PROCESSES OF RESISTANCE IN DOMESTIC VIOLENCE OFFENDERS

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ABSTRACT

Within a Transtheoretical Model of Change (stage of change) framework, three studies were conducted to examine resistance in domestic violence offenders. In Study One, an 88-item draft measure of resistance was developed and administered to 346 adult males in batterer treatment. The study yielded a valid and psychometrically sound 38-item measure that assesses eight resistance dimensions: 1) System Blaming, 2) Problems with Partner, 3) Problems with Alliance, 4) Social Justification, 5) Hopelessness, 6) Isolation, 7) Psychological Reactance, and 8) Passive Reactance. In Study Two, the measure was administered to a separate sample of adult males at batterer program intake (N=358) and again two months later (N=256) in order to confirm the measure's factor structure and to further examine its external validity. Resistance over time was related to stage progression and regression and use of psychological aggression, mild physical aggression, and severe physical aggression against a partner since program start. Only three types of resistance, System Blaming, Problems with Partner, and Hopelessness, decreased from program intake to follow-up, suggesting that domestic violence programs may be most attentive to those types of resistance, but may need to do more to address other forms of resistance. In Study Three, interviews with experts on domestic violence treatment were conducted in an initial attempt to identify strategies for dealing with resistance in batterer treatment. The current project and future research on resistance can help the field become more attuned to different forms of resistance and their potential impact on partner violence and offenders' engagement in treatment. Assessing and managing resistance more effectively can complement established practices and, over time, potentially increase the impact of programs for domestic violence offenders.

EXECUTIVE SUMMARY

During the last 25 years, court-mandated treatment has emerged as society's intervention of choice for men who assault their wives and partners. However, the now several dozen studies conducted to assess the efficacy of batterer programs have been unable to provide conclusive evidence that treatment works to reduce violence and abuse. A major barrier to delivering any court-mandated program is that offenders are, by definition, forced to attend. Among domestic violence offenders, resistance to traditional intervention programs has been well documented, and program dropout rates can be quite high. Offenders may lack the motivation required to make a real investment in treatment, and make real changes.

Domestic violence programs tend to be highly structured, psycho-educational, and "one-size-fits-all," neglecting individual differences in readiness to change. The Transtheoretical Model of Change (TTM), in contrast, understands change as progress, over time, through a series of stages—Precontemplation, Contemplation, Preparation, Action, and Maintenance—and posits that we are more likely to reduce resistance, facilitate treatment engagement, and produce behavior change when interventions are individualized and matched to individual stage of change, rather than one-size-fits-all. The model systematically integrates the following theoretical constructs central to change: 1) stage of change; 2) decisional balance; 3) processes of change; and 4) self-efficacy. Effective outcomes have been found with stage-matched interventions for a variety of health behaviors, including smoking cessation, exercise adoption, and stress management. A randomized clinical trial, currently underway to assess the efficacy of a computer-administered stage-matched intervention for domestic violence offenders, has yielded promising preliminary findings.

In an effort to improve the TTM's power to explain and facilitate change, we have begun to examine "processes of resistance" as a separate construct that can influence stage progression and regression. Within the TTM framework, processes of change represent activities that facilitate progress through the stages, whereas processes of resistance represent activities that inhibit progress through the stages and increase the risk of relapse or regression. To examine the processes of resistance in domestic violence offenders, the seven aims of this project were as follows:

1) To develop a psychometrically sound, multidimensional measure of processes of resistance for domestic violence offenders.

2) To examine the construct validity of the measure among men in batterer treatment by assessing the relationship between processes of resistance and other dimensions to which resistance should be related: stage of change for staying violence-free, time in treatment, and use of psychological aggression, mild physical aggression, and severe physical aggression.

3) To examine the relationship between use of processes of resistance and processes of change. We hypothesized that offenders' use of the processes of resistance would exceed the processes of change in the early stages, and that the processes of change would exceed processes of resistance in the later stages.

4) To confirm the factor structure of the measure in a separate sample of domestic violence offenders.

5) To examine the relationship between patterns of resistance and the following behavioral outcomes over time: a) stage progression, b) stage regression, c) use of psychological aggression, d) use of mild physical aggression, and e) use of severe physical aggression.

6) To determine whether resistance and other TTM variables at treatment intake predict treatment completion and dropout.

7) To conduct interviews with experts on domestic violence treatment in an initial effort to identify strategies for dealing with the specific types of resistance identified in Study One.

Aims 1-3 were addressed in Study One; Aims 4-6 were addressed in Study Two; and Aim 7 was addressed in Study Three.

STUDY ONE

In Study One, the procedure for measure development included: 1) a literature review, interviews with 18 experts on domestic violence treatment, and focus groups with 35 offenders to identify types of resistance and specific examples to be included in the new measure; 2) qualitative data analysis; 3) item writing; 4) cognitive interviews with offenders to ensure that survey instructions and questions were interpreted as intended; 5) a review by domestic violence, TTM, and cultural sensitivity experts; and 6) translation into Spanish. In the end, an 88-item draft processes of resistance measure was administered as part of a 280-item paper pencil survey to 346 domestic violence offenders recruited from domestic violence agencies in Florida, California, Rhode Island, and Georgia.

Results of statistical analyses suggest that the processes of resistance items can be classified into the following eight distinct dimensions:

1) System Blaming: Believing that the criminal justice system treats men unfairly in domestic violence cases and that women abuse the laws.

2) Problems with Partner: Blaming the partner for the violence, diminishing or feeling discouraged about the relationship.

3) Problems with Alliance: Focusing on the counselor's use of confrontation and inability to help the client feel understood, safe, and supported.

4) Social Justification: Believing that changing would be difficult—or impossible—in one's environment, given social and religious norms and expectations.

5) Hopelessness: Feeling hopeless, overwhelmed, depressed or anxious about making changes.

6) Isolation: Lacking support from family and friends because of social isolation, distrust, or discomfort seeking help.

7) Psychological Reactance: Responding to pressure to change with an angry or negativistic stance.

8) Passive Reactance: Responding with pressure to change by participating only superficially, without meeting expectations or responding appropriately.

A total of 38 items, 3-5 per scale, were retained. Results of external validity analyses are reported below.

- 23% of participants were in the Precontemplation stage of change for partner violence cessation; 26% in Contemplation; 19% Preparation; 13% Action High Relapse; and 19% Action Low Relapse.

- We expected to find the highest levels of resistance among offenders in the earlier stages of change, and lowest levels among offenders in the later stages. This was the case for Passive Reactance, and a trend for System Blaming and Problems with Alliance. In contrast, Social Justification and Hopelessness peaked in the Preparation stage, and Isolation peaked in the Preparation and Action High Relapse stages, when offenders may be experiencing more anxiety about their behavior and ability to make and maintain changes.

- Total incidents of psychological aggression in the last six months was predicted by Psychological Reactance and Passive Reactance; total incidents of mild physical aggression was predicted by Psychological Reactance and Hopelessness; and total incidents of severe aggression was predicted by Psychological Reactance and Social Justification.

- Problems with Alliance, the only type of resistance related to time in treatment, was highest among individuals who had been in treatment for less than one month.

- As expected, processes of resistance exceeded the processes of change in the early stages, and processes of change exceeded processes of resistance in the later stages.

Interestingly, System Blaming and Problems with Partner, the two processes of resistance that participants reported using most frequently, were relatively unrelated to partner aggression. In contrast, Social Justification, Hopelessness, Passive Reactance, and especially Psychological Reactance were related to behavior, with effect sizes in the medium range. These preliminary data suggest that if domestic violence counselors choose to address resistance, they may want to focus less on the more pervasive system blaming and partner blaming, and focus more on the types of resistance that may be more emotional and internally-based, and possibly more difficult to detect. The processes of resistance measure provides a tool for measuring those types of resistance.

STUDY TWO

In Study Two, the processes of resistance measure was administered to a separate sample of domestic violence offenders at batterer program intake and again two months later. We chose to

administer measures at intake and two months follow-up to provide a snapshot of resistance during the early phase of treatment, where levels, patterns, and successful management of resistance may be particularly important.

The goals were to: 1) confirm the factor structure of the measure; 2) to examine the relationship between patterns of resistance and stage progression, stage regression, and perpetration of partner aggression during the first two months of treatment; 3) to determine whether resistance decreases from program intake to follow-up; 4) to determine whether resistance and other TTM variables at treatment intake predict treatment completion and dropout; and 5) to examine the relationship between use of processes of resistance and processes of change and stage progression and stage regression over time.

Study participants were domestic violence offenders from domestic violence agencies in Florida, Virginia, Michigan, Rhode Island, and Calgary, Canada. In all, 358 offenders completed the baseline survey and 256 completed the follow-up survey (72% study retention rate). Agencies provided program attendance and completion data. Major finding are summarized below:

- The factor structure of the processes of resistance measure was replicated. The goodness of fit index for the final measurement model was not as high as desired. However, the model was very complex, and the parsimonious fit index, which takes into account complexity, was in the acceptable range.

- 71% of participants who were in one of the Pre-Action stages (Precontemplation, Contemplation, or Preparation) at baseline remained in Pre-Action at follow-up; 74% of participants who were in one of the Action stages (Action High Relapse or Action Low Relapse) at baseline remained in Action at follow-up.

- Men who progressed from Pre-Action to Action showed significant decreases in Problems with Alliance, Social-Justification, and Passive Reactance from intake to follow-up. Conversely, regression from Action to Pre-Action was associated with significant increases on these same dimensions, along with increases in Problems with Partner and Hopelessness. Those specific types of resistance may be especially important to monitor and manage in the early phases of treatment.

- Results of analyses examining the relationship between resistance and partner aggression perpetrated since program start suggest that Social Justification, Hopelessness, Psychological Reactance, and Passive Reactance may be especially important to target.

- Only System Blaming, Problems with Partner, and Hopelessness decreased from intake to follow-up. One explanation of this finding is that domestic violence programs are most attentive to these types of resistance, and do have an impact on them. However, agencies may need to do more to address other forms of resistance in domestic violence treatment.

- Stage of change, age, and employment status were the only significant predictors of program completion. Being in Action or employed fulltime at treatment intake more

doubled the likelihood of completing treatment. Each additional year of age increased the likelihood of completing treatment by about 4%.

- Among individuals who progressed from Pre-Action to Action during the follow-up period, the processes of resistance decreased and the processes of change increased to surpass resistance. The increase in the processes of change was twice as large as the decrease in resistance, pointing to the importance of encouraging and supporting positive behaviors that facilitate change, and not just focusing on resistance.

- Among individuals in the Action stages, stage regression during the follow-up period was associated with a significant increase in resistance, and maintained Action was associated with a significant decrease, pointing to the importance of continuing to attend to resistance even among individuals who are already engaged in the change process.

STUDY THREE

Thirteen domestic violence experts were mailed a list of processes of resistance measure items, organized by dimension, and asked to think about how they would recommend domestic violence counselors respond to a client engaging in those behaviors in treatment. Interviews were conducted by telephone, with an interviewer and note-taker, and audiotaped. Expert recommendations were organized into themes within each resistance dimension. A sample of the major themes are reported below.

Recommendations for System Blaming:

1) Empathize with the client's experience to build the therapeutic alliance.
2) Let the client know that this program may be helpful, even if he was unjustly arrested.

Recommendations for Problems with Partner:

1) Stress that while the client cannot control or change his partner's behavior, he has choices about how he will respond to it.
2) Assist the client in deciding whether to continue his relationship, and whether he will be able to make healthy changes if he decides to continue it.

Recommendations for Problems with Alliance:

1) Examine your own attitudes about domestic violence offenders and domestic violence treatment.
2) Address potential problems with alliance and your responsibilities to the criminal justice system openly and proactively.

Recommendations for Social Justification:

1) Challenge the client's beliefs about what is normal behavior in his culture, and what it means to be a man.

2) Assess with the client whether he may need to change people, places, or things that support or encourage his violent behavior.

Recommendations for Hopelessness:

1) Acknowledge and address other difficulties in the client's life; provide referrals.
2) Increase self-efficacy through skill-building.

Recommendations for Isolation:

1) Encourage the client to identify and reach out to positive sources of support in the community.
2) Help the client think more about his need for friendships and social support, and any barriers to finding them.

Recommendations for Psychological Reactance:

1) Remind the client that he has the option of accepting or rejecting what the group has to offer.
2) Be aware of how your own behavior may be contributing to psychological reactance.

Recommendations for Passive Reactance:

1) Acknowledge and show acceptance for the fact that some people don't like being told what to do.
2) Encourage real involvement by making the group as stimulating as possible.

Recommendations might be distilled into a smaller list of core guidelines for managing resistance:

- Avoid debates
- Empathize with concerns without excusing behavior
- Help clients recognize that they do have choices
- Collaborate and problem-solve
- Believe that most clients ultimately do want to improve their lives and relationships, despite their resistance.

DIRECTIONS FOR FUTURE RESEARCH

To begin to examine resistance in domestic violence offenders, three studies were conducted. The products of this research include a validated 38-item measure of resistance; information on the levels and patterns of resistance during the first two months of batterer treatment, and the relationship between resistance and stage progression, stage regression, and partner aggression; and a summary of experts' recommendations for managing each type of resistance in domestic violence treatment. While developed within a TTM framework, the measure can be used outside the TTM framework in research and practice guided by other theoretical models.

The findings provide an impetus for several lines of future research. First, all data were collected via self-report surveys. It will be important validate the new resistance measures against data from other sources—including, for example, partner reports of offenders' violent and abusive behavior, and group facilitators' assessments of offenders' treatment engagement and motivation to change.

Study Two examined resistance on only two occasions, at program intake and two months later. It will be important to determine what happens to resistance over a greater number of assessment timepoints, and over the entire course of the batterer program. Furthermore, a longer follow-up would allow us to see whether the resistance dimensions that did not decrease significantly during the first two months of treatment do decrease eventually, at a slower rate or with an initial lag in their decline.

It would also be helpful to identify external factors that influence changes in resistance over time. Variables of interest would include the nature of the relationship with the counselor, level of confrontation used in the group, the nature of the relationship with the partner, whether one's social environment is hospitable or inhospitable to change, and total number of serious life stressors.

Finally, to improve batterer treatment outcomes, it will be important to develop and test interventions designed to reduce—or at least minimize—resistance. The processes of resistance measure could be used as an outcome measure in such research. It could also be used as an intervention tool to monitor resistance, identify individuals at risk, or even serve as a vehicle for discussing resistance with offenders.

The current project and future research on resistance can help the field become more attuned to resistance and its potential impact on partner violence and engagement in treatment. Assessing and managing resistance more effectively can complement established practices and, over time, potentially increase the impact of programs for domestic violence offenders.

INTRODUCTION

The 1995 National Violence Against Women Survey on intimate partner violence (Tjaden & Thoennes, 2000) found that nearly 25% of women surveyed had been physically or sexually assaulted by a current or former spouse, cohabiting partner, or dating partner at some point in their lifetime. Approximately 4.8 million intimate partner physical and sexual assaults are perpetrated against American women each year; over 40% of these assaults result in injury, and over 10% require some form of medical treatment. Intimate partner violence is a significant risk factor for mental disorders. Among studies of mental illness in battered women, the weighted mean prevalence of depression was 47.6%; suicidality, 17.9%; post traumatic stress disorder, 63.8%; alcohol abuse, 18.5%; and drug abuse, 8.9%. Weighted mean odds ratios representing the association between intimate partner violence and these disorders ranged from 3.6 to 5.6 (Golding, 1999). Children who witness interparental violence are at higher risk for post traumatic stress disorder (Kilpatrick & Williams, 1997), depression (Sternberg et al., 1993), and behavioral disturbances (Jaffe, Wolfe, Wilson, & Zak, 1986).

During the last 25 years, court-mandated treatment has emerged as society's intervention of choice for men who assault their wives and partners. However, the now several dozen studies conducted to assess the efficacy of batterer programs have been unable to provide conclusive evidence that treatment works to reduce violence and abuse. Three meta-analyses of batterer treatment outcome studies found small effects for treatment in studies relying on official reports of violence recidivism, and negligible effects in studies relying on partner reports (Babcock, Green, & Robie, 2004; Feder & Wilson, 2005; Levesque, 1998). Based on the data, Babcock et al. (2004) concluded that batterer programs "have a minimal impact on reducing recidivism beyond the effect of being arrested." Others, however, maintain that our methods for evaluating programs are flawed and that some of the data do provide some encouragement (Gondolf, 2004).

A major barrier to delivering any court-mandated program is that offenders are, by definition, forced to attend. Among domestic violence offenders, resistance to traditional intervention programs has been well documented (e.g., Ganley, 1987; Daniels & Murphy, 1997; Hamberger & Hastings, 1986), and program dropout rates can be quite high (for a review, see Daly & Pelowski, 2000). Offenders may lack the motivation required to make a real investment in treatment, and make real changes.

Batterer treatment tends to be highly structured, psycho-educational, and "one-size-fits-all," neglecting individual differences in motivation that can affect program effectiveness and participation rates. The Transtheoretical Model of Change (TTM) offers a promising approach to matching intervention to offenders' readiness to change (Eckhardt, Babcock, & Homack, 2004; Begun et al., 2003; Murphy & Eckhardt, 2005; Levesque, Gelles, & Velicer, 2000; Scott, 2004). TTM research has found that behavior change involves progress, over time, through a series of stages that represent ordered categories along a continuum of motivational readiness: Precontemplation, Contemplation, Preparation, Action, and Maintenance (Prochaska & DiClemente, 1983). The model posits that we are more likely to reduce resistance, facilitate progress and treatment engagement, and produce behavior change when interventions are individualized and matched to individual stage of change, rather than one-size-fits-all. Along with stage of change, the model includes additional dimensions central to change: decisional balance—the pros and cons associated with a behavior's consequences (Janis & Mann, 1977; Velicer, DiClemente, Prochaska, & Brandenberg, 1985); processes of change—10 cognitive,

affective, and behavioral activities that facilitate progress through the stages of change (Prochaska, Velicer, DiClemente, & Fava, 1988); and self-efficacy—confidence to make and sustain changes in difficult situations, and temptation to slip back into old patterns (Bandura, 1977; Velicer, DiClemente, Rossi, & Prochaska, 1990).

Over 25 years of research on a variety of health behaviors and in a variety of populations have identified the principles and processes of change that work best in each stage to facilitate progress. Effective outcomes have been found with stage-matched interventions for a variety of health behaviors, including, smoking cessation (Prochaska, DiClemente, Velicer, Rossi, 1993; Prochaska, Velicer, Fava, Rossi, & Tsoh, 2001), exercise adoption (Marcus et al., 1998), and stress management (Evers et al., 2006). A randomized clinical trial is currently underway to assess the efficacy of a computerized TTM-based multimedia intervention developed as an adjunct to traditional batterer programs (Levesque et al., 2005; Levesque, Driskell, & Prochaska, in press).

Although the TTM has had unprecedented impacts on health behavior change across behaviors and populations, a majority of individuals in the early stages of change do not progress to Action, and a sizeable percentage of individuals in the later stages regress, even when administered stage-matched interventions. In an effort to improve the TTM's power to explain and facilitate change, we have begun to examine "processes of resistance" as a separate and potentially multidimensional construct that can influence stage progression and regression.

RESISTANCE

Turkat and Meyer (1982) provide the most general and straightforward definition of resistance: "Resistance is client behavior that the therapist labels antitherapeutic" (p. 158). Most psychotherapy research suggests that resistance is associated with slower progress and premature termination from treatment (for a review of that research, see Beutler, Moleiro, & Talebi, 2002). However, a series of studies on resistance among adults in parent training therapy found that resistance follows a curvilinear pattern: it starts out low in the first few sessions, increases in the middle sessions, and then decreases, suggesting a "struggle and working through" as the therapist begins to encourage behavior change (Chamberlain, Patterson, Reid, Kavanagh, & Forgatch, 1984; Stoolmiller, Duncan, Bank, & Patterson, 1993). Chronically high and chronically low levels of resistance predict less change and worse outcomes.

Most published batterer treatment manuals address resistance only briefly or provide only general guidance on how to deal with it. In their manual on the Duluth Model, Pence and Paymar (1993) recommend that counselors confront resistance to increase client accountability, whereas other batterer treatment guides recommend avoiding confrontation, and sometimes ignoring the resistance altogether (Neidig & Friedman, 1984; Wexler, 2000). Confrontation may increase rather than decrease resistance and model coercive behavior (Murphy & Baxter, 1997).

Two brief, low-cost interventions have been developed specifically to reduce resistance and improve attendance among domestic violence offenders. Stosny (1994) developed a video entitled "Shadows of the Heart," which dramatizes partner violence through the eyes of a child who later becomes an abuser. It was hypothesized that compassion for the child evoked by the video and the group discussion that followed would be inconsistent with, and thus reduce, anger and resistance. More recently, clinical researchers drew from the motivational enhancement

literature (Miller and Rollnick, 2002) to develop a protocol that involves handwritten notes and telephone calls from the counselor at the start of group and following missed sessions to express an interest in working with the client and problem-solve around barriers to attendance (e.g., transportation problems). It was hypothesized that this intervention would reduce resistance by facilitating the therapeutic alliance and increasing motivation to change (Taft, Murphy, Elliott, and Morrell, 2001). Both interventions were found effective in improving attendance.

Motivational interviewing, a therapeutic approach and set of techniques initially developed to manage resistance among substance abusers, may hold promise as well. Miller and Rollnick (2002) explain that ambivalence about change is perfectly natural; resistance, on the other hand, is a function of the interaction—or struggle—between the counselor and client. They recommend that counselors avoid confrontation, and instead "role with resistance" by using a client-centered and empathic style, validating responsibility and personal choice, and eliciting self-motivational statements from the client. A meta-analysis of controlled clinical trials of MI-based interventions found the approach to be effective in the treatment of alcohol, drugs, and diet and exercise. Results did not support its efficacy for smoking or HIV-risk behaviors (Burke, Arkowitz, & Menchola, 2003). Murphy and Eckhardt (2005) describe how motivational interviewing techniques can be used to manage resistance among domestic violence offenders—and also describe how concepts from the TTM can be used to understand and facilitate change among offenders who may be unmotivated for change.

MEASURES OF RESISTANCE

Beutler, Moleiro, & Talebi (2002) provide an overview of existing measures of resistance. One set of measures uses observational approaches to assess resistance during psychotherapy sessions—for example, by rating in-session whininess and rebelliousness (Shoham-Salomon, Avner, & Neeman, 1989), defensiveness (Morgan, Luborsky, Crit-Christoph, Curtis, & Solomon, 1982), or behavior (Chamberlain et al., 1984). Another set of measures assesses resistant traits. For example, the Client Resistance Scale (Mahalik, 1994) assesses opposition to: (1) the expression of painful affect; (2) recollecting past events; (3) the therapist; (4) change; and (5) insight. Among domestic violence offenders, denial and minimization can be assessed by examining discrepancies between offender and victim reports of the violence (e.g. Heckert & Gondolf, 2000), and victim-blaming can be assessed by examining offenders' attributions of blame (e.g., Cantos, Neidig, & O'Leary, 1993; Holtzworth-Munroe, Jacobson, Fehrenbach, & Fruzzetti, 1992). More recently, brief self-report measures of denial, minimization, and victim-blaming were developed for a study examining the relationship between resistance and violence recidivism among men who batter (Henning & Holdford, 2006). Surprisingly, no relationships were found.

While denial, minimization, and victim-blaming seem to be common among domestic violence offenders presenting for treatment, there may be other types of resistance that deserve attention as well. For example, Albert Ellis, in his classic text on resistance, identifies "resistance stemming from feelings of hopelessness," "resistance motivated by fear of change," "resistance resulting from reactance and rebelliousness," and "resistance connected with therapist-client relationships" (2002). One type of resistance that may be especially important in predicting program dropout and continued violence among offenders is Psychological Reactance. The theory of psychological reactance holds that the loss—or threat of loss—of freedom motivates the individual to restore that freedom. The magnitude of the reactance depends on the

importance of the freedom, the number and proportion of freedoms threatened (Brehm, 1966; Brehm & Brehm, 1981), and individual differences. Reactant patients are less concerned about "impression management" and are more likely to resist rules and social norms, and to act without considering the consequences (Dowd & Wallbrown, 1993; Dowd, Wallbrown, Saunders, & Yesenosky, 1994). A study of dating violence among college students found that both perpetrators and victims of dating violence had higher levels of psychological reactance than individuals in nonviolent relationships (Hockenberry & Billingham, 1993).

PROCESSES OF RESISTANCE WITHIN A TTM FRAMEWORK

Within the TTM framework, processes of resistance can be conceptualized as negative counterparts to each of the processes of change: whereas processes of change represent specific activities that facilitate progress through the stages of change, "processes of resistance" represent specific activities that inhibit progress and increase the risk of relapse or regression (Levesque, Velicer, Prochaska, & Fava, 1999). Identifying negative counterparts to each of the processes of change will require that we look beyond denial, minimization, and victim-blaming.

To begin to examine resistance in domestic violence offenders, its impact on treatment progress and completion, and methods for managing it, the aims of this project were as follows:

1) To develop a psychometrically sound, multidimensional measure of processes of resistance for domestic violence offenders.

