Attrition in the Treatment of Men Who Batter:
A Closer Look at Men's Decision-Making Process
About Attending or Dropping Out of Treatment

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Statement of the Research Problem

An estimated 1.8 million spouses are beaten every year and conjugal murders account for between 15% to 25% of all homicides committed in the United States (Edleson, 1985). As part of the public response to this problem, some 195 treatment programs were developed for men who batter by the mid 1980's (Pirog-Good & Stets-Kealey, 1985). Attrition is a major problem reported by many of these programs and has been linked to future abuse.

Roberts (1982) found attrition to be the most frequently identified by programs responding to an early national survey (34% or 15 programs). Pirog-Good and Stets-Kealey (1985) reported that 60% of 59 programs surveyed identified attrition as a major problem. Similarly, Deschner (1984) reported in his survey of 90 programs that one-third to one-half of batterers drop out after the first counseling session.

Recent outcome studies suggest that women whose partners have dropped out of treatment are at a higher risk of experiencing future physical abuse than those whose partners remain in treatment. Edleson and Gruszunski (1988), reported that 67% who completed the program were non-violent at the at time of follow-up, compared to 54% who did not complete the program. Shupe, Stacey & Hazelwood (1987) reported that 80% of treatment completers were not violent at follow-up, compared to 55% of the drop-outs.

Women often return to batterers when their partners enter a treatment program, and usually are unaware of the high probability that their partners will drop out. This in turn places the women at a higher risk of future abuse, living with partners who dropped out of treatment. Gondolf (1988) reported that the batterer being in counseling was the most influential predictor in determining which women would return to their batterers.

Nineteen client characteristics were found to influence attrition in domestic abuse treatment but no one variable was found to consistently predict treatment completion/dropout across all studies (Hamburger & Hastings, 1986, 1989; DeMaris, 1989; Gruszunski & Carrillo,

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1988; Saunders & Parker, 1989). Major gaps in the research on attrition in domestic abuse treatment have included the lack of theoretical framework(s) to help guide the search for variables of predictive value, an absence of data on the involuntary nature of the intake process, and the decision-making of how potential clients decide to comply or drop out of treatment.

The theoretical frameworks of Planned Behavior and Reactance were specifically selected and operationalized in this study to address the limitations of previous research. Reactance, a construct which examines a person's response to a coercive environment was operationalized by Dowd, Milne, and Wise (1991), and a newly developed five-item instrument applying Reactance Theory to a domestic abuse setting. The Theory of Planned Behavior examines the decision-making process through three attitude constructs, attitude towards behavior, subjective norm, and perceived behavior control. The theory suggests that these attitude constructs influence one's intentions to complete a specific behavior, which was in this study, completing or dropping out of treatment. The theory suggests one's intentions should predict treatment completion. The theory was operationalized in the domestic abuse treatment setting by a series of belief and attitude scales.

Research Questions

To what extent do the variables of past research differentiate between completers and dropouts of domestic abuse treatment in this study? To what extent is reactance present in men referred to domestic abuse treatment? What is the relationship between reactance and completing or dropping out of domestic abuse treatment? What is the predictive power of the Theory of Planned Behavior in predicting which men complete or drop out of domestic abuse treatment? What are the best predictors of treatment completers or dropouts when combining variables from both theories, and the descriptive variables identified in previous research on domestic abuse attrition?

Methodology

Instruments were operationalized from the theories of Planned Behavior and Reactance, using indicators pertinent to a domestic abuse treatment setting. Aftercare groups from two local domestic abuse treatment programs provided feedback on the development of the new instruments. Once the study was completed, an inter-item reliability analysis was run to provide a measure of reliability for each instrument.

The study was then implemented at one of the local domestic abuse treatment programs used in the development of the new instruments. A collection of instruments were given to study participants once they had completed orientation. These instruments measured the reactance and planned behavior variables as well as variables found to influence attrition in earlier studies, such as age, employment status, and education. Once men had either completed or dropped out of domestic abuse treatment, men's responses on this collection of variables were compared

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between completers and dropouts.

The T-test and Chi-Square statistics were used to identify continuous and categorical variables that were significantly different between completers and drop-outs of domestic abuse treatment. The T-test was also used to assess the significance of the level of reactance reported by men entering domestic abuse treatment.

Multiple regression was chosen to assess the predictability of the variables measured in the study. This type of regression was chosen since earlier studies applying the Theory of Planned Behavior used a similar analysis, thus results could more easily be compared between this study and others. A continuous variable is typically used in this type of regression, however, dichotomous dependent variables (in this case, completers and dropouts of treatment) can be used as long as numbers in either category are not more than a 4:1 ratio (Cleary & Angel, 1984).

Since the study sample was highly skewed towards dropouts, 74.6% of the total sample, logistic regression was also used to address the prediction question. In this study logistic regression predicts the odds of men completing treatment versus not completing by assessing Planned Behavior, Reactance and demographic variables.

