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ORIGINAL ARTICLE

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

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

Keywords Readiness to change · Male batterers · Domestic violence

Most batterer treatment programs use some type of group treatment (Austin and Dankwort 1999; Daniels and Murphy 1997). There is controversy surrounding which batterer intervention programs are most effective and whether interventions actually prevent future violence (Babcock and La Taillade 2000; Dunford 2000). Amid this controversy is a growing body of research on the processes by which batterers make changes in their behavior (Scott 2004a). Rather than focusing on the global question "Does treatment work?" the inquiry becomes "What factors promote change in men who abuse?" (Scott 2004a, p. 261). For example, Taft et al. (2003) found that engagement factors, such as working alliance (especially therapist alliance) and group cohesion, predicted lower physical and psychological abuse at follow up. Similarly, Taft et al. (2001) found support for treatment retention procedures (e.g., engagement factors such as a focus on the importance of attendance and emphasizing the development of a caring environment) that increased attendance, decreased drop out rates, and resulted in lower posttreatment relationship violence and criminal recidivism.

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

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to those who are trying to retain changes and prevent relapse (Scott and Wolfe 2003). Research evidence suggests that matching readiness to change with treatment type may promote positive outcomes (Prochaska et al. 1992). Further, there is reason to believe that a person's level of readiness to change (e.g., contemplation) will affect the amount of behavior change observed over a treatment period (Daniels and Murphy 1997; Scott and Wolfe 2003).

There are many unanswered questions as to the process through which successful change may be promoted among men who commit violence against an intimate partner (Scott 2004a). To improve retention and treatment effectiveness, researchers have suggested borrowing concepts and techniques utilized in the TTM model to facilitate change among abusive men (Eckhardt et al. 2004). Daniels and Murphy (1997) proposed that group treatment interventions for batterers would benefit from focusing on stage-specific interventions. Recent research suggests that there is a correlation between men who drop out of treatment and those who perceive a mismatch between their own goals and the objectives of treatment (Eckhardt et al 2004).

In a study using stage of change to predict attrition in a batterer treatment program, Scott (2004b) found that men identified as being in the precontemplation stage were approximately nine times more likely to dropout of treatment than men in the action stage. While understanding why attrition rates for men in domestic violence treatment programs are consistently high is important, also imperative is improving treatment outcomes for this population. Scott and Wolfe (2003) posit that rather than judging the overall efficacy of batterer treatment, identifying clients for whom traditional treatment can be successful is the best use of resources for promoting change. They have designed studies to examine a strategy for predicting change among violent men based on the TTM (Scott and Wolfe 2000, 2003). In contrast to work by Gondolf (2002), that indicated there are few if any clinically meaningful strategies for predicting which men will benefit from treatment, Scott and Wolfe (2003) found a predictive lack of change in pre-contemplative men as compared with men in the contemplation and action stages ($N=119$). *Based on this body of research, we expect that participants scoring highest on contemplation will most likely evidence self-reported readiness to change their battering behavior.*

Additional individual factors believed to affect treatment effectiveness are batterer anger, hostility, and aggression. Although not without controversy, the partner violence literature supports the notion that anger and the ability to control it are related to violent behavior (Eckhardt et al. 1997; Norlander and Eckhardt 2005). Researchers have attempted to distinguish subtypes of anger and anger expression among batterers with Axis II features and varying levels of interpersonal violence (Holtzworth-Munroe et al. 2000; Norlander and Eckhardt 2005). Murphy et al. (2007) identified three profiles of anger from a sample of 139 partner violent men: pathological anger (PA), low anger control (LAC), and normal anger (NA). The PA group consisted of men with high levels of anger problems in all anger areas measured such as anger expression, control, and state-trait. These men also demonstrated higher rates of perpetuating abuse both pre- and posttreatment, lower treatment attendance, and higher levels of substance abuse, distress, and interpersonal problems. Thus, *our hypothesis is that lower levels of anger and aggression will predict higher levels of self-reported readiness to change*.

Self-esteem is another controversial individual factor believed to influence treatment. Previous studies have suggested lower self-esteem is associated with intimate partner violence (Goldstein and Rosenbaum 1985; Murphy et al. 1994; Neidig et al. 1986; Nunn and Thomas 1999). In contrast, Murphy et al. (2005) and Baumeister et al. (1996) found that inflated self-esteem was associated with violence. Nevertheless, most of the available research supports the idea that low self-esteem is associated with violent behavior. Subsequently, *we predict that higher levels self-esteem will predict higher levels of self-reported readiness to change*.