2) To examine the construct validity of the measure among men in batterer treatment by assessing the relationship between processes of resistance and other dimensions to which resistance should be related: stage of change for staying violence-free, time in treatment, and use of psychological, mild physical and severe physical aggression

3) To examine the relationship between use of processes of resistance and processes of change. We hypothesized that offenders' use of the processes of resistance would exceed the processes of change in the early stages, and that the processes of change would exceed processes of resistance in the later stages.

4) To confirm the factor structure of the measure and replicate findings in a separate sample of domestic violence offenders.

5) To examine the relationship between patterns of resistance and the following behavioral outcomes during the first two months of batterer treatment: a) stage progression, b) stage regression, c) use of psychological aggression, d) use of mild physical aggression, and e) use of severe physical aggression.

6) To determine whether resistance and other TTM variables at treatment intake predict treatment completion and dropout.

7) To conduct interviews with experts on domestic violence treatment in an initial effort to identify strategies for dealing with resistance in batterer treatment.

This research was conducted in three studies. In Study One, the sequential method for scale development described by Jackson (1971) and Comrey (1988) provided the basic procedure for developing the processes of resistance measure: 1) item generation, 2) measure administration, 3) measure refinement, and 4) preliminary validation. Additional steps were taken to ensure that the measure was culturally sensitive, and the measure was translated into Spanish. It was hypothesized that individuals in the most advanced stages and who had been in treatment the longest would report the lowest levels of resistance.

In Study Two, the measure was administered to a separate sample of domestic violence offenders at batterer program intake and again two months later in order to confirm the hypothesized factor structure of the processes of resistance measure, and to further examine the measure's external validity. It was hypothesized that higher levels of resistance would be associated with lack of stage progression among individuals in the Pre-Action stages at program intake, with stage regression among individuals in the Action stages at program intake, and with increased rates of psychological aggression, mild physical aggression, and severe physical aggression perpetrated during treatment.

In Study Three, interviews with experts on domestic violence treatment were conducted in an initial effort to identify strategies counselors can use to manage resistance among clients in batterer treatment.

This research will increase understanding of the complex process of change among men who batter. It will provide a measurement tool that can be of use to researchers and practitioners, and point to potential intervention strategies to reduce resistance and facilitate change.

STUDY 1

The sequential method for scale development described by Jackson (1971) and Comrey (1988) provided the basic procedure for developing the processes of resistance measure. The four steps are: (1) item generation, (2) measure administration, (3) measure refinement, and (4) preliminary validation. Additional steps were taken to ensure that the measure was sensitive to cultural differences that can affect values, learning and behavior. We sought input from experts on domestic violence in the African American and Latino communities, sought a good representation of minority participants in all project activities (at least 15% Black or African American, 15% Hispanic), and asked a certified cultural sensitivity trainer to review a final draft of the new resistance measure. Spanish-language versions of all study materials were made available to Spanish-speaking study participants.

All project activities involving human subjects were approved by an Institutional Review Board. At the start of each project activity, participants completed an informed consent form that provided information about the study, the benefits and risks of participation, and the limits of confidentiality. Individuals were assured that their decision about whether to participate would in no way affect their treatment at the agency, or their relationship with the courts or probation.

METHOD

ITEM GENERATION

A literature review, interviews with 18 experts on domestic violence treatment (see Appendix A for a list of experts and their affiliations), and three focus groups with a total of 35 adult males attending a 20-week domestic violence program in Rhode Island were conducted to identify types of resistance and specific examples to be included in the draft measure. Sixty-three percent of participants described themselves as White, 16% described themselves as Black or African-American, and 19% described themselves as "other" or multiracial. Twenty percent of the sample was Hispanic. Their mean age was 32.0 years (SD = 9.5) and mean education level was 10.9 years (SD = 2.8); their average length of time in their current domestic violence program was 7.8 weeks (SD = 5.7).

In general, experts and focus group participants were asked to identify how domestic violence offenders might resist using each of the positive processes of change. For example, for Dramatic Relief (experiencing negative emotions about one's behavior or its consequences), offenders were asked, "People may try to make you feel something inside, feel bad about your behavior. What are some defenses against that?" Responses included, "Mentally block it out," "Ignore it," "Think about something else," "Deny it," "Just agree to get them off your back," "Say, 'I have to change, why doesn't she?" Experts were asked, "Domestic violence programs often try to elicit, or encourage batterers to get in touch with, shame, fear, worry, and other negative emotions associated with their abusive behavior. What might a batterer do or say to show that he's not willing or able to do what we're asking him to do?" Responses from experts included: "Making light of the whole thing, making it into a big joke," "Denial and minimization—'It wasn't that bad; it was just a disagreement,'" "Generalizing—'Everybody has problems in their relationship,'" "Say, 'Look what she did to me,'" and "See it as them trying to manipulate me." Experts also were asked to respond to more general questions about resistance, including, "In your work with batterers, how do you think of resistance? What is it?" "Can you describe some

of the common types of resistance you see?" "Do you consider resistance to be a state or trait?" and "How do you see the trajectory of resistance over the course of the program? For example, does it generally start low, increase, then decrease? Or does it generally start high, then decrease?"

In the qualitative analysis, statements generated in the expert interviews and focus groups were shuffled and re-organized into separate—and to the extent possible, mutually exclusive—categories representing different strategies or processes for resisting change in domestic violence programs. Eleven processes were identified and operationally defined. Next, drawing from the qualitative data, and incorporating the language used by the men in the focus groups, we wrote survey items (i.e., survey questions) representing each of the 11 processes of resistance. Labels, conceptual definitions, and sample items for the 11 initial processes of resistance are provided in Table 1. It should be noted that the dimension entitled "Social Justification" was designed to represent the kinds of cultural and social forces that support violence in general, and violence against women in particular.

To assess content validity, six experts on the Transtheoretical Model of Change, from Pro-Change, sorted items into 11 categories based on the conceptual definitions of the resistance dimensions. Items that were not sorted into the expected category by at least five of the six TTM experts were dropped from the item pool or re-written. Items were also forwarded to the domestic violence experts for review. Any items that were added or rewritten were re-sorted by the TTM experts.

Next, 13 cognitive interviews (Forsyth & Lessler, 1991; Willis, 1994) with domestic violence offenders were conducted to ensure that measure instructions and questions were interpreted as intended. Participants, recruited from a 20-week domestic violence program in Rhode Island, received a $20 credit toward their program fee. Forty-six percent of participants described themselves as White, 38% described themselves as Black or African-American, and 16% described themselves as "other" or multiracial. Eight percent of the sample was Hispanic. Their mean age was 31.1 years (SD = 9.9) and mean education level was 11.2 years (SD = 2.0); they had been attending their domestic violence program a mean of 10.7 weeks (SD = 5.3).

The first version of the measure tested included 137 items; its instructions read, "Listed below are thoughts and feelings that men may experience in domestic violence programs. HOW OFTEN have you experienced each of the following in the LAST MONTH? Answer using a number from 1 to 5, where 1=Never and 5=Repeatedly." During the cognitive interviews, participants were provided with a copy of the draft survey and asked the following kinds of questions to assess the measure's clarity and meaningfulness: "What are the directions telling you to do?" "What does this word mean to you?" "Do you think anybody might find this question confusing for any reason?" "Can you think of a better way to ask this question?" In response to the feedback, minor changes to the survey instructions and questions were made—and retested—in an iterative fashion, until we were confident that a majority of domestic violence offenders would interpret the instructions and questions as intended, and could complete the measure with little difficulty.

Finally, the measure was translated into Spanish, and both the Spanish and English versions were forwarded to a certified cultural sensitivity trainer, a clinical psychologist with expertise in domestic violence. The trainer assessed the cultural sensitivity of the measure, assessed the

accuracy of the translation, and administered the Spanish-language measure to two Spanish-speaking domestic violence offenders. No additional changes to the measure were recommended.

The final version of the draft processes of resistance measure contained 88 items (eight per resistance dimension) selected on the basis of clarity of expression, lack of redundancy with other items, and the degree to which they represented their resistance dimension as conceptually defined.

MEASURE REFINEMENT AND PRELIMINARY VALIDATION

Participants. Study participants were 346 domestic violence offenders recruited from domestic violence agencies in Florida (130 subjects from four agencies), Rhode Island (29 subjects from one agency), Georgia (66 subjects from one agency), and California (121 subjects from two agencies). Florida agencies were recruited via letters mailed to 88 agencies randomly selected from a list of certified Florida programs found on the Internet. Programs in California, Rhode Island and Georgia were well known to the project's PI or consultants, and were invited by e-mail or telephone to participate.

The Florida, Rhode Island and Georgia programs ran from 20-26 weeks, and the California programs ran for 52 weeks. Group facilitators collected data during group sessions, in lieu of regularly scheduled activities. Participants received a $10 gift card to a local store, or a $10 voucher toward their program fee, for their participation (agencies decided at the outset which kind of incentive they wanted their clients to receive). Agencies received $5 for each completed survey.

Group facilitators reported that only a handful of men (<10) declined participation, primarily because they could not read or write, or because they did not trust that their information would remain anonymous.

Forty-two percent of participants described themselves as White, 29% described themselves as Black or African-American, and 29% described themselves as "other" or multiracial. Thirty-four percent of the sample was Hispanic. Seventeen percent of all participants—representing 48% of Hispanics—chose to complete the Spanish-language version of the survey. Participants had a mean age of 35.3 years (SD = 10.5) and mean education level of 11.6 years (SD = 3.0). A majority, 72%, were employed full-time; 23% had annual incomes below $10,000, and 23% had incomes of $40,000 and over.

Thirty-four percent of participants were single, never married, 38% were married, and the remainder were separated, divorced or widowed; 51% were living with a wife or girlfriend, and 49% reported having children in the household. When asked to describe the current status of their relationship with the partner involved in the domestic assault, 31% reported that they were currently married to the victim, 13% were cohabiting, 7% were dating, 32% were separated, 6% were divorced, and 11% reported "other" (generally described, in response to a follow-up question, as no longer involved).

Participants had been attending their domestic violence program an average of 16.8 weeks (SD = 12.9). In response to questions about criminal history, 25% reported that they'd "been in

trouble" for domestic violence before, and 14% had attended a prior domestic violence program; 16% had been arrested for a violent offense against someone who was not a wife or girlfriend; 24% had been arrested for a drug- or alcohol-related offense; and 44% had been arrested for other types of offenses. Twenty-seven percent of the sample screened positive for at-risk drinking.

Procedure. The 88-item draft processes of resistance measure was administered as part of a 280-item paper-and-pencil survey that took approximately 60 minutes to complete. Resistance items were placed in random order in the measure; in 50% of surveys, resistance items were placed in reverse order within the measure. The instruction set read: "Listed below are thoughts and feelings that you may experience. HOW OFTEN have you experienced each of the following in the LAST MONTH?" Response options were 1=Never, 2=Seldom, 3=Occasionally, 4=Often, and 5=Very often. The consent and survey materials were available in English and Spanish. The English-language survey's Flesch Kincaid reading level was grade 7.3.

Measures. Along with the draft processes of resistance measure, the survey included questions assessing demographics, relationship to the domestic assault victim, months in batterer treatment, and criminal history, along with the following measures:

1) *Stage of Change.* Stage of Change was assessed using the URICA-DV-R (University of Rhode Island Change Assessment for Domestic Violence Offenders-Revised, Levesque, 2006), a revised version of the URICA-DV (Levesque, Gelles, & Velicer, 2000), which is composed of four 5-item scales that measure four correlated but distinct constructs representing Precontemplation, Contemplation, Action, and Risk of Relapse in males with a history of partner violence. The URICA-DV-R begins by defining "violence" and "ending the violence," and then continues, "Please tell us how much you DISAGREE or AGREE with each of the following statements. Base your answers on how you're feeling and acting NOW." Response options are 1= Strongly disagree to 5=Strongly agree. Sample items include: "I don't see the point of focusing on the violence in my relationship" (Precontemplation); "More and more I'm seeing how my violence hurts my partner" (Contemplation); "I'm finally doing something to end the violence" (Action); and "Although I haven't been violent for awhile, I know it's possible for me to be violent again" (Risk of Relapse). Across three separate samples of domestic violence offenders in treatment, the average Cronbach's Alphas for the four scales were .70, .77, .83, and .75, respectively (Levesque, 2006).

   A computerized scoring program computed scale scores by taking the sum of the five items composing each scale, and converted scale scores to T-scores. Then, performing a "backwards cluster analysis," the program used a least squares approach to calculate the distance between a participant's profile of scores on URICA-DV-R and each of six established stage profiles (Levesque, 2006). The participant was assigned the profile with the closest squared distance from his own, and then classified into one of the five following stages based on his profile: Precontemplation (represented by two profiles), Contemplation, Preparation, Action High Relapse, and Action Low Relapse. The six stage profiles are presented and described in Appendix B.

2) *Decisional Balance.* The decisional balance measure for domestic violence offenders (Levesque & Driskell, 2001) is composed of three 4-item scales that measure two pros

constructs (general and children-related) and a single general cons construct. Cronbach's Alphas ranged from .74 to .79 in the present sample. Several dozen studies on decisional balance (Hall & Rossi, 2002; Prochaska et al., 1994) have found that, across behaviors and populations, the perceived cons of changing outweigh the pros in the early stages, that the pros outweigh the cons in the later stages, and that the crossover takes place before Action. This pattern has been found in domestic violence offenders (Levesque et al., 2000). Table 2 provides conceptual definitions of the decisional balance dimensions and sample scale items for domestic violence offenders.

2) *Processes of Change.* The 49-item processes of change measure (Levesque & Driskell, 2001) assesses 13 cognitive/experiential and behavioral activities that can facilitate the behavior change among domestic violence offenders (i.e., the 10 traditional TTM processes of change dimensions, along with Stress Management, Partner Collaboration, and Negative Self-Reevaluation). In the present sample, Cronbach's Alphas for the 13 scales ranged from .56 to .86, with an average of .72. Table 2 provides conceptual definitions of the 13 processes of change dimensions and sample items.

3) *Self-Efficacy.* The self-efficacy measure for domestic violence offenders (Levesque, Driskell, & Prochaska, 2001) is a 12-item scale assessing temptation to engage in violence in three types of tempting situations: 1) Daily Hassles ("when I'm having problems at work)," 2) Drug and Alcohol Use ("when I'm high on alcohol or other drugs"), and 3) Trouble with Partner ("when my partner is violent toward me"). Cronbach's alphas ranged from .82 to .86 in the present sample. Once again, scale scores were calculated by taking the unweighted sum of the items composing each scale.

4) *Modified Conflict Tactics Scales.* Physical and psychological aggression were assessed using a measure based on the Modified Conflict Tactics Scales (MCTS- Pan, Neidig, & O'Leary, 1994). Participants were asked how often in the last six months they used each of a series of strategies to resolve conflict in their relationships, beginning with "rational" strategies (six items, e.g., "showed respect for your partner's feelings about an issue"), and progressing to strategies representing psychological aggression (seven items, e.g., "did something to spite your partner"), mild physical aggression (five items, e.g., "pushed, grabbed, or shoved your partner"), and severe physical aggression (seven items, e.g., "beat up your partner").

5) *Marlowe-Crowne SF-13.* Social desirability was assessed using a 13-item short form of the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960; Reynolds, 1982). The Marlowe-Crowne SF-13 is highly correlated with the standard 33-item version of the Marlowe-Crowne ($\underline{r}$=.93) (Reynolds, 1982).

6) *At-Risk Drinking.* The 4-item CAGE questionnaire (Ewing, 1984), widely used in primary care, was used to screen for at-risk, harmful, or heavy drinking in primary care. The questions include: "Has anyone ever felt you should cut down on your drinking?" "Have people annoyed you by criticizing your drinking" "Have you ever felt guilty about your drinking?" "Have you ever had a drink first thing in the morning (an "eye opener") to steady your nerves or get rid of a hangover?" A cut-off of two positive responses has adequate sensitivity and specificity in screening for heavy drinking and alcoholism (Bush, Shaw, Cleary, Delbanco, & Aronson, 1987; King 1986).

7) *Medical Outcomes Study-Short Form-12 Health Survey (SF-12)*. Developed by Ware, Kosinksi, & Keller (1996), the SF-12 assesses eight areas of perceived health: physical functioning, role limitations due to physical health problems, physical pain, general health, vitality (energy versus fatigue), social functioning, role limitations due to emotional problems, and mental health (psychological distress and psychological well-being). The last four areas compose the Mental Component Summary (MCS) used in the present study. Test-retest reliability for the MCS scale is .76. Evidence of the external validity of the SF-12 is summarized in Ware (1998).

Data Analysis. Unless otherwise noted, analyses were conducted using SPSS for Windows, Release 11.0.1. Where appropriate, along with results of significance tests, we report standardized measures of effect size, η^2 (eta square) or R^2, to help readers gauge the magnitude of each effect or strength of each relationship. For η^2 and R^2, .01 generally indicates a small effect, .06 a medium effect, and .14 a large effect (Cohen, 1988).

For measure refinement, a Principal Components Analysis (PCA) was conducted to examine the dimensionality, content, and psychometric properties of the processes of resistance measure and to select a small number of final items that best represent each of the underlying dimensions while maximizing each subscale's internal reliability.

To assess the measure's convergent validity (the degree to which it is related to variables it should be related to), a multivariate analysis of covariance (MANCOVA) examined the relationship between stage of change, the independent variable, and processes of resistance, the dependent variables. Scores on the Marlowe-Crowne SF-13 were used as a covariate to control for social desirability. A separate MANCOVA examined the relationship between time in treatment and processes of resistance. It was hypothesized that participants in the earlier stages of change would exhibit higher levels of resistance than participants in the later stages, and that participants who were newer to treatment would exhibit more resistance than participants who had been in treatment longer. In addition, three separate stepwise multiple regression analyses examined the relationship between processes of resistance and total incidents of (1) psychological aggression; (2) mild physical aggression; and (3) severe physical aggression in the last six months. In each analysis the predictor variables were scores on the eight resistance subscales and social desirability

To examine the relationship between the processes of resistance and processes of change across the stages, a composite measure of the processes of resistance and a composite measure of the processes of change were plotted with stage of change. Likewise, for comparison, composite measures of the pros and cons were plotted with stage of change.

To assess the new measure's discriminant validity (the degree to which it is unrelated to variables it should not be related to), a series of MANCOVAs examined whether processes of resistance were systematically related to demographics, relationship variables, criminal history, and at-risk drinking.

RESULTS

MEASURE REFINEMENT

An 88 x 88 matrix of inter-item correlations was calculated for the resistance measure. In cases in which five or fewer of the resistance measure values were missing, pair-wise deletion was used to deal with missing values in the inter-item correlations. In cases in which more than five values were missing, data were deleted in a list-wise fashion, resulting in an N of 326. A PCA with varimax rotation was performed on the matrix of processes of resistance measure inter-item correlations to examine the measure's dimensionality as the first step in its refinement (see Goldberg & Velicer, 2006, for an overview). Using a software program called Component Analysis Extended (CAX-Velicer, Fava, Zwick Harrop, 1988), the Minimum Average Partial procedure (MAP-Velicer, 1976) and a Parallel Analysis approximation procedure (Horn, 1965) were used to determine how many components to retain. These two decision rules are among the most accurate available (Zwick & Velicer, 1986; Velicer, Eaton & Fava, 2000). Component interpretability, component loadings, items' correlations with social desirability, and Coefficient Alphas including and excluding particular items determined the final number of components to retain and their composition. Complex items (items that loaded >.40 on two or more components), items with low loadings (loadings of <.40 on all components), and items that contribute negatively to the reliability of the scale were deleted. Scale scores for each of the processes of resistance components were calculated by taking the sum of the final items comprising the components. We calculated Cronbach's alphas for each of the scales, correlations with social desirability, and scale intercorrelations.

Optimal results were achieved for an 8-component solution. Three to five items were retained in each scale to satisfy competing goals of keeping the measure as brief as possible while preserving the internal reliability of the individual scales. All items loaded heavily on their respective components (average loading = .62) and did not load heavily on other components (absolute value of the average loading = .13). The eight components accounted for 57% of the total variance. Conceptual definitions of the eight resistance dimensions and retained items are presented in Table 3. The final measure is provided in Appendix C.

The Passive Reactance dimension contains three items initially designed to represent Detachment (e.g., "In the last month, how often did you agree with your counselor or the men in your group so they'd leave you alone?"), one item designed to represent Self-Justification ("In the last month, how often did you feel that you will not be able to finish this program because the rules are too strict?"), and one item designed to represent Denial/Minimization ("In the last month, how often did you feel that if you really wanted to hurt your partner you would have?"). Together, these five items seem to tap a broader construct representing a kind of passive reactance—a tendency to resist demands by going through the motions, without meeting expectations. The remaining seven resistance dimensions are similar to those identified in the initial qualitative analysis. Items representing Denial/Minimization, Negative Feedback, and Self-Justification—three dimensions identified in the qualitative analysis but not in the factor analysis—loaded on other scales, or on no scales at all. Four items representing Denial/Minimization loaded on System-Blaming.

For individuals who had no more than one missing value on a given scale, scale scores were calculated by taking the sum of the items representing each dimension. Scale means, standard

deviations, Cronbach's Alphas, correlations with the Marlowe-Crowne SF-13 social desirability scores, and scale inter-correlations are presented in Table 4. Correlations above .11 and below -.11 reached statistical significance at $p<.05$.

Mean scale scores were highest on the System Blaming dimension, followed by Problems with Partner, then Isolation. Cronbach's Alphas ranged from .71 to .82, indicating acceptable to good internal consistency. There was a statistically significant negative correlation between social desirability and all resistance dimensions, with the exception of System Blaming. Offenders with higher social desirability tended to report lower use of processes of resistance. Resistance scale intercorrelations ranged from .14 to .55, with an average of .42, suggesting that at least some resistance dimensions may in combination represent one or more higher-order constructs.

PRELIMINARY VALIDATION

Relationship between Processes of Resistance and Stage of Change. The computerized staging program yielded the following stage distribution: 23% Precontemplation; 26% Contemplation; 19% Preparation; 13% Action High Relapse; and 19% Action Low Relapse. A MANCOVA examining the relationship between stage of change and processes of resistance found a significant effect for the covariate, social desirability (Wilks' $\Lambda = .87$, $F(8,303) = 5.6$, $p<.001$, $\eta^2 = .13$), and, after controlling for social desirability, a significant effect for stage of change (Wilks' $\Lambda = .79$, approximate $F(32,1119) = 2.3$, $p<.001$, $\eta^2 = .06$). Follow-up ANCOVA's showed a statistically significant relationship between stage of change and four of the eight resistance scales: Social Justification, Hopelessness, Isolation, and Passive Reactance. Adjusted means, standard deviations and results of Bonferroni multiple comparison tests are reported in Table 5. The relationship between stage of change and Social Justification and Hopelessness was curvilinear, with relatively low scores in the Precontemplation, Action High Relapse, and Action Low Relapse Action stages, and high scores in the Preparation stage. Isolation showed a curvilinear pattern as well, but with a drop only in the Action Low Relapse stage. In contrast, Passive Reactance was highest in the Precontemplation stage, and lowest in the Action stages. Non-significant declines across the stages were observed for System-Blaming and Problems with Alliance.

Relationship between Resistance and Time in Treatment. Among offenders enrolled in shorter (20- to 26-week) programs, a MANCOVA examined the relationship between resistance and time in treatment: less than four weeks (n = 32), 4-10 weeks (n = 66), 11-16 weeks (n = 48) and more than 16 weeks (n = 73), representing the early, early middle, late middle and late stages of treatment. There was a significant effect for social desirability, the covariate (Wilks' $\Lambda = .80$, $F(8,197) = 6.2$, $\eta^2 = .20$, $p<.001$). After controlling for social desirability, a significant effect was found for time in treatment (Wilks' $\Lambda = .83$, approximate $F(24,572) = 1.5$, $\eta^2 = .04$, $p<.05$). Follow-up ANCOVA's showed a statistically significant effect only for Problems with Alliance ($F(3,204) = 2.9$, $p<.05$, $\eta^2 = .04$. Adjusted mean levels of Problems with Alliance were 9.7 ($SD = 3.6$), 7.5 ($SD = 3.6$), 7.6 ($SD = 3.6$) and 7.8 ($SD = 3.6$) for individuals enrolled in their program less than four weeks, 4-10 weeks, 11-16 weeks, and more than 16 weeks, respectively. Post hoc tests showed that Problems with Alliance were significantly higher in weeks 1-3 than in weeks 4-10.

Among offenders enrolled in longer (52-week) programs, a separate MANCOVA examined the relationship between resistance and time in treatment: less than eight weeks (n=18), 8-26 weeks (n=35), 27-44 weeks (n=40) and more than 44 weeks (n=15). No significant effects were found.

Relationship between Processes of Resistance and Level of Aggression. Three separate stepwise multiple regression analyses examined the relationship between processes of resistance and total incidents of (1) psychological aggression; (2) mild physical aggression; and (3) severe physical aggression in the last six months. Results are summarized in Table 6. The final models list only the significant predictors of each type of aggression. The partial correlation coefficients (partial r's) provide an index of the amount of unique variance in aggression scores accounted for by each of the independent variables. Results show that total incidents of psychological aggression in the last six months was predicted by Passive Reactance, lower social desirability, and Psychological Reactance; total incidents of mild physical aggression was predicted by Psychological Reactance and Hopelessness; and total incidents of severe aggression was predicted by Psychological Reactance and Social Justification.