Results

Out of the one-hundred and twenty-one men who completed the study surveys and demographic sheet, 25.4% (30 men) completed the program, and 74.6% (88 men) dropped out, from the orientation through completion of the program. The descriptive variables found to differentiate between completers and dropouts included the following: employment, family income, witnessing physical abuse between parents, frequency of chemical dependency treatment and court order. Men who were employed, had higher incomes, witnessed abuse between parents, did not participate in chemical dependency treatment, and were court ordered, were more likely to complete treatment.

Significantly higher mean scores on the Therapeutic Reactance scale (Dowd, Milne and Wise, 1991) were reported by men in this study sample, compared to college students used to develop the original instrument. Men's mean scores on the newly developed reactance scale were significantly higher for completers than for dropouts. The Therapeutic Reactance Scale (Dowd, Milne and Wise, 1991) did not significantly differentiate between completers and dropouts.

In predicting intentions, using multiple regression, the combined attitude scales of Planned Behavior, attitude toward behavior, subjective norm, and perceived behavioral control produced an adjusted R-square of .30. In predicting behavior, in the same regression analysis the adjusted R-square dropped to .02, with only intentions contributing to the equation. Using logistic regression intentions remained in the equation and predicted 74.58% of the study

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participants, but only dropouts were predicted.

Variables with the highest predictive power were identified. Using multiple regression, adjusted R-squares ranged from .02 for Planned Behavior variables to .21 for combined theoretical and descriptive variables. Using logistic regression, the best overall prediction was 69% with both completers and dropouts predicted. Both reactance and witnessing abuse remained in the final equation.

Utility for Social Work Practice

This study was one of the first to test the utility of using theoretical frameworks in addressing the problem of attrition, rather than haphazard groupings of variables such as are currently found in the attrition research. Reactance was not only found to be highly reported in the study sample, but also was found, with the newly developed reactance instrument, to differentiate between completers and dropouts. With more work on the instrument to increase reliability (alpha $=.59$), the instrument could be used as a screening tool to identify those men most likely to drop out.

The fact that completers had higher reactance scores in this study than dropouts suggests reactance combined with legal or social sanctions to complete treatment may serve to help men engage in the treatment process. Clinical judgement suggests reactance levels are reduced once men begin identifying with other group members and material presented in the program. However, this has yet to be confirmed by research. This finding raises several questions. What happens to reactance as men move through the treatment process? What impact does high reactance have on men changing their abusive beliefs/behaviors?

The variables of court order, family income, employment status, frequency of chemical dependency treatment, and witnessing abuse between parents, found to significantly differentiate between completers and dropouts, could be used to build a list of risk markers for men entering treatment. For example, treatment programs could target men entering treatment who are unemployed and/or have low family income, are not court ordered, and did not witness abuse between parents.

This study took a number of risks in implementing theoretical frameworks that had never been operationalized in a domestic abuse treatment setting before. Hopefully it has laid the ground for further research applying these theories and others, to better address the problem of attrition and develop guidelines that will improve the treatment for men who batter.

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References

Cleary, P.D., and Angel, R. (1984). the analysis of relationships involving dichotomous dependent variables. Journal of Health and Social Behavior,25, 334-348.

DeMaris, A. (1989). Attrition in batters' counseling: The role of social and demographic factors. Social Service Review,63, March, 142-154.

Deschner, J.P. (1984). The hitting habit: Anger control for battering couples. New York: Free Press.

Dowd,T., Milne, C.R. and Wise, S.L. (1991). The therapeutic reactance scale: A measure of psychological reactance. Journal of Family Issues, 6, 229-247.

Edleson, J.L., Eisikovitis, Z.C. and Guttman, E. (1985). Men who batter women: A critical review of evidence. Journal of Family Issues, 6, 229-247.

Edleson, J.L. and Grusznski, R.J. (1988). Treating men who batter: Four years of outcome data from the Domestic Abuse Project. Journal of Social Service Research,12, 1,3-22.

Gondolf, E.W. (1988). The effect of batterer counseling on shelter outcome. Journal of Interpersonal Violence, 3, 3, September, 275-289.

Gruszinski, R.J. and Carrillo, T.P. (1988). Who completes batterers' treatment groups? An empirical investigation. Journal of Family Violence,3, 2, 141-150.

Hamberger, K.L. and Hastings, J.E. (1986). Characteristics of spouse abusers, Predictors of treatment acceptance. Journal of Interpersonal Violence,1,3, September, 363-373.

Hamberger, K.L. and Hastings, J.E. (1989). Counseling male spouse abusers: Characteristics of treatment completers and dropouts. Violence and Victims, 4, 4, 275-286.

Pirog-Good, M.A. and Stets-Kealey, J. (1985). Male batterers and battering prevention programs. A national survey. Response to Victimization of Women and Children, 8, 3, Summer, 8-12.

Roberts, A.R. (1982). A national survey of batterers. In M. Roy (Ed.), The abusive partner (p.230-243). New York: Von Nostrand.

Saunders, D.G. and Parker, J.C. (1989). Legal sanctions and treatment follow through among men who batter. A multi variate analysis. Social Work Research and Abstracts, 25, 21-29.

Shupe, A., Stacey, W.A. and Hazelwood, L.R. (1987). Violent men, violent couples. Lexingtion, MA: Lexington Books.