One area that has received scant research attention is the relationship of intimate partner violence to a manipulative parenting style. Manipulative parenting occurs when one parent undermines how their children perceive the other parent. What is known is that children exposed to marital violence are at increased risk for a host of emotional and behavioral problems (e.g., suicidality, depression, substance abuse, school and attention problems) (Bancroft and Silverman 2002; Kolbo et al. 1996). It is likely that the violence is not the only factor that affects children, but considerable batterer personality and behavioral characteristics that make the home an unsafe emotional as well as physical place. Batterers often behave in ways that undermine the authority of the other parent, create divisions and conflict, evince an attitude of entitlement, and act manipulatively (Adams 1989; Bancroft and Silverman 2002; Jacobsen and Gottman 1998). Bancroft and Silverman (2002) noted that children often report confusion about how the abused parent can seem so angry or fragile while the battering parent appears so calm and pleasant. This occurs because the battering parent often presents a public demeanor that belies their hostility and aggressiveness toward the other parent and works to convince others (including children) that the victim deserves disrespect and aggressive behavior. Furthermore, Bancroft and Silverman (2002) argue that batterers may attempt to win the loyalty of the children by providing gifts and attention thus making their partners appear comparatively worse. It is this

manipulation of the abused parent that the batter attempts to promote a positive public self by creating parenting difficulties. Bancroft and Silverman (2002) state, "Improvement in parenting of a batterer is inseparable from his progress in overcoming his abuse…" (p. 178). Given that the abusive relationship includes actions that are not exclusively physical, but psychological and emotional as well, *we predict that higher levels of readiness to change will be negatively related to manipulative parenting.*

Although the stage of change concept makes sense intuitively to most practitioners who work in the field of domestic violence intervention, there is a lack of empirical findings as to how it applies in identifying men who will likely benefit from traditional batterer treatment and men who will likely not benefit from such treatment. Thus, the purpose of this exploratory study was to examine individual factors related to the Action stage of TTM among male batterers in a group intervention setting.

Method

Subjects and Procedure

The sample included 109 male subjects from the lower Midwestern US. Participants were recruited from a local non-profit domestic violence intervention center providing group counseling services for perpetrators of intimate partner violence. Each participant was presented with a human subjects board approved information sheet describing the study and its voluntary nature prior to completing the anonymous self-report questionnaire. This data collection process was conducted in a group setting during regularly scheduled treatment meetings.

At the time of the study, 153 male batterers were attending 52-week group treatment resulting in a 71.2% participation rate. This program is open-ended with participants at varying levels of progress and completion. As such, the average number of weeks completed was 11.82 (SD=11.25) with a median score of 9.0 weeks (mode = 3.0 weeks). Number of weeks completed ranged from zero to 52. Among those male batterers completing the survey, the average age was 35.27 years (SD=10.64) with a median as 33.00 and mode as 32.00 years respectively. Additional demographic information indicates that 77.9% of the responding batterers were employed (53.8% full-time), 26.9% were married, 27.8% single and 33.3% separated or divorced. The participating batterers were relatively educated in that 44.0% had a high school diploma or equivalency; 40.3% reported having some level of college education and 14.7% reported having less than a high school education. Finally, 52.8% reported being Caucasian, 21.7% African American, 20.8% Native American, 2.8% as Multiracial, and 1.9% were Hispanic.

Responding batterers also indicated past criminal behavior. Specifically, 84.4% reported having been in jail or prison. Of these, 62.4% were currently on probation or parole, 39.3% reported a felony conviction and 83.9% reported having been arrested for domestic violence. Additionally, 28.4% indicated they currently had a protective order filed against them. To this end, 85.1% reported they were court-ordered to the group treatment program provided by the non-profit agency.

Measures

The questionnaires included items asking the respondents to identify demographic information (i.e., age, marital status, employment status and education level) as described in the previous section. Additionally, the respondents were also asked to respond to measures of anger/hostility, readiness to change, manipulative parenting, and self-esteem. The study was limited to these variables as these measures were implemented by the non-profit organizations as part of their assessment process.