Relationships between Processes of Resistance and Processes of Change. Figure 1 shows that, like decisional balance, the processes of resistance exceed the processes of change in the early stages, and the processes of change exceed the processes of resistance in the later stages. As expected, the crossover takes place before action. There was a small positive correlation between the process of resistance and processes of change ($r=.14$, $p<.05$), suggesting that the two constructs are not merely polar opposites of a single dimension.

Discriminant Validity. Finally, a series of analyses examined the relationship between processes of resistance and demographics, relationship variables, criminal history and alcohol abuse.

Demographics. MANCOVAs examined the relationship between processes of resistance and race (White, Black or African American, "other" or multiracial), ethnicity (Hispanic, non-Hispanic), education (<hs, hs, >hs), income (<$10,000, $10,000-$19,000, $20,000-$39,000, >$40,000), and employment (unemployed, employed part time, employed full time). Results reached significance for ethnicity, education, and employment. The MANCOVA for ethnicity showed a significant main effect for social desirability (Wilks' $\Lambda=.82$, $F(8,290)=8.2$, $p<.001$, $\eta^2=.18$) and, after controlling for social desirability, a main effect for ethnicity (Wilks' $\Lambda=.90$, $F(8,290)=3.9$, $p<.001$, $\eta^2=.10$). Follow-up ANCOVA's showed that ethnicity was related to System Blaming ($F(1,297)=9.2$, $p<.001$, $\eta^2=.03$), Problems with Partner ($F(1,297)=3.9$, $p<.05$, $\eta^2=.01$), and Psychological Reactance ($F(1,297)=4.1$, $p<.05$, $\eta^2=.01$). Hispanics scored significantly lower than non-Hispanics on System Blaming (adjusted mean scores were 12.1 (sd=5.9) vs. 14.4 (sd=5.9), respectively) and Problems with Partner (adjusted mean scores were 10.6 (sd=3.6) vs. 11.7 (sd=3.6), respectively). However, Hispanics scored significant higher than non-Hispanics on Psychological Reactance (adjusted mean scores were 5.4 (sd=4.7) vs. 4.8 (sd=4.7).

For the MANOVA examining education, there was a significant effect for social desirability (Wilks' $\Lambda=.82$, $F(8,300)=7.9$, $p<.001$, $\eta^2=.17$) and, after controlling for social desirability, for education (Wilks' $\Lambda=.86$, $F(16,600)=3.1$, $p<.001$, $\eta^2=.08$). Follow-up ANCOVA's showed that education was significantly related to System Blaming, Hopelessness, and Problems with Partner. Adjusted means, standard deviations and results of significance tests and multiple

comparison tests for those dimensions are reported in Table 7. Results show that individuals with higher levels of education (>hs) had significantly higher System Blaming than individuals with lower levels of education (<hs or hs), significantly higher Problems with Partner than individuals with a just a high school degree (hs), and significantly lower Hopelessness than individuals who had not earned a high school degree (<hs).

For the MANOVA examining employment, there was a significant effect for social desirability (Wilks' Λ=.82, $F(8,296)$=8.1, p<.001, η^2=.18) and employment status (Wilks' Λ=.91, $F(16,592)$=1.7, p<.05, η^2=.04). Follow-up ANCOVA's showed that employment status was related only to Hopelessness ($F(2,303)$=7.0, p<.001, η^2=.04). Individuals who were unemployed had significantly higher Hopelessness than individuals who were employed full time; adjusted mean scores for those two groups were 10.5 (sd=3.5) and 7.9 (sd=3.5), respsectively.

Relationship Variables. MANCOVAs examined the relationship between processes of resistance and marital status, whether cohabiting, whether there were children in the household, and current status of relationship with the victim involved in the domestic assault. Only status of relationship with victim was significant. In that analysis, there were significant effects for social desirability (Wilks' Λ=.82, $F(8,297)$=8.1, p<.001, η^2=.18) and status of relationship (Wilks' Λ=.82, approximate $F(40,1297)$=1.5, p<.05, η^2=.04). Follow-up ANCOVA's showed that status of relationship with victim was significantly related only to Problems with Partner ($F(5,304)$=8.1, p<.01, η^2=.06). Adjusted mean scores on the Partner dimension was 12.8 (sd=6.0) for participants who were married to their victims, 13.1 (sd=6.0) those not married but living together, 12.5 (sd=6.0) for those who were dating, 14.3 (sd=6.0) for those who were separated, 13.9 (sd=6.0) for those who were divorced, and 15.1 (sd=1.2) for those who described their relationship with the victim as “other” (i.e., no longer involved). Multiple comparison tests showed that participants who were married to their victim scored significantly lower (p<.05) on Problems with Partner than participants who were separated or who described their relationship as “other.”

Criminal History and At Risk Drinking. Prior “trouble” for domestic violence, prior domestic violence program, prior arrest for violence against someone who was not an intimate partner, prior arrest for alcohol- or drug-related offense, prior arrest for any other type of offense), alcohol abuse based on the CAGE were unrelated to processes of resistance.

DISCUSSION

Within a Transtheoretical Model framework, a self-report measure of resistance was developed to assess processes, or activities, that might inhibit progress through the stages of change for using healthy strategies to stay violence-free, and increase risk of stage regression. The 38-item measure assesses eight correlated but distinct dimensions. Denial/Minimization, which seems so common among domestic violence offenders in treatment, did not emerge as a unique dimension of resistance in this sample. Several survey items representing Denial/Minimization (e.g., I did nothing wrong, my behavior wasn’t that bad, the abuse only happened once, I don’t have a problem with violence or abuse) loaded on the System-Blaming dimension, suggesting that domestic violence offenders’ denial and minimization tend to coincide or overlap with a focus on the criminal justice system. It is possible that individuals who deny or minimize their abuse feel a need to point to the unfairness of the system to explain their arrest and current predicament (I

did nothing wrong…and wouldn't be here if the laws weren't so hard on men). It also seems that men who focus on the unfairness of the system are implicitly denying or minimizing their abuse (the police didn't listen to my side of the story…to see that my behavior wasn't that bad). For practitioners and researchers who want to assess denial and minimization separately, such measures for domestic violence offenders do exist elsewhere (Henning & Holdford, 2006).

With the exception of Passive Reactance, all eight dimensions of resistance that emerged in the quantitative analyses had been identified earlier in the project, in an examination of the negative counterparts to the TTM processes of change. We suspect that Passive Reactance is a very real phenomenon in domestic violence offenders, and one we need to learn to manage. Commenting on Passive Reactance for this project, San Francisco Superior Court Judge Susan Breall wrote, "It might be useful to see that 'Passive Reactance' is one of the oldest, deepest, and most widespread resistances in human society, a passive refusal to cooperate without seeming to refuse, the standard, " Yes sir, I'm doing the best I can boss," used by powerless people everywhere to thwart the efforts of those in charge – and, of course, it is also transferable and useable to thwart the efforts of people who genuinely want you to improve" (personal communication, May, 2006).

Passive resistance is a feature of Passive Aggressive Personality Disorder, and thus may tend to co-occur with other features of the disorder (e.g., unreasonably criticizes and scorns authority, voices exaggerated and persistent complaints of personal misfortune, APA, 1994). However, a kind of quiet, passive resistance can occur in the absence of the more overtly aggressive behavior. Nearly 50 years ago, in a paper on the "reluctant client," Sidney Dean identified and described the "passive resistant client": "These clients are often prompt and unfailing for appointments; but they just sit. They do their duty by physical presence. Gaining a monosyllabic response is a process of extraction" (1958, p. 72). In a discussion of psychological reactance among substance abusers who are mandated to treatment, Miller and Rollnick (2002) identified a type of reactant client who is willing to "jump through hoops," but participates only minimally and shows little investment in real behavior change. Given the ostensible compliance and silence associated with Passive Reactance, it may be more likely to go unnoticed, and remain unaddressed, than other types of resistance, and perhaps lead to a false sense of accomplishment among counselors, and a false sense of safety among victims who see their partners dutifully attending treatment (Gondolf, 1988).

We expected to find the highest levels of resistance among offenders in the earlier stages of change, and lowest levels among offenders in the later stages. This was the case for Passive Reactance, and a trend for System Blaming and Problems with Alliance. In contrast, Social Justification and Hopelessness peaked in the Preparation stage, and Isolation peaked in the Preparation and Action High Relapse stages. This more curvilinear pattern is consistent with the "struggle and working through" conceptualization of resistance, which attributes mid-treatment rises in resistance to increasing pressure to change from the counselor (Chamberlain et al., 1984; Stoolmiller et al., 1993). We wonder, however, whether the struggle is more internal, or intrapersonal, rather than interpersonal. Based on the stage classification system used here (see Appendix B), batterers in the Preparation stage are becoming more motivated to make changes, but also more aware of how difficult change can be. Social Justification, Hopelessness, and Isolation seem to represent an anxious recognition of—or focus on—the seriousness of their problem and the barriers to change. Social Justification and Hopelessness may begin to drop only after offenders begin to take real action in the Action stages, and perhaps see that they can

overcome their barriers. Alternatively, offenders may be able to move forward only after they begin to manage their sense of Social Justification and Hopelessness.

The relationship between the Processes of Change and Processes of Resistance across the stages of change is remarkably similar to the relationship between the Pros and Cons across the stages, and points to the lawfulness of human behavior. People don't take action until their evaluation of the advantages (Pros) outweigh the disadvantages (Cons), and they don't take action until their facilitative activities (Processes of Change) outnumber their inhibitory activities (Processes of Resistance).

Interestingly, System Blaming and Problems with Partner, the two processes of resistance that participants reported using most frequently, were relatively unrelated to partner aggression. In contrast, Social Justification, Hopelessness, Passive Reactance, and especially Psychological Reactance were related to behavior, with effect sizes in the medium range, and thus should become a target for intervention.

There are several limitations to this study. First, data were collected cross-sectionally, and did not allow us to examine resistance over time, or the relationship between resistance and stage progression and regression. A longitudinal design would have permitted a more statistically powerful within-subjects approach to examine changes in resistance over time among different groups of offenders. Also, all measures were completed anonymously. Levels and patterns of resistance found here may not generalize to findings under other study (or treatment) conditions. Study Two, which uses a longitudinal design, will begin to address these issues.

STUDY TWO

In Study Two, the processes of resistance measure was administered to a separate sample of domestic violence offenders at batterer program intake and again two months later. The goals were to: 1) confirm the factor structure of the measure; 2) to examine changes in resistance during the first two months of batterer treatment; 3) to examine the relationship between patterns of resistance and the following behavioral outcomes during the first two months of treatment: a) stage progression, b) stage regression, c) use of psychological aggression, d) use of mild physical aggression, and e) use of severe physical aggression; and 4) to determine whether resistance and other TTM variables at treatment intake predict treatment completion and dropout.

We chose to administer all measures at intake and two months follow-up to provide a snapshot of resistance during the early phase of treatment, where levels, patterns, and successful management of resistance may be particularly important. Also, a longer follow-up period may have led to more incomplete data as participants dropped out of their batterer program and became more difficult to locate for the second assessment.

METHOD

Participants. Study participants were 358 domestic violence offenders recruited from domestic violence agencies in Florida (243 subjects from nine agencies), Virginia (46 subjects from two agencies), Michigan (15 subjects from two agencies), Rhode Island (45 subjects from one agency) and Calgary, Canada (9 subjects from one agency). Five of the Florida agencies had participated in Study One; the four remaining Florida agencies and the two Virginia agencies were recruited via letters mailed to a total of 226 agencies randomly selected from lists of certified batterer programs found on the Internet. Programs in Michigan, Rhode Island and Calgary were well known to the project's PI or consultants, or their colleagues, and were invited by e-mail or telephone to participate. We sought to include programs that were approximately the same length in duration; all ran from 20 to 26 weeks, with the exception of the Canadian program, which consisted of an indeterminate number of individual sessions, depending on the client's individual needs, followed by a 14-week group program.

Participants received a $20 gift card to a local store or a $20 voucher toward their program fee for completing a questionnaire at program intake, and a $30 gift card or voucher toward their program fee for completing the follow-up questionnaire. (Agencies decided at the outset which kind of incentive they wanted their clients to receive). Agencies received $10 for each completed baseline survey, and $15 for each completed follow-up survey.

Group facilitators reported that only a handful of men (5-10%) declined study participation when invited at program intake, primarily because they could not read or write, or because they did not trust that their information would remain confidential. Fifty-nine percent of participants described themselves as White, 20% described themselves as Black or African-American, and 21% described themselves as "other" or multiracial. Thirty-seven percent of the sample was Hispanic. Nineteen percent of all participants—representing 52% of Hispanics—chose to complete the Spanish-language version of the survey. Participants had a mean age of 33.7 years (sd=10.0) and mean education level of 11.5 years (sd=2.2). A majority of participants, 66%, were employed full-time; 29% had annual incomes below $10,000 and 13% had incomes of $40,000 and over.

Forty-one percent of participants were single, never married, 31% were married, and the remainder were separated, divorced or widowed; 40% were living with a wife or girlfriend, and 37% reported having children in the household. When asked to describe the current status of their relationship with the partner involved in the domestic assault, 23% reported that they were currently married to the victim, 19% were cohabiting, 8% were dating, 31% were separated, 5% were divorced, and 14% reported "other" (generally described as no longer involved).
In response to questions about criminal history, 29% reported that they'd "been in trouble" for domestic violence before, and 14% had attended a prior domestic violence program; 21% had been arrested for a violent offense against someone who was not a wife or girlfriend; 24% had been arrested for a drug- or alcohol-related offense; and 51% had been arrested for other types of offenses. Twenty-eight percent of the sample screened positive for at-risk drinking.

Participant Surveys. Agency staff and group facilitators administered the baseline (T1) survey around program intake, operationally defined as "anytime up to and including the third session, but as close to intake as possible." Surveys were administered in one-on-one or small group sessions at the agency, or clients were asked to complete the survey at home and return it the following week. On the final page of the T1 survey, participants were reminded that they would be asked to complete a final survey in about two months. They were told that if they were no longer in the same domestic violence program at that time, Pro-Change would like to send the survey to their home, so would they please provide a mailing address. Seventy-four percent of participants provided an address. On a monthly basis, agencies received follow-up (T2) surveys with a coversheet containing the participant's name and survey due date.

Agency staff mailed completed T1 and T2 surveys to Pro-Change in individual postage-paid envelopes provided. T2 surveys for participants who had dropped out of the program were returned blank, and forwarded by Pro-Change to the participant's home if a mailing address was available.

At T1, the refined, 38-item resistance measure was administered as part of a 210-item paper-and-pencil survey that took approximately 45 minutes to complete. The English-language survey's Flesch Kincaid reading level was grade 7.1. The T1 survey included questions assessing demographics; relationship to the domestic assault victim; weeks in batterer treatment; criminal history; the Marlowe-Crowne SF-13 to assess social desirability; and the CAGE to assess at-risk drinking. The following additional measures were included in both the T1 and T2 surveys: 1) Stage of Change; 2) Decisional Balance; 3) Processes of Resistance; 4) Processes of Change; 5) Self-Efficacy; and 6) Modified Conflict Tactics Scales. The processes of resistance measure is included in Appendix C. At T1, the CTS asked about abusive behavior in the last six months; at T2, it asked about abusive behavior since the start of the domestic violence program. All measures are described in the Study One Procedure section.

Program Attendance and Completion Data. Agency staff were asked to provide program attendance and completion data on their clients who participated in the study. Near the end of the study, agencies received a chart that listed participants' names and program start dates, and contained blank fields for recording the following: 1) program completion date; 2) whether still enrolled in program; 3) date of first drop; 4) reason for first drop; 5) number of sessions attended before first drop; 6) date of return; 7) whether returning participant had to start the program over

from the beginning; 8) date of second drop; 9) reasons for second drop; and so on. Agency staff received $15/hour for completing the chart.

Data Analysis. Unless otherwise noted, analyses were conducted using SPSS for Windows, Release 11.0.1. Where appropriate, along with results of significance tests, we report standardized measures of effect size, η^2 (eta square) or R^2, to help readers gauge the magnitude of each effect or strength of each relationship. For η^2 and R^2, .01 generally indicates a small effect, .06 a medium effect, and .14 a large effect (Cohen, 1988).

Confirmation of Factor Structure. To ensure adequate variability, and to approximate the cross-sectional nature of the dataset used in Study One, data for the confirmatory analyses (the "confirmatory dataset") were taken from the T2 survey for the first 160 subjects who completed it, and from the T1 survey for remaining subjects. A 38 x 38 matrix of inter-item correlations was calculated for the 38-item processes of resistance measure. In cases in which fewer than three process of resistance items were missing, sample mean replacement was used to deal with missing values in the inter-item correlations. In cases in which three or more values were missing, data were deleted in a list-wise fashion, resulting in an N of 338.

Using EQS Version 6.1 (Bentler & Wu, 2003), structural equation modeling (SEM) was conducted to compare the data's fit to a null model that assumed that all items were completely independent of each other (Bentler and Bonett 1980) to two measurement models that were more likely to represent the data: 1) an 8-factor fully correlated factors model; and 2) a hierarchical model containing eight first-order factors and a single second-order factor representing general resistance. If both measurement models were found to be deficient, we were prepared to develop and test alternative models based on changes suggested by SEM modification indices.

Goodness of fit was assessed using the Comparative Fix Index (CFI—Bentler, 1990) and the Nonnormed Fit Index (NNFI—Tucker & Lewis, 1973), two fit indices that performed well in a simulation study examining the robustness of six fit indices against various study conditions (Ding, Velicer, & Harlow, 1995). Given the present study's sample size (>250), anticipated factor loadings (>.50), and estimation method (maximum likelihood), the NNFI and CFI were expected to perform well. Potential values for these fit indices range from .00 to 1.00, with values above .90 indicating good to excellent fit. We also reported the Parsimonious Fit Index (PFI—James, Mulaik, and Brett 1982), which adjusts for the greater parsimony of the correlated factors model, as well as the χ^2/df ratio, and the Root Mean Square Error Approximation (RMSEA). Suggested values for model retention are .60 and higher for the PFI (Williams & Podsakoff, 1989), 2.0 and lower for the χ^2/df ratio (Jöreskog and Sörbom (1982), and .08 and lower for the RMSEA (Browne & Cudek, 1992).

Scale psychometric properties, correlations with social desirability, and scale inter-correlations were calculated to allow comparisons with values found in Study One.

Changes in Resistance Over Time. This analysis and those that follow used all available T1 and T2 data to examine resistance longitudinally. A repeated measures MANCOVA was conducted to assess changes in resistance from program intake to two months follow-up. The within-subjects independent variable was assessment timepoint (T1, T2), the dependent variables were scores on the eight resistance dimensions, and the covariate was social desirability.

Resistance and Stage Progression and Regression during Domestic Violence Treatment. The sample size was inadequate to examine all combinations of stage transitions from T1 to T2 (e.g., from Contemplation to Precontemplation, from Contemplation to Contemplation, from Contemplation to Preparation, from Contemplation to Action, etc.). Instead, the Precontemplation, Contemplation and Preparation stages were combined and labeled "Pre-Action," and the Action High Relapse and Action Low Relapse stages were combined and labeled "Action."

Among individuals in the Pre-Action stages at T1, a repeated measures MANCOVA examined the relationship between resistance and stage progression (whether the participant progressed to one of the Action stages or remained in Pre-Action) from T1 to T2. The dependent variables were scores on the eight resistance dimensions. The between-subjects independent variable was stage progression (yes, no) from T1 to T2, the within-subjects independent variable was assessment timepoint (T1, T2), and the covariate was social desirability. Among participants in the Action stages at T1, a separate repeated measures MANCOVA examined the relationship between resistance and stage regression (whether the participant regressed to one of the Pre-Action stages or remained in Action) from T1 to T2.

Resistance and Use of Psychological Aggression, Mild Physical Aggression, and Severe Physical Aggression Since Program Start. Three separate repeated measures MANCOVAs were conducted to examine the relationship between perpetration of abuse since the start of the domestic violence program and resistance over time. The dependent variables were scores on the eight resistance dimensions. The between-subjects independent variable was use of aggression (yes, no), the within-subjects independent variable was assessment timepoint (T1, T2), and the covariate was social desirability.

Processes of Change and Processes of Resistance, Stage Progression and Regression. To illustrate the relationship between the processes of change, processes of resistance and stage progression and regression from T1 and T2, composite measures of processes of change and processes of resistance were calculated by taking the sum of the 13 processes of change scale scores, and the sum of the 8 processes of resistance scale scores, respectively, at T1 and T2. Next, the composite measures were converted to standardized T-scores with a mean of 50 and standard deviation of 10. Standardized processes of change and processes of resistance scores at T1 and T2 were then plotted for each for the four stage transition groups: 1) Pre-Action at T1, progressed to Action at T2; 2) Pre-Action at T1, remained in Pre-Action at T2; 3) Action at T1, regressed to Pre-Action at T2; and 4) Action at T1, remained in Action at T2. For comparison, a composite measure of the two pros dimensions and the cons were converted to T-scores and plotted for each of the four stage transition groups.

Predictors of Program Completion. A logistic regression was conducted to identify predictors of program completion (yes, no) among individuals who had been followed in the study for a minimum of 30 months. Predictors included the following dimensions assessed at treatment intake: social desirability, stage of change (Pre-Action, Action), pros, cons, processes of change, the eight resistance dimensions, race/ethnicty (White non-Hispanic, Black non-Hispanic, Hispanic, "other" or multiracial), age, and employment status (employed fulltime, not employed full time). The logistic regression model was constructed using the forward selection procedure, and the Wald statistic was used to test the significance of individual predictor variables.

RESULTS

Two agencies initially misunderstood the study instructions and administered the T1 survey to 12 clients who had been in treatment for several weeks (M=15.6, sd=7.4). Those subjects were not administered a T2 survey. Among the remaining 346 subjects, 256 (74%) completed the T2 survey; 247 completed it at their agency, and 9 completed it through the mail. Six participants (2%) refused to complete the T2 survey; one participant (<1%) was incarcerated; 52 (15%) had dropped out the domestic violence program and either did not leave a forwarding address for the survey or did not return a survey mailed to the home. Another 27 subjects (8%) were lost to follow-up for unknown reasons (the agencies did not return the completed survey, and provided no further information), and 4 subjects (1%) did not receive T2 surveys because their names had not been provided by the agencies. Chi-Square tests showed that T2 survey completion was unrelated to demographics, relationship variables, criminal history and alcohol abuse.

All agencies returned the program attendance and chart. Altogether, agencies provided attendance and completion data on 354 (99%) of the 358 study participants.

Confirmation of Factor Structure. Table 8 presents the results of the null and measurement model tests conducted on the confirmatory dataset. As expected, the null model, which assumed that all observed variables were uncorrelated, did not fit the data (CFI=.00, NNFI=.00). The eight correlated factors model provided a much better, though still inadequate, fit (CFI=.86, NNFI=.85). There was a decrement in fit for the hierarchical model containing eight first-order factors and a single second-order factor representing general resistance (CFI=.83, NNFI=.82). However, the parsimonious fit indices for the correlated factors and second-order factor models were the same (PFI=.78), suggesting that the decrement in fit for the second-order factor model was due to its greater complexity.

The second-order factor model is presented in Figure 2. All standardized indicator loadings were significant at $p<.05$. Indicator loadings for resistance items loading on their respective first-order factors ranged from $\lambda = .35$ to .83, with an average of .64. Only four items had loadings below $\lambda=.50$. Three low-loading items belonged to the Passive Reactance factor ("How often did you not pay attention in group?" "How often did you feel that you will not be able to finish this program because the rules are too strict?" "How often did you feel that if you really wanted to hurt your partner you would have?"), and one belonged to the Hopelessness factor ("How often did you feel afraid about the thought of changing?"). To improve the model's fit to the data, we considered deleting the four items with low loadings, but that would have left only two indicators on the Passive Reactance Factor. We then considered dropping the Passive Reactance factor altogether, but reasoned that is a potentially important dimension of resistance that should be retained.

Indicator loadings for first-order factors loading on the second-order general resistance factor ranged from $\lambda = .40$ for System Blaming and .60 for Problems with Partner, to .79 - .94 for the remaining factors. Given the relatively low second-order factor loadings for System Blaming and Problems with Partner, and Study One findings suggesting that those two types of resistance may operate differently than the other types (e.g., they were unrelated to current stage of change and to self-reported aggression against a partner during the last six months), we examined an

alternative measurement model that excluded System Blaming and Problems with Partner from the second-order factor, and included them instead as stand-alone single-order factors that were correlated with each other and with the revised second-order factor. This final model and its fit indices are presented in Figure 3 and Table 8, respectively. The final model had a very slightly improved fit over the simple second-order factor model (CFI=.84, NNFI=.83, PFI=.79). All standardized indicator loadings and bi-directional structural paths were significant at $\underline{p}<.05$. We interpreted the revised second-order factor as a general form of resistance that is more emotional and internally based, and thus called it "E-Resistance"; System Blaming and Problems with Partner, in contrast, seem to be more externally based.

The processes of resistance scale means, standard deviations, Cronbach's Alphas, correlations with social desirability, and scale intercorrelations for the confirmatory dataset are presented in Table 9. With the exception of the Cronbach's Alpha for Passive Reactance (α=.63), Alphas were similar to those found in Study One, and in the acceptable to good range (α=.73 to .86). Correlations with social desirability increased in Study Two, perhaps because Study Two, unlike Study One, did not preserve anonymity, leading participants who were especially concerned about impression management to present themselves in a more positive light (i.e., to report less resistance). However, despite the increased pull for some people to present themselves more positively in Study Two, Study Two mean scores are over 0.5 points higher than Study One mean scores on Hopelessness, Isolation, and Psychological Reactance, and over 1.0 point higher on System Blaming and Problems with Partner.

