



RESEARCH AND
STATISTICS DIVISION

Attitudinal Change
in Participants of Partner Assault
Response (PAR) Programs:
A Pilot Project



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Attitudinal Change in Participants of
Partner Assault Response (PAR) Programs:
A Pilot Project

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Forward

The current research examines the development and the pilot of scales created to measure attitudes as possible mechanisms of change among men participating in intervention programs for partner assault. A measure of attitudes in three domains – attitudes towards abuse behaviour, respect for women, and attitudes towards intervention – was developed and examined. Implications of results for the continued use of attitude change in evaluation of Partner Assault Response (PAR) programs are discussed.

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Highlights

The current study describes the creation and examination of self-report measures of attitudes and knowledge relevant to investigation of men's¹ progress through Ontario's Partner Assault Response programs.

Four measures were created and are recommended for further research and use. These include a:

- 10-item assessment of attitudes towards personal responsibility for abusive behaviour and its impacts on others.
- 10-item assessment of the extent to which men hold attitudes that blame their intimate partners for difficulties in their relationships.
- 9-item assessment of men's denial of expected relationship difficulties.
- 13-item measure of men's knowledge of cognitions that support healthy and unhealthy behaviour in relationships.

A 10-item assessment of men's attitudes towards intervention that was created in the current study is not recommended for use as an indicator of program efficacy, but could be used to examine moderating effects of men's approach to intervention.

A 17-item measure of men's knowledge of abusive behaviour was created and may be considered for evaluation of program efficacy if perfect or near perfect knowledge of abuse is expected of PAR program participants.

Additional research is needed to determine if the created measures of attitude change are related to meaningful change in men's abusive behaviour towards their intimate partners.

¹ Women were not included in this sample because the majority of PAR programs serve men.

Executive Summary

Introduction

Specialized intervention programs have become an increasingly popular component of criminal justice and community-based services for men who have abused their intimate partners. In Ontario, these specialized programs are called Partner Assault Response (PAR) programs and are administered along with specialized Domestic Violence Courts. In 2003, approximately 7000 Ontario men received intervention through PAR programs.

Despite their popularity, there is currently little evidence that intervention programs for abusive men lead to reductions in men's assault of their intimate partners. Recent reviews of the literature suggest that, at best, these programs lead to a small reduction in rates of subsequent assault relative to non-intervention. Other possible impacts of programs for abusive men, such as impact on communities and on the quality of women's lives more broadly (e.g., feelings of safety and well-being), have been less well investigated.

In light of these results, further research is critically needed to guide the improvement of programs for men who have been abusive in their intimate relationships. In particular, research is needed to identify the factors most likely to promote change in men's abusive behaviour.

One promising area for investigation is change in men's attitudes. Three domains of men's attitudes - attitudes towards abuse, attitudes towards women, and attitudes towards intervention - show particular promise on the basis of research linking these attitudes to the development and change in abusive behaviour.

Men's knowledge is targeted by PAR intervention programs as an additional mechanism of change. Two areas of education are emphasized - men's knowledge of the range of abusive behaviours and of the cognitions, or self-talk, that supports healthy / or and abusive behaviour in intimate relationships.

The purpose of the current study was to develop self-report measures of attitudes and knowledge and to conduct pilot examination of these measures using a small sample of men attending a PAR program. Analyses compared the pre-intervention attitudes of men referred to PAR programs through Early Intervention Court, Coordinated Prosecution, and voluntary referral streams and examined change in men's attitudes over the course of PAR intervention. It was expected that this pilot work would set the foundation for an examination of whether or not there was significant change in men's attitudes over the course of PAR intervention.



Methodology

Men were sequentially recruited into this study between January and March of 2004. These men completed a demographic information form and the following assessment measures that were developed for the current study:

- Abuse-Related Attitudes Assessment, a 78-item self-report measure of men's attitudes towards their abusive behaviour, attitudes towards women, and attitudes towards intervention.
- Attitudes Towards Referral Incident, a 16-item self-report measure of men's perceptions of responsibility for the incident that resulted in their referral to a PAR program.
- Knowledge of Abusive Behaviour, a 22-item assessment of men's ability to correctly identify a range of abusive and non-abusive behaviours.
- Knowledge of Abuse Supporting Cognitions, a 14-item assessment of men's knowledge of healthy and unhealthy self-talk.

At the end of intervention, counsellors were asked to review men's progress in group and feedback from the men's intimate partners to judge whether they were "likely," "very likely," or "unlikely" to avoid abusing their intimate partner in the future.

Participants

Pre-intervention data was gathered on 41 men. All men were referred through the PAR program via Coordinated Prosecution services (63%), Early Intervention Court (17%), and voluntary referral (20%). Consistent with other samples, there were numerous indicators that these clients were at-risk for difficulties in a variety of life domains. Approximately 25% of respondents reported that they were unemployed, 39% reported that they earned under \$10,000 per year, 24% reported a history of past assaults and 13% reported drinking daily.

Men were also assessed after they completed the PAR program. Post-group assessment was available for 14 men. Post-assessment was not available for the remaining men because they either dropped out of the program prior to completion (13 men) or were lost to follow-up for a variety of reasons (14 men). Men who completed the pre and post-group assessment were similar in characteristics to men who were lost to follow-up.

Summary of Principal Findings

Factor analysis of the 78-item Abuse-Related Attitudes Assessment measure resulted in the creation of five attitude subscales:

- 1) Sexist attitudes towards women, 10-items, for example "Most women fail to appreciate fully all that men do for them".
- 2) Distrust of, and lack of readiness for, intervention, 10-items, for example "The only purpose of this program is to blame men for their problems".
- 3) Lack of personal responsibility for abuse and its effects, 10-items, for example "My behaviour has made my partner angry but has had no lasting negative effects on her".

- 4) Partner blaming, 10-items, for example “My behaviour is not nearly as bad as my partner makes it sound”.
- 5) Denial of expected relationship difficulties, 9-items, for example “I have never been annoyed when my partner expresses ideas very different from my own”.

For the first four scales, scores are created by taking the mean of men’s responses across items on a four-point agreement scale varying from “strongly agree” to “strongly disagree.” For the fifth scale, extreme responses suggestive of full denial of relationship difficulties were summed across items.

Consideration of men’s attitudes in these five domains pre-intervention suggested that most men had problematic attitudes in three domains – lack of personal responsibility, partner blaming, and denial of expected relationship difficulties. In contrast, most men reported non-sexist attitudes towards women and relatively positive attitudes towards intervention. There were no significant differences in the pre-intervention attitudes of men referred by the Coordinated Prosecution, Early Intervention, or voluntary processes.

Examination of men’s attitudes over time suggested that at least two of the created measures were sensitive to the impact of intervention. Those were “lack of personal responsibility for abuse and its effects” and “denial of expected relationship difficulties”.

Men’s responses on the Attitudes Toward Referral Incident scale were closely associated with their general attitudes towards personal responsibility for abusive behaviour.

Consideration of men’s responses on the abusive behaviour knowledge scale revealed that, prior to intervention, men were accurate in the identification of about 80% of abusive behaviours. Men generally recognized that behaviours such as yelling, hitting, and forcing sex were hurtful and controlling. They were less consistent in recognizing that behaviours such as unilateral financial decision making, monitoring a partner’s time or activities and threatening a partner were also abusive. Analysis of a small subsample of men suggested that over the course of intervention, men’s knowledge of abusive behaviours improved to a degree closely approaching significance.

Prior to beginning intervention, men were incorrect in identifying the potential value (or danger) of one third of target thoughts. Men were most likely to recognize the value of cognitions around efficacy, such as “I don’t need to defend myself, I can hear her out” and much less likely to recognize the potential danger of ruminative thoughts (e.g., “I can’t believe we are having this discussion again - we just talked about this yesterday”) and self-talk around entitlement (e.g., “I should not have to listen to this kind of criticism”). Over the course of intervention, men’s knowledge of healthy and unhealthy cognitions did not show significant change.

There were no significant differences in the pre-intervention knowledge of men referred by the Coordinated Prosecution, Early Intervention, or voluntary processes.

Conclusions and Recommendations

There is good potential for the use of attitude measures in the evaluation of PAR programs. In particular, use of: the lack of personal responsibility for abuse and its effects; partner blaming; and



denial of expected relationship difficulties subscales is recommended. The distrust of, and lack of readiness for, intervention scale is not recommended as an indicator of program efficacy, but could be used to examine the moderating effects of men's approach to intervention. For example, this scale could be used to test the hypothesis that a certain level of trust and readiness for intervention is necessary for there to be any meaningful impact of PAR intervention.

Change in knowledge, particularly knowledge about abuse-supporting thoughts, also has potential in evaluating PAR programs. If change in knowledge is investigated, the created measure of healthy and unhealthy cognitions is recommended.

The intervention needs of men attending PAR programs voluntarily, though EIC referral and through Coordinated Prosecution are not substantially different. Thus, similar attitude and knowledge measures should be useful across all referral groups.

Additional research is critically needed on the expected links between attitudes and knowledge. This work is necessary to ensure that noted changes in attitudes are predictive of changes in men's abusive behaviour and not spurious results of group participation.

Given the potential impact of abusive behaviour on victims of abuse, studies of the efficacy of PAR programs must continue to include a measure of change in behaviour, as well as measures of change in attitudes and knowledge. Inclusion of a behavioural measure, such as victim reports of continued assault, are particularly important in studies seeking to make critical decisions about service models used in the PAR system.



1. Background

In 1976, the first formal intervention program for abusive men opened its doors in London, England (Jennings, 1987) in response to the unexpected demand for clinical help from battering men whose partners had sought refuge in an associated woman's shelter (Pizzy, 1974). Similar programs spread quickly across Europe and North America (Roberts, 1984). Currently in Ontario, there are approximately 42 programs for men who abuse their partners (National Clearing House on Family Violence, 2002). Most of these programs operate according to a set of standards (Dankwort & Austin, 1999), and many are integrated into the wider criminal justice response to domestic violence (Buzawa, Hotaling, & Klein, 1998; Murphy, Musser, & Maton, 1998). Coordination between criminal justice and community-based services for abusive men in Ontario is facilitated by the 30 Domestic Violence Courts and associated Partner Assault Response (PAR) programs. Among other things, Domestic Violence Courts aim to have first time offenders who have not caused serious physical injury to their partners plead guilty and agree to attend a 16-week batterer intervention program prior to sentencing (Early Intervention). Repeat offenders and men who have perpetrated more severe assaults are first prosecuted, and then sent to PAR intervention as a condition of their probation order (Coordinated Prosecution).