Readiness to Change is based upon a transtheoretical model of change and is grounded in batterers progressing through four stages of precontemplation, contemplation, action and maintenance. For the purposes of this study, we were interested in explaining variability in scores from the action stage (e.g., taking action to stop one's violence). Additionally, based on the TTM, batterers do not reach the action stage until they progress through contemplation (e.g., cognitive recognition about the impact of their violence). Thus, contemplation and action were assessed using the Levesque et al. (2000) URICA-Domestic Violence measure. Each item on this measure was presented with a five-point Likert-type response format (1=Strongly disagree; 5=Strongly agree). *Contemplation* was assessed using five items (M=17.93; SD=4.91; α=.84) ranging from a low score of 5 to a high score of 25. High scores on this measure reflect a higher propensity to think about the impact of their violence on others. *Action* was assessed using five items (M=20.16; SD=4.82; α=.91) ranging from a low score of 5 and a high score of 25. High scores on this measure indicate a higher level of taking steps to stopping their violence. Findings for the concurrent and predictive validity of the URICA-DV are mixed. Some studies show relationships with attitude and behavioral change (Eckhardt et al. 2004; Levesque et al. 2000; Scott and Wolfe 2003) while others do not (Blanchard et al. 2003).

Anger and Hostility was assessed using the 29-item measure developed by Buss and Perry (1992). The 29-item measure assesses the four dimensions of physical aggression, verbal aggression, anger and hostility. Additionally, each item was presented with a five-point Likert-type

response format (1=Not at all; 5=To a very great extent). *Physical aggression* was assessed using nine items (M=15.33; SD=5.04; α=.74) ranging from a low score of 9 to a high score of 36. High scores on this measure indicate a higher propensity for physical expression of anger. *Verbal aggression* was assessed with five items (M=11.47; SD=3.23; α=.59) ranging from a low score of 6 to high score of 19. High scores on this measure indicate a higher propensity for verbal assault when aroused to anger. *Anger* was assessed with seven items (M=13.66; SD=5.11; α=.83) ranging from a low score of 7 to high score of 34. High scores on this measure indicate a higher propensity for arousal to anger. *Hostility* was assessed with eight items (M=16.52; SD=7.50; α=.91) ranging from a low score of 8 to high score of 40. High scores on this measure indicate a higher propensity for hostility.

Self-esteem was assessed using eight-items from Rosenberg's (1965) Self-Esteem Scale (M=24.72; SD=4.38; α=.83) ranging from a low score of 14 to high score of 33. These items were presented with a four-point Likert-Type format with 1=Strongly disagree and 4=Strongly agree. High scores on this measure indicate a higher level of self-worth.

Manipulative parenting was assessed using a four-item scale developed for this study (M=6.69; SD=2.81; α=.82) ranging from a low score of 4 to high score of 16. A global scale of four items was developed in consideration of issues related to undermining the abused parent. Each item was presented with a four-point Likert-type response format with 1 being "Strongly disagree" to 4 being "Strongly agree." The composite mean for these items was 6.77 (SD=2.70). Moreover, a principal components analysis resulted in a single factor being extracted accounting for 65.83% of the variance. The eigenvalue was 2.63 with a scree plot supporting the extraction of a single factor [KMO = .70; Bartlett's Test of Sphericity = 139.98 (6); p<.01]. Table 1 presents the results of the item-analysis and structure coefficients for the four-item scale. As shown in Table 1, the corrected item to total score correlations are relatively strong ranging from .48 to .78. Indeed, removing any of the four-items would not produce a meaningful change for internal consistency. The resulting Cronbach alpha of .82 suggests a reasonable level of reliability. Given the findings of the item-analysis and the single component structure, the content homogeneity of the item scores suggests a reasonable global measure of manipulative parenting.

Results

Table 2 provides the zero-order correlation matrix for all variables of interest in the current study. Additionally, the internal consistency reliability scores are provided on the diagonal. The interpretation of correlation strength followed the recommendations of Cohen (1992). As can be seen, the contemplation stage variable has the highest correlation with action stage (r=.70, p<.05). Given that the readiness to change model presents contemplation about violence as the immediate precursor to taking action to stop violence, this finding is not overly surprising. Physical aggression had a negative relationship to the action stage (r=−.27; p<.05). This pattern was similar for manipulative parenting (r=−.26; p<.05) and anger (r=−.23; p<.05). Self-esteem has a positive relationship (r=.24; p<.05) with taking action to stop violence among the responding batterers. Both hostility (r=−.07; p>.05) and verbal aggression (r=−.05; p>.05) were not meaningfully related to the action stage.