Changes in Resistance Over Time. A repeated measures MANCOVA examining changes in resistance from T1 (program intake) to T2 (two months follow-up) found a between-subjects main effect for social desirability (Wilks' Λ=.55, $\underline{F}(8,222)=22.7$, $\underline{p}<.001$, $\eta^2=.45$) and, after controlling for social desirability, a within-subjects main effect for assessment timepoint (Wilks' Λ=.91, $\underline{F}(8,222)=2.8$, $\underline{p}<.005$, $\eta^2=.09$). Adjusted means and results of follow-up ANCOVAs are presented in Table 10. Scores on six of the resistance dimensions decreased from T1 to T2, but the magnitude of the change reached statistical significance only for System Blaming, Problems with Partner, and Hopelessness. Scores on Isolation and Passive Reactance did not decrease over time.

Resistance and Stage Progression and Regression during Domestic Violence Treatment. For individuals who completed stage measures at T1 and T2 (N=240), the computerized staging program yielded the following stage distribution at T1: 28% Precontemplation; 23% Contemplation; 19% Preparation; 12% Action High Relapse; and 18% Action Low Relapse; and the following stage distribution at T2: 19% Precontemplation; 21% Contemplation; 17% Preparation; 14% Action High Relapse; and 29% Action Low Relapse. Stage transitions are reported in Table 11.

Among T2 survey completers who were in one of the Pre-Action stages at T1 (N=155), 71% remained in Pre-Action and 29% progressed to Action at T2. A repeated measures MANCOVA examining the relationship between resistance at T1 and T2 and stage progression found a between-subjects main effect for social desirability (Wilks' Λ=.51, $\underline{F}(8,145)=17.2$, $\underline{p}<.001$, $\eta^2=.49$). After controlling for social desirability, there was a within-subjects main effect for assessment timepoint (Wilks' Λ=.81, $\underline{F}(8,145)=4.0$, $\underline{p}<.001$, $\eta^2=.18$), and a within-subjects interaction effect for assessment timepoint x stage progression (Wilks' Λ=.89, $\underline{F}(8,145)=2.2$,

$p<.05$, $\eta^2=.11$). Significant timepoint x stage progression interaction effects are presented in Figures 4-6. Pre-Action individuals who progressed to Action displayed a sharp decline on Problems with Alliance, Social Justification, and Passive Reactance over time, whereas individuals who did not progress showed little change, or even a slight increase, on those dimensions.

Among T2 survey completers who were in the Action stages at T1 (N=73), 26% regressed to Pre-Action and 74% remained in Action at T2. For this group, a repeated measures MANCOVA examining the relationship between resistance at T1 and T2 and stage regression found a between-subjects main effect for social desirability (Wilks' $\Lambda=.57$, $F(8,55)=5.1$, $p<.001$, $\eta^2=.43$). After controlling for social desirability, there was no within-subjects main effect for assessment timepoint (Wilks' $\Lambda=.81$, $F(8,55)=1.6$, ns). However, there was a between-subjects main effect for stage regression (Wilks' $\Lambda=.76$, $F(8,55)=2.1$, $p<.05$, $\eta^2=.24$), and a within-subjects interaction effect for assessment timepoint x stage regression (Wilks' $\Lambda=.67$, $F(8,55)=3.3$, $p<.01$, $\eta^2=.33$). Results of follow-up ANCOVA's for stage regression are reported in Table 12. Individuals who regressed from Action to Pre-Action had, across T1 and T2, significantly higher levels of Problems with Alliance, Social Justification, Hopelessness, Psychological Reactance, and Passive Reactance than individuals who did not regress.

Significant timepoint x stage regression interaction effects are presented in Figures 7-11. Individuals who regressed from Action to Pre-Action showed an increase on Problems with Alliance, Social Justification, Passive Reactance, Problems with Partner, and Hopelessness from T1 to T2, whereas individuals who remained in Action showed at least a slight decrease on those same dimensions.

Resistance and Use of Psychological Aggression, Mild Physical Aggression, and Severe Physical Aggression Since Program Start. At T2, 81% of participants reported that they had engaged in psychological aggression since the start of their domestic violence program, 34% had engaged in mild physical aggression, and 12% had engaged in severe physical aggression. Three separate repeated measures MANCOVAs examined the relationship between resistance at T1 and T2 and use of each type of aggression since program start (yes, no). There were large between-subjects main effects for social desirability (Wilks' Λ ranged from .54 to .57; $F(8,217^1)$ ranged from 21.1 to 23.3; η^2 ranged .43 to .46, $p<.001$) and, after controlling for social desirability, within-subjects main effects for assessment timepoint (Wilks' Λ ranged from .90 to .91; $F(8,217^2)$ ranged from 2.8 to 3.1; η^2 ranged .09 to .10, $p<.01$). Each MANCOVA also found a between-subjects main effect for use of aggression: for psychological aggression Wilks' $\Lambda=.89$, $F(8,216)=3.4$, $p<.001$, $\eta^2=.11$; for mild physical aggression Wilks' $\Lambda=.86$, $F(8,217)=4.4$, $p<.001$, $\eta^2=.14$; for severe physical aggression Wilks' $\Lambda=.82$, $F(8,220)=6.2$, $p<.001$, $\eta^2=.18$. There were no assessment timepoint x aggression interaction effects. Table 13 reports the results of follow-up ANCOVAs examining the relationship between each type of partner aggression and resistance. Individuals who engaged in psychological aggression since program start scored significantly higher on the Social Justification, Hopelessness, and Psychological Reactance subscales of the processes of resistance measure. Individuals who engaged in mild and severe physical aggression scored significantly higher on all types of resistance but System Blaming and Problems with Alliance.

[1] Error degrees of freedom ranged from 216 to 220, with a median of 217.
[2] Error degrees of freedom ranged from 216 to 220, with a median of 217.

Processes of Change and Processes of Resistance, Stage Progression and Regression. To investigate the relationships between processes of change, processes of resistance, and stage progression and regression, standardized composite measures of processes of change and processes of resistance at T1 and T2 were plotted for the following stage transition groups: 1) Pre-Action progressed to Action; 2) Pre-Action did not progress; 3) Action regressed to Pre-Action; and 4) Action did not regress. For comparison, standardized composite scores on the pros and cons measures at T1 and T2 were also plotted for the four groups. Results are presented in Figures 12-15.

The relationships between the processes of change and processes of resistance mirror the relationships between the pros and cons for domestic violence cessation:

- For individuals in Pre-Action who progressed to Action, the processes of resistance and the cons decreased by about .25 SD from T1 to T2, and the processes of change and the pros increased by about .5 SD to surpass resistance and the cons.
- For individuals in Pre-Action who did not progress to Action, the processes of resistance and the cons exceeded the processes of change and the pros at both T1 and T2.
- For individuals in Action who regressed to Pre-Action, the processes of resistance and the cons increased by about .5 SD to exceed the processes of change and the pros.
- For individuals in Action who did not regress to Pre-Action, the processes of change and the pros exceeded the processes of resistance and the cons at both T1 and T2; processes of resistance and the cons decreased by about .5 SD from T1 to T2.

Predictors of Program Completion. Among the 237 study participants who had completed the baseline survey at least 30 weeks earlier and thus had adequate time to complete their program, 162 (68.4%) did complete. Table 14 presents the results of a logistic regression analysis conducted to identify T1 variables and demographics that predicted program completion. Stage of change, age, and employment status were the only predictors significant at $p<.05$. The odds ratio for stage of change and employment status were 2.6 and 2.2, respectively, indicating that being in one of the Action stages or employed fulltime at baseline more doubled the likelihood of completing treatment. The odds ratio of 1.04 for age indicates that each additional year of age increase the likelihood of completing treatment by 4%.

DISCUSSION

One of the goals of Study Two was to confirm the factor structure of the new processes of resistance measure. The final measurement model includes two single-order factors, System Blaming and Problems with Partner, and a second-order factor, "E-Resistance," comprised of the six remaining factors. Goodness of fit indices for the final measurement model were not as high as desired. However, the model was very complex, and the parsimonious fit index, which takes into account complexity, is in the acceptable range. Whereas System Blaming and Problems with Partner seem more externally based, the E-Resistance factor seems to represent a general form of resistance that is more emotionally and internally based. In addition, while System Blaming and Problems with Partner are specific to domestic violence offenders and partner violence cessation, the dimensions loading on E-Resistance may be more generalizeable to other types of behavior change, and thus responsive to strategies used to address resistance in other

types of treatment. In his text on resistance, Ellis (2002) describes three common types of resistance that overlap with E-Resistance dimensions found here: "resistance stemming from feelings of hopelessness" (Hopelessness); "resistance resulting from reactance and rebelliousness" (Psychological Reactance), and "resistance connected with therapist-client relationships" (Problems with Alliance).

Zero stage movement appears to be the most common response to treatment during the two-month follow-up period. Individuals who began in the Precontemplation stage at treatment intake were more likely to be in Precontemplation at follow-up than in any in other stage; individuals who began in Contemplation were more likely to be in Contemplation at follow-up, and so on. The only exception was Preparation, a relatively dynamic stage. Individuals who began in Preparation were more likely to move to the Action High Relapse stage than to remain in Preparation.

Overall, 71% of participants who were in the Pre-Action stages at intake remained in Pre-Action at two months follow-up, and 74% of participants in the Action stages remained in Action. Surprisingly, stage progression and regression seem most clearly related to changes in resistance during the first two months of treatment, and not to levels of resistance at intake. Men who progressed from Pre-Action to Action displayed a sharp decrease in Problems with Alliance, Social Justification, and Passive Reactance from intake to follow-up, whereas men who regressed from Action to Pre-Action showed a sharp increase. Individuals who regressed from Action also showed a significant increase on Problems with Partner and Hopelessness. Findings suggest that those specific types of resistance may be especially important to monitor and manage in the early phases of treatment.

Results of analyses examining the relationship between resistance and partner aggression perpetrated since program start suggest that Social Justification, Hopelessness, Psychological Reactance, and Passive Reactance may be especially important to target.

The degree to which the relationships between the processes of change and processes of resistance mirror the relationships between the pros and cons for domestic violence cessation is striking, and reflects to the tension inherent in human behavior change, as well as its lawfulness. Individuals progress to—and remain in—Action only when facilitative behaviors surpass inhibitory behaviors, and when positive evaluations of the change's consequences surpass the negative.

Among individuals who progressed from Pre-Action to Action, the increase in the processes of change and pros was twice as large as the decrease in resistance and the cons (.5 SD vs. .25 SD). This finding points to the importance of encouraging positive behaviors that facilitate change (i.e., the processes of change outlined in Table 2) and not just reducing resistance, and of encouraging a careful considering of the benefits (i.e., pros) of changing, and not just reducing the cons.

Among individuals in the Action stages, stage regression was associated with a significant increase in resistance, and maintained Action was associated with a significant decrease, pointing to the importance of continuing to attend to resistance even among individuals who are actively engaged in the change process. Any increases in resistance and the cons should be should be

considered indicators of increased risk of regression or relapse; decreases in resistance and cons may represent a consolidation of gains.

In the overall sample, only System Blaming, Problems with Partner, and Hopelessness decreased from T1 to T2. One explanation of this finding is that domestic violence programs are most attentive to those types of resistance. System Blaming and Problems with Partner may be easier than other types of resistance to detect because they are so common (they received the highest mean ratings on the resistance measure) and, perhaps, because offenders have relatively little difficulty articulating their anger toward the courts and their partners. However, if domestic violence counselors choose to address resistance, they may want to look beyond system- and partner-blaming to Social Justification, Passive Reactance, and other forms of resistance that may be more internally based and difficult to detect, but that are more strongly linked to behavior.

The Processes of Resistance measure now provides a tool for measuring eight types of resistance. But do domestic violence counselors have the tools for managing resistance in treatment? In Study Three, a series of interviews with domestic violence experts were conducted to identify a range of strategies they believed would be effective in managing each of the eight types of resistance in batterer treatment.

STUDY THREE

PROCEDURE

In Study Three, 16 of the 18 domestic violence experts who were interviewed in Study One (see Appendix A[3]) were invited by telephone or e-mail to participate in a one-hour interview on best practices for dealing with resistance. Thirteen experts who agreed to be interviewed were provided with a list of processes of resistance dimensions and measure items, and asked to give recommendations on how domestic violence counselors can respond to clients engaging in those behaviors in treatment.

Interviews were conducted by telephone phone, with an interviewer and note-taker, and audiotaped. The note-taker later reviewed the audiotape to ensure that the notes were complete and accurate. During the interview, each resistance dimension was discussed, one by one, beginning first with the conceptual definition. At the end of the interview, experts were asked to report on any additional strategies they believe are particularly effective in dealing with resistance. It should be mentioned that at the time of the interviews, Passive Reactance was conceptualized and operationally defined as "Detachment," and focused primarily on the client's emotional withdrawal from group.

Expert recommendations were sorted by resistance dimension, and then organized into themes within each dimension. Themes appearing on four or more instances are reported below. Specific examples of each theme are provided in Appendix D.

RESULTS

Recommendations for managing System Blaming (believing that the criminal justice system treats men unfairly in domestic violence cases and that women abuse the laws):

1. Acknowledge that the criminal justice system is indeed unfair in some instances.
2. Empathize with the client's experience to build the therapeutic alliance.
3. Let the client know that this program may be helpful, even if he was unjustly arrested.
4. If system blaming continues, it may be appropriate to confront, or to just move on.

Recommendations for managing Problems with Partner (blaming the partner for the violence, diminishing or feeling discouraged about the relationship):

1. Stress that while the client cannot control or change his partner's behavior, he has choices about how he will respond to it.
2. Assist the client in deciding whether to continue his relationship, and whether he will be able to make healthy changes if he decides to continue it.
3. Provide support during the breakup.

Recommendations for managing Problems with Alliance (focusing on the counselor's use of confrontation and inability to help the client feel understood, safe, and supported):

[3] Two experts were not asked to participate in this round of interviews. One had left the field, and another was not a counselor, but a long-term batterer treatment client.

1. Examine your own attitudes about domestic violence offenders and domestic violence treatment.
2. Address potential problems with alliance and your responsibilities to the criminal justice system openly and proactively.
3. Present the client's change as a collaborative effort between the client and counselor.

Recommendations for managing Social Justification (believing that changing would be difficult—or impossible—in one's environment, given social and religious norms and expectations):

1. Challenge the client's beliefs about what is normal behavior in his culture, and what it means to be a man.
2. Help the client think back to his own childhood and how he learned what they learned, and to consider the impact of his behavior on his own children.
3. Help the client identify and practice alternatives to violence that are acceptable to him and will work in his environment.
4. Assess with the client whether he may need to change people, places, or things that support or encourage his violent behavior.

Recommendations for managing Hopelessness (feeling hopeless, overwhelmed, depressed or anxious about making changes):

Acknowledge and address other difficulties in the client's life; provide referrals.
Increase self-efficacy through skill-building.
Provide support.

Recommendations for managing Isolation (lacking support from family and friends because of social isolation, distrust, or discomfort seeking help):

1. Encourage support among group members.
2. Encourage the client to identify and reach out to positive sources of support in the community.
3. Help the client think more about his need for friendships and social support, and any barriers to finding them.

Recommendations for managing Psychological Reactance (responding to pressure to change with an angry or negativistic stance):

1. Acknowledge and show acceptance for the fact that some people don't like being told what do to.
2. Remind the client that he has the option of accepting or rejecting what the group has to offer.
3. Remind the client that he can choose whether or not to make changes.
4. Be aware of how your own behavior may be contributing to psychological reactance.

Recommendations for managing Passive Reactance (responding with pressure to change by participating only superficially, without meeting expectations or responding appropriately):

1. See Recommendations #1-#4 for Psychological Reactance[4].
2. Encourage real involvement by making the group as stimulating as possible.

Recommendations can be further distilled into a smaller list of guidelines:

- Avoid debates
- Empathize with concerns without excusing behavior
- Help clients recognize that they do have choices
- Collaborate and problem-solve

Believe that most clients ultimately do want to improve their lives and relationships, despite their resistance.

DISCUSSION

The experts who participated in the interviews represented a combined total of over 250 years experience with domestic violence treatment. In all of the interviews, only one expert mentioned the words "excuse" or "excuse-making" (e.g., "Yes, there are shortcomings and challenges, but that does not justify the excuse," and "It's a matter of finding excuses or finding change"). Instead, most experts commented that some forms of resistance seem to be based, at least in part, on real barriers to change. Experts' recommendations are sensible, compelling, and compassionate. It is unclear, however, whether their perspectives and approach to resistance match those of most counselors in the field.

DIRECTIONS FOR FUTURE RESEARCH

To begin to examine resistance in domestic violence offenders, three studies were conducted. The products of this research include a validated 38-item measure of resistance; information on the levels and patterns of resistance during the first two months of batterer treatment, and the relationship between resistance and stage progression, stage regression, and partner aggression; and a summary of experts' recommendations for managing each type of resistance in domestic violence treatment. While developed within TTM framework, the measure can be used outside the TTM framework to assess resistance in research and practice guided by other theoretical models.

The findings provide an impetus for several lines of future research. First, it is recommended that the Passive Reactance dimension of the processes of resistance measure be re-examined to improve its conceptual coherence and internal reliability. Passive Reactance was associated with some of the largest effect sizes in external validity analyses, and thus may be especially important to assess reliably and address in treatment.

[4] At the time of the interviews, this resistance dimension was conceptualized and operationally defined as "Detachment," and focused primarily on the client's emotional withdrawal from the group. Thus, experts' recommendations focused primarily on methods for increasing engagement (Recommendation #2). We now understand this dimension to represent Passive Reactance, which, like Psychological Reactance, is elicited by pressure to change. We reasoned that strategies for managing Psychological Reactance are appropriate for managing Passive Reactance as well.

Second, all data were collected via self-report surveys. It will be important validate the new measures against data from other sources—including, for example, partner reports of offenders' violent and abusive behavior, and group facilitators' assessments of offenders' engagement or motivation to change.

Third, about 50% of Hispanic men chose to complete the Spanish-language version of the survey. It was beyond the scope of this project to examine differences in the psychometric properties and factor structure of the English- and Spanish-language measures. Backwards translation, cognitive interviews with bi-lingual offenders, and a more intensive review by cultural experts might also be conducted to ensure the content equivalence of the two measures. Factorial invariance analyses could determine the structural equivalence of the two measures.

Fourth, Study Two examined resistance on only two occasions, at program intake and two months later. It will be important to determine what happens to resistance over a greater number of assessment timepoints, and over the entire course of the batterer program. For example, a minimum of three assessment timepoints would be required to adequately rule out that resistance follows a curvilinear pattern over time. Furthermore, a longer follow-up would allow us to see whether the resistance dimensions that did not decrease significantly during the first two months of treatment do decrease eventually, at a slower rate or with an initial lag in their decline.

Fifth, it would be helpful to identify external factors that influence changes in resistance over time. Variables of interest would include the nature of the relationship with the counselor, level of confrontation used in the group, the nature of the relationship with the partner, whether one's social environment is hospitable or inhospitable to change, and total number of serious life stressors.

Finally, to improve batterer treatment outcomes, it will be important to develop and test interventions designed to reduce—or at least minimize—resistance. The processes of resistance measure could be used as an outcome measure in such research. It could also be used as an intervention tool to monitor resistance, identify individuals at risk, or even serve as a vehicle for discussing resistance with offenders.

The current project and future research on resistance can help the field become more attuned to resistance and its potential impact on partner violence and engagement in treatment. Assessing and managing resistance more effectively can complement established practices and, over time, potentially increase the impact of programs for domestic violence offenders.

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TABLES AND FIGURES

Table 1.
Labels, Conceptual Definitions, and Sample Items for Eleven Initial Processes of Resistance

Process of Resistance	Process of Change Counterpart	Conceptual Definition	Sample Item
Denial/Minimization	Consciousness Raising	Minimizing the level, frequency or consequences of the violence or abuse; denying that one has a problem with violence or abuse, or should be in the batterer program.	How often did you feel that you're less abusive toward women than other men you know?
Detachment	Dramatic Relief	Withdrawing emotionally or just "going through the motions."	How often did you feel bored or uninterested in your domestic violence group?
Problems with Partner	Environmental Reevaluation	Blaming the partner for the violence, or focusing on the partner's difficult behavior.	How often did you feel that your partner is the one with the problem, not you.
Self-Justification	Self-Reevaluation	Believing that changing would be difficult—or impossible—given more personal (versus social) barriers and deficits (financial problems, competing demands, lack of skills, ability, or control).	How often did you feel that you cannot change right now because of other things going on in your life?
Hopelessness	Self-Liberation	Feeling hopeless, overwhelmed, depressed or anxious about making changes.	How often did you feel that your life will never get better, even if you try to change?
Isolation	Helping Relationships	Lacking support from family and friends because of social isolation, distrust, or discomfort seeking help.	How often did you feel like you cannot talk to your family about your problems with your partner?
Problems with Alliance	Helping Relationships	Focusing on the counselor's use of confrontation and inability to help the client feel understood, safe, and supported.	How often did you feel that you cannot trust your counselor?
Negative Feedback	Contingency Management	Trying new behaviors, only to find that they don't have the expected positive consequences (e.g., behaviors don't work, partner won't cooperate, others don't appreciate efforts to change).	How often did you try a new behavior you learned in group, only to find that others would not cooperate?
Social Justification	Counter Conditioning & Stimulus Control	Believing that changing would be difficult—or impossible—in one's environment, given social and religious norms and expectations (supposed to be tough, everyone else does it, violence in family of origin).	How often did you think that people would see you as a wimp if you changed the way you behave in relationships?
System Blaming	Social Liberation	Believing that the criminal justice system treats men unfairly in domestic violence cases and that women abuse the laws.	How often did you feel that law enforcement always takes the women's side?
Psychological Reactance	Social Liberation	Responding with an angry or negativistic stance to pressure to change.	How often did you get mad about being forced to attend this program?

Table 2.
Conceptual Definitions and Sample Survey Items for Decisional Balance and Processes of Change Dimensions for Partner Violence Cessation

TTM Dimension	Conceptual Definition	Sample Items
Decisional Balance		
General Pros	Advantages, positive consequences of changing	If I ended the violence, I'd receive more love and kindness from my partner.
Children-Related Pros	Advantages, positive consequences for children	Children are safer in a violence-free home.
General Cons	Disadvantages, negative consquences of changing	My community expects men to act macho.
Processes of Change		
Consciousness Raising	Considering information about domestic violence and strategies for change	How often did you pay attention to information on how to end the violence?
Dramatic Relief	Experiencing negative emotions about domestic violence or its consequence	How often did it scare you to think that your partner might leave you if you don't end the violence?
Environmental Reevaluation	Thinking about the impact of ones behavior on others, especially children and partner	How often did you remind yourself that by ending the violence you are setting a good example for your children?
Self-Reevaluation	Thinking about the kind of man one does want to be, and experiencing emotions that go along with that image	How often did you think of yourself as someone who can manage difficult situations without violence?
Self-Liberation	Realizing one's ability to choose to be non-violent and making a commitment to change	How often did you promise yourself that you will handle conflict in your relationship better?
Helping Relationships	Seeking and using social support to make and sustain changes	How often did you have someone you could count on to help you manage your anger?
Reinforcement Management	Increasing the rewards to oneself for non-violence, and decreasing rewards for violence	How often did you feel good about yourself for using healthy strategies to manage your anger?
Counter Conditioning	Substituting violence with healthier behaviors and cognitions (e.g., assertive communication, exercise, time-out)	When it felt like your partner was pushing your buttons, how often did you stop and think about healthy ways of responding?
Stimulus Control	Removing cues to engage in violence against a partner, and adding cues to engage in healthier behavior	How often did you avoid people who treat women with disrespect?
Social Liberation	Realizing that social norms are changing to support non-violence	How often did you notice that there are tougher laws against domestic violence?
Stress Management	Reducing general stress by controlling exposure to—or response to—stressful people and events, and by planning ahead	How often did you try to keep your life simple so you would feel less overwhelmed?
Partner Collaboration	Seeking and using support and encouragement from one's partner; involving the partner in the change process by sharing information, etc.	How often did your partner give you support for the changes you are trying to make?
Negative Self-Reevaluation	Thinking about the kind of man one doesn't want to be, and experiencing negative emotions (disappointment, frustration) that go along with that image	How often did it bother you to think of yourself as someone who uses violence against your partner?

Table 3.
Eight Final Processes of Resistance Scales

System Blaming: Believing that the criminal justice system treats men unfairly in domestic violence cases and that women abuse the law.

1. How often did you feel that the police do not investigate domestic violence cases properly?
2. How often did you feel that law enforcement always takes the women's side?
3. How often did you feel that you're in this program because the police would not listen to your side of the story?
4. How often did you feel that women take advantage of domestic violence laws to put men in jail?
5. How often did you feel that the domestic violence laws in this state are too hard on men?

Problems with Partner: Blaming the partner for the violence, diminishing or feeling discouraged about the relationship.

