Recent studies indicate there are several different types of violence that occur between intimate partners. New research distinguishes “coercive controlling violence” or “intimate terrorism”<sup>1</sup> (the most commonly noted type, rooted in the power and control of the victim) from other types such as “situational couple violence” (when an argument gets heated and turns physical) and “violent resistance” (when a victim, usually a woman, uses violence to defend herself from abuse). Coercive controlling violence affects well over 1 million women a year in the United States, resulting in serious injury, psychological trauma, or death. Situational couple violence (SCV) is three to four times as common as coercive controlling violence. In addition to these types, studies recognize the impact of personality disorders on intimate partner violence typology. *All types of interpersonal violence toward men or women are problematic and whatever type of violence is involved, women are much more likely than men to get injured or killed.*

Despite different typologies emerging from various studies, the results appear to suggest that not all violence among intimate partners is embedded in a pattern of power and control, as previously believed. Some types of violence may be about self-preservation



or conflict escalation. There appears to be a continuum of conflict and control; this suggests an opportunity for those in MRE to be able to understand these situations differently for each couple and intervene.

### Types of Intimate Partner Violence

1. “Coercive controlling violence”(CCV) — When one intimate partner uses a variety of tactics to exert power and control over the other partner.
2. “Situational couple violence” (SCV) — When an argument between partners gets “heated” and emotions escalate out of control leading to physical violence between the partners. This type is typically not motivated by power or control over the other person.
3. “Violent resistance” (VR) — When a victim, usually a female, uses violence to retaliate against being abused.

1. Until recently, researchers used the term “intimate terrorism” to describe this type of violence; many now prefer to use “coercive controlling violence.” This Tip Sheet will use “coercive controlling violence.”

Practitioners are cautioned that if they do not differentiate between IPV types and highlight signs of greatest danger, it may be harder for those who need to be referred to extensive services to get help. The differentiation of intimate partner violence types, at minimum, increases awareness and understanding of what may be happening for couples. It may also help develop better screening methods to identify intimate partner violence and more clearly inform appropriate intervention strategies. This Tip Sheet is intended to offer suggestions for MRE services to address IPV typologies. Keep in mind this information is emerging, so these tips are intended to be general, guiding principles. MRE providers are encouraged to begin a dialogue with their local IPV service provider to talk about typologies and discuss strategies for screening and referral.

The ability to clearly distinguish when a couple might or might not benefit from MRE is an important issue. Marriage and relationship education, as it is typically presented today, may be useful to some couples who experience situational couple violence (where learning to manage their anger skillfully and to cope with everyday life more effectively could be a helpful form of intervention, although other interventions may still be needed). But for those experiencing coercive controlling violence, the assumption that learning effective communication and conflict resolution skills is enough may put people at high risk for further harm. Some researchers argue that those couples who are experiencing coercive controlling violence will typically not attend MRE classes and thus “self-select” out of an MRE program. However, this has not been empirically proven.

So what is a marriage educator to make of all of this? Here are some things to consider:

1. IPV concerns need to be integrated into many MRE program components—it’s not just screening that matters. In consultation with IPV experts, all healthy marriage curricula developers, program administrators and educators—including those with “open admissions” or no contact with their audience prior to service delivery—need to take responsibility for integrating sound information about IPV, available services, and safety strategies in their curricula, marketing materials, and public information messages.
2. The research on IPV typologies has been both misunderstood and misused to imply that SCV is not a significant concern when, in fact, SCV can escalate into very dangerous or life-threatening situations.
3. In programs with a protocol to screen for IPV, review the screening questions again to see if changes in the wording of the questions might elicit additional information from couples. Discuss this with the intimate partner violence (domestic violence) professional your organization has partnered with.
4. Where there is concern identified, determine if mental health professionals and intimate partner violence professionals from community-based organizations in your area can collaboratively assess the situation to determine safe interventions for the couple. For couples experiencing the types of violence associated with coercive controlling violence

or personality disorders, individual levels of intervention may be most appropriate (as opposed to a couple-based intervention). For couples experiencing violence most commonly associated with SCV, referral to self-help groups and support services or counseling might be appropriate, in addition to participation in an MRE program.

See NHMRC's [Making Distinctions Among Different Types of Intimate Partner Violence: A Preliminary Guide for more information on the typologies of intimate partner violence](#)

5. Continue to work with your local intimate partner violence expert on ways to maximize the safety of your participants. Cross-training between MRE practitioners and IPV providers is encouraged by experts in both fields. Skillfully and respectfully continue discussing current research findings to determine how they might inform your program operations. Because this is still relatively new and emerging information, ongoing professional development/education is recommended.
6. Building trust and establishing a relationship with MRE participants is crucial. Marriage educators should provide a place of safety and resources and are opportunities for IPV disclosure. For example, you may want to place resources in the women's restroom.

7. There is some agreement among professionals that even when identified victims of intimate partner violence are referred to outside services (in the interest of safety), it may be advantageous to allow the victim's partner to remain in the program and potentially benefit from the continuation of MRE services.

Some of the couples you work with are struggling with safety and relationship health. MRE providers have a central role in providing avenues for help. Relationship struggles exist for many reasons and involve relational dynamics as well as belief systems and emotional/cognitive management issues for one or both partners. While the debate continues, practitioners need to be concerned regardless of the type of intimate partner violence being experienced. As noted from a varied list of research studies, negative patterns of interaction rob partners of opportunities for relational happiness and are often predictive of various negative mental health issues and family outcomes.

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