Subsequently, the contemplation stage variable had statistically non significant correlations with physical aggression (r=−.14; p>.05), hostility (r=.16; p>.05), manipulative parenting (r=.09; p>.09), and self-esteem (r=.08; p>.05). Statistically significant correlations were observed with, verbal aggression (r=.22; p<.05) and anger (r=.24; p<.05), respectively. Given the theoretical argument that contemplation precedes action in stopping violence in the transtheoretical model (Eckhardt et al. 2004), a hierarchical regression analysis was used to estimate the amount of variance the predictor variables for physical aggression, anger, self-esteem and manipulative parenting account among batterers beyond contemplation was computed. Given the lack of meaningful correlations between action stage with verbal aggression and hostility, these variables were not included in the subsequent analysis.

In order to investigate each variable's unique association with the action stage of readiness to change, over-and-above the contemplative stage variable among male batterers a hierarchical multiple regression was computed. More specifically, the action stage was specified as the dependent variable with the contemplative stage variable entered at step one and the remaining four variables entered into the equation simultaneously. We argue that a batterer involved in treatment cannot be in the pre-contemplation and contemplation stage simultaneously. Thus, pre-contemplation was not included in this analysis.

The results of this hierarchical regression suggests that at step one, the contemplation stage variable accounts for significant variance [R^2=.458; F (1, 61)=51.55; p<.01] in our understanding of the action stage of readiness to change among the responding batterers. Subsequently, step two of the hierarchical regression indicates the remaining four variables account for significant variance over-and-above the contemplation stage variable [ΔR^2=.19; F (4, 57)=20.88; p<.01].

Table 1 Item analysis and structure coefficients for the manipulative parenting scale

Item:	Mean	SD	Corrected item to total correlation	Alpha if deleted	Structure coefficients
1. I sometimes try to undermine my partner when they are parenting the children.	1.76	0.90	.67	.76	.85
2. I have tried to make my partner look like a bad parent.	1.60	0.78	.78	.71	.91
3. I can see how I try to control my partner's parenting style is a problem.	1.86	0.89	.48	.85	.66
4. I have tried to make my children believe the way I treat my partner is really her fault.	1.55	0.78	.65	.76	.81

Cronbach's alpha = .82; Eigenvalue = 2.63; 65.83% of variance explained

As seen in Table 3, the standardized beta coefficients show that three of the five variables explain statistically significant unique variance in the male batterers' responses to the action stage questions. More specifically, contemplation (β=.727; p<.05) of the impact of violence has the highest unique relationship with taking action to stop violence in intimate relationships. This finding is followed by physical aggression (β=−.24; p<.05). Finally, manipulative parenting (β=−.21; p<.05) accounts for significant variance in the scores associated with taking action to stop violence respectively. It is interesting that in the presence of the independent variables, anger no longer has a meaningful relationship (β=−.08; p>.05) with action stage. Self - esteem also was no longer related (β=.01; p>.05) to the action stage. Given the tolerance estimates are not close to zero and the VIF estimates are no higher than 2.26 it is argued that collinearity among the independent variables is not a warranted concern.

Discussion

The primary goal of this study was to better understand batterers' readiness to change their intimate partner violence. In particular, we were interested in examining factors related to batterers' self-reported readiness to stop their violent behavior. Batterers attending a 52-week group treatment at a non-profit agency for domestic violence completed a self-report survey regarding their taking action to stop their violence, their anger and hostility, self-esteem and manipulative parenting style. Prior to investigating the variance associated with taking action to stop one's violent behavior, the statistical assumptions of correlation and regression were assessed with results suggesting no major violations occurring. Overall, results indicated that contemplation, physical aggression, and manipulative parenting accounted for significant variance in batterer's readiness to change abusive behavior.