1. How often did you feel that you got involved with the wrong woman?
2. How often did you feel that if your partner had treated you better, you would not be in this program?
3. How often did you feel depressed about your relationship with your partner?
4. How often did you feel that you don't care about your partner or your relationship anymore?
5. How often did you feel that your partner is the one with the problem, not you?

Problems with Alliance: Focusing on the counselor's use of confrontation and inability to help the client feel understood, safe, and supported.

1. How often did you feel that you cannot trust your counselor?
2. How often did you feel that your counselor was criticizing you?
3. How often did you feel that your counselor blames you for everything?
4. How often did you feel that your counselor is there only for the money?
5. How often did you feel that what your counselor talks about in group has nothing to do with the real world?

Social Justification: Believing that changing would be difficult—or impossible—in one's environment, given social and religious norms and expectations.

1. How often did you feel that you cannot make changes because you're surrounded by violence in your day-to-day life?
2. How often did you feel that changing will not help because it's too late?
3. How often did you feel that changing would be hard because you grew up seeing domestic violence?
4. How often did you think that people would see you as a wimp if you changed the way you behave in relationships?
5. How often did you want to give up your efforts to change because you were not getting the results you expected?

Hopelessness: Feeling hopeless, overwhelmed, depressed or anxious about making changes.

1. How often did you feel afraid about the thought of changing?
2. How often did you feel hopeless about making changes in your life?
3. How often did you feel that you cannot change given the way your life is now?
4. How often did you feel that your life will never get better, even if you try to change?
5. How often did you feel that you cannot change right now because of other things going on in your life?

Isolation: Lacking support from family and friends because of social isolation, distrust, or discomfort seeking help.

1. How often did you feel that you cannot talk to your friends about your problems?
2. How often did you feel that there's no one you can talk to about your problems?
3. How often did you feel that you cannot talk to your friends about the things that happen in your domestic violence group?
4. How often did you feel that you cannot trust others with your relationship issues?
5. How often did you feel like you cannot talk to your family about your problems with your partner?

Table 3, continued
Eight Final Processes of Resistance Scales

Psychological Reactance: Responding to pressure to change with an angry or negativistic stance.

1. How often did you get angry when someone told you what you should and should not do in your relationship?
2. How often did you tell people to mind their own business when they told you how to behave in your relationship?
3. How often did you get mad when people told you that you need to change?

Passive Reactance: Responding with pressure to change by participating only superficially, without meeting expectations or responding appropriately.

1. How often did you feel bored or uninterested in your domestic violence group?
2. How often did you agree with your counselor or the men in your group so they'd leave you alone?
3. How often did you not pay attention in group?
4. How often did you feel that you will not be able to finish this program because the rules are too strict? (For example, you're only allowed a certain number of absences).
5. How often did you feel that if you really wanted to hurt your partner you would have?

Table 4.

Descriptive Statistics, Coefficient Alphas, Correlations with Social Desirability, and Scale Intercorrelations for Eight Processes of Resistance Scales

Scale	Items	Mean	SD	Alpha	Correlations							
					M-Crowne[a]	1	2	3	4	5	6	7
1) System Blaming	5	13.5	5.9	.82	-.07							
2) Problems with Partner	5	11.5	4.8	.71	-.21	.52						
3) Problems with Alliance	5	8.2	3.9	.75	-.24	.36	.37					
4) Social Justification	5	7.5	3.6	.80	-.26	.28	.38	.50				
5) Hopelessness	5	8.4	4.0	.80	-.36	.14	.27	.49	.55			
6) Isolation	5	9.8	4.6	.78	-.28	.28	.42	.48	.52	.51		
7) Psychological Reactance	3	5.1	2.5	.71	-.29	.26	.34	.48	.55	.48	.53	
8) Passive Reactance	5	8.2	4.0	.75	-.19	.37	.43	.50	.53	.44	.43	.45

[a]Marlowe-Crowne Social Desirability Scale-Short Form

Table 5.
Processes of Resistance by Stages of Change

Resistance Dimension	Stage of Change					F	η^2	Post Hoc Comparisons ($p<.05$)
	Precontemplation (n=70)	Contemplation (n=80)	Preparation (n=63)	Action HRelapse (n=41)	Action LRelapse (n=62)			
	Adjusted Means[a] (SDs)							
System Blaming	14.7 (5.9)	13.9 (5.9)	13.9 (6.0)	11.6 (6.0)	13.0 (5.9)	2.1	.03	ns
Problems with Partner	11.3 (4.7)	11.4 (4.7)	12.0 (4.8)	11.9 (4.8)	10.9 (4.7)	0.5	.01	ns
Problems with Alliance	8.4 (3.7)	8.6 (3.7)	8.3 (3.7)	7.4 (3.7)	7.3 (3.7)	1.6	.02	ns
Social Justification	7.5 (3.3)	7.3 (3.3)	8.4 (3.3)	6.7 (3.3)	6.5 (3.3)	3.0*	.04	5<3
Hopelessness	8.7 (3.7)	8.1 (3.7)	9.4 (3.7)	7.9 (3.7)	7.4 (3.7)	2.7*	.03	5<3
Isolation	8.4 (4.4)	9.8 (4.4)	10.8 (4.4)	11.3 (4.4)	9.0 (4.4)	4.2**	.05	1<3,4
Psychological Reactance	5.0 (2.4)	4.6 (2.4)	5.6 (2.4)	5.2 (2.4)	4.5 (2.4)	2.0	.02	ns
Passive Reactance	9.0 (3.8)	8.5 (3.8)	8.6 (3.8)	7.0 (3.8)	6.9 (3.8)	3.7**	.05	5<1

[a]Adjusted for Social Desirability
*$p<.05$, **$p<.01$

Table 6.
Multiple Regressions of Social Desirability and Processes of Resistance on Psychological Aggression, Mild Physical Aggression, and Severe Physical Aggression

	B	β	*t*	*r*	*partial r*
Verbal Aggression					
Passive Reactance	1.4	.22	3.7	.31	.21
Social Desirability	-1.7	-.17	-3.1	-.25	-.18
Psychological Reactance	1.4	.14	2.2	.28	.13
R^2 = .15					
Adjusted R^2 = .14	Constant = 13.5				
R = .39					
F(3,305) = 18.0***					

	B	β	*t*	*r*	*partial r*
Mild Physical Aggression					
Psychological Reactance	.44	.18	2.9	.25	.16
Hopelessness	.23	.15	2.4	.23	.13
R^2 = .08					
Adjusted R^2 = .07	Constant = -2.0				
R = .28					
F(2,308) = 13.1***					

	B	β	*t*	*r*	*partial r*
Severe Physical Aggression					
Psychological Reactance	.09	.14	2.1	.21	.12
Social Justification	.07	.14	2.1	.21	.12
R^2 = .06					
Adjusted R^2 = .05	Constant = -0.6				
R = .24					
F(2,309) = 9.3***					

*** p<.001

Table 7.
Processes of Resistance by Level of Education

Resistance Dimension	Education Level			F	η^2	Post Hoc Comparisons (p<.05)
	<hs (n=71)	hs (n=173)	>hs (n=67)			
	Adjusted Means[a] (SDs)					
System Blaming	13.0 (5.8)	13.1 (5.8)	15.8 (5.8)	5.7**	.04	1,2<3
Hopelessness	9.0 (3.6)	8.3 (3.5)	7.1 (3.5)	5.0**	.03	3<1
Problems with Partner	11.3 (4.6)	11.0 (4.6)	12.6 (4.6)	3.0*	.02	2<3

[a]Adjusted for Social Desirability

*p<.05, **p<.01, ***p<.001

Table 8.
Modeling the Processes of Resistance by Confirmatory Factor Analysis

Model	χ^2	df	χ^2/df	CFI	NNFI	PFI	RMSEA
Null	5973.9	703	8.5	.00	.00	--	.149
Correlated Factors	1361.2	637	2.1	.86	.85	.78	.058
Second-Order Factor	1562.8	657	2.4	.83	.82	.78	.064
Final Model	1500.9	658	2.3	.84	.83	.79	.062

Table 9.

Study Two Descriptive Statistics, Coefficient Alphas, Correlations with Social Desirability, and Scale Intercorrelations for Eight Processes of Resistance Scales

Scale	Items	Mean	SD	Alpha	Correlations							
					M-Crowne[a]	1	2	3	4	5	6	7
1) System Blaming	5	15.1	6.4	.86	-.09							
2) Problems with Partner	5	12.7	5.5	.78	-.30	.49						
3) Problems with Alliance	5	8.3	4.5	.84	-.22	.30	.26					
4) Social Justification	5	7.8	3.5	.76	-.35	.26	.41	.56				
5) Hopelessness	5	9.3	4.2	.73	-.47	.25	.48	.50	.73			
6) Isolation	5	10.4	5.0	.79	-.45	.29	.47	.43	.52	.62		
7) Psychological Reactance	3	5.6	2.9	.77	-.45	.32	.40	.46	.63	.62	.56	
8) Passive Reactance	5	8.3	3.5	.63	-.37	.31	.32	.68	.59	.53	.45	.56

[a]Marlowe-Crowne Social Desirability Scale-Short Form

Table 10.

Changes in Resistance from Program Intake to Two Months Follow-Up

Resistance Dimension	Assessment Timepoint[a]			
	T1 Mean (sd)	T2 Mean (sd)	F(1,229)	η^2
System Blaming	15.4(6.7)	14.1 (6.3)	10.2*	.04
Problems with Partner	12.6 (5.1)	12.1 (4.9)	10.3*	.04
Problems with Alliance	8.1 (4.4)	7.4 (3.4)	2.0	.01
Social Justification	7.8 (3.0)	7.5 (3.0)	3.6	.02
Hopelessness	9.3 (3.7)	8.6 (3.6)	8.0*	.03
Isolation	10.0 (4.1)	10.2 (4.2)	0.0	.00
Psychological Reactance	5.4 (2.5)	5.1 (2.3)	2.2	.01
Passive Reactance	7.9 (3.4)	7.9 (3.0)	0.0	.00

*$p<.01$

[a]Marginal means, adjusted for social desirability

Table 11.
Stage Transitions from Program Intake to Two Months' Follow-Up

	Follow-Up Stage of Change				
	Precontemplation	Contemplation	Preparation	Action High Relapse	Action Low Relapse
Baseline Stage of Change	% (n)				
Precontemplation	43.3% (29)	19.4% (13)	19.4% (13)	1.5% (1)	16.4% (11)
Contemplation	21.8% (12)	38.2% (21)	12.7% (7)	3.6% (2)	23.6% (13)
Preparation	4.4% (2)	22.2% (10)	24.4% (11)	28.9% (13)	20.0% (9)
Action High Relapse	3.4% (1)	3.4% (1)	24.1% (7)	41.4% (12)	27.6% (8)
Action Low Relapse	2.3% (1)	13.6% (6)	6.8% (3)	11.4% (5)	65.9% (29)

Table 12.

Resistance x Stage Regression among Offenders in Action at T1

Resistance Dimension	Stage Regression[a]			
	Yes Mean (sd)	No Mean (sd)	F(1,62)	η^2
System Blaming	14.7 (6.2)	13.9 (6.2)	0.2	.00
Problems with Partner	13.3 (3.7)	12.3 (3.7)	0.9	.01
Problems with Alliance	8.3 (2.5)	6.6 (2.5)	6.0*	.09
Social Justification	10.1 (2.8)	7.1 (2.8)	13.5***	.18
Hopelessness	11.3 (3.1)	8.5 (3.1)	9.6**	.13
Isolation	12.0 (3.8)	10.4 (3.8)	2.1	.03
Psychological Reactance	6.3 (2.1)	4.9 (2.1)	5.6*	.08
Passive Reactance	9.0 (2.4)	6.9 (2.4)	8.8**	.12

*p<.05, **p<.01, ***p<.001

[a]Marginal means, adjusted for social desirability

Table 13.

The Relationship between Resistance and Psychological Aggression, Mild Physical Aggression, and Severe Physical Aggression Since Program Start

Resistance Dimension	Verbal Aggression Since Program Start[a]				Mild Physical Aggression Since Program Start[a]				Severe Physical Aggression Since Program Start[a]			
	Yes Mean (sd)	No Mean (sd)	F(1,223)	η^2	Yes Mean (sd)	No Mean (sd)	F(1,224)	η^2	Yes Mean (sd)	No Mean (sd)	F(1,227)	η^2
System Blaming	14.8 (6.0)	14.6 (6.0)	0.0	.00	15.8 (5.9)	14.2 (5.9)	3.8	.02	15.6 (6.0)	14.7 (5.9)	0.6	.00
Problems with Partner	12.5 (4.3)	11.8 (4.3)	0.8	.00	13.4 (4.2)	11.8 (4.2)	7.1**	.03	14.2 (4.3)	12.1 (4.2)	6.2*	.03
Problems with Alliance	7.6 (3.1)	8.1 (3.1)	1.0	.00	8.3 (3.1)	7.5 (3.1)	3.5	.02	8.8 (3.1)	7.6 (3.1)	3.5	.02
Social Justification	8.0 (2.4)	6.5 (2.5)	12.0***	.05	8.8 (2.4)	7.1 (2.4)	26.0***	.10	8.7 (2.5)	7.5 (2.5)	5.5*	.02
Hopelessness	9.2 (3.1)	8.1 (3.1)	4.0*	.02	10.3 (3.0)	8.3 (2.9)	23.0***	.09	11.3 (3.0)	8.7 (3.0)	18.7***	.08
Isolation	10.1 (3.5)	10.1 (3.5)	0.0	.00	11.0 (3.4)	9.7 (3.4)	8.0**	.03	12.0 (3.5)	9.9 (3.5)	8.7**	.04
Psychological Reactance	5.4 (1.9)	4.6 (1.9)	6.2*	.03	6.0 (1.8)	4.9 (1.8)	20.5***	.08	6.9 (1.9)	5.0 (1.8)	25.3***	.10
Passive Reactance	8.0 (2.5)	7.5 (2.5)	1.3	.01	8.8 (2.4)	7.6 (2.4)	12.4***	.05	10.0 (2.4)	7.7 (2.4)	22.7***	.09

*p<.05, **p<.01, ***p<.001

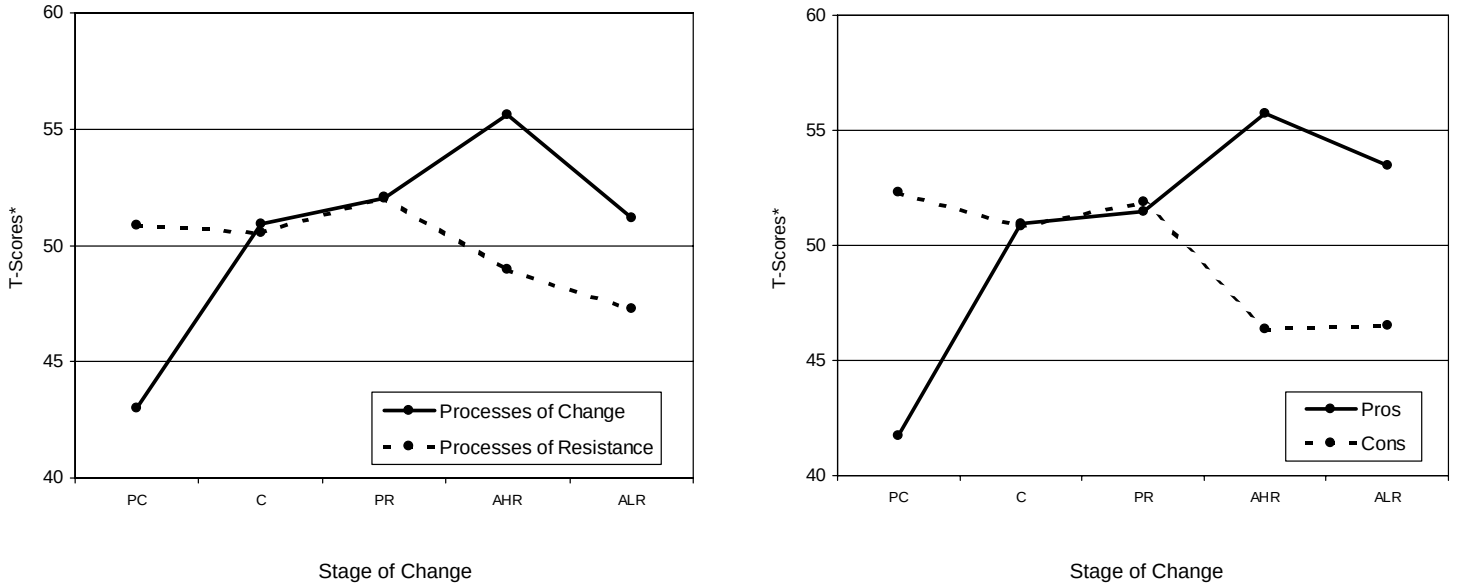
[a]Marginal means, adjusted for social desirability

Table 14.
Predictors of Program Completion

Outcome Variable	Variables in the Equation	Logistic Regression Coefficient (β)	SE (β)	Odds Ratio (e^{β})	df	Model χ^2 Test	Nagelkerke R^2	Predictive Accuracy (%)
Program Completion								
	In Action at Baseline	0.96	.42	2.62*	3	16.9***	.12	72.9
	Age	0.03	.02	1.04*				
	Employed Full Time	0.80	.33	2.24*				
	Constant	- 1.12	.64					

*p<.001

Figure 1.
Processes of Change and Processes of Resistance, Pros and Cons by Stage of Change



*Adjusted for Social Desirability PC=Precontemplation, C=Contemplation, PR=Preparation, AHR=Action High Relapse, ALR=Action Low Relapse

Figure 2. Processes of Resistance Second-Order Factor Model

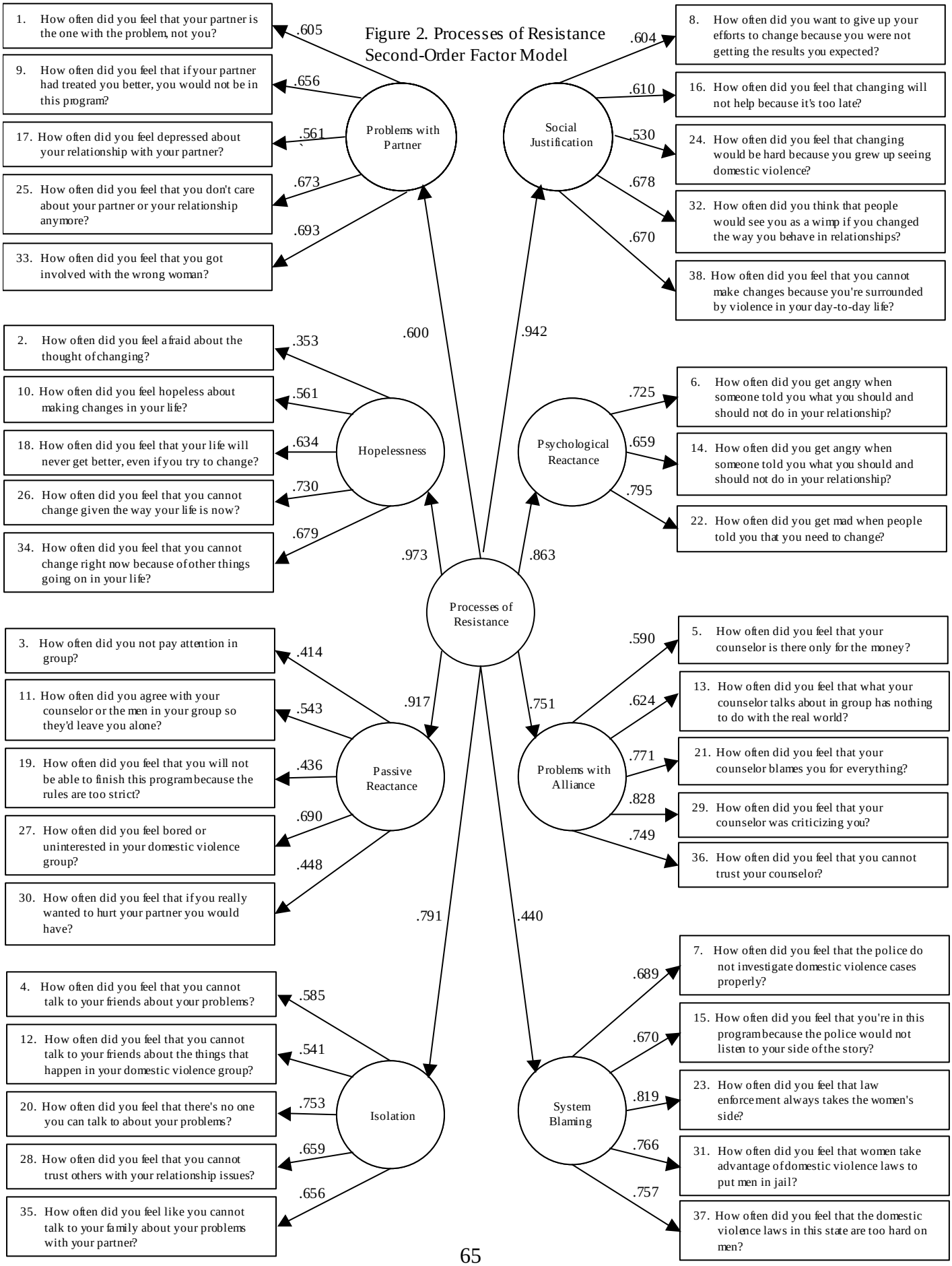


Figure 3. Processes of Resistance Final Model

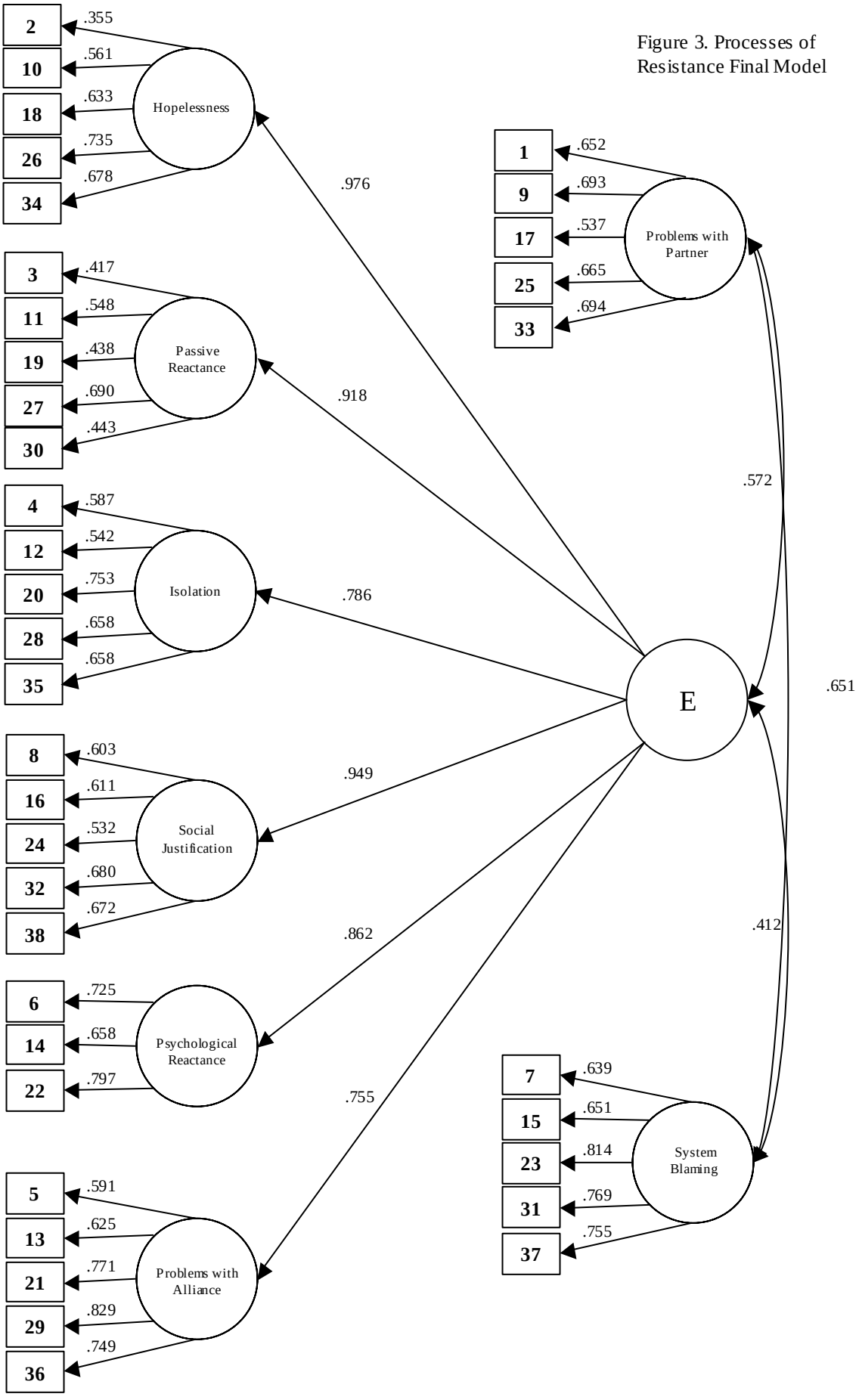
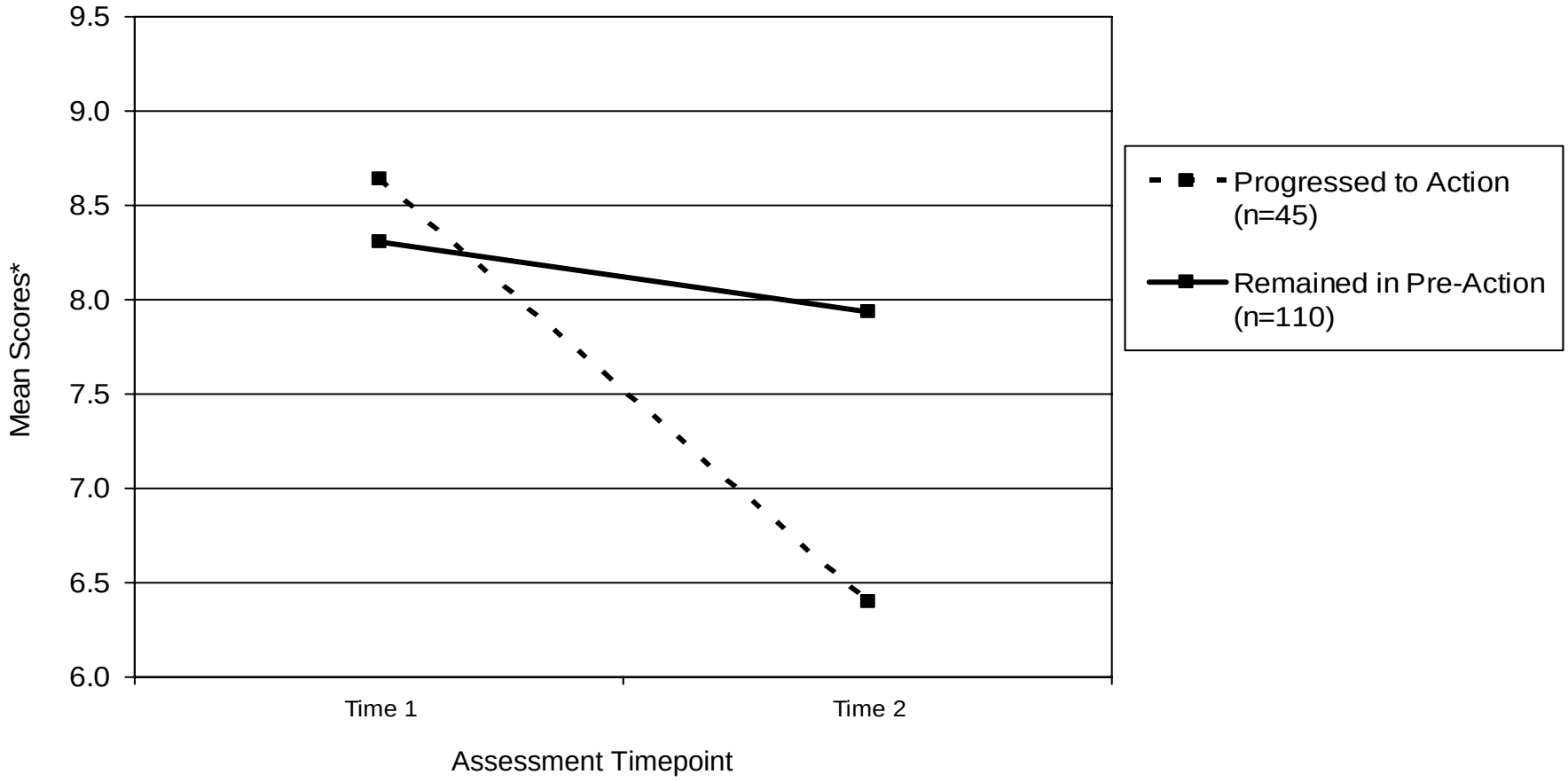


Figure 4.

