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Abstract

Surprisingly, little is known about how IPV perpetrators perceive the consequences of their violent behavior. This article describes the development and evaluation of the Perceived Consequences of Domestic Violence Questionnaire (PCDVQ). The PCDVQ is a 27-item self-report instrument designed to assess the consequences of intimate partner violence (IPV) as perceived by the perpetrator. Data from 124 nontreatment seeking, male, IPV perpetrators recruited from the community provided support for the internal consistency of the PCDVQ. Participants reported an average of 9.97 ($SD = 4.57$) consequences. Scores on the PCDVQ significantly predicted motivation for change, $\beta = .19$, $t(113) = 2.03$, $p < .05$, and treatment seeking,

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$\chi^2(df = 1) = 10.79, p < .01$, odds ratio = 1.27 (95% CI: 1.10-1.46). Clinical implications of this instrument are discussed.

Keywords

consequences, assessment, domestic violence, intervention, motivational interviewing

Background

Although valid instruments are available to assess the physical and psychological effects of domestic violence on the victim (Thompson, Basile, Hertz, & Sitterle, 2006), we are unaware of a measure that assesses the consequences to the perpetrator of intimate partner violence (IPV). The development of such a measure could enhance the field in several ways.

First, a perpetrator consequences assessment could be used within IPV perpetrator treatment. The IPV treatment field has struggled to find ways to talk with men who perpetrate IPV and to motivate them to change their behavior. Outcome studies of batterer intervention programs have shown mixed results (Babcock, Green, & Robie, 2004; Bennett & Williams, 2001; Davis & Taylor, 1999; Feder & Wilson, 2005) indicating room for improvement in these programs. Motivational enhancement therapy (MET) has recently been applied with some success to intervene with IPV perpetrators (Kistenmacher & Weiss, 2008; Murphy & Eckhardt, 2005; Musser, Semiatin, Taft, & Murphy, 2008; Roffman, Edleson, Neighbors, Mbilinyi, & Walker, 2008). Originally developed in the alcoholism field (Miller, Benefield, & Tonigan, 1993; Miller & Sovereign, 1989), MET consists of an assessment of the behavior, plus personalized feedback with a counselor using a motivational interviewing counseling style. Traditionally, when MET has been used with addictive or other high-risk behaviors (such as weight management, HIV prevention, etc.), a key aspect of personal feedback has been a review of the consequences experienced by the client that have resulted from the target behavior. Discussing the consequences of the behavior can illuminate reasons for changing the behavior and thus strengthen motivation to change. An instrument designed to assess the consequences of domestic violence that the perpetrator has experienced could be a valuable tool used within MET and other perpetrator treatment programs.

Second, a consequences assessment could be used in research related to treatment outcome and treatment initiation. Efficacy and effectiveness research on batterer intervention programs have often centered on rearrest rates as a measurement of outcome (Babcock et al., 2004; Bennett, Stoops,

Call, & Flett, 2007; Gondolf, 2004; Jackson et al., 2003; Jones, D'Agostino, Gondolf, & Heckert, 2004). This is a logical outcome variable particularly given that the majority of these studies have focused on perpetrators of IPV who have been adjudicated. However, much of IPV in families goes undetected by authorities, indicating rearrest rates are an incomplete index of the effectiveness of treatment. In conjunction with behavioral self-report measures and partner corroboration reports, a consequences measure could provide additional information to assess treatment benefits to the perpetrator.

A related issue is that consequences of abusive behavior might be directly related to motivation to change. Readiness to change is a construct that has been considered extensively in the substance abuse literature (Rollnick, Heather, Gold, & Hall, 1992), and more recently in the IPV literature (Begun, Shelly, Strothoff, & Short, 2001; Brown, 1997; Daniels & Murphy, 1997; Eckhardt, Babcock, & Homack, 2004; Murphy & Baxter, 1997; Murphy & Eckhardt, 2005). In studies of natural change, the severity of personal consequences are among the most frequently reported reasons for change (Sobell, Ellingstad, & Sobell, 2000). Variables that are significantly associated with motivation could be helpful in designing interventions that attract and engage more men to stop perpetuating violence. In addition, consequences may be related to treatment seeking. Given that the majority of men who are engaging in IPV are not actively involved in treatment and most who enter BIPs are mandated to attend (Gondolf, 2002), it is important to gain an understanding of the factors associated with motivation to change and treatment seeking.