Given the sample size, cross sectional design, reliance on self-report and exploratory nature of the study we provide below only speculative implications for practice. As predicted in TTM, contemplation is a strong predictor and necessary component of entering the action stage (Scott and Wolfe 2003). Thus, interventions aimed at moving a person from precontemplation to contemplation may increase the likelihood of change. With regard to taking action to stop one's violent behavior independent from contemplation, the dimensions of physical aggression and manipulative parenting demonstrated some relationship. This pattern of relationships provides some support for TTM because it would be expected that batterers in treatment for violence and in the action stage would demonstrate decreased aggressive behavior (Eckhardt et al. 1997; Norlander and Eckhardt 2005). This makes sense, as physical aggression is probably the primary target behavior for change in any batterer treatment program and the one most directly related

Table 2 Zero-order correlation matrix

Item:	1	2	3	4	5	6	7	8
1. Action Stage	.91							
2. Contemplation Stage	.70	.84						
3. Physical Aggression	−.27	.14	.74					
4. Verbal Aggression	−.05	.22	.51	.59				
5. Anger	−.23	.24	.61	.58	.83			
6. Hostility	−.07	.16	.48	.61	.77	.91		
7. Self-Esteem	.24	.08	−.11	−.18	.31	−.43	.83	
8. Manipulative Parenting	−.26	.09	.36	.28	.33	.41	−.49	.82

N=109. $r \geq$ + or−.20 p<.05. Values on the diagonal reflect internal consistency alpha

Table 3 Final regression coefficients for action stage of readiness change among male batterers

Variable	B	SE Beta	Beta	Tolerance	VIF	T-Value	Sig. T
Constant	14.89	3.43				4.34	.000
Contemplation Stage	0.70	0.8	.73	.93	1.07	8.92	.000
Physical Aggression	−0.23	.11	−.24	.45	2.24	−2.06	.044
Anger	−0.08	.11	−.08	.44	2.26	−0.70	.486
Manipulative Parenting	−0.37	.18	−.21	.64	1.56	−2.09	.041
Self-Esteem	0.01	.10	.01	.72	1.38	0.07	.949

R^2 =.647 [F (4, 57)=20.88] p<.001

to their current predicament. Although given the correlational nature of this study, it is possible that these changes related to factors other than readiness to change.

A unique and important finding in this study was the significant relationship between manipulative parenting and readiness to change. The power and control (Tolman 1989) perspective would argue that batterers are likely to make their partner seem a bad parent as a way to justify blaming them for their violence. Perhaps as batterers move closer to taking action to change their behavior, they begin to accept some responsibility for their own role in abuse and decrease the tendency to blame the victim, undermine the other parent, and manipulate children's perceptions (Bancroft and Silverman 2002). The relationship of manipulative parenting to partner violence and readiness to change is a largely understudied area. This finding suggests increased attention to this relationship may be warranted.

A small positive correlation was found between self-esteem and taking action to stop violence. As often hypothesized in cases of violence such as bullying, aggressive behavior towards others may serve a compensatory role for perceived faults and a poor self-concept in the perpetrator (Kirschner 1992) although there is some contradictory evidence that low self-esteem is unrelated to aggression (Bushman and Baumeister 1998). Subsequently, it might be expected that as a person develops a stronger sense of self and recognizes his or her strengths and talents, they will feel less threatened by others and less likely to act out.

Taken as a whole, these findings present some interesting speculative suggestions for clinical practice and future research. For example, interventions that emphasize moving from precontemplation to contemplation of change will most likely contribute to eventual action. For example, interventions such as motivational interviewing aim to explore, elucidate, and support clients' motivation for change (Miller and Rollnick 2002). Batterers in treatment programs likely know they have done something harmful, but may believe it was an isolated incident and will not happen again. They may not give deep contemplation to their actions and the need to make changes in their behaviors (e.g., drinking, verbal aggression), attitudes (e.g., viewing women as inferior), and thinking patterns (e.g., feeling threatened by disagreement, making faulty assumptions about a partner's motives). Interventions that facilitate deeper contemplation of the various aspects of a batterer's actions such as in mindfulness, rather than considering only surface issues, may prove to be more successful. Further research is needed that demonstrates effective techniques and strategies for moving from precontemplation to contemplation to action.