Problems with Alliance at T1 to T2 for Pre-Action Groups that Did and Did Not Progress to Action

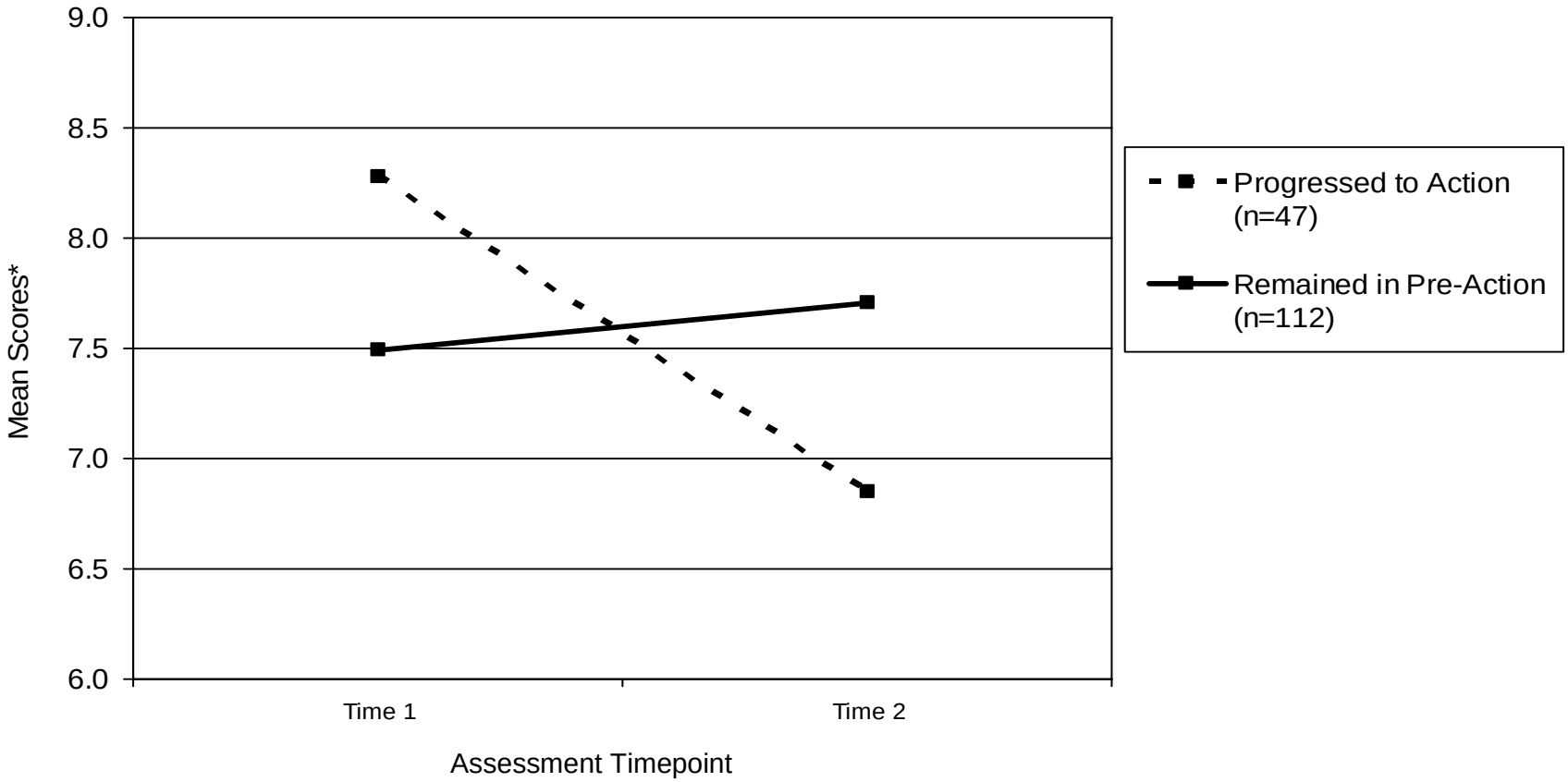


$F(1,145)=5.3$, $p<.05$, $\eta^2=.03$

*Means adjusted for social desirability

Figure 5.

Social Justification at T1 to T2 for Pre-Action Groups that Did and Did Not Progress to Action

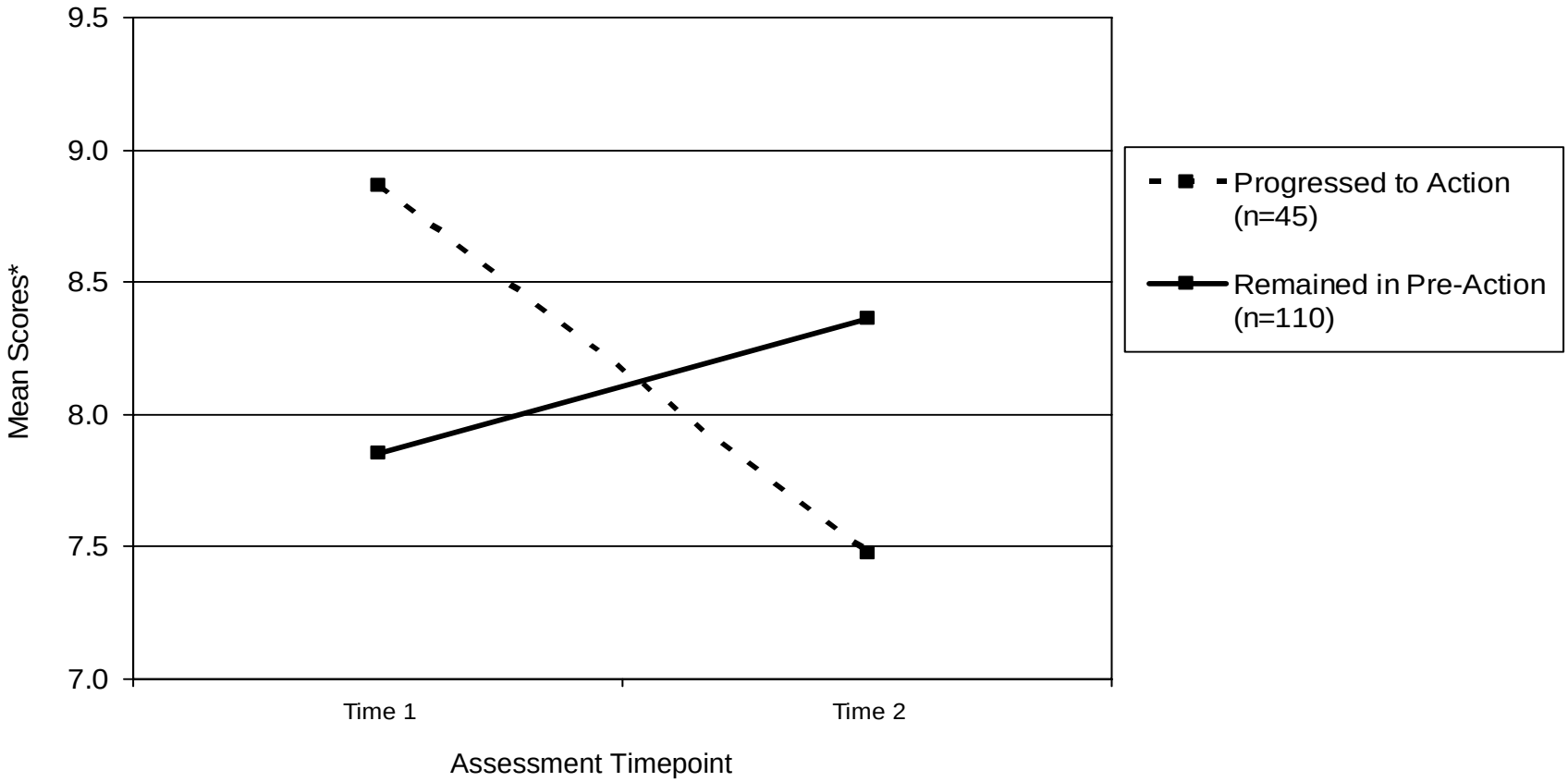


$F(1,145)=8.7$, $p<.01$, $\eta^2=.05$

*Means adjusted for social desirability

Figure 6.

Passive Reactance at T1 to T2 for Pre-Action Groups that Did and Did Not Progress to Action

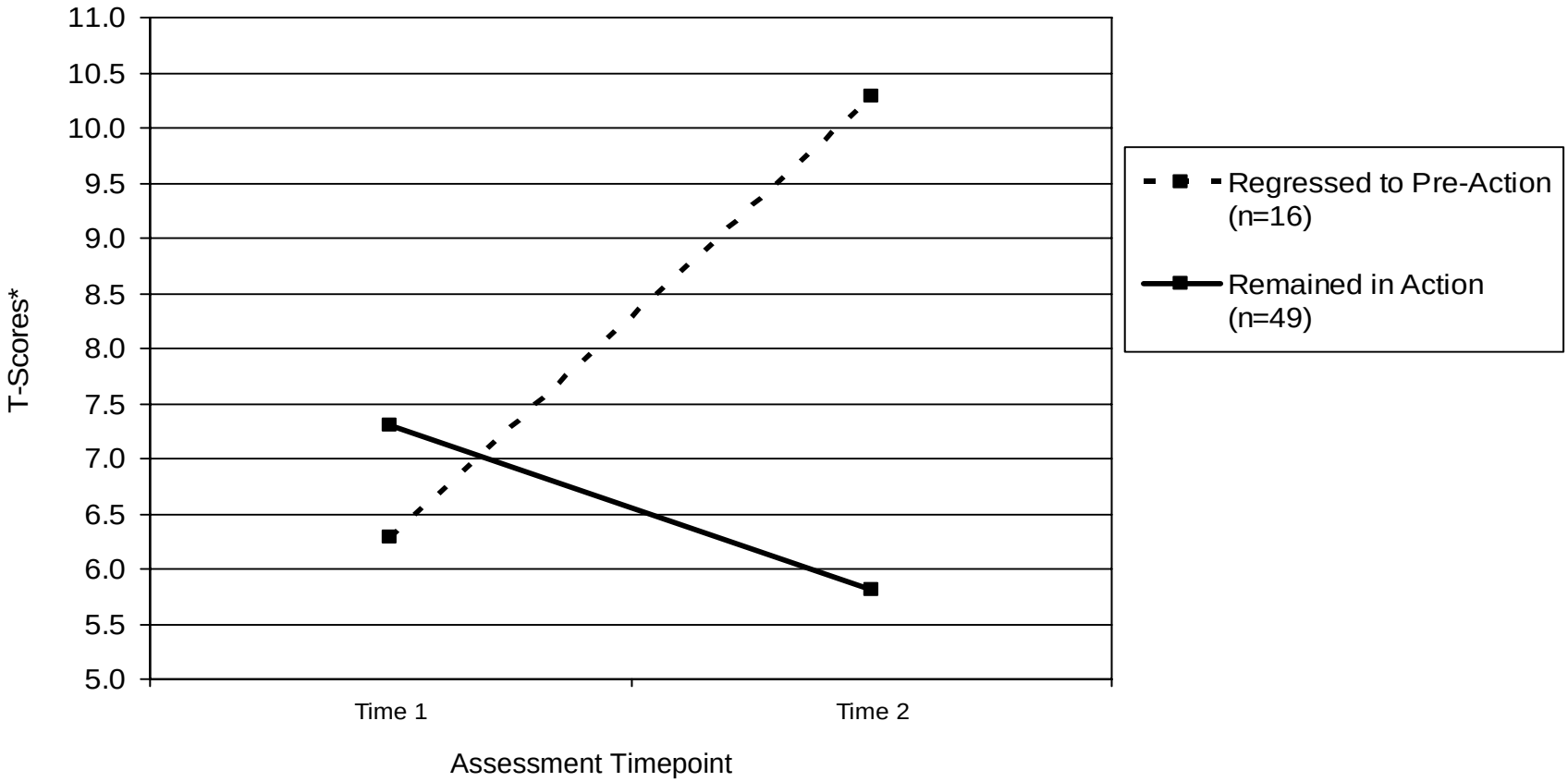


$F(1,145)=8.0$, $p<.01$, $\eta^2=.05$

*Means adjusted for social desirability

Figure 7.

Problems with Alliance at T1 to T2 for Action Groups that Did and Did Not Regress to Pre-Action

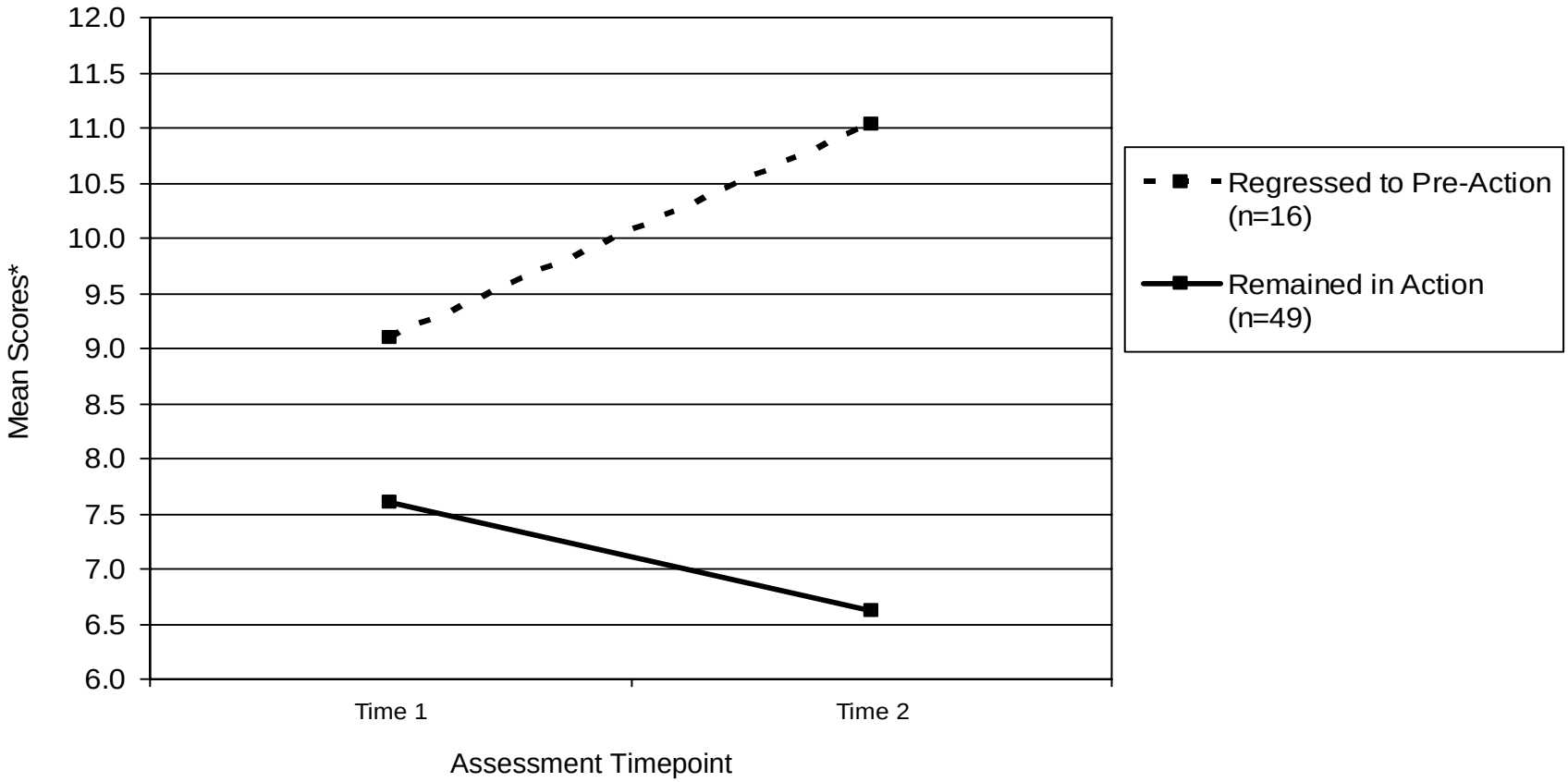


F(1,62)=16.2, p<.001, η^2=.21

*Means adjusted for social desirability

Figure 8.

Social Justification at T1 to T2 for Action Groups that Did and Did Not Regress to Pre-Action

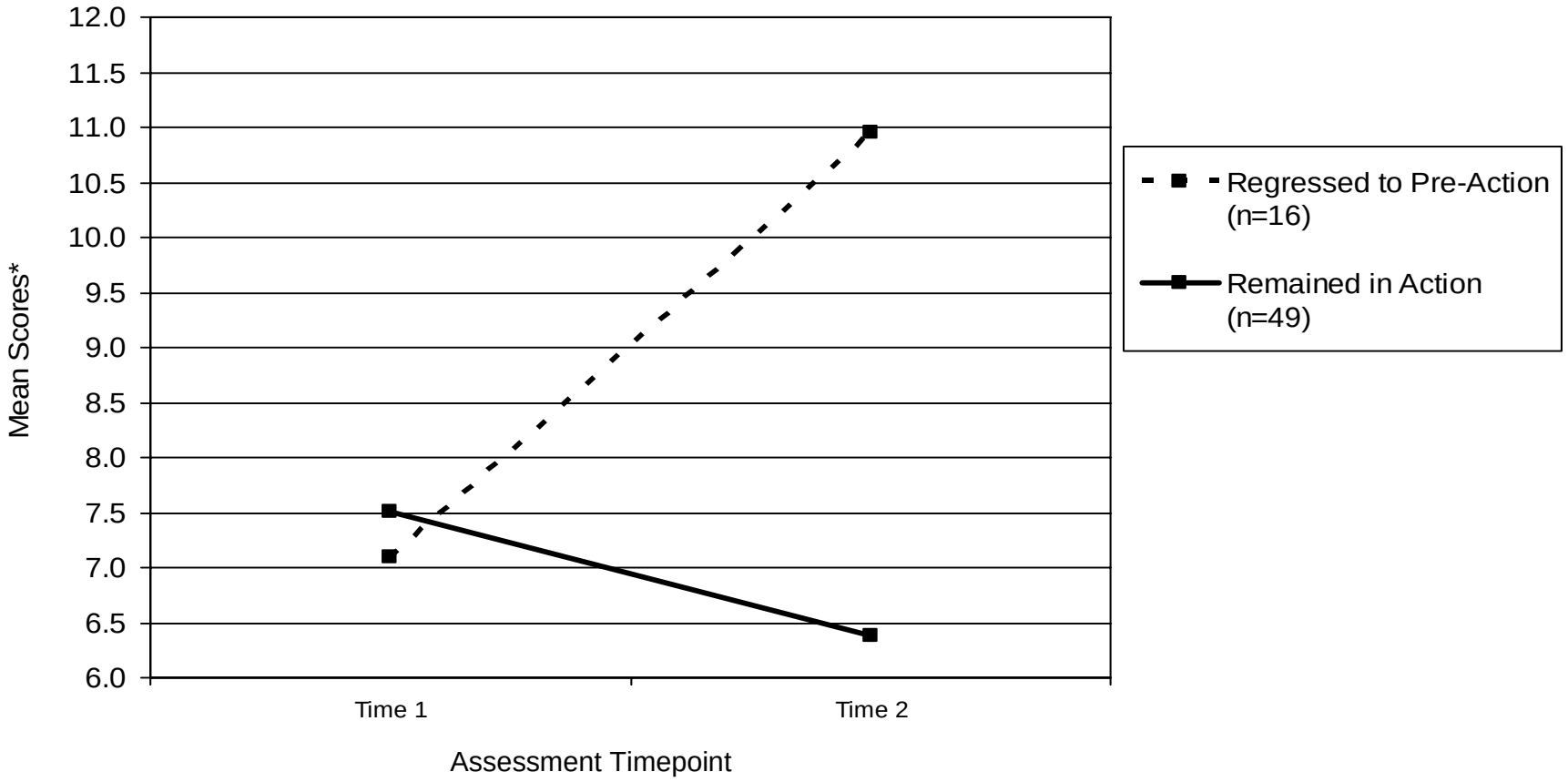


$F(1,62)=9.7$, $p<.01$, $\eta^2=.14$

*Means adjusted for social desirability

Figure 9.