As coordination has increased between the justice system and programs for abusive men, significant questions have been raised about the efficacy of intervention. There have been a number of recent reviews of the literature in this area (e.g., Babcock, Green & Robbie, 2004; Scott, 2004). Some of the highlights of these reviews are as follows:

- Approximately two-thirds of men who complete intervention avoid physical re-assault of their partner over a relatively long period of time.
- The one third of men who re-assault their partner typically do so within 3 months of their intake into intervention. These men typically re-assault their partners multiple times.
- Re-assault rates are higher among men who drop-out of intervention.
- When the progress of men who have been randomly assigned to intervention or non-intervention are compared in experimental study, results reveal that batterer intervention programs have, at best, a very small impact on rates of subsequent assault.

Reviews of the literature also highlight needs for future research. A primary need is for coordinated research on the effect on the *systems* of intervention for abusive men. For example, information is needed about the ways in which men who do and do not appear to make progress through intervention are addressed by the broader legal and criminal justice system. A second need is for better understanding of *mechanisms* of change. This understanding is important for two reasons - improving current interventions by identifying and targeting criminogenic needs and identifying limits in client responsivity that result when these mechanisms are not adequately activated (see Andrews et al., 1990 and Howells & Day, 2003 for more in depth discussions of the principles of risk, needs and responsivity as they apply to program evaluation).

In the current research, focus is placed on attitudes as possible mechanisms of change among men participating in intervention programs for partner assault. Specifically, this report outlines the development of a new measure designed to assess attitude change among men attending a batterer intervention program. In addition, differences in the pre- and post-intervention attitudes of men referred to intervention through Early Intervention or Coordinated Prosecution components of a Domestic Violence Court (DVC) or via voluntary referral are examined.

1.1 Attitudes as a mechanism of change

The importance of shifts in attitude to change in behaviour is supported by long traditions of research on psychological intervention. Consistent with these traditions, key goals of intervention programs for abusive men include changing men's attitudes towards their abuse and increasing their respect for women. Recently published research also suggests that changes in men's attitudes toward intervention itself may be important to promoting change. In the following section, past research in these three areas of attitude change is reviewed briefly.

1.2 Change in attitude towards abuse

Denial of problem behaviour, or of personal responsibility for such behaviour, is likely a fundamental component of many psychological problems, especially when they involve significant harm to others (e.g., see Sykes & Matza, 1957 for discussion in criminality and Salter, 1988 for discussion in sexual offenders). Clinicians working with male perpetrators and victims of intimate partner violence clearly recognize the importance of abuse denial and minimization and externalization of blame. The Deluth Power and Control Wheel, which forms the educational basis for numerous intimate violence prevention and intervention programs, identifies minimization, denial and blaming as forms of abuse. Formal standards developed to regulate batterer intervention programs include countering men's denial and minimization and encouraging them to take personal responsibility for their abusive actions as critical intervention goals (Dankwort & Austin, 1999).

Despite the apparent importance of this domain of attitude change, there has been surprisingly little research on the importance of men's attitudes towards their abuse and change in abusive behaviour. The few studies that exist in this area show that men who enter intervention with high levels of problem denial show less change than men with more positive pre-intervention attitudes (Scott & Wolfe, 2003; Taft, Murphy, King, Musser, & DeDeyn, 2003). Strong correlations between denial and minimization of abusive actions and violence in the relationships of young adults have also been demonstrated in past research (Scott & Straus, submitted). These results, in combination with knowledge of clinical practice, suggests that changes in responsibility attitudes are likely important to change in abusive behaviours.



1.3 Change in attitude towards women

A second area of attitude change that is likely important to change in battering is men's attitudes towards women. Feminist theory suggests that men with attitudes and beliefs most supportive of patriarchy are most likely to be abusive (Mihalic & Elliott, 1997; Saunders, 1984; Stith & Farley, 1993). Men's 'buy-in' to patriarchy is viewed as important because it increases men's sense of entitlement in their relationships with women (e.g., "Because I am a man, I can expect my partner to ...") and reduces constraints against domestic violence (e.g., "She should have dinner on the table every evening, and if she doesn't I have a right to punish her."). It is on this basis that batterer intervention programs focus on changing men's attitudes about traditional male and female roles, having men acknowledge their privileged position in society, and encouraging men to challenge patriarchal beliefs and systems (Dankwort & Austin, 1999).

Support for feminist theory comes from research on the impact of patriarchal social organization on the incidence of woman abuse. Analyses across cultures and regions, including North America, suggest that greater sexual equality is associated with less wife battering (Campbell, 1992; Haj-Yahia, 2000; Levinson, 1987; Straus, 1994). Less support has been found for a relationship between change in men's attitudes towards women and change in abusive behaviour (Feder & Forde, 2000; Davis, Taylor, & Maxwell, 2000; Petrik, Olson, & Subotnik, 1994). In other words, when the social context is disregarded, men's individual attitudes do not seem to be strongly related to perpetration or change in abusive behaviour. However, given the strong theoretical background for these constructs, attitudes towards women remain an important dimension for continued investigation as a possible attitudinal predictor of change in abusive behaviour.

1.4 Change in attitudes towards treatment

A final domain of attitude change that shows promise for predicting abuse reduction is men's attitude towards intervention and group facilitators. In psychotherapy research, these attitudes are captured under the label of "positive working alliance," which encompasses men's opinion about trustworthiness and positive regard of their therapist and men's perceptions of the congruence of their therapeutic goals to those of their therapist. The importance of a positive working alliance between therapists and clients has been established in research on a variety of populations presenting with a wide range of difficulties, including alcoholism and marital problems (Bourgeois, Sabourin, & Wright, 1990; Connors et al., 1997). Recent work by Taft and Murphy further suggests that men's attitudes in this domain may be important to predicting the success of batterer intervention for reducing men's physical and psychological abuse (Taft et al., 2003).

1.5 Current study

In summary, three attitude domains are likely candidates for promoting change in men's abusive behaviour - attitudes towards abuse, attitudes towards women, and attitudes towards intervention. The current study was undertaken to develop and test a self-report measure of attitudes in these three domains using a small test sample of men attending a batterer intervention program. There were two purposes of analyses. The primary purpose of the current work was to determine if a reliable measure could be developed of men's attitudes. It was expected that:

Hypothesis 1: Attitudes towards abuse, intervention, and women are related but conceptually distinct aspects of men's presentation.

Hypothesis 2: Attitudes will vary by men's referral status. Specifically, it was expected that men attending intervention voluntarily would have the most desirable attitudes, followed by men attending in the Early Intervention and Coordinated Prosecution streams.

A secondary purpose was to explore changes in men's attitudes on the constructed measure from pre- to post-program. This analysis had two aims. First, potential differences in attitude change associated with men's referral status (i.e., Early Intervention, Coordinated Prosecution or Voluntary) were to be explored. Second, analyses were to be carried out to determine the usefulness of the constructed measure to differentiate those men who do and *do not* change over treatment. As reviewed, research suggests that approximately one third of men who attend batterer intervention programs repeatedly re-assault their partners. A key need in this context is for measures that differentiate those men who do and do not show progress in intervention. To examine this question, changes in men's attitudes were to be compared to other indicators of potentially poor progress through treatment as available in men's files, specifically counsellor judgement of men's success. It was expected that:

Hypothesis 3: Men will show significant pre- to post-intervention changes in their attitudes towards attitudes towards abuse, women, and intervention.

Hypothesis 4: Men judged by their counsellors as low risk for re-assaulting their partners at the end of intervention would show greater changes in attitude over treatment than men judged high-risk for continued abusive behaviour.

The constructed measure of attitude was considered successful to the extent that it was sensitive to change over time and able to differentiate men who, from other indicators, seem to have made more and less progress through treatment.



2. Methodology

2.1 Participants

Participants were recruited from Changing Ways, a non-governmental organization in London, Ontario. Established in 1982, Changing Ways is one of the most well-established batterer intervention programs in Ontario and Canada. The Changing Ways program provides intervention to clients from Early Intervention, Coordinated Prosecution and voluntary referral processes.

All men who completed intake for the Changing Ways program between January and March 2004 were invited to participate in the current study. Men who expressed interest in participating in the study and had basic proficiency in reading and writing English provided written consent and completed all measures. In total, pre-intervention data was collected from 41 men out of 131 who completed intake during this period. This translates into a 31.1% consent rate, which was considerably lower than expected. Investigation into the reasons for this low consent rate found that difficulties were mostly due to differences among the contract counsellors who were completing intake assessments. Only three of the eight counsellors were inviting men to participate in research. Other counsellors were not offering this invitation. Rate of consent for those men invited to participate was approximately 80%. With an 80% consent rate, concerns about self-selection bias are no stronger for the current study than for the majority of research done in this area. In addition, further investigation showed that the demographic profile of men who participated in the current research was consistent with the characteristics of clients generally presenting at Changing Ways.

2.1.1 Demographic characteristics: Age, ethnicity, income and employment, and relationship status

Men ranged in age from 19 to 52 years, with an average age of 34.05 years ($SD^2 = 9.17$). Of the men for whom ethnicity data was available ($n=28$), 86% ($n=24$) indicated that they identified themselves as belonging to a particular ethnic group. Fifty-four percent of these men ($n=13$) identified themselves as Canadian, 25% ($n=6$) identified as North American Indian, Latino, Irish, Polish, Albanian, or Arabic, and 21% ($n=5$) identified with more than one ethnic group. The employment status among the men was variable, with 35% ($n=14$) working days, 3% working nights ($n=1$), 38% ($n = 15$) working shift work and 25% ($n=10$) reporting unemployment. Of those men for whom annual income was available, 39% ($n=12$) reported that they earned under \$10,000, 35% ($n=11$) earned between \$10,000 and \$29,999 per year, and 26% ($n=8$) earned over \$30,000 per year.

In terms of the men's current relationship status, 46% ($n=19$) were separated, 22% ($n=9$) were married, 15% ($n=6$) were living common-law, 7% ($n=3$) were planning to divorce, 5% ($n=2$) were dating and 5% ($n=2$) were single. The average length of the men's current relationship was 5.73 years (range = 3 months to 20 years, $SD = 5.52$). Of those men who were separated from their partner, the average length of separation was 11 months (range = 4 weeks to 2 years, $SD = 8.71$). Approximately one-third of these men ($n=6$) indicated that they planned to reconcile with their partner. Of the

² *SD* is the abbreviation for standard deviation and this statistic represents the average amount by which scores in a distribution vary from the mean.

remaining 13 men, 12 indicated that they did not plan to reconcile and one did not answer the question.

2.1.2 Referral information

Sixty three percent of the men were referred to the Changing Ways program through probation services ($n=26$), 17 percent through Early Intervention Court ($n=7$), and 20 percent through voluntary referral ($n=8$). The majority of the men were first time Changing Ways clients, with one fifth ($n=8$) of the men having been previously enrolled in the program.

2.1.3 Past assaults and alcohol use

Twenty-four percent ($n=9$) of participants reported a history of any past assaults, with the number of assaults ranging from 1 to 3 ($x = 1.33^3$, $SD = 0.71$).