Last, we know that IPV has far-reaching consequences to victims and families. We know less about how IPV affects the functioning of the perpetrator. A consequences measure would assist in quantifying how much IPV is affecting the perpetrator to provide a more comprehensive picture of the ways in which IPV is damaging to society. In addition, gaining a better understanding of the characteristics and experiences of perpetrators of IPV could assist us in the development of efficacious intervention programs.

The primary aims of this article are to (a) introduce a new measure for evaluating the perpetrator's consequences of his IPV; (b) describe the psychometric properties of the measure; (c) describe the types of consequences male perpetrators endorse, (d) report the frequency of such endorsements; (e) explore the relationships among perpetrator consequences, IPV behaviors, readiness to change abusive behavior, and treatment seeking. Specifically, we expected consequences to be associated with abusive behavior, readiness to change, and treatment seeking. Moreover, we expected that consequences would uniquely predict readiness to change and treatment-seeking behavior, over and above the influence of severity of abusive behavior as assessed by the revised Conflict Tactics Scale (CTS-2); and (f) discuss the clinical

application of perpetrator consequences assessment in the treatment of IPV perpetrators.

Method

The purpose of the parent study was to develop and preliminarily evaluate the efficacy of a telephone-based intervention to reach non-treatment-seeking IPV perpetrators who were also using substances.

Participants. Participants were recruited via advertisements in a variety of media including radio, newspaper, and flyers distributed throughout the community. In all, 348 callers were screened via one or two confidential or anonymous phone calls to the project. Screeners determined eligibility and obtained informed consent. Eligibility criteria included engaging in domestic abuse behaviors in the past 90 days, reported substance use in the past 90 days, not currently adjudicated under a domestic abuse-related court order, not arrested in the past 90 days for a domestic abuse or substance use charge, and not currently engaging in domestic violence or substance abuse treatment.

Current engagement in domestic abuse behaviors was assessed using the CTS-2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Each caller during screening was asked about his lifetime behaviors and past-90-day behaviors from the injury, physical assault, sexual assault, and psychological violence scales of the CTS-2. Callers who reported engaging in at least one behavior in the past 90 days and one nonpsychological behavior in their lifetime were eligible to participate in the project.

A baseline assessment was scheduled for all eligible callers who completed screening. Of the 348 callers screened, 124 were found eligible and agreed to participate in the study. The 124 participants were ethnically representative for the study area with 65.9% White, 16.9% Black or African American, 4% American Indian/Alaska Native, 3.2% Native Hawaiian, 2.4% Multiracial, and 1.6% Asian. Ninety-four percent of the participants identified themselves as non-Hispanic. Participants classified their relationship status as married (62.9%), single (12.1%), engaged (8.9%), cohabitating (8.9%), or separated/divorced (4.0%). Ninety-five percent were heterosexual, and 80% worked full time (at least 30 hr a week) with 64% reporting a household income of US\$40,001 or more. Participants ranged in age from 18 to 67 with a mean age of 39.39. Our participants were a well-educated sample with 95% at least high school graduates and 77% reporting having at least attended some college.

Seventy-four percent of the men reported having children, with the mean number of children being 2.36 and 59% of the men reported having children currently living in their home with the mean number of children in

the household of 2.14. Nine percent of the men reported having received domestic violence services, and 22% reported receiving substance use services in the past, with the mean number of years being 5.91 and 10.22, respectively.

The men reported primarily growing up in a two-parent household (57%) with 48% of men reporting excessive substance use by one adult in their childhood home. Seventy-six percent of men reported seeing abusive behaviors (yelling or name calling, breaking or smashing things, or hitting) by adults in their household at least annually in their families of origin.

Measures

Perpetrator consequences of IPV were assessed by the Perceived Consequences of Domestic Violence Questionnaire (PCDVQ). This measure was designed for the current study. An initial pool of items was developed by the team of investigators and through focus groups of IPV perpetrators in treatment and community IPV treatment providers. The resulting measure included 27 items assessing consequences and problems IPV perpetrators experience due to their abuse in various domains (i.e., psychological, interpersonal, interference with work/school, health, and family). Participants were asked "How many times did the following things happen because of your abuse to your partner in the past 30 days?" Examples of items include "you were distracted at work or school," "your behavior scared you," "you worried about what the abuse was doing to your children," and "your behavior frightened your partner."