Passive Reactance at T1 to T2 for Action Groups that Did and Did Not Regress to Pre-Action

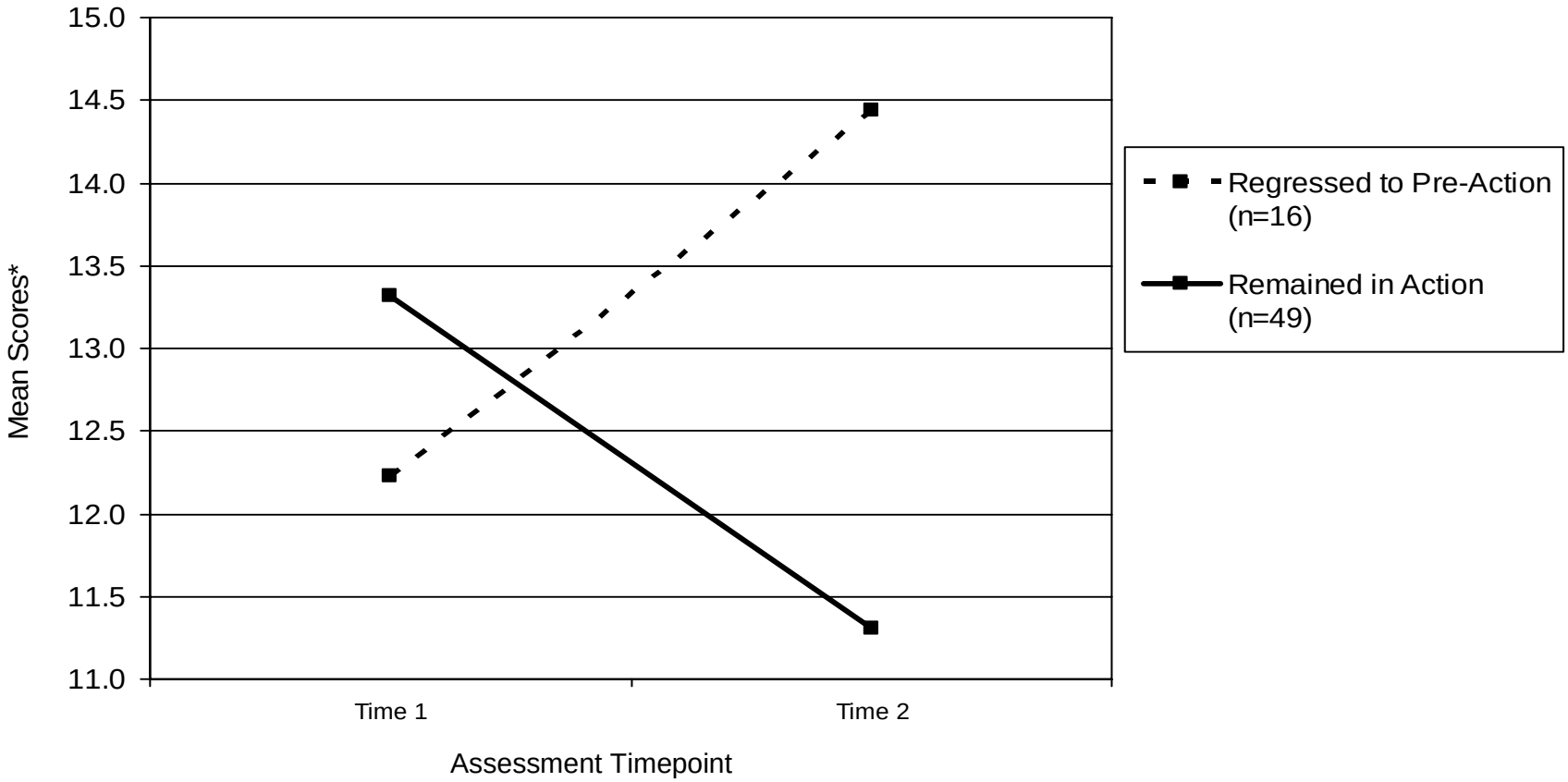


$F(1,62)=19.4$, $p<.001$, $\eta^2=.24$

*Means adjusted for social desirability

Figure 10.

Partner Blame at T1 to T2 for Action Groups that Did and Did Not Regress to Pre-Action

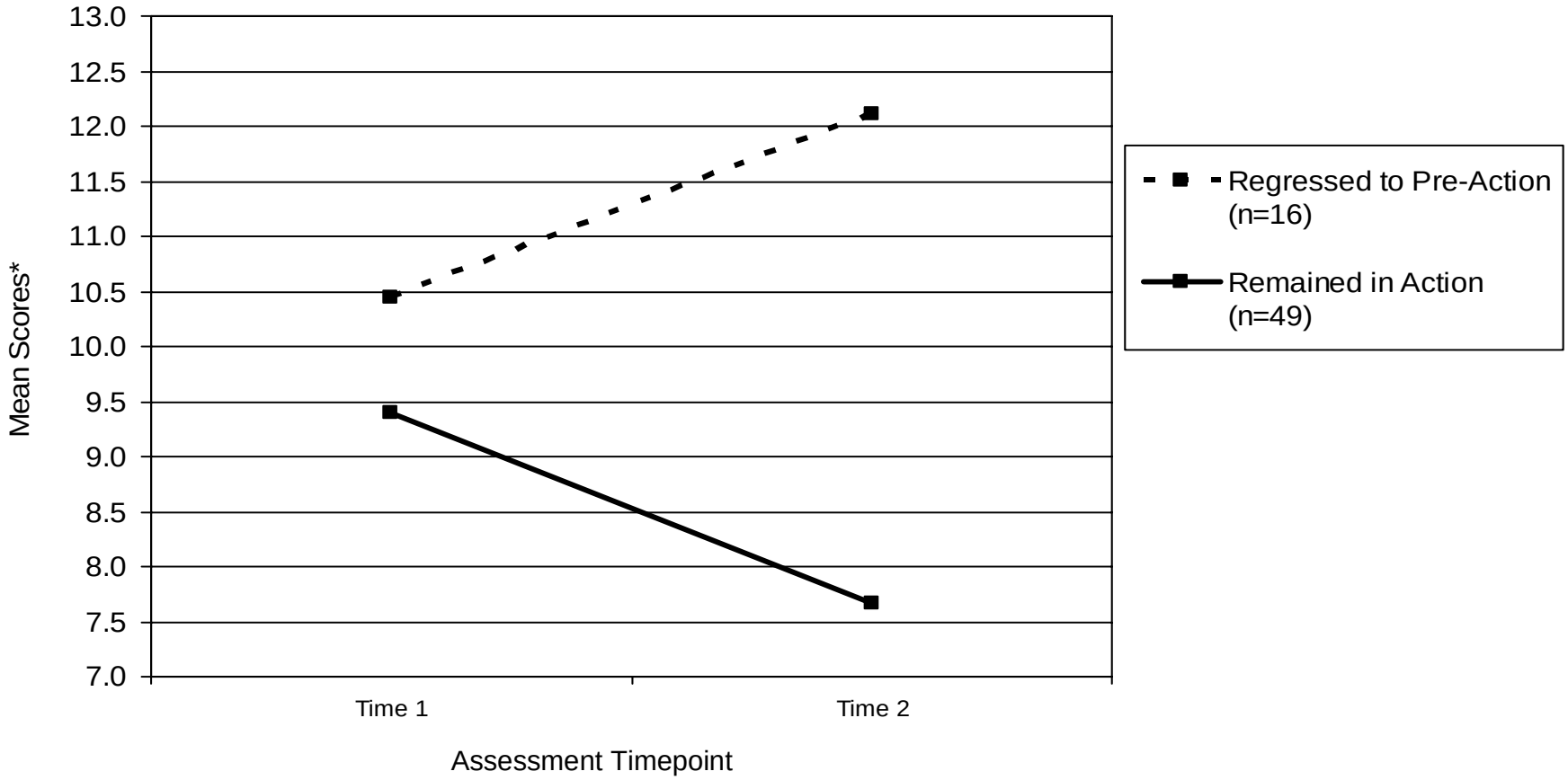


$F(1,62)=5.0$, $p<.05$, $\eta^2=.08$

*Means adjusted for social desirability

Figure 11.

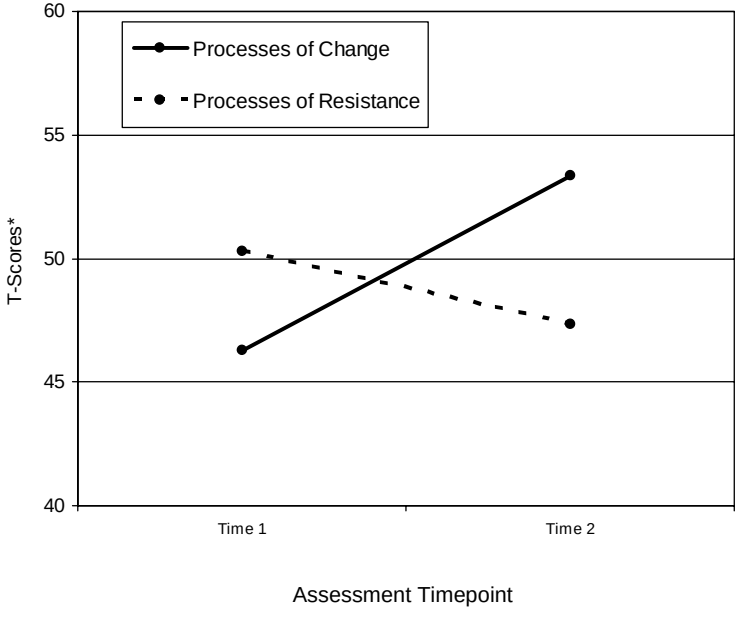
Hopelessness at T1 to T2 for Action Groups that Did and Did Not Regress to Pre-Action

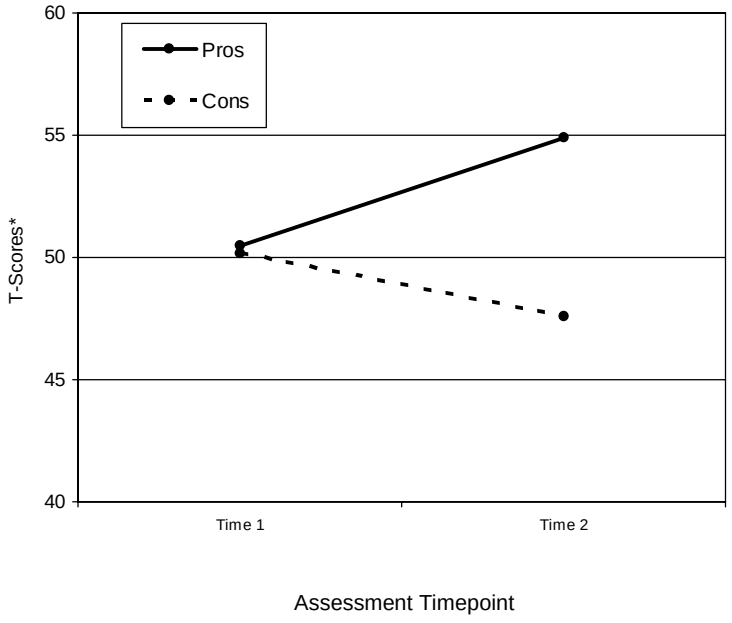


$F(1,62)=8.5$, $p<.01$, $\eta^2=.12$

*Means adjusted for social desirability

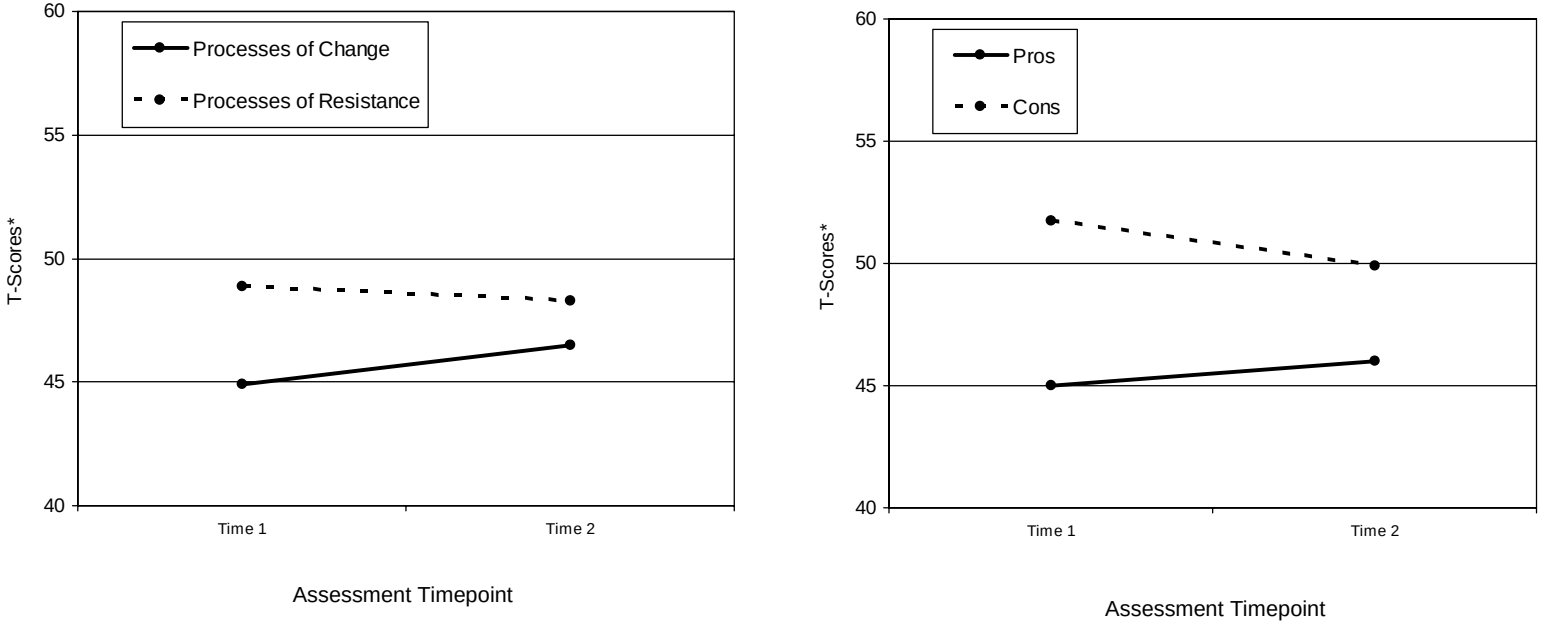
Figure 12.
Processes of Change and Processes of Resistance, Pros and Cons at T1 and T2 for Pre-Action Groups that Progressed to Action





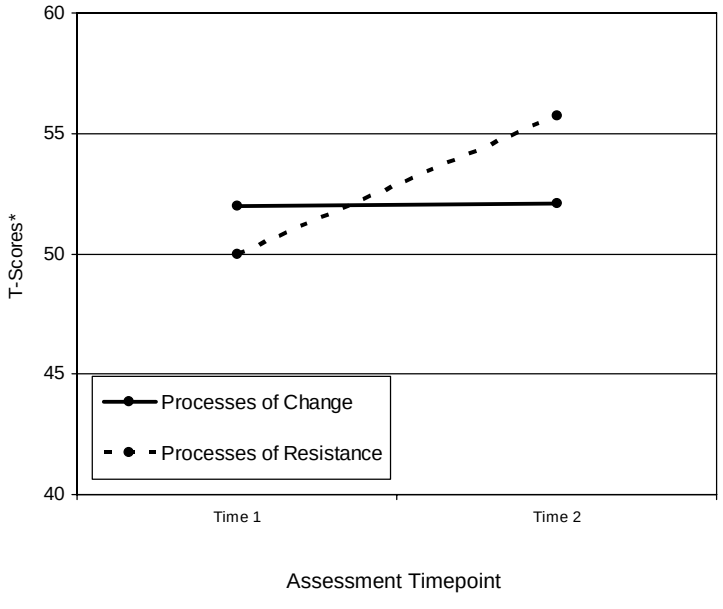
*Adjusted for Social Desirability

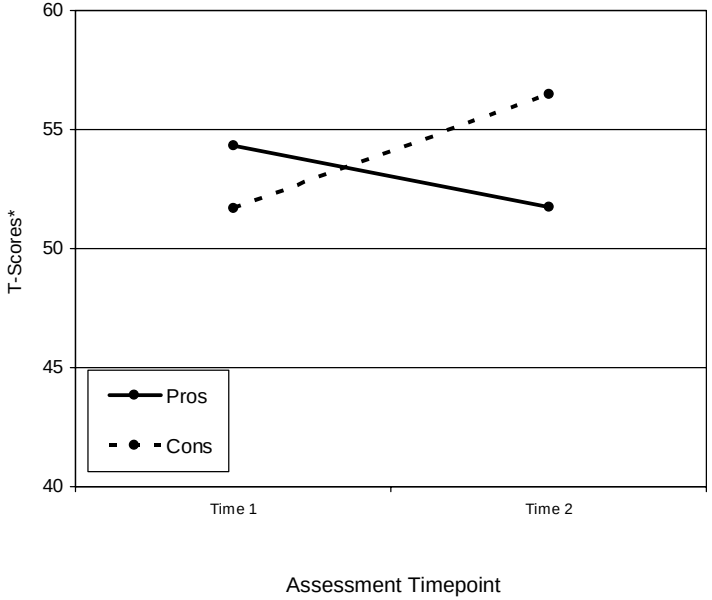
Figure 13.
Processes of Change and Processes of Resistance, Pros and Cons at T1 and T2 for Pre-Action Groups that Did Not Progress to Action



*Adjusted for Social Desirability

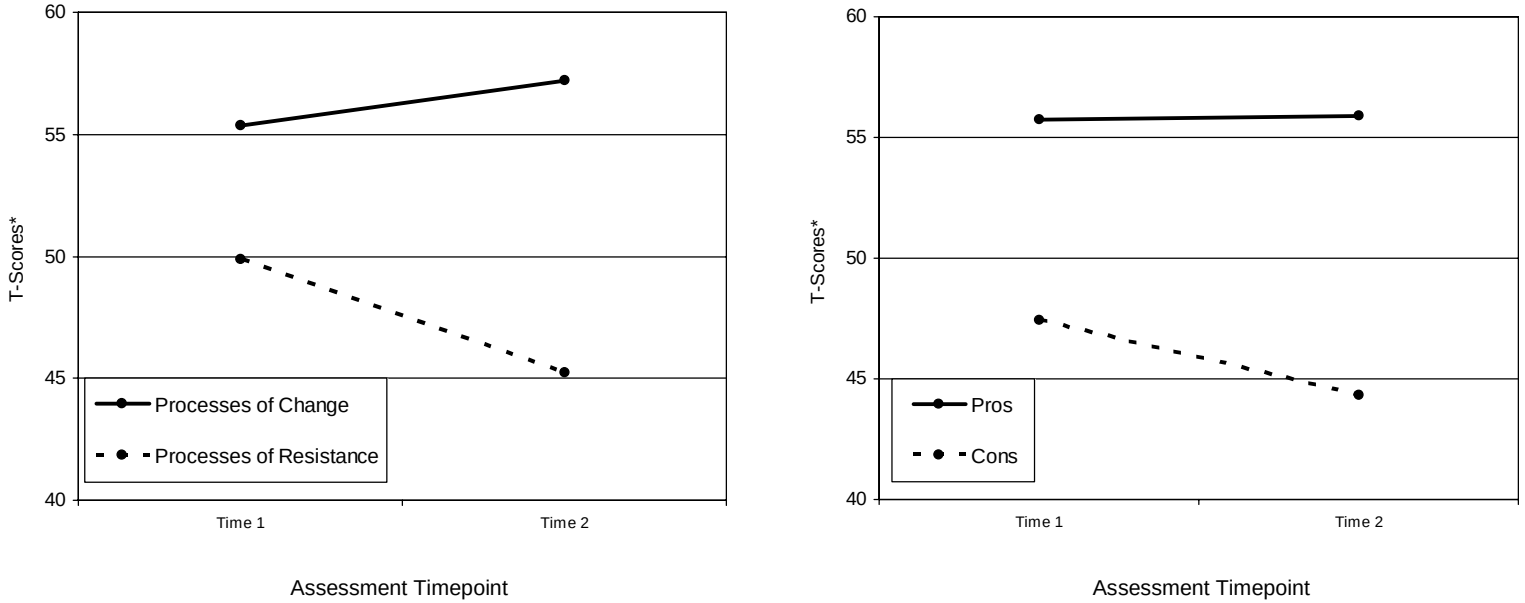
Figure 14.
Processes of Change and Processes of Resistance, Pros and Cons at T1 and T2 for Action Groups that Regressed to Pre-Action





*Adjusted for Social Desirability

Figure 15.
Processes of Change and Processes of Resistance, Pros and Cons at T1 and T2 for Action Groups that Did Not Regress to Pre-Action



*Adjusted for Social Desirability

APPENDICES

APPENDIX A
EIGHTEEN DOMESTIC VIOLENCE EXPERTS

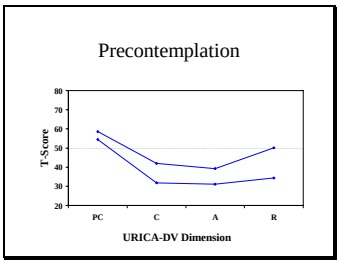
Expert	Affiliation/ Title
1. Anonymous	Long-time member of domestic violence group Long Beach, CA
2. Barnes, Graham	Trainer/Program Developer Battered Women's Justice Project Minneapolis, MN
3. Cabarcas, Araceli	Private Practice Murrieta, CA
4. Carillo, Ricardo	Psychological Consultant Consultation and Training Practice Oakland, CA Clinical Director/EAP Consultant/Trainer Tulare County Hispanic Commission on Alcoholism, Inc. Visalia, CA, Director of Latino Mental Health Kaweah Delta Health Care District Visalia, CA
5. Dutton, Donald	Professor of Psychology University of British Columbia Vancouver, British Columbia, Canada
6. Gondolf, Edward	Professor of Sociology Indiana University of Pennsylvania Indiana, PA Associate Director of Research Mid-Atlantic Addiction Training Institute (MAATI) Indiana, PA
7. Hamberger, Kevin	Professor of Family and Community Medicine Medical College of Wisconsin Milwaukee, WI

Expert	Affiliation/ Title
8. Lapierre, Richard	Domestic Violence Program Director Center for Social Work Practice Mapleville, RI
9. LaViolette, Alyce	Psychotherapist/Trainer/Consultant Long Beach, CA
10. Mederos, Fernando	Consultant/Trainer/Supervisor Boston, MA
11. Murphy, Christopher	Associate Professor of Psychology Director of Clinical Training Department of Psychology University of Maryland, Baltimore County Baltimore, MD Director of the New Behaviors Program Domestic Violence Center of Howard County Columbia, MD
12. Murphy, Kevin	Domestic Violence Program Director Tri-Hab, Inc. Fall River, RI
13. Paymar, Michael	Resource Specialist Battered Women's Justice Project Minneapolis, MN
14. Perillo, Julia	Program Developer/Trainer Decatur, GA
15. Rosenbaum, Alan	Professor of Psychology Department of Psychology Northern Illinois University DeKalb, IL

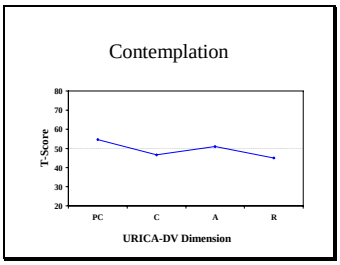
Expert	Affiliation/ Title
16. Saunders, Daniel	Professor of Social Work School of Social Work Co-Director Interdisciplinary Research Program on Violence Across the Lifespan University of Michigan Ann Arbor, MI
17. Sonkin, Daniel	Independent Practice Sausalito, CA
18. Williams, Oliver	Associate Professor School of Social Work Director Institute on Domestic Violence in the African American Community University of Minnesota St. Paul, MN

APPENDIX B
THE URICA-DV-R AND STAGE OF CHANGE PROFILES

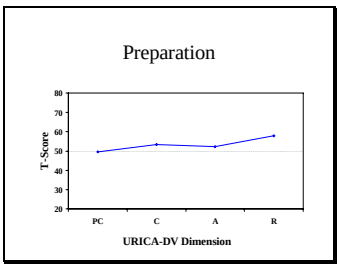
The six profiles below emerged in three separate samples of domestic violence offenders. Description of the samples and methods, and external validity data are provided in Levesque (2006) or on request from the author.



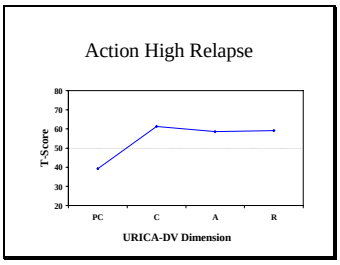
Precontemplation 1 and 2: The two Precontemplation profiles are characterized by average or above average scores on the Precontemplation scale, with considerably (about two SDs) lower scores on the Contemplation and Action scales. Individuals with Precontemplation profiles don't seem to recognize—or acknowledge—the need to change, and are doing relatively little to achieve change.



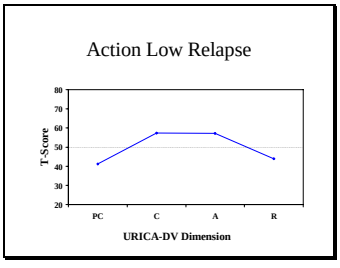
Contemplation: The Contemplation profile is flatter than the Precontemplation profile. Individuals with this profile continue to score at or above the mean on the Precontemplation scale; however, their scores on the Contemplation and Action scales are higher than Precontemplators' and closer to the mean, suggesting an increasing concern about their behavior and some participation in the change process.



Preparation: In the Preparation profile, Contemplation and Action scores now exceed Precontemplation scores; above average scores on the Relaxation Risk dimension suggest that individuals with this profile are concerned about their ability to control their violent and abusive behavior, which may be motivating them to make changes.



Action High Relapse: Compared to Preparation, the Action High Relapse profile is characterized by even lower Precontemplation scores and higher Contemplation and Action scores. Contemplation and Action scores are well above the mean and exceed Precontemplation scores by about two SDs, suggesting a more committed and active engagement in the change process. High Relapse Risk scores suggest that these individuals recognize that they need to work hard to maintain their changes.



Action Low Relapse: This profile is similar to the Action High Relapse profile, except that the Relapse Risk score has dropped to below the mean. While still committed to change, these individuals are more confident and may not need to work as hard as individuals in Action High Relapse to stay free of violence and abuse.