With regards to alcohol intake, 38 % ($n=15$) reported that they did not drink, 30% ($n=12$) reported that they have less than one drink per month, 20% ($n=8$) reported one drink weekly, 10% ($n=4$) reported one drink daily and 3% ($n=1$) reported more than one drink daily. Rates of past assault and alcohol use are both higher than for the population overall, confirming that the sample of men referred to batterer intervention is at-risk for difficulties in a variety of life domains.

2.1.4 Post-assessment participants

Following program completion, post-assessment data was collected from 14 of the 41 men (34%; 11 men referred through probation; 3 men through voluntary referral). Reasons for not completing post-assessment were variable. Thirteen of the men (31.7%) were ineligible for post-assessment because they did not complete the program (9 men referred through probation; 4 men through voluntary referral). Of the remaining 14 men, 8 men (19.5%) could not be located (4 men referred through EIC; 3 men referred through probation; 1 man through voluntary referral), 4 men (9.8%) had incomplete files because their counsellor was not available to complete the counsellor rating form (2 men referred through EIC; 2 men referred through probation, 1 refused to complete the post-group questionnaire (referred through EIC), and 1 man (2.4%) was incarcerated and subsequently unable to complete the questionnaire (referred through probation).

The demographic characteristics of the post-assessment group ($n=14$) were similar to that of the original group ($n=41$). The men ranged in age from 19 to 51 years with an average age of 35.43 years ($SD = 10.75$). Of the men for whom relationship status information was available, 31% ($n=4$) were living common-law, 23% ($n=3$) were married, 23% ($n=3$) were single, 15% ($n=2$) were divorced, and 8% ($n=1$) were separated. Of the men who were separated or divorced, none indicated that they wanted to reconcile with their partner. Twenty-one percent ($n=3$) of the men reported that they were in a relationship with a new partner.

³ x is the statistical symbol for the average of a group of scores.



2.2 Measures

Four newly developed measures were used in the current study. In addition to these measures, participating men gave consent to have information gathered from their program files (see Appendix A for Letter of Consent). Details about each measure are provided below.

2.2.1 Information form

The information gathered from men's program files included demographic characteristics, information regarding men's referral status (i.e., Early Intervention, Coordinated Prosecution or Voluntary), self-reported abusive behaviour, counsellor judgements of men's success, men's reports of drunkenness, and men's history of violence (see Appendix B for the Research Information Form).

2.2.2 Attitudes

A 78-item self-report attitude measure, entitled the Abuse-Related Attitudes Assessment (ARAA), was developed for the current study. To assist in measure development, a large number of attitudinal measures available within the literature were reviewed. Items deemed relevant to the current study were incorporated into the newly developed measure in either original or modified form. Particular measures that helped inform the study included: the Inventory of Beliefs About Wife Beating by Saunders, Lynch, Grayson, and Linz (1987) (3 items); the Ambivalent Sexism Inventory by Glick and Fiske (1996)(3 items); the Beliefs about Wife Beating by Haj-Yahia (1998)(2 items); the Attitudes Towards Women Scale (ATWS) by Spence and Helmreich (1978)(3 items); the Sex Role Attitudes scale by Burt (1980)(3 items); and the Attitudes Towards Correctional Programming (ACT) Scale by Baxter (year)(4 items). The newly developed measure was also informed by questions from the research of: C.A. Caesar (1996)(3 items); Swim, Aikin, Hall, & Hunter (1995)(4 items); R. Serin (1988)(1 item); Budman et al. (1987) (3 items); Ward (1984)(2 items); and A.W. Pearson's (2002) assessment and refinement of Jehn's Intragroup conflict Scale (2 items). Forty-five original, or modified, items were also included to ensure all relevant attitudinal areas were tapped by the new measure.

The resulting attitudinal measure captured three attitude domains. The first domain was men's attitudes towards abuse itself. Items in this domain tapped men's responsibility for their abusive behaviour (e.g., "I need to be the one to end my use of violence"), denial of relationship difficulties (e.g., "I have never been annoyed when my partner expressed ideas very different than my own), blame of their partner (e.g., "My partner often brings up conflicts that have already been resolved") and justification for abusive behaviour (e.g., "When people have been drinking, they cannot be held responsible for their actions"). The second attitude domain was men's hostility towards women (e.g., "Women are sly and manipulate men") and sexism (e.g., "Many women have a quality of purity that few men possess"). Finally, items were included to assess men's attitudes towards intervention in general (e.g., "I don't think that I am going to gain anything from participating in this group") and towards their counsellors (e.g., "I expect that counsellors here will act as if they are better than their clients") (see Appendix C for final questionnaire).

2.2.3 Attitudes towards referral incident

In addition to this general questionnaire, items were created to assess men's attitudes towards the incident that resulted in their referral to the Changing Ways program. Men rated their attitudes on 16 items tapping their view of this incident (e.g., "Do you believe that you are guilty of the offence"; "My partner manipulated the situation to get me in trouble with others") (see Appendix D for final questionnaire).

2.2.4 Knowledge of abusive behaviour

An attempt was also made to assess change in men's knowledge that would be expected to result from participation in a batterer intervention program. One dimension targeted in intervention is men's definition of abusive behaviour. For this questionnaire, men were presented with 22 behaviours and were asked to judge if they were "hurtful/controlling" "not hurtful/controlling" or whether the impact of the behaviour "depends." Answers were marked either correct or incorrect on the basis of typical PAR program teaching (see Appendix E for final questionnaire). Items on this questionnaire were partially derived from an existing self-report form used at Changing Ways.

2.2.5 Knowledge of abuse-supporting self-talk

Finally, men were asked to examine a series of common cognitions (e.g., "I am the only person who can make me mad or keep me calm") and asked to judge if these cognitions were "likely to lead to healthy behaviour," "likely to lead to hurtful/controlling behaviour" or "depends." Items on this questionnaire tapped dimensions commonly targeted in the Changing Ways intervention program. Again, answers were marked either correct or incorrect according to typical PAR program teaching (see Appendix F for final questionnaire).

2.3 Limitations

There are a number of limitations to the current study that should be taken into account when considering results. First, creation of these scales was based on data collected from a modest number of participants. Given the modest numbers, the internal consistency and reliability found is quite good; however, additional analyses are recommended once more data is available. Second, with only a small number of participants completing pre- and post-intervention assessment, no conclusions are possible about changes that may or may not occur as a result of PAR intervention. Analyses of change from pre- to post-intervention are included to help judge the utility of created measures, not to examine program efficacy. Finally, for all measures, additional research is needed to determine if change in specified attitude domain lead to expected change in abusive behaviour.



3.0 Results

Results are reported first on the development of the attitude and knowledge scales, second on initial attitude differences between men⁴ attending Changing Ways voluntarily and those referred to the program through probation or early intervention court, and third on changes in men's attitudes on the constructed measure from pre- to post-intervention.

3.1 Factor analysis of men's attitudes

As mentioned above, men completed a 78-item attitude measure, entitled the "Abuse-Related Attitudes Assessment", tapping a variety of attitude domains including: attitudes towards abuse, attitudes towards women, and attitudes towards intervention. As a first analysis task, men's responses to these items were conceptually grouped and then factor analyzed⁵. This form of analysis essentially asks the question: "Which of these items group together as a measure of the same underlying concept?" Results of this analysis are presented in Table 1⁶. Four separate factors, or item groupings, were identified. The following labels were given on the basis of factor content: 1) Sexist attitudes towards women; 2) Distrust of, and lack of readiness for, intervention; 3) Lack of personal responsibility for abuse and its effects and; 4) Partner blaming. Items loading on each of these factors are listed, along with a numerical indication of the degree to which they relate to this underlying concept. This numerical value varies from 0 to 1, with higher numbers indicating "better" items. By convention, items loading at .4 or higher are considered "good" indicators of an underlying concept.

In Table 2, items for a fifth subscale, labelled "Denial of expected relationship difficulties," are presented. The nine items on this scale tap the extent to which men deny expected relationship difficulties. It was expected that men would endorse these items unless they were in exceptionally high levels of denial. As such, this subscale was expected to function in a similar manner as social desirability, or lie, scales often used in traditional self-report measures. To inform the development of this scale, the endorsement frequency was examined for each item. A man was judged to be in complete denial if they admitted no relationship problems, for example, by choosing "strongly agree" to a statement such as "I have never wondered if things would be better if I were in a different relationship." Items for this subscale are presented in Table 2 along with the percentage of men denying difficulties in this relationship area.

⁴ Throughout this section, the term "men" refers to men participating to this pilot study.

⁵ Principal components analysis was used to isolate factors, and resulting matrices were rotated to maximize variance accounted for. The rotated solution is presented.

⁶ Items loading at lower than .4, or items that did not link strongly, or unambiguously, on one factor were eliminated. In addition, for constructs represented by more than 10 items, only the best 10 items were chosen. Overall, this resulted in the elimination of 29 of the original 78 items.

Table 1: Factor analysis of attitude items

Items	Factor Loading
Factor 1: Sexist attitudes towards women	
51. Women should worry less about their rights and more about becoming good wives and mothers.	.74
54. When a woman is lying she deserves to be put in her place.	.71
34. If a husband beats his wife, it is most likely due to her mistaken behaviour.	.70
47. Women are sweet until they have you, then their true self shows.	.66
27. Women are generally not as smart as men.	.65
63. Wife-beating should be given a high priority as a social problem by government agencies. (Reverse scored)	.64
25. It would do some wives good to be put in their place by their husbands.	.62
23. If I heard a woman being attacked by her husband, I would call the police. (Reverse scored)	.56
11. Most women fail to appreciate fully all that men do for them.	.53
39. Discrimination against women is no longer a problem in Canada.	.47
Factor 2: Distrust of, and lack of readiness for, intervention	
24. The only purpose of this program is to blame men for their problems.	.83
16. Counsellors here act as if they are better than me.	.78
64. Counsellors here can be trusted. (Reverse scored)	.71
56. Counsellors here accept me as an individual. (Reverse scored)	.62
28. Counsellors here act as though my problems were important to him/her. (Reverse scored)	.55
52. If other people know I'm in a treatment program, they'll see me as a failure.	.53
60. I believe that my counsellor here does not understand what I am trying to accomplish.	.53
44. I don't think I can trust others in this group treatment program.	.50
72. If I were to talk about my problems with other people, they would think that I'm crazy or emotionally unstable.	.49
48. A mentally healthy person is a person who pretty much keeps his feelings and emotions to himself.	.47
Factor 3: Lack of personal responsibility for abuse and its effects	
58. I can expect my partner to take a long time to trust me again. (Reverse scored)	.77
42. My abusive and hurtful behaviours have had lasting effects on my partner. (Reverse scored)	.74
78. My behaviour has made my partner angry, but has had no lasting negative effects on her.	.69
1. I need to be the one to end my use of violence. (Reverse scored)	.62
10. When men are abusive they do it to gain control over their partners. (Reverse scored)	.56
12. I would much rather be somewhere else than in group right now.	.50
73. I am 100% responsible for my feelings and behaviour. (Reverse scored)	.47