Second, these findings suggest that interventions targeting physical aggression as well as providing resources to manage associated feelings and behaviors (e.g., anger, hostility, self-esteem) may increase change behaviors (Murphy et al. 2005, 2007). Various methods, such as cognitive and cognitive-behavioral therapy (including mindfulness approaches) and relational therapies (e.g., humanistic, psychodynamic, interpersonal), offer valuable strategies for accessing and healing causes of physical aggression. Given that symptoms of physical aggression are often precursors to violence, it makes sense that resources and skills to cope with these symptoms and successfully prevent their escalating into further violence would be necessary. Future research could evaluate programs designed to specifically address physical aggression and its causes.

Finally, one of the interesting findings and potential contributions from this study is the relationship between manipulative parenting and taking action to stop the violent behavior. Little empirical evidence exists to fully elucidate this relationship. However, the work by Bancroft and Silverman (2002) provides some insight into the batterer's readiness to change as it relates to parenting. Parenting behaviors, including the undermining and manipulation of the battered parent, must be considered within the context of positive change. Batterers may attempt to undermine or manipulate the abused parent to build sympathy and support from their children. That is, if the batterer can make himself appear to be the better parent, the children may be less supportive of the abused partner. Treatment programs may want to consider focusing on batterer's parenting style. Perhaps helping batterers recognize manipulative parenting strategies and their harmful effects will encourage self-reflection, contemplation, and subsequent behavioral change. Future studies might investigate the

relationship among children's perceptions of their parents, level of abuse experienced or witnessed, and parenting style.

This study provides minimal support that interventions targeting batterers' self-esteem may be beneficial. A distinction will first need to be made between batterers' who have an inflated sense of self, unstable self-esteem, and believe they are justified in their behavior (perhaps as a consequence of being insulted) from those who have a poor self-image and feel easily threatened by others (Bushman and Baumeister 1998). Bushman and Baumeister (1998) found that high levels of aggression resulted from narcissism and perceived insult rather than from low self-esteem. Therefore, in the first case increasing self-esteem is not warranted. Instead, helpers may want to focus on the effects and consequences of aggressors' actions and illuminate their faulty thinking. Moreover, possible Diagnostic Statistics Manual-IV Axis II conditions, such as Narcissistic Personality Disorder, should be considered. In the second case, interventions aimed at increasing a sense of self-worth and decreasing feelings or thoughts that "others must decrease so I may increase" may be helpful. Future studies could examine the treatment of self-esteem and its influence on taking action to change aggressive behavior. Furthermore, procedures for determining batterers' with inflated senses of self or narcissistic characteristics from those with poor self-concepts could be investigated.

While these results present empirical findings in a much needed area of study, further methodological considerations must be advanced. In particular, we developed and used a global measure of manipulative parenting that focused on trying to manipulate the children in believing the abused partner was not as good at parenting. The dimensionality of this construct must be further explored to enhance our conceptual understanding of the outcomes of manipulative parenting.

Limitations of this study include a cross-sectional and self-report design such that common method variance may have influenced the relationships we found. Additionally, this design limits describing the relationships to readiness to change in causal terms. In particular, it is not readily apparent from the URICA-DV scale that change is internally or externally motivated. Specifically, the respondents in this study may be reporting various levels of action to satisfy external pressures. Indeed, almost 90% of the respondents report being in the treatment program as a condition of a court order. In other words, conceptually TTM proposes each stage as discrete motivational or psychological categories; however, respondents to the URICA-DV could score at similar levels in different stages.

Another limitation of this study is the participants do not represent all batterers as sampling was limited to one treatment center and geographic location. Most of these participants were court-ordered to attend treatment in the southern plains of the U.S. and do not represent batterers who are not ordered, or who simply do not attend treatment and/or batterers from other geographical and cultural areas. Finally, other variables may be more appropriate in explaining variance in the readiness to take action among batterers and demonstrate behavioral outcomes from attitudes/motivation to change.

Many of the measures used in this study were gathered based upon the request of the domestic violence agency. As such, future research using partner specific measures may add clarity to our understanding of batterer's readiness to change. Future research should also consider alternative variables to test theoretically supported hypotheses and address actual behavioral change as an outcome variable; thus, adding clarity to our understanding of factors influencing readiness to change among male batterers. Indeed, more research will be needed to clarify the generalizability of the findings. Despite this limitation, previous research has demonstrated attitude and behavioral change (Eckhardt et al. 2004; Levesque et al. 2000; Scott and Wolfe 2003); thus, providing some predictive validity for the URICA-DV.

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