Items were scored dichotomously. As a requirement for study eligibility with no court or legal involvement, one item related to "arrests or trouble with the law" was removed from factor analyses.

Abusive behavior was assessed using a modified version of the CTS-2 (Straus et al., 1996). The scale was modified to assess the frequency of violent behaviors perpetrated over the previous 90 days. *Psychological violence* was assessed with eight items (e.g., insulted or swore at partner; destroyed something that belonged to partner). All participants reported engaging in one or more forms of psychological violence at least once over the past 90 days. The score for psychological violence was thus computed as the mean of the eight items. Participants reported the number of times they had engaged in each behavior over the previous 90 days ($\alpha = .78$). *Physical assault including injurious behavior* was assessed with 18 items (e.g., slammed partner against wall; participant broke his partner's bone). Frequency counts were relatively low for these behaviors with 51% of the sample reporting no physical assault or injurious behaviors over the previous 90 days. Thus the score for this variable was computed as the sum of dichotomously coded items indicating whether they

had engaged in each of the 18 behaviors over the past 90 days ($\alpha = .84$). *Sexual assault* was assessed with seven items (e.g., insisted on sex when partner didn't want to; used force to make partner have oral/anal sex). Given the very low frequency of these behaviors (i.e., 13.7% of participants reported engaging in one or more sexually assaultive behaviors in the past 90 days), this variable was scored dichotomously with 0 indicating no acts on any sexual assault item and 1 indicating one or more acts on any of the sexual assault items.

Readiness to change was assessed with an adaptation of the brief Readiness to Change Questionnaire (RTCQ). We took Rollnick et al.'s (1992) RTCQ questionnaire for drinking and modified it to assess the dynamics of IPV. For some items, this meant a complete rephrase; for example, "I don't think I drink too much" became "I don't think I am abusive to my partner." For the majority of the items, the questions remained very similar; for example, "I am trying to drink less" became "I've been trying to reduce my anger toward my partner." The 12-item questionnaire consisted of four questions aimed to assess each of the three measured stages of change—precontemplation ($\alpha = .74$), contemplation ($\alpha = .85$), and action ($\alpha = .84$). For the present research, readiness to change was scored as a composite variable with precontemplation weighted -2 , contemplation weighted 1 , and action weighted 2 .

Treatment seeking was assessed by six items which asked whether participants had engaged in specific domestic abuse-related treatment-seeking actions in the past 90 days. Items assessed whether participants had attended an intake session; applied for acceptance in a treatment program; went to an agency to inquire; called an agency for an appointment; or requested that printed information be sent. A minority of participants (15.3%) reported engaging in any treatment-seeking behaviors. Thus a dichotomous score was created to reflect whether a participant had engaged in any treatment-seeking activities during the past 90 days.

Results

Descriptive and psychometric results. Table 1 presents the number of participants responding to each item, the median number of times each item occurred in the previous 30 days and the proportion of participants who endorsed each item occurring one or more times in the previous 30 days. Participants who did not have children or who did not work did not respond to items related to these domains.

Psychometrics. For scoring purposes all items were recoded dichotomously to reflect any occurrence in the previous 30 days. The dichotomous items had reasonable internal consistency (Cronbach's $\alpha = .80$). Subsequently, all items were summed to reflect the number of different consequences experienced

Table 1. Prevalence of Consequences Endorsed

Item	N	Median	Prevalence (%)	Corrected Item-Total Correlation
2. Felt down	124	5	91.94	.357
4. Felt bad about the way you treated your partner	124	5	91.13	.355
1. Distracted at work or school	117	3	76.07	.293
19. Felt that you were losing respect for yourself	123	2	73.17	.503
17. Your behavior frightened your partner	124	1	70.16	.489
8. Worried about what abuse was doing to your children	95	4	66.32	.386
6. Worried about partner leaving or threatening divorce	124	1	54.84	.467
22. Felt you were going crazy	124	1	53.23	.466
3. Your behavior scared you	124	1	52.42	.364
11. Caused shame or embarrassment to someone	122	0	45.08	.302
21. Were not able to do regular activities around house	123	0	42.28	.277
12. Worried about losing respect of friends and relatives	124	0	41.94	.474
16. Your children were afraid of you	93	0	39.78	.213
25. Work performance suffered	117	0	