

Taking Action to Stop Violence: A Study on Readiness to Change Among Male Batterers

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Abstract The Transtheoretical Model of Change (TTM) predicts that matching interventions with a person's readiness to change should improve treatment outcomes. This cross-sectional correlational study examined characteristics that affected self-reported readiness to change abusive behavior among a sample of 109 men in a 52-week batterer treatment program. Participants completed measures of anger/hostility, readiness to change, manipulative parenting, and self-esteem. Results indicated that contemplation of the impact of abuse has the highest unique relationship with self-reported taking action to stop violence. Moreover, physical aggression and manipulative parenting account for significant variance in the scores associated with self-reported taking action to stop violence as well. These findings suggest that interventions aimed at moving clients into contemplation, and reducing physical aggression and manipulative parenting styles, may increase the likelihood that batterers will take action to stop violence.

Keywords Readiness to change · Male batterers · Domestic violence

Most batterer treatment programs use some type of group treatment (Austin and Dankwort 1999; Daniels and Murphy 1997). There is controversy surrounding which batterer intervention programs are most effective and whether interventions actually prevent future violence (Babcock

and La Taillade 2000; Dunford 2000). Amid this controversy is a growing body of research on the processes by which batterers make changes in their behavior (Scott 2004a). Rather than focusing on the global question "Does treatment work?" the inquiry becomes "What factors promote change in men who abuse?" (Scott 2004a, p. 261). For example, Taft et al. (2003) found that engagement factors, such as working alliance (especially therapist alliance) and group cohesion, predicted lower physical and psychological abuse at follow up. Similarly, Taft et al. (2001) found support for treatment retention procedures (e.g., engagement factors such as a focus on the importance of attendance and emphasizing the development of a caring environment) that increased attendance, decreased drop out rates, and resulted in lower posttreatment relationship violence and criminal recidivism.

Other approaches to understanding change in batterers' behavior is based on stage-of-change models that suggest people modify their behavior through a series of progressive stages much like climbing steps on a ladder (Scott 2004a). The transtheoretical model of change (TTM) was developed to help understand and predict change in addictive and health-promoting behaviors, such as smoking cessation, reducing alcohol consumption, maintaining regular exercise and condom use (Prochaska et al. 1994; Scott and Wolfe 2003). TTM has been applied to understanding change in abusive behavior as well (e.g., Murphy and Baxter 1997; Scott and Wolfe 2000, 2003). TTM divides individuals into four stages of change based on their attitudes and behaviors (Scott and Wolfe 2003). The first stage, Precontemplation, describes people who deny the need to change and are not actively changing in any way. The second stage, Contemplation, includes those who intend to change, but have yet to do so. The third stage, Action, involves those who are seriously attempting to change their behavior, experiences, or environment to resolve their problems. The last stage, Maintenance, refers

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