**Table 1: Factor analysis of attitude items**

Items	Factor Loading
30. There is no justification for my abuse or violence. (Reverse scored)	.46
76. My partner has less confidence as a result of my abusive and hurtful behaviours. (Reverse scored)	.43
Factor 4: Partner blaming	
65. I have only ever been abusive towards my partner to defend myself against serious harm.	.74
9. My behaviour is not nearly as bad as my partner makes it sound.	.65
2. My partner exaggerates negative things I have done in our relationship.	.63
6. My partner often brings up conflicts that have already been resolved.	.56
37. My partner is as much to blame for what I do during conflicts as I am.	.53
17. My partner is trying to manipulate the system to “get” me.	.52
41. My partner needs to learn to respect me and listen to me.	.51
45. If I had a different partner, I would not behave in hurtful and controlling ways.	.48
33. If I don’t defend myself, my partner will walk all over me.	.42
5. Most of the time when I am angry at my partner, it is because she has “pushed my buttons.”	.37

Table 2: Endorsement frequencies for items on the denial of expected relationship difficulties subscale

Items	Endorsement frequency
13. I am sometimes annoyed when my partner asks favours of me.	43.2%
49. I have taken advantage of my partner or our relationship at least once in the past.	42.1%
50. I have sometimes wondered if things would be better if I was in a different relationship.	30.8%
57. I have never been annoyed when my partner expressed ideas very different from my own. (Reverse scored)	26.3%
14. I have never expected my partner to go out of her way to make sure that my needs were met. (Reverse scored)	23.1%
26. I have never deliberately said something to hurt my partner’s feelings. (Reverse scored)	22.5%
22. I have sometimes said or done things in anger with my partner that I wish I could take back.	10.0%
69. I have never said or done anything to my partner that I regret. (Reverse scored)	2.5%
61. There is nothing that I would like to change about the way I behave toward my partner. (Reverse scored)	0

3.1.1 Reliability of attitude domains

Following the identification of these five subscales, the items within each factor were examined to explore the internal consistency within each factor, or subscale. Internal consistency refers to the extent to which all items on a given scale tap the same underlying dimension. Items that are not conceptually linked, or that are measured with considerable error, tend to reduce a scale's internal consistency, or alpha. By convention, scales with alpha values of .8 or above are considered good, and values in the .7 range are considered adequate.

The alphas for each of the five subscales examined are follows: 1) Sexist attitudes towards women (alpha = .86); 2) Distrust of, and lack of readiness for intervention (alpha = .85); 3) Lack of personal responsibility for abuse and its effects (alpha = .83); 4) Partner blaming (alpha = .79); and 5) Denial of expected relationship difficulties (alpha = .66).

3.1.2 Correlations of attitude domains

Correlations between attitude domains were examined to ensure that identified factors were sufficiently distinct. A correlation is a measure of the strength of a relationship between two variables. Coefficients closer to the value of 1 represent stronger relationships. The positive or negative value of the correlation indicates the direction of the relationship under study. Positive correlations denote scales that vary consistently with each other (i.e., higher scores on one scale relate to higher scores on the other). Negative correlations, in contrast, denote scales that vary in opposition with each other (i.e., higher scores on one scale relate to lower scores on the other).

Correlations of the five attitude domains are presented in Table 3. Note that each scale was scored so that higher scores indicated more negative attitudes. It was expected that all attitude domains would be moderately positively correlated. Results were generally consistent with this hypothesis. Examination of this table reveals that sexist attitudes towards women are strongly correlated with distrust of intervention and moderately correlated with partner blame. Sexist attitudes are also negatively correlated with denial at close to significant levels. In other words, men who deny relationship difficulties are more likely to endorse non-sexist attitudes. Denial of expected relationship difficulties was also moderately strongly corrected with lack of personal responsibility, such that men who endorsed high levels of denial also reported low levels of personal responsibility for abusive behaviour.

Table 3: Correlations of attitude domains

Attitude Domain	1	2	3	4	5
1. Sexist attitudes towards women	1.00	.55**	.11	.31	-.33*
2. Distrust of, and non-readiness for intervention		1.00	.04	.20	-.23
3. Lack of personal responsibility for abuse			1.00	-.04	.44**
4. Partner blaming				1.00	-.01
5. Denial of expected relationship difficulties					1.00

* Attitude domains were correlated at the .05 significance level.

** Attitude domains were correlated at the .01 significance level.

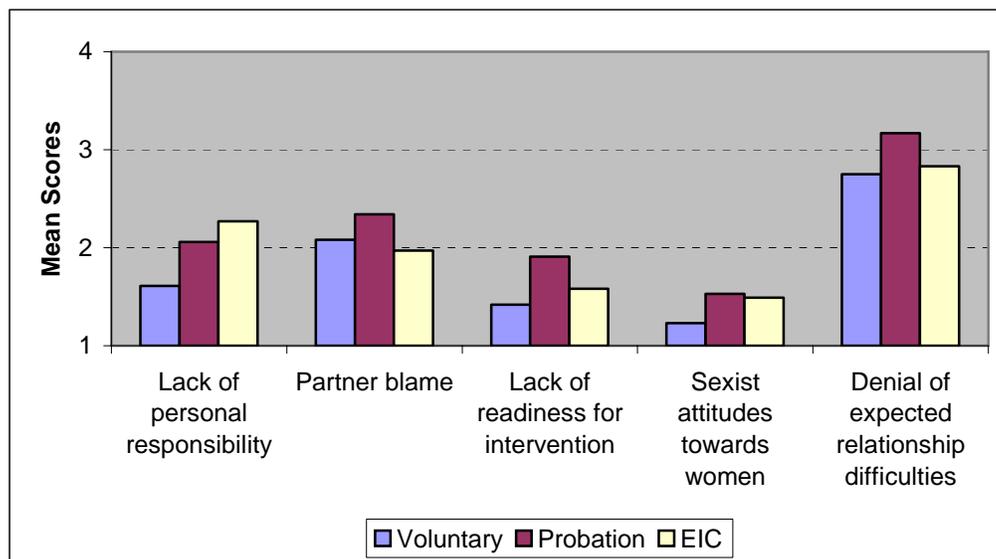


3.2 Pre-treatment attitudes differences

The next task for analysis was to determine whether men’s pre-intervention attitudes varied according to whether they were referred by probation ($n = 26$), early intervention ($n = 7$) or were attending intervention voluntarily ($n = 8$). Mean scores of men on all domains are presented in Figure 1. For the four attitudes subscales, means varied from a low of 1 to a high of 4, with scores of 1 or 2 indicating general “agreement” with items, and scores of 3 or 4 indicating “disagreement.” Thus, in all cases average scores above 2 may be considered problematic. For denial of expected relationship difficulties, values represent the mean number of items endorsed with levels varying from 1 (assigned when men endorsed no indicators of denial) to 10 (assigned when men endorsed all 9 denial items).

Consideration of men’s scores overall suggests that most men begin intervention with relatively negative attitudes towards their partners. Men varied considerably in the extent to which they were taking personal responsibility for their abusive behaviour, with voluntary clients generally reporting more personal responsibility and clients referred from the justice system reporting less personal responsibility. All men tended to begin intervention with relatively non-sexist attitudes towards women and with fair readiness for intervention. On average, men endorsed close to 2 indicators of denial, with greatest levels of denial reported by men referred by probation and lowest levels among men referred through the EIC process. However, differences noted in the attitudes of men attending voluntarily, those referred through the EIC process or those on probation were *not* significantly greater than what may be expected by chance variation. Thus, there was little support for the hypothesis that men referred through different streams begin intervention with more or less problematic attitudes.

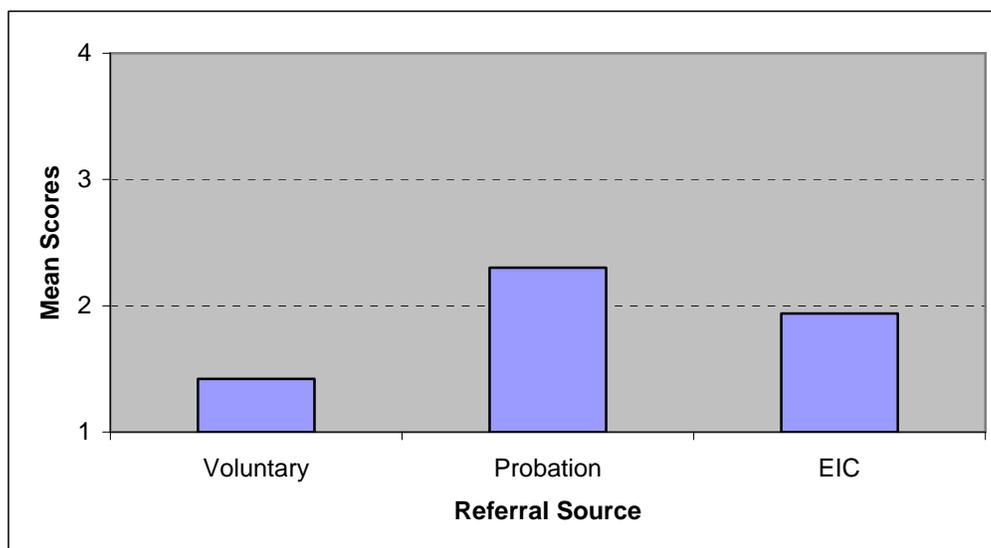
Figure 1. Pre-Treatment Attitudes by Referral Source



3.3 Attitude toward referral incident

With regards to the men's views of the incident for which they were referred, the average score for the men on a scale from 1 to 4 was 2.08 ($n=37$, $SD=.70$), with higher scores indicating greater lack of personal responsibility for the referral incident and greater disagreement with sanctions. When broken down according to referral source, the mean scores for voluntary, probation and early intervention court referral groups were 1.42 ($n=7$, $SD=.29$), 2.30 ($n=24$, $SD=.70$) and 1.94 ($n=6$, $SD=.59$) (Figure 2). As expected, men who are attending the Changing Ways program voluntarily are most likely to take responsibility for violent incidents, and men on probation are least likely to feel personally responsible for a past abusive incident. These differences did reach significant levels⁷.

Figure 2. Negative Attitudes Towards Referral Incident



Correlations between men's attitude toward the referral incident and general attitudes were also computed. Results found that men's view of the referral incident was moderately to highly correlated with all attitudes except acknowledgement of relationship difficulties (with lack of personal responsibility $r = .64$ ⁸; partner blame $r = .58$; negative attitude towards treatment $r = .64$ and; sexist attitude towards women $r = .39$). Given the strength of these correlations, it can be concluded that men's attitudes towards the incident that resulted in their referral are generally consistent with their general attitudes towards their abuse and their partner.

⁷ The statistical findings for this comparison were [$F(2,34)=5.55$, $p < .01$]. F is a statistic used when comparing differences between multiple groups, with higher scores denoting greater group differences. P refers to the expected relative frequency of a particular outcome, or significance level. P values of .05 or less are considered significant as there is a 95%, or higher, certainty that the related results are not due to chance.

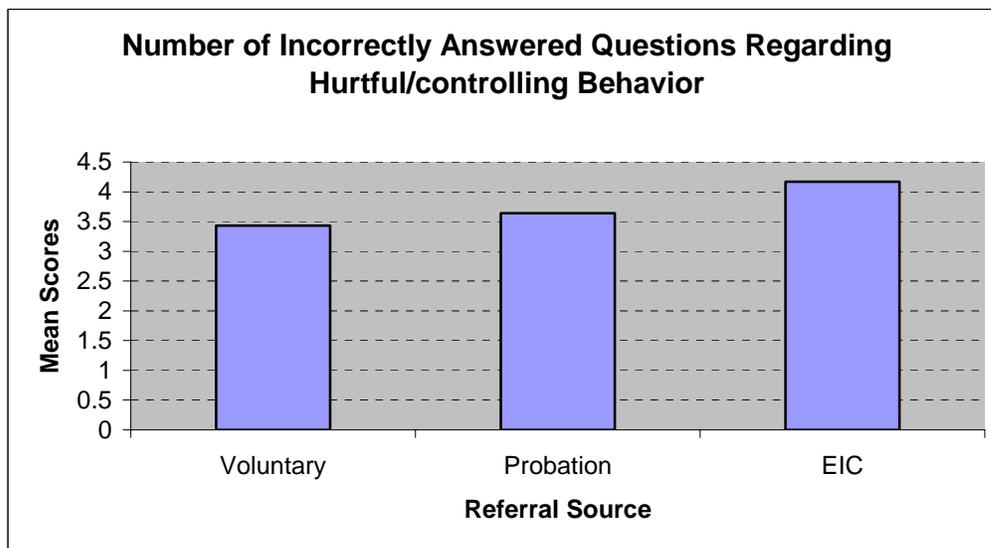
⁸ r is the abbreviation for correlation coefficient and represents the measure of correlation, or strength of relationship, between two variables.



3.4 Knowledge of abuse and of abuse-supporting attributions

As current PAR programs aim to teach men to identify abusive behaviour, men were asked whether or not 22 behaviours were hurtful and controlling. Five of these items were not abusive and were used primarily to balance the questionnaire. These items were not considered in the analyses. All items for this measure were developed in a manner that allowed the men's answers to be scored as either correct or incorrect. Correct answers indicated that the men were able to correctly identify whether or not a specified behaviour was hurtful or controlling, while incorrect answers indicated a lack of knowledge regarding hurtful and controlling behaviour. Examination of men's responses on the 17 abuse-specific items suggested that over 90% of men arrive at an intervention program understanding that the following behaviours are hurtful or controlling: ignoring or walking away from their partner when she is talking, trying to make their partner feel crazy, and yelling, screaming, or swearing at their partner. Men were less likely to report that unilateral financial decision-making, monitoring a partner's time or activities, insisting she keep relationship difficulties private, or making threatening statements was hurtful or controlling. On average, men incorrectly answered 3.68 items ($n=38$, $SD=3.9$), which is approximately 20%. When broken down according to referral source, men in the voluntary group got an average of 3.43 ($SD= 4.39$) items wrong, probation referred men got an average of 3.64 wrong ($SD=3.19$), and early intervention court referred men got an average of 4.17 wrong ($SD=6.34$) (Figure 3). Differences between groups were not significantly different from chance.

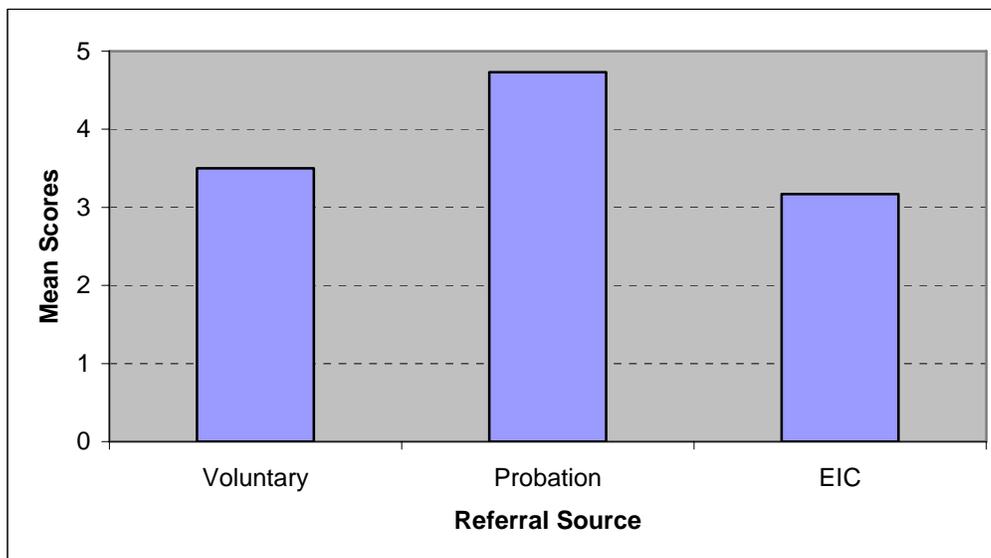
Figure 3. Number of Incorrectly Answered Questions Regarding Hurtful / Controlling Behaviour



Men were also required to indicate whether 14 thoughts would lead to healthy or hurtful behaviour. In this case, one item seemed to lead to confusion among men and was omitted. On average, the men incorrectly answered 4.29 of the 13 remaining questions ($n=38$, $SD=2.22$). Similar to the above measure, incorrect answers reflected an inability to identify whether specified cognitions would lead to healthy or hurtful behaviour. Men were most likely to recognize the value of cognitions

around efficacy, such as “I don’t need to defend myself, I can hear her out,” and “I do not have to win this argument.” Men were much less likely to recognize the potential danger of ruminative thoughts (e.g., “I can’t believe we are having this discussion again - we just talked about this yesterday”; “Why can’t she leave this alone”) and self-talk around entitlement (e.g., “I should not have to listen to this kind of criticism”). Volunteer, probation and early intervention court referral groups got an average of 3.50 ($SD=1.64$), 4.73 ($SD=2.38$), and 3.17 ($SD=1.47$) items incorrect, respectively, which did not differ significantly (Figure 4).

Figure 4. Number of Incorrectly Answered Questions Regarding Healthy Behaviour



3.5 Change in attitudes over time

Analyses also explored changes in men’s attitudes from pre- to post-program. Change analyses are an essential component of measurement development for two reasons. First, it is critical to establish that constructs being measured are changeable and not stable aspects of personality. Moreover, measures must be able to capture sufficient range in constructs so that ceiling and floor effects do not unduly limit analysis of change over time. Second, it is essential to determine if measures are capturing an aspect of change that is relevant to men’s success in intervention. For example, it may be that intervention leads to change (e.g., positive views towards facilitators), but in a variable unrelated to improvement in the behaviour that is that key target of intervention (i.e., abuse).

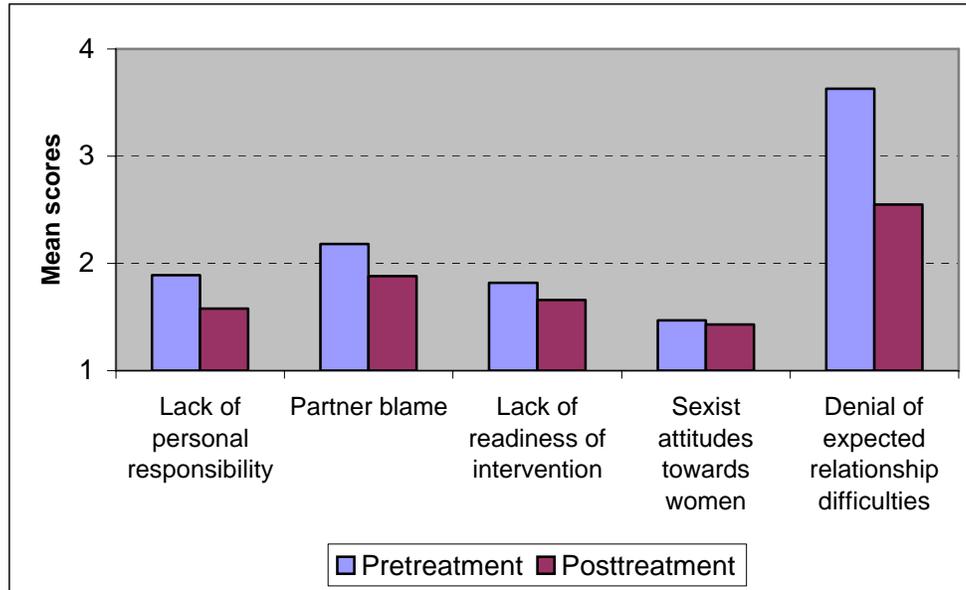
Change in men’s attitudes from pre- to post-program was examined in a number of ways in the current report. First, it was established whether there was change over time in target constructs. Second, an attempt was made to detect differences in change over time for voluntarily attending men, and men attending as a result of probation or early intervention. Finally, men’s change was examined with reference to counsellor judgement of men’s risk for continued abusive behaviour.



3.6 Sensitivity of attitude measures to change over intervention

To determine if developed measures were sensitive to change over time, mean scores for men at pre- and post-program were compared (see Figure 5). Statistical analyses (i.e., Paired sample t-tests) were used to determine if changes in mean scores over time were significant.

Figure 5. Men's Attitudes Pre- and Post-Intervention

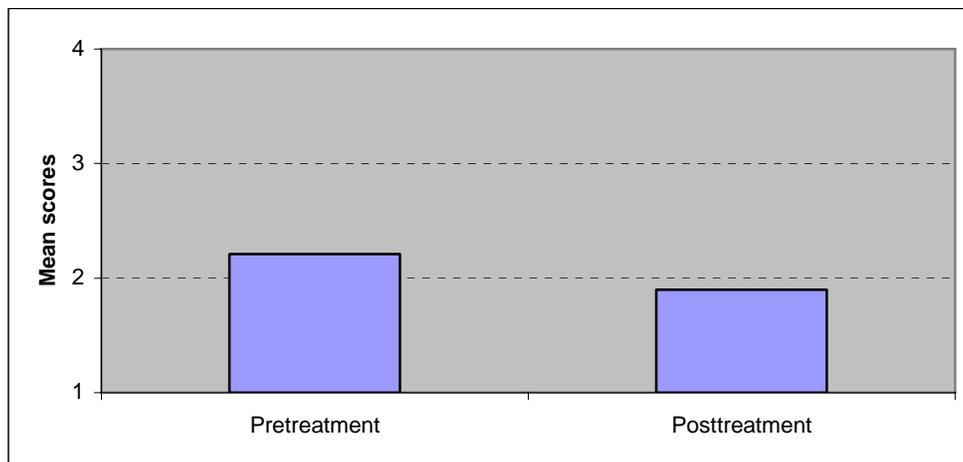


As shown, men's average scores in all attitude domains improved slightly over treatment. Specifically, after intervention, men's attitudes reflected greater personal responsibility for abuse, less partner blame, greater readiness for intervention, less sexist attitudes towards women, and less denial of expected relationship difficulties (coded again with a low score of 1). Change in two of these domains - personal responsibility for abuse and denial of expected relationship difficulties - were statistically significant⁹. Men's attitudes towards women, partner blame and readiness for intervention, in contrast, were not significantly different at pre- and post-program.

⁹ The statistical finding for these comparisons were [$T_{paired}(11)=2.91, p < .05$] for personal responsibility and [$T_{paired}(10)=2.29, p < .05$] for denial of expected relationship difficulties. A paired t-test is a statistic used when comparing differences between two non-independent groups, such as men assessed at two different times. P refers to the expected relative frequency of a particular outcome, or significance level. P values of .05 or less are considered significant as there is a 95%, or higher, certainty that the related results are not due to chance.

Similar analyses were completed to determine if there was significant change in men’s attitudes towards the incident that resulted in their referral to a PAR program. Men reported slightly lesser negative attitudes about their responsibility for the incident that resulted in their referral after intervention (see Figure 6), though differences in men’s scores over time were not statistically significant.

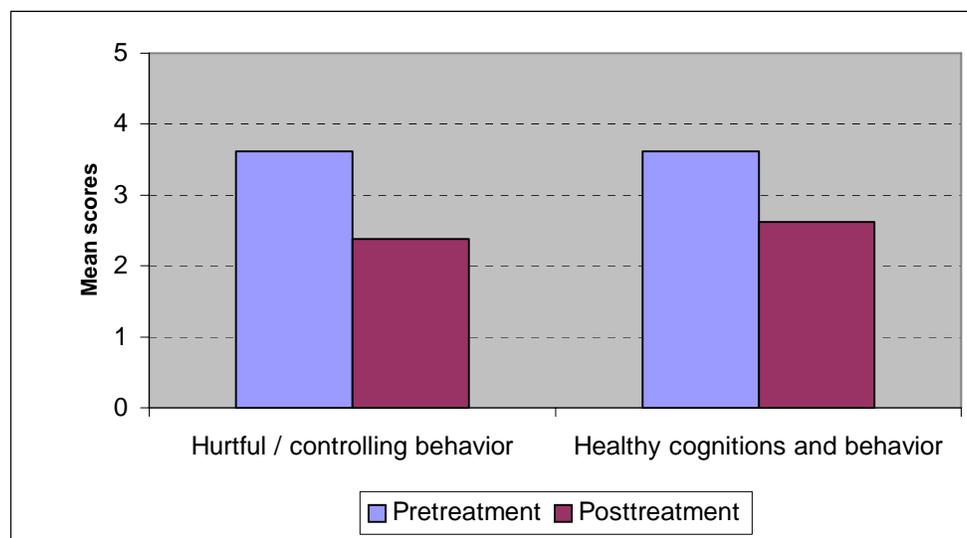
Figure 6. Men’s Negative Attitudes Toward the Referral Incident Pre- and Post-Intervention



Finally, an examination was done of change in men’s knowledge over intervention. Men’s responses to the post-intervention questionnaire were scored as either correct or incorrect using the same criteria as used pre-intervention. As shown in Figure 7, men’s knowledge did increase over intervention. Among the subsample of men who completed treatment, men failed to correctly identify 3.62 of the 17 listed abusive/controlling behaviours. After intervention, men’s error rate was reduced to 2.38, a difference that closely approaches statistical significance¹⁰. Men’s misidentification of cognitions likely to lead to healthy and unhealthy behaviours was similarly improved over intervention. Pre-intervention, this subsample of men were unsuccessful in linking an average of 3.62 of the 14 thoughts to the relevant healthy or unhealthy behaviour. After intervention, this error rate was reduced to 2.62. This difference in error rate was not statistically significant.

¹⁰ $T(12)=2.01, p=.07$.

Figure 7. Men's Errors in Identifying Abuse/Controlling Behaviours and Healthy and Unhealthy Thoughts



3.7 Change among men according to referral source

Of the 14 men for whom data is currently available, 11 were attending intervention as a result of a probation referral, 3 were attending voluntarily, and none were referred by Early Intervention Court. Given the low numbers of men referred by sources other than probation, it is not possible to make any conclusions about the degree of change for men from different referral sources.

3.8 Change among men who seemed successful and unsuccessful in intervention

At the end of intervention, men's counsellors were asked to judge whether each man was likely, very likely, or unlikely to avoid abusing his intimate partner in the future. This judgement was made using both men's behaviour during group and information from contact with men's partners. Among the 14 men for whom data was available, counsellors judged that 8 were likely to avoid abuse and 4 were likely to continue abuse. For the remaining 2 men, counsellors indicated that they were completely unsure about the likelihood of men re-offending. Interestingly, these numbers provide a relatively close match to those in large evaluation studies, with approximately one third of men (in this case, 29%) identified as likely continuing abusive behaviour and the remaining two thirds judged as less problematic.

To determine if the constructed measures differentiated men judged as successful and unsuccessful over intervention, pre- to post-intervention difference scores can be compared for groups of men judged as successful and unsuccessful. Unfortunately, given the small number of men in the successful and unsuccessful groups, no conclusions can be made about the expected relationships between attitude change and men's judged success through intervention.

4. Discussion

The current report describes the development of an attitudinal measure and provides results from an examination of men's attitudes before and after participating in a Partner Assault Response program. The newly developed self-report assessment instrument provided internally reliable scores for five domains of men's attitudes: 1) Lack of personal responsibility for abuse and its effects (10 items); 2) Partner blaming (10 items); 3) Distrust of, and lack of readiness for, intervention (10 items); 4) Sexist attitudes towards women (10 items); and 5) Denial of expected relationship difficulties (9 items). In addition, measures were created to assess men's attitude towards the specific incident that resulted in their referral to intervention (16 items), their knowledge of abusive behaviours (17 items) and their understanding of abuse-supporting cognitions (13 items). The scores of men from different referral streams were compared to judge the initial efficacy of these measures. Results and their implications are discussed for each domain, in turn. In addition, a small subsample of 14 men completed measures both before and after intervention to give a preliminary indication of potential change over time.

4.1 Personal responsibility for abuse and its effects

Personal responsibility was a first construct included in the current assessment of men's attitudes. On the final scale, 10 internally consistent items assess this domain. An example item from this scale is "My behaviour has made my partner angry, but has had no lasting negative effects on her." These items tap attitudes that are critical to achieving the goals of PAR programs – to increase men's accountability for their abusive behaviour.

Prior to intervention, men's attitudes overall reflected a lack of personal responsibility. For example, summing across men's problematic responses, we find that men endorse an average of around 3 out of 10 indicators of a lack of personal responsibility prior to intervention. Moreover, only 16% of men report no indicators of problematic responsibility attitudes. No significant differences were found in the personal responsibility of men referred by probation services, Early Intervention or those attending intervention voluntarily.

Analysis based on a small subsample suggested that the created measure of men's level of personal responsibility was sensitive to intervention-related change in attitudes. Specifically, men who completed intervention raised their self-reported level of personal responsibility for their abusive behaviour. This result is a hopeful indicator that PAR programs may achieve their aim of promoting men's responsibility for their abusive behaviour. Further research is needed to determine if changes in self-reported levels of personal responsibility relate to changes in abusive behaviour.

On the basis of these results, further use of the "Lack of personal responsibility for abuse and its effects" subscale is recommended.

4.2 Denial of expected relationship difficulties

A second construct assessed in the current study was men's denial of expected relationship difficulties. Unlike other attitude scales, men's overall agreement and disagreement with



these items was not of concern. Men's responses were deemed problematic only if they endorsed unrealistically positive views of their relationship. For example, for an item such as "I have sometimes wondered if things would be better if I was in a different relationship," a response of "strongly disagree" would be coded as an indicator of denial of expected relationship difficulties.

Prior to intervention, men generally endorsed a number of indicators of denial. Specifically, on average men endorsed 2 indicators of denial, with 27% reporting no denial. No significant differences were noted in the denial level of men referred through probation, the early intervention process or attending voluntarily. Thus, for the majority of men, change in level of denial is a reasonable intervention goal.

As with personal responsibility for abusive behaviour, significant changes were noted in men's denial over the course of intervention for the small subsample of men studied, further supporting the utility of this scale.

On the basis of these results, further use of the "Lack of personal responsibility for abuse and its effects" subscale is recommended.

4.3 Partner blaming

Avoidance of partner blaming was a third construct included in the current assessment of men's attitudes. Again, 10 internally consistent items were selected to represent this domain, with items such as "My partner exaggerates negative things I have done in our relationship" representative of the scale. Once again, reduction of men's blaming of their partners for their abusive behaviour is a critical goal of PAR programming.

Prior to intervention, men's scores on this domain reflected a relatively high level of partner blaming. On average, men reported blaming attitudes on about 4 of the 10 items assessing this domain, with only 13% of men avoiding all partner blaming attitudes. Once again, no significant attitude differences were noted according to referral source.

Over intervention, men's average level of partner-blaming attitudes decreased, though amount of decrease did not reach statistically significant levels. Despite the lack of evidence for pre- to post-intervention difference, the high initial level of problem attitudes in this domain and its centrality in the content of PAR programs lead to the recommendation that it be retained in future research.

4.4 Sexist attitudes towards women

A fourth attitude domain directly targeted in PAR programs in men's sexist attitudes towards women. Ten internally consistent items were retained to assess this domain of men's attitudes. Items included those tapping men's attitudes towards women in general (e.g., "Women are generally not as smart as men") and towards issues around women's rights (e.g., "Women should worry less about their rights and more about becoming good wives and mothers").

Although clinical reports often suggest that abusive men hold sexist attitudes (Dobash & Dobash, 2000), examination of men's responses on this self-report questionnaire found that prior to intervention, men endorsed few indicators of sexist attitudes. In fact, over 50% of men endorsed *no*

problematic attitudes in this domain and only one man endorsed more than 4 indicators of sexist attitudes. Thus, at least on self-report, men attending PAR programs seem to lack problems in this area.

The low endorsement of problematic attitudes in this domain also has implications for men's progress over time. In particular, if over 50% of the men are reporting non-sexist attitudes before intervention, no positive change can be expected for this 50% of the sample. Results were consistent with this reasoning and, overall, no significant differences were noted in men's sexist attitudes over intervention. At both times, the majority of respondents reported non-sexist attitudes. This result is not unique to the current study. A number of investigations now suggest that, although the societal level of inequality has an impact on abuse of women, the attitudes held by individual men are relatively poor predictors of abusive behaviour.

On the basis of these results, further use of the "Sexist attitudes towards women" subscale is *not* recommended.

4.5 Lack of readiness for intervention

A final domain that was included on the current attitude measure was one tapping men's attitudes towards intervention itself. The 10 items on this scale assessed men's attitudes towards intervention in general (e.g., "The only purpose of this program is to blame men for their problems") and towards program counsellors (e.g., "Counsellors here can be trusted"). This attitude domain was included on the basis of research suggesting that men who have more negative attitudes towards intervention are more likely to dropout of service and to fail to make change in their abusive behaviour.

Examination of men's attitudes prior to beginning the PAR program found that, despite legal or social coercion, most men approached treatment with generally positive attitudes. Men endorsed an average of only 1 to 2 items out of 10 indicating negative attitudes towards treatment and a full 42% endorsed solely positive treatment-related attitudes. No significant referral-related differences in attitudes towards treatment were noted, confirming clinical observations that men's perception of coercion and injustice is likely considerably more important than objectively measured variables.

Over intervention, men's attitudes towards treatment did shift in a positive direction, though this shift did not reach statistically significant levels. Again, this result may be due, at least in part, to the generally positive attitudes men hold even before beginning treatment. Thus, as a measure of the efficacy of PAR programs in promoting attitude change, this scale may not be useful.

Assessment of men's attitudes towards treatment may, however, be useful when considered in conjunction with other measures. For example, further studies may be done on whether men with more negative attitudes are more likely to dropout of treatment or if expected benefits of new intervention ideas are limited for men with negative attitudes towards intervention.

4.6 Attitudes towards referral incident

Due to concern that men's general attitudes may not reflect their attitudes towards the specific incident that resulted in their referral to intervention, men were also asked about their



attitudes towards the referral incident. Results indicated that men's personal responsibility attitudes and their attitudes towards the incident that resulted in their referral to a PAR program were generally similar. In other words, little evidence was found for "incident-specific" attitudes. Given this, reliance on the more general attitude assessment is recommended in future research.

4.7 Knowledge of abusive behaviours

PAR program activities also focus on educating men about abusive behaviour. Given this goal, men's knowledge pre- and post-program was also examined. Results indicated that when given a list of common abusive behaviours and asked to judge whether they were hurtful/controlling or not, men were accurate in the identification of about 80% of abusive behaviours. Men were most likely to identify ignoring or walking away from their partner when she is talking, trying to make their partner feel crazy, and yelling, screaming, or swearing at their partner as hurtful. Men were less likely to report that unilateral financial decision making, monitoring a partner's time or activities or threatening a partner was hurtful or controlling.

Comparison of a small subsample of men's knowledge of abusive behaviour before and after intervention indicated that men's gains in knowledge approached significance. Thus despite initially good knowledge levels, completing intervention was associated with even greater understanding of abusive behaviour.

These results provide conflicting messages about the utility of an abuse knowledge measure in PAR programming. If the aim of the PAR programs is for men to be able to accurately identify all, or virtually all, forms of hurtful and controlling behaviour, then knowledge assessment is warranted. If, on the other hand, the aim is for generally good knowledge of abusive behaviour, current results suggest that men have generally sufficient knowledge at program intake and that assessment should instead focus on change in men's attitudes and behaviours.

4.8 Knowledge of abuse-supporting cognitions

Cognitive behavioural analysis of abusive behaviour is one component of most PAR programs. In this component of the program, men are taught to recognize those thoughts that are likely to lead to healthy, as opposed to unhealthy or abusive behaviour. Results of the current study showed that prior to beginning intervention, men were likely to recognize the value of cognitions around efficacy, such as "I don't need to defend myself, I can hear her out." Men were much less likely to recognize the potential danger of ruminative thoughts (e.g., "I can't believe we are having this discussion again - we just talked about this yesterday"; "Why can't she leave this alone") and self-talk around entitlement (e.g., "I should not have to listen to this kind of criticism"). Overall, men were incorrect in identifying the potential value (or danger) of one third of the listed cognitions regardless of referral source.

Over the course of intervention, men's knowledge of healthy and unhealthy cognitions did not improve significantly. However, given the theoretical link between changes in cognition and changes in behaviour, and men's poor initial knowledge of abuse-supporting cognition, additional research in this area is warranted. Thus, this measure is recommended as a measure of men's change in knowledge over the course of PAR intervention.

4.9 Summary

In summary, of the attitude measures created and investigated for the purposes of the current study, three are clearly recommended for future research and use: lack of personal responsibility for abuse and its effects; partner blaming; and denial of expected relationship difficulties. If change in knowledge is investigated, the created measure of health and unhealthy cognitions is recommended. The distrust of, and lack of readiness for, intervention scale is not recommended as an indicator of program efficacy, but could be used to examine the moderating effects of men's approach to intervention.



5. Implications and Recommendations

There is a recognized need for improvement in intervention programs for abusive men. To guide this improvement, efficient strategies for measuring men's progress through intervention are required. The results of the current study have a number of implications for such investigations, listed as follows.

1. There is good potential for the use of attitude measures in the evaluation of PAR programs.

A key need in current evaluation of batterer intervention programs is for better understanding of mechanisms of change. In other words, we need to know *how* PAR programs may promote reductions in abusive behaviour. Attitudes towards abuse and personal responsibility, partner blaming, denial of expected relationship difficulties seem to have good initial support and are well linked to goals of PAR programs.

2. Change in knowledge, particularly knowledge about abuse-supporting thoughts, also has potential in evaluating PAR programs. Another goal of PAR programs is change in knowledge. Examination of men's responses to knowledge revealed adequate knowledge of abusive behaviour, but deficits in knowledge of abuse supporting cognitions. Thus, assessment of men's knowledge of health and unhealthy thoughts maybe is useful as an indicator of program outcome.

3. The intervention needs of men attending PAR programs voluntarily, though EIC referral and through Coordinated Prosecution are not substantially different. In general, the attitudes and knowledge of men attending PAR programs via different referral streams were similar. These results suggest that differentiating service according to referral source is not likely to be helpful.

4. Current analyses of change in men's attitudes and knowledge from pre- to post-intervention are limited due the small sample size. The current study included preliminary investigations of change in men's attitudes and knowledge as a way to further examine the utility of created questionnaires. These analyses were based on a small sample of men, and cannot be used to make conclusions about the efficacy of PAR programs. Investigation of efficacy of intervention for promoting change in attitudes and knowledge among abusive men needs to be investigated with a larger sample of men, preferably from a number of different agencies providing intervention.

5. Information is still critically on the expected links between attitudes and knowledge. The current study focused on the impact of PAR program participation on men's attitude and knowledge. The link between these changes in attitudes and potential changes in abusive behaviour has not yet been made. Further research is critically needed to determine if attitude behaviours identified are meaningful as predictors of change in abusive behaviour.

6. Given the potential impact of abusive behaviour, studies of the efficacy of PAR programs must continue to include a measure of change in *behaviour*. Finally, it is important to recognize that even if attitudes relate strongly to abuse, it is necessary to continue to include a measure of abusive behaviour in studies of program outcome. This is essential given the nature of abusive behaviour and its potentially severe negative impact on the victims of such abuse. In this case, attitudes cannot function as a proxy for behaviour. Nevertheless, examination of attitude change has a potentially important role for identifying more and less successful intervention practices and for recognizing men who are not helped in currently available intervention programs.



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Appendix A: Letter of Consent

Letter of Research Information

Dear Participant:

You have just become involved in the Changing Ways program, a program specifically for men who have been abusive towards their intimate partners. At this program we are always trying to make our service better. One of the ways that we do this is through research on men's progress through treatment. You are being invited to take part in one such research project. The purpose of this research is to explore men's attitudes and beliefs before and after treatment.

If you agree to participation in this research, I am going to be asking you to complete a questionnaire twice as you progress through the program at Changing Ways, once today and once at the end of your time (17 weeks from now). Researchers will also look at information collected by the program staff at Changing Ways to assist with the analysis of the data. Because this is a research project, you may choose not to answer any question that makes you feel uncomfortable or you may withdraw from the study at any time.

Information collected for research purposes will be kept completely confidential. Information will be coded using a confidential ID number and pooled for statistical analysis so that an individual can, at no time, be identified. The information collected will be stored in a locked filing cabinet and will be destroyed at the end of the study.

There is no risk to your participation or lack of participation in this study. It will not affect your progress at Changing Ways and it will have no effect on any involvement that you may have with the legal system.

Results of this study will be used to make decisions about the future development of programs such as Changing Ways. A copy of results will be made available to all participants who are interested.

To indicate whether you do or do not consent to participate in this research, please fill in the following information. If you have any questions, feel free to call me, Katreena Scott at the number listed below. Should you have any concerns regarding the study, please contact Nathalie Quann, also listed below. Thank you very much for your time.

Katreena Scott, Ph.D. C. Psych.,
416-923-6641 ext. 2570

Nathalie Quann, Senior Statistician
Research and Statistics Division,
Department of Justice Canada, Government of Canada
613 941-4191

Consent for Research Participation

Your Name: _____

I have read the letter of information provided by Katreena Scott and understand what is involved in this study. I also understand that I can withdraw from the study at any time and that this will not affect my treatment or any other services. It is also understood that all information obtained for this study will be kept strictly confidential.

I voluntarily consent to participating in the study described.

Participant Signature

Date

Intake Counsellor Signature

Date



Appendix B: Research Information Form

Research Information Form

To be completed by Changing Ways Staff

ID number: _____

Date of Birth: _____

Program start date: _____

Referral: _____ Voluntary
_____ Probation
_____ Early Intervention Court
_____ Other (specify: _____)

Past Changing Ways client: _____ Yes _____ No

History of past assaults? (other than assault related to referral) _____ Yes _____ No

If yes, how many? _____

Police Report Available? _____ Yes _____ No

If yes, was it a 'serious' assault (i.e., likely to cause lasting damage or be life threatening)? _____ Yes _____ No

Client Responsibility (assessed by facilitator):
_____ high
_____ medium
_____ low
_____ very low
_____ non-existent

Client Minimization (assessed by facilitator):
_____ very high
_____ high
_____ medium
_____ low
_____ very low

Employment status: _____ employed days
_____ employed evenings
_____ employed shift work
_____ unemployed

Income: _____ under 10, 000
_____ 10, 000 – 14, 999
_____ 15, 000 – 19, 999
_____ 20, 000 – 24, 999
_____ 25, 000 – 29, 999
_____ 30, 000 – 34, 999
_____ 35, 000 – 39, 999
_____ 40, 000 – 44, 999
_____ 45, 000 – and over

Do you identify with any particular ethnic group? Yes _____ No _____
If yes, please specify. (Check all that apply-for example: French Canadian)

- | | |
|--|--|
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> French | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish |
| <input type="checkbox"/> German | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Other European (Specify _____) |
| <input type="checkbox"/> Irish | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Black |
| <input type="checkbox"/> Ukrainian | <input type="checkbox"/> North American Indian |
| <input type="checkbox"/> Dutch (Netherlands) | <input type="checkbox"/> Other (Specify _____) |

***Ratings for the next section are made on the victim of the assault.*

Current relationship status with assaulted partner:

- _____ single
- _____ common law
- _____ dating
- _____ married
- _____ divorced
- _____ planning to divorce
- _____ separated

Length of relationship with assaulted partner: _____

Length of separation from assaulted partner: _____

Plans to reconcile with assaulted partner? _____ Yes _____ No



Does the man have a current partner that is different from the assaulted partner?

Yes No

If yes, are they:

common law

dating

married

other (please specify _____)

Pressure to attend program? Yes No

If yes, from whom? Probation Officer

CAS worker

Partner

Other (who?) _____

If yes, how much pressure? Extreme

Lots

Some

A bit

Very little

Alcohol intake: not at all

less than one drink/month

one drink weekly

one drink daily

more than 1/day

Drug intake: not at all

occasional

regular user

Appendix C: Final Version of the Abuse-Related Attitudes Assessment (ARAA)

Abuse-Related Attitudes Assessment (ARAA)

Indicate whether these statements are:

Completely True
Mostly True
Mostly False
Completely False

1. I need to be the one to end my use of violence. (Reverse Scored).
Completely True *Mostly True* *Mostly False* *Completely False*
2. My partner exaggerates negative things I have done in our relationship.
Completely True *Mostly True* *Mostly False* *Completely False*
3. Most of the time when I am angry at my partner, it is because she has “pushed my buttons.”
Completely True *Mostly True* *Mostly False* *Completely False*
4. My partner often brings up conflicts that have already been resolved.
Completely True *Mostly True* *Mostly False* *Completely False*
5. My behavior is not nearly as bad as my partner makes it sound.
Completely True *Mostly True* *Mostly False* *Completely False*
6. When men are abusive they do it to gain control over their partners. (Reverse Scored).
Completely True *Mostly True* *Mostly False* *Completely False*
7. Most women fail to appreciate fully all that men do for them.
Completely True *Mostly True* *Mostly False* *Completely False*
8. I would much rather be somewhere else than in a group.
Completely True *Mostly True* *Mostly False* *Completely False*



9. I am sometimes annoyed when my partner asks favours of me.

Completely True *Mostly True* *Mostly False* *Completely False*

10. I have never expected my partner to go out of her way to make sure that my needs were met. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

11. I expect that counsellors here will act as if they are better than their clients.

Completely True *Mostly True* *Mostly False* *Completely False*

12. My partner is trying to manipulate the system to “get” me.

Completely True *Mostly True* *Mostly False* *Completely False*

13. I have sometimes said or done things in anger with my partner that I wish I could take back.

Completely True *Mostly True* *Mostly False* *Completely False*

14. If I heard a woman being attacked by her husband, I would call the police. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

15. The only purpose of this program is to blame men for their problems.

Completely True *Mostly True* *Mostly False* *Completely False*

16. It would do some wives some good to be put in their place by their husbands.

Completely True *Mostly True* *Mostly False* *Completely False*

17. I have never deliberately said something to hurt my partner’s feelings. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

18. Women are generally not as smart as men.

Completely True *Mostly True* *Mostly False* *Completely False*

19. I expect counsellors here are going to act as though my problems are important to him/her. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

20. There is no justification for my abuse or violence. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

21. If I don't defend myself, my partner will walk all over me.

Completely True *Mostly True* *Mostly False* *Completely False*

22. If a husband beats his wife, it is most likely due to her mistaken behavior.

Completely True *Mostly True* *Mostly False* *Completely False*

23. My partner is as much to blame for what I do during conflicts as I am.

Completely True *Mostly True* *Mostly False* *Completely False*

24. Discrimination against women is no longer a problem in Canada.

Completely True *Mostly True* *Mostly False* *Completely False*

25. My partner needs to learn to respect me and listen to me.

Completely True *Mostly True* *Mostly False* *Completely False*

26. My abusive and hurtful behaviours have had lasting effects on my partner. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

27. I don't think I can trust others in this group treatment program.

Completely True *Mostly True* *Mostly False* *Completely False*

28. If I had a different partner, I would not behave in hurtful and controlling ways.

Completely True *Mostly True* *Mostly False* *Completely False*

29. Women are sweet until they have you, then their true self shows.

Completely True *Mostly True* *Mostly False* *Completely False*

30. A mentally healthy person is a person who pretty much keeps his feelings and emotions to himself.

Completely True *Mostly True* *Mostly False* *Completely False*

31. I have taken advantage of my partner or our relationship at least once in the past.

Completely True *Mostly True* *Mostly False* *Completely False*



32. I have sometimes wondered if things would be better if I was in a different relationship.

Completely True *Mostly True* *Mostly False* *Completely False*

33. Women should worry less about their rights and more about becoming good wives and mothers.

Completely True *Mostly True* *Mostly False* *Completely False*

34. If other people know I'm in a treatment program, they'll see me as a failure.

Completely True *Mostly True* *Mostly False* *Completely False*

35. When a woman is lying she deserves to be put in her place.

Completely True *Mostly True* *Mostly False* *Completely False*

36. I think counsellors here will accept me as an individual. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

37. I have never been annoyed when my partner expressed ideas very different from my own. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

38. I can expect my partner to take a long time to trust me again. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

39. I think that that my counsellor here will not understand what I am trying to accomplish.

Completely True *Mostly True* *Mostly False* *Completely False*

40. There is nothing I would like to change about the way I behave toward my partner. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

41. When people have been drinking, they cannot be held responsible for their actions.

Completely True *Mostly True* *Mostly False* *Completely False*

42. Wife-beating should be given a high priority as a social problem by government agencies. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

43. I expect that counsellors here can be trusted. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

44. I have only ever been abusive towards my partner to defend myself against serious harm.

Completely True *Mostly True* *Mostly False* *Completely False*

45. I have never said or done anything to my partner that I regret. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

46. If I were to talk about my problems with other people, they would think that I'm crazy or emotionally unstable.

Completely True *Mostly True* *Mostly False* *Completely False*

47. I am 100% responsible for my feelings and behaviour. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

48. My partner has less confidence as a result of my abusive and hurtful behaviours. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

49. My behaviour has made my partner angry, but has had no lasting negative effects on her.

Completely True *Mostly True* *Mostly False* *Completely False*



Appendix D: Final Version of the Attitudes Towards Referral Incident Measure

Attitudes Towards Referral Incident Measure

I. Most men are referred, or come to, an agency like this because of a specific incident of violence. Thinking about that incident, what are your views on the following statements?

1. The incident was not as bad as she made out.

Completely True *Mostly True* *Mostly False* *Completely False*

2. My partner manipulated the situation to get me in trouble with others (e.g. police, relatives).

Completely True *Mostly True* *Mostly False* *Completely False*

3. She is as much to blame as I am for what happened during the incident.

Completely True *Mostly True* *Mostly False* *Completely False*

4. It is my partner's fault that I acted the way I did.

Completely True *Mostly True* *Mostly False* *Completely False*

5. I had no other choice. If I was in the same situation today, I would do the same thing as I did then.

Completely True *Mostly True* *Mostly False* *Completely False*

6. My behaviour really wasn't as bad as it seemed to others.

Completely True *Mostly True* *Mostly False* *Completely False*

7. I am completely responsible for my actions during the incident – my behaviour was my choice and my choice alone. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

8. What I did during the incident was only one example of the things I have done that are hurtful to my partner. (Reverse Scored).

Completely True *Mostly True* *Mostly False* *Completely False*

9. If I had been with any other woman, I would not have had to do what I did.

Completely True *Mostly True* *Mostly False* *Completely False*

Appendix E: Final Version of the Knowledge of Abusive Behaviour Measure

II. Which of the following behaviours would be hurtful and/or controlling of your partner and which are not?

1. Making a big financial decision about family money by yourself
hurtful/controlling *depends* *not hurtful/controlling*
2. Having your partner ask to have access to family money
hurtful/controlling *depends* *not hurtful/controlling*
3. Monitoring all of her spending
hurtful/controlling *depends* *not hurtful/controlling*
4. Ignoring her, or walking away, when she is talking
hurtful/controlling *depends* *not hurtful/controlling*
5. Consistently forgetting to do your chores around the home
hurtful/controlling *depends* *not hurtful/controlling*
6. Breaking something in front of her during an argument
hurtful/controlling *depends* *not hurtful/controlling*
7. Asking her not to have lunch with male co-workers
hurtful/controlling *depends* *not hurtful/controlling*
8. Telling her that you don't want to hit her
hurtful/controlling *depends* *not hurtful/controlling*
9. Making sure that she keeps relationship problems private
hurtful/controlling *depends* *not hurtful/controlling*
10. Telling her not to talk to others about her relationship with you
hurtful/controlling *depends* *not hurtful/controlling*
11. Consistently refusing to listen to her concerns about your relationship
hurtful/controlling *depends* *not hurtful/controlling*
12. Keeping track of her time and making her account for her whereabouts
hurtful/controlling *depends* *not hurtful/controlling*



13. Preventing her from going back to school or work	<i>hurtful/controlling</i>	<i>depends</i>	<i>not hurtful/controlling</i>
14. Trying to make her feel crazy	<i>hurtful/controlling</i>	<i>depends</i>	<i>not hurtful/controlling</i>
15. Yelling and screaming at her	<i>hurtful/controlling</i>	<i>depends</i>	<i>not hurtful/controlling</i>
16. Swearing at your partner	<i>hurtful/controlling</i>	<i>depends</i>	<i>not hurtful/controlling</i>
17. Being jealous of her friends	<i>hurtful/controlling</i>	<i>depends</i>	<i>not hurtful/controlling</i>

Appendix F: Final Version of the Knowledge of Abuse-Supporting Self-Talk Measure

III. Whenever we are in a disagreement with our partners, we have thoughts running through our head. Which of the following thoughts are likely to lead to healthy, non-abusive behaviour and which may lead to abusive behaviour?

1. I don't need to prove myself in this situation. I can stay calm.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

2. It is OK if her opinion is different than mine. We will find a way to work out a solution that we are both happy with.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

3. I can't believe that we are having this discussion again – we talked about this yesterday.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

4. I cannot control the way that she acts – she will make that decision for herself.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

5. It is more important to me to listen to her opinion than to get my way.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

6. I am the only person who can make me mad or keep me calm.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

7. Why does it always have to be my fault?

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour



8. Why can't she leave this alone?

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

9. I don't have to take this kind of behaviour from her.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

10. I should not have to listen to this kind of criticism.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

11. I do not have to win this argument.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

12. It takes two to make this argument worse, and two to make it get better.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour

13. I don't need to defend myself. I can hear her out.

likely to lead to healthy behaviour

depends

likely to lead to hurtful/controlling behaviour