APPENDIX C
FINAL PROCESSES OF RESISTANCE MEASURE

Listed below are thoughts and feelings that you may experience. HOW OFTEN have you experienced each of the following in the LAST MONTH? For each question, please choose a number from the following scale:

1=Never
2=Seldom
3=Occasionally
4=Often
5=Very often

		Never ← → Very often				
		1	2	3	4	5
1.	In the last month, how often did you feel that your partner is the one with the problem, not you?	$	$	$	$	$
2.	In the last month, how often did you feel afraid about the thought of changing?	$	$	$	$	$
3.	In the last month, how often did you not pay attention in group?	$	$	$	$	$
4.	In the last month, how often did you feel that you cannot talk to your friends about your problems?	$	$	$	$	$
5.	In the last month, how often did you feel that your counselor is there only for the money?	$	$	$	$	$
6.	In the last month, how often did you get angry when someone told you what you should and should not do in your relationship?	$	$	$	$	$
7.	In the last month, how often did you feel that the police do not investigate domestic violence cases properly?	$	$	$	$	$
8.	In the last month, how often did you want to give up your efforts to change because you were not getting the results you expected?	$	$	$	$	$
9.	In the last month, how often did you feel that if your partner had treated you better, you would not be in this program?	$	$	$	$	$
10.	In the last month, how often did you feel hopeless about making changes in your life?	$	$	$	$	$
11.	In the last month, how often did you agree with your counselor or the men in your group so they'd leave you alone?	$	$	$	$	$
12.	In the last month, how often did you feel that you cannot talk to your friends about the things that happen in your domestic violence group?	$	$	$	$	$
13.	In the last month, how often did you feel that what your counselor talks about in group has nothing to do with the real world?	$	$	$	$	$
14.	In the last month, how often did you tell people to mind their own business when they told you how to behave in your relationship?	$	$	$	$	$
15.	In the last month, how often did you feel that you're in this program because the police would not listen to your side of the story?	$	$	$	$	$
16.	In the last month, how often did you feel that changing will not help because it's too late?	$	$	$	$	$

1=Never
2=Seldom
3=Occasionally
4=Often
5=Very often

		Never ← → Very often				
		1	2	3	4	5
17.	In the last month, how often did you feel depressed about your relationship with your partner?	$	$	$	$	$
18.	In the last month, how often did you feel that your life will never get better, even if you try to change?	$	$	$	$	$
19.	In the last month, how often did you feel that you will not be able to finish this program because the rules are too strict? (For example, you're only allowed a certain number of absences).	$	$	$	$	$
20.	In the last month, how often did you feel that there's no one you can talk to about your problems?	$	$	$	$	$
21.	In the last month, how often did you feel that your counselor blames you for everything?	$	$	$	$	$
22.	In the last month, how often did you get mad when people told you that you need to change?	$	$	$	$	$
23.	In the last month, how often did you feel that law enforcement always takes the women's side?	$	$	$	$	$
24.	In the last month, how often did you feel that changing would be hard because you grew up seeing domestic violence?	$	$	$	$	$
25.	In the last month, how often did you feel that you don't care about your partner or your relationship anymore?	$	$	$	$	$
26.	In the last month, how often did you feel that you cannot change given the way your life is now?	$	$	$	$	$
27.	In the last month, how often did you feel bored or uninterested in your domestic violence group?	$	$	$	$	$
28.	In the last month, how often did you feel that you cannot trust others with your relationship issues?	$	$	$	$	$
29.	In the last month, how often did you feel that your counselor was criticizing you?	$	$	$	$	$
30.	In the last month, how often did you feel that if you really wanted to hurt your partner you would have?	$	$	$	$	$
31.	In the last month, how often did you feel that women take advantage of domestic violence laws to put men in jail?	$	$	$	$	$
32.	In the last month, how often did you think that people would see you as a wimp if you changed the way you behave in relationships?	$	$	$	$	$

1=Never
2=Seldom
3=Occasionally
4=Often
5=Very often

		Never ← → Very often				
		1	2	3	4	5
33.	In the last month, how often did you feel that you got involved with the wrong woman?	$	$	$	$	$
34.	In the last month, how often did you feel that you cannot change right now because of other things going on in your life?	$	$	$	$	$
35.	In the last month, how often did you feel like you cannot talk to your family about your problems with your partner?	$	$	$	$	$
36.	In the last month, how often did you feel that you cannot trust your counselor?	$	$	$	$	$
37.	In the last month, how often did you feel that the domestic violence laws in this state are too hard on men?	$	$	$	$	$
38.	In the last month, how often did you feel that you cannot make changes because you're surrounded by violence in your day-to-day life?	$	$	$	$	$

APPENDIX D
DOMESTIC VIOLENCE EXPERTS' RECOMMENDATIONS FOR MANAGING EIGHT TYPES OF RESISTANCE IN BATTERER TREATMENT

<u>System Blaming</u>: Believing that the criminal justice system treats men unfairly in domestic violence cases and that women abuse the laws.

Recommendation #1:
Acknowledge that the criminal justice system is indeed unfair in some instances.

- We acknowledge that the criminal justice system can be racist and sexist.
- We acknowledge that the criminal justice system doesn't have the resources to investigate each case thoroughly.
- I tell them, "That may be true, the system is designed to protect the weak."
- We validate their viewpoint but not their violence.
- I roll with the resistance: "Well, you're right. It's an imperfect world." However, I might add that the system often has good intentions, and ask what those intentions might be.
- We don't blame them, because we don't know the truth.
- We try to let them vent some of their anger at the courts.
- We let them know that it's OK to feel anger toward the system.
- I tell them, "If I'd experienced that, I'd be angry, too."

Recommendation #2:
Empathize with the client's experience to build the therapeutic alliance.

- If we don't acknowledge that they may have been mistreated, we will be discounted.
- I empathize with their experience. If I dismiss it, it creates a hierarchical situation of whose experience is going to count.
- I want him to see me as someone who cares. When he expresses anger at the system for not wanting to hear his side of the story, I let him know that I am interested in what he has to say. Providing a permissive environment decreases his defenses, and allows us to develop a therapeutic relationship.
- I say: "Men don't come in a lot of times, or they come in and don't say anything. I can see that you're really pissed off. It's great that you're opening up and telling me how you feel."
- The men say, "I'm very angry because no one would listen to my side of the story." I have to stand apart from the system and say, "I need to know how to best help you."
- Depending on the guy, you may be able give two or three quick responses to empathize with the anger and then move on.

Recommendation #3:
Let the client know that this program may be helpful, even if he was unjustly arrested.

- The challenge is to distinguish ourselves from the court, but at the same time to be accountable to it.

- One way to get past the feeling that the system is unfair is for men to believe that they're going to get something out of the group.
- I try to help them see this as an investment: "We have X weeks together, so let's try and make it helpful to you. Instead of being sent to jail, you're going to get lots of information. Let's start by letting me have a fair shot at giving you some of that information."
- I tell them that there's a benefit to being here. All of us have challenges; none of us is perfect. Now here's a chance to learn some skills to improve their relationship.
- I say: "The system is not your friend. It's not here to make you feel good. If you don't like being in the system, let's figure out what you need to change to avoid it in the future."
- "So the cops came… What did you do to get to the situation where cops where called?" From a cognitive-behavioral therapy perspective, there are certain stimuli in our environment that affect how we think, which leads to certain feelings, and then our decisions about how we will behave. How can men modify their thoughts, feelings, or behaviors in the future to avoid getting involved with the system?
- I tell them that if the room is bright, I can sit and obsess about it, or I can do more productive things to deal with the problem, like turn off the lamp or put on sunglasses. I want them to expand their horizons and their sense of what their choices are: "Let's find different strategies for dealing with events that led up to your arrest."

Recommendation #4:
If system blaming continues, it may be appropriate to confront, or to just move on.

- I ask: "Do you think the police might have seen things differently than you?"
- Educate them about the reasons for DV laws.
- I express amazement: "I don't understand why you're here. This program is for guys who have been violent."
- For some men, looking at the police reports may help break through the minimization. Antisocial types want to know what you have on them.
- We often interview the victim to get her side of the story. If the client is lying we pick spots for confrontation; if the violence was bilateral, we show him that he still had options about how to respond.
- If system blaming continues no matter what I do, I say, "Look, I'm not going to be able to respond to you in a way that's useful. We'll need to move on."
- If system blaming does not abate, we address it as a sad missed opportunity to get something out of the intervention.

<u>Problems with Partner</u>: Blaming the partner for the violence, diminishing or feeling discouraged about the relationship.

Recommendation #1:
Stress that while the client cannot control or change his partner's behavior, he has choices about how he will respond to it.

- We tell men: "Relationships are the place where we have the best of times and the worst of times. That's why a lot of saints weren't married and were celibate. In relationships people will feel deeply wounded, but they don't have to respond with violence."
- We bring guys back to their responsibility for self-control. We ask: "If that is your reality, how do you want to deal with it? What is controllable? What do you want to do if you don't want to feel the way you're feeling?"
- We acknowledge that they may be in a difficult relationship, but it all comes down to how they want to resolve those conflicts.
- The client needs to understand that no matter what his partner has done, he is responsible for his own behavior.
- We remind the client that he has the power to change his own behavior, not someone else's.
- Choice is the big theme here, but men have to have a certain level of awareness to recognize that they do have choice.

Recommendation #2:
Assist the client in deciding whether to continue his relationship, and whether he will be able to make healthy changes if he decides to continue it.

- If a guy says that his partner is cheating on him, or that he's miserable in his relationship, we ask, "So why are your staying with her?"
- Sometimes relationships are toxic and can't be fixed.
- We ask: "If she is that uncooperative, you have to choose if you want to be with her."
- From the beginning we help clients to acknowledge that they may have to change jobs, friends, or partners.
- We may say, "If you love someone, it doesn't mean you are a good match. This is not a healthy relationship, and you might consider changing it."
- We address that they may not want to stay with their partner. That does not make them or their partner a bad person; they just can't get over their differences.
- Most of men are still with their partners. We have dialogues about whether they want to continue their relationship or not. Hopefully, they're making those choices in a way in which coercion and control no longer form the arena where these things get decided.
- It can be very empowering for men to realize that they don't have to stay in their relationship.

Recommendation #3:
Provide support during the breakup.

- Sometimes there is a grieving process when men give up hope that they'll be able to get along with their partner.
- We want to empathize with depression and hopelessness men may experience when their relationship ends.
- Depression can be quite intense.
- There may be a risk of lethality if you hear things like, "If I can't have her then what is the sense of living?" or "If I can't have her nobody else can have her." It can be dangerous if these thing are not talked about. Acknowledge how powerless they feel.

Hold them in this place and have the group help them. Let them know that they are not alone.

<u>Problems with Alliance</u>: Focusing on the counselor's use of confrontation and inability to help the client feel understood, safe, and supported.

Recommendation #1:
Examine your own attitudes about domestic violence offenders and domestic violence treatment.

- Problems with alliance are mainly a function of counselors and their attitudes. Do they think that these men are despicable, or do they see them as people who need help?
- It's important to see a man who batters not as an evil person, but as someone who has made bad choices. The problem is with his behavior. I don't need to label people, and I want to support them.
- You can do so much with people if they think you think they can change, that they're more than their abusive behavior, that you like them.
- Do you see your main objective as helping these men, or not?
- It's a Zen process to commiserate, apprehend, and comprehend the guys' worldview, but also to challenge him to change his behavior. We must walk a tightrope.

Recommendation #2:
Address potential problems with alliance and your responsibilities to the criminal justice system openly and proactively.

- Let them voice their feelings about it.
- This is a real topic for more therapeutic counselors to bring up.
- If a guy thinks you have been too hard, explore this with him: "Maybe I've been too hard on you, or maybe you've been so hurt in the past that you've exaggerated what I said." (Some guys do take criticism too hard). Group leader can also be willing to change.
- It's difficult when they know I have to report to probation and/or to their partner if they stop attending or become disruptive to the group. They know I have a commitment to report any violence. But I'm open about this from the beginning. They're not suckered into it. And they know it's because I have to protect other people.
- We see this the most at the very beginning. They don't know me, and they don't know what to expect. I tell them I will be reporting to the court, but it's my job to explain these things to them in an environment that creates trust. That's where communicating about expectations, rules, policies and procedures is very important.
- I deal proactively with these things. I let them know that they may not always agree with me: "I want you to question me and challenge me. Some things I say may not agree with your experience." I try to keep an open environment. As they struggle to confront themselves and accept responsibility, I'm part of that struggle.

Recommendation #3:
Present the client's change as a collaborative effort between the client and counselor.

- I acknowledge that I have to report things, but tell them that what I put in the report is up to them.

- I tell them, "Whenever I have to report something to probation, we can work on something to help you, and I will include that in the report, too. I want you to use the therapy."
- I say, "My gig is to help you with the criminal justice system and with your partner, so you don't find yourself in the same place. Will you work with me on this?"
- I tell them that I am here to help them make changes.
- If they've admitted that they're unhappy, I tell them that I'm here to help them have a better life.
- Early in the program I list out different topics we'll cover, and ask them which ones will be most helpful to them.

<u>Social Justification</u>: Believing that changing would be difficult—or impossible—in one's environment, given social and religious norms and expectations.

Recommendation #1:
Challenge the client's beliefs about what is normal behavior in his culture, and what it means to be a man.

- Challenge the way they look at things. In the film "Shifting Gears," a guy confronts his friend about being abusive. The friend throws him out of the car, and the guy says, "I am not going to hit you back." In the group we discuss whether the choice not to hit back is a sign of weakness. We reframe what is meant by strength and weakness.
- What I get is, "What I do is normal; anyone in my situation would respond the same way. Everyone's violent." I ask, "Are you telling me that everyone is violent? Everyone? What about ministers? It's hard to believe that there is <u>no one</u> who doesn't use violence."
- As far as culture, where I start is for them to teach me their culture. It's rare that someone says that in their culture it's okay to beat your wife. Being the center of the family has more to do with being the primary decision-maker and bread winner. Show him how else he can be a good leader without resorting to force.
- We talk about machismo…Its root means "He who knows," not "He who controls."
- We chip away at it. We discuss common sayings and ancient wisdom, like "The woman is at home and the man is on the street," "The man who drinks is neither with you nor with me." We process these things, maybe re-interpret, and do some teaching.
- Some people have come to this country for freedom, but have held on to some of the oppressive positions. I help them to see that. Otherwise, they're holding onto the same oppressive regimes that they moved from.

Recommendation #2:
Help the client think back to his own childhood and how he learned what they learned, and to consider the impact of his behavior on his own children.

- The best way to deal with this is to talk about the family of origin and the culture of origin. When they grow up and observe domestic violence, there's a normalcy that can continue into adulthood.
- We would get people to talk about what they learned, then ask, "Do you want your kids to keep repeating the pattern?" There are still choices.

- If I can get a guy to reflect on what it felt like for him as a child when his father beat his mother, or when his mother was unfaithful, or when he was beaten himself, he may be able to see that he is doing the same to his family. There is then hope that he can change that.
- We help him reflect on childhood experiences, try to get him to remember feelings he had, and how his own children must feel. "How do you think your kids feel about you now? They must be really mad at you, too. Do you think you can change that?" If he says, "Yeah," he may be able to feel more optimistic.
- Most people, once you peel back the bravado, really do want a loving relationship and for their children to feel safe.

Recommendation #3:
Help the client identify and practice alternatives to violence that are acceptable to him and will work in his environment.

- We can talk about how violence and aggression are adaptive. Someone in a tough neighborhood learns violence as a basic survival skill. We explore the rules of the playground and street versus having that in your home. We acknowledge the way things have been, but encourage a different way to go about it: "If you don't want things to be like that, what are the alternatives?"
- The fact of the matter is that violence works. I think men batter to stop their partners from doing something, to shut them up, or to punish them. If they can't get what they want then they learn to deal with it by intimidation or violence. We can give them alternatives, and help them think through ways of compromise.
- We talk to them about the group being a place to practice and learn new things that they can then use out in the world and see that it works. We ask them to tell us specific situations where it didn't work, and role-play it with them.
- I tell them, "You have to at least try it. Try it and tell me if it works." Ninety-five percent of the time it works semi-well. Other times they look at me like I am weird, and then we try something else.
- I tell them that, with my husband, when company is around I serve him, but when no one is around he mops the floor: "You can play the role when people are around, but it can be your secret when no one's around."

Recommendation #4:
Assess with the client whether he may need to change people, places, or things that support or encourage his violent behavior.

- We talk about how they may need to make new friends, and that this domestic violence group is one of those places where they can make new friends.
- My therapeutic contract states they may have to change friends, jobs, etc.
- People have choices. Sometimes circumstances make it impossible to choose; but people can choose their social environment.
- Occasionally, I encourage people to move. I've heard them say, "I got out of that place."
- Some people may need to avoid alcohol or drugs to make real changes.

Recommendation #5:
Encourage patience in response to frustration about the change process, or lack of appreciation from others.

- Ask them to think about other things they've learned and how long it took to get good at it.
- Most of the guys expect partners and children to be very appreciative of how they've changed. I tell them that in this group we can look at this change differently because we haven't been hurt by what they've done. It takes a long time for people who have been hurt to forgive. We do an empathy exercise that looks at the long-term effects of trauma.
- I am certainly not going to get over something the moment that I am supposed to, and it's not fair to expect that from partners.

<u>Hopelessness</u>: Feeling hopeless, overwhelmed, depressed or anxious about making changes.

Recommendation #1:
Acknowledge and address other difficulties in the client's life; provide referrals.

- A lot of men have many serious life challenges, in addition to being violent. There's poverty, unemployment, a sense of feeling defeated or powerless in their lives. The way to deal with this is to validate challenges or obstacles to change, and offer well-targeted referrals, like employment programs, education programs, and skills training. There may be mental health and trauma issues, also.
- DV happens for a variety of reasons. One is the level of stressors in someone's life and his capacity to deal with them. Our goal is to increase protective factors. Plus, people believe that they are getting help with things that are important to them.
- We sit down and think about what we really can do for a guy, and what kind of treatments we can get him. How can we work on his strengths, and what areas are in crisis? Sometimes we have to lower our expectations.
- We work on practical things—like in Maslow's hierarchy of needs. Men aren't going to make changes if their basic needs aren't being met. No one will think about mental health if they don't have food to eat and a roof over their heads. We'll work on job skills before family of origin issues. We'll help them find a place to live. Guys in the group will work to help someone get a job.
- I've had guys exchange numbers, network and get a job through other group members, and support each other that way.
- Often I would encourage the men that I was working with to get additional counseling.

Recommendation #2:
Increase self-efficacy through skill-building.

- We have guys who are going to three or four programs, and their lives are chaotic. We help them deal with this by being positive and sharing life skills. Men need to learn how to manage stress, to problem-solve, and use different social skills appropriately.
- Some men need how-to-get-through-the-day skills.

- As men learn simple skills, like conflict resolution and avoidance techniques, they start to see small effects, and this counters the sense of hopelessness.

Recommendation #3:
Provide support.

- Other men in the group share how they've dealt with the same issues.
- We do a lot on hope. Guys who have been here a long time are able to counteract hopelessness for newer guys. Through role-playing and homework assignments, we talk about confrontation of your own fear. Human beings, not just you, feel this way.
- These men need a kind benevolent figure to reassure them and understand them. They probably have never gotten that before.
- It's good to explore fears about changing, how to change without giving up too much of your identity.

<u>Isolation</u>: Lacking support from family and friends because of social isolation, distrust, or discomfort seeking help.

Recommendation #1:
Encourage support among group members.

- We have assignments for men to reach out to others in the group. Men in some groups go out to dinner, and around the holidays they invite each other to their homes. We encourage them to be supportive of each other.
- Some groups don't mind sharing their phone numbers. We encourage relationships, and for them to talk to each other rather than trying to do all the work by themselves.
- In the 4th or 5th group, men select triads, like a buddy system, and they're on call for each other. It's a way at cutting down isolation. We explain how it works: "These guys are here for you in a crisis. First, use the-timeout, and if that doesn't work call these guys to stay over on the couch if you have to." It's remarkable, but at an 11-year-follow-up, some of these guys were still living with each other. They hadn't formed other social relationships.
- We tell them, "We're all going to change together." This kind of co-support models better relationships.
- In general, a lot of the batterers programs try to help men identify with this new reference group—the other men in the group—and that in itself represents an opportunity to break down isolation.

Recommendation #2:
Encourage the client to identify and reach out to positive sources of support in the community.

- If I feel that I've failed, it's been in this area. We haven't done enough to get our clients connected to other men in the community who could be positive role models for them, to give them help when they need it.
- We encourage men to look for other outlets like church or other groups.

- Men Against Violence in Atlanta requires men to bring in someone from the community to hear what they're doing, to understand what the program's about, and to understand the process of change.
- Latino men look for a compadre, someone who mentors you and you mentor them, and they know about your intimate life. They're recognized by family as someone to call in if there's a problem.
- When it's me, me, me, men need other avenues. Any situation that helps them become more involved furthers their recovery. We offer on-going activities.

Recommendation #3:
Help the client think more about his need for friendships and social support, and any barriers to finding them.

- We talk about friends, friendship, and what it takes to build friendships
- We have a topic on social support.
- We talk about how, as they grow, they need to keep evaluating what their needs are. They've never even thought about what their needs are in this area.
- We talk about this in the context of defining manhood: "If you did open up with friends, would you feel like you are less of a man?" Getting help changing may relate to how men define manhood.
- We talk about how they may be having a hard time confronting their friends, or finding new friends who are supporting your change.

<u>Psychological Reactance</u>: Responding to pressure to change with an angry or negativistic stance.

Recommendation #1:
Acknowledge and show acceptance for the fact that some people don't like being told what do to.

- Sometimes it's helpful just to acknowledge that some people don't like being told what to do.
- The word "should" will rankle anybody. We help to normalize it: "A lot of people don't like to be told to change, or how to feel."
- We discuss different learning styles. We tell them that some people grapple with ideas, they like to see how things work or don't work. They don't assume that what you say is right.
- When a person is resisting, he's at least putting energy into it. Instead of trying to overpower the resistance, go with it. Going with the energy and giving him acceptance gets him to the point of making changes.

Recommendation #2:
Remind the client that he has the option of accepting or rejecting what the group has to offer.

- At the beginning of group, we tell them our policy that they take what they want and leave the rest. We acknowledge that not everything will be useful to them, and they can decide.

- We talk a lot a about how every relationship has boundaries about what you should or should not do. They have the option of defending their boundary in group.
- If someone wants to challenge me, I deflect it: "I want us to be successful. Let's just see if anything here makes sense." At the end of the session, I ask if anything was helpful. It's important to give them a voice.
- Acknowledge that they may not want to be here, but they can still get something positive from the group if they want to.

Recommendation #3:
Remind the client that he can choose whether or not to make changes.

- My program does not tell men to change, but asks them if they are happy with the way things are. If the guy says, "I'm miserable," we say, "Then what do you think we need to do? Maybe you ought to do something different."
- We tell them, "There's power in doing what you want to do. But the bottom line is, how effective have your strategies been? Do you really get what you want when you behave that way?" They may see that their strategies really haven't been very effective; they just don't know how to behave in a different way.
- We ask them, "How do you want to be remembered as a father, as a stepfather? How do you want to be remembered?"
- We ask them to write their own violence policy: "I think it's okay to use violence when_____." They fill in the blank and hopefully they say "for self-defense."

Recommendation #4:
Be aware of how your own behavior may be contributing to psychological reactance.

- It's better if the client is approached and not labeled, confronted, or pushed against a wall. Instead, if he is told that he is a person who has done bad things and has hurt people, but that he is not a bad person and he can change, you can sidestep a lot of anger.
- Counselors often think of resistance as coming from the men, but it's really comes from the interaction.
- Minimize reactance by not going too fast, and by establishing an alliance first.
- In our groups we should be modeling for them how to deal with conflict.

<u>Passive Reactance</u>: Responding with pressure to change by participating only superficially, without meeting expectations or responding appropriately.

Recommendation #1:

- See Recommendations #1-#4 for Psychological Reactance[5].

Recommendation #2:

[5] At the time of the interviews, this resistance dimension was conceptualized and operationally defined as "Detachment," and focused primarily on the client's emotional withdrawal from the group. Thus, experts' recommendations focused primarily on methods for increasing engagement (Recommendation #2). We now understand this dimension to represent Passive Reactance, which, like Psychological Reactance, is elicited by pressure to change. We reasoned that strategies for managing Psychological Reactance are appropriate for managing Passive Reactance as well.

Encourage real involvement by making the group as stimulating as possible.

- The more we talk at them, the more they zone out. The more we get at their experiences, the better. Are we developing plans to pull them into it?
- We try to find a way to engage everyone: "This is your group. If things are not happening in your group that you would like to happen, if your needs aren't being met, come to us, or bring it up in group."
- Try to make the group as interesting, stimulating and inspirational as possible.

Other Comments from Experts

Several experts mentioned general ways of conceptualizing and approaching resistance that cut across resistance dimensions. For example:

- We need to find out what they love and are working towards in their lives, and align our goals with their goals.
  - For all these forms of resistance I would have a basic approach: heavy doses of empathy.
  - We can't expect them to act like us.
  - Anticipate resistance before you get it. Probe immediately, and find out how he feels about being there. Respond to resistance before you get resistance, and show that you are there to align with what he wants.
  - Don't respond directly to resistance by arguing or responding to it rationally.
  - Roll with the resistance.
  - There is room for confrontation, but do it at the end. Also explain what confrontation is: "We are confronting you because we think you can change and grow." If it's done too early, then they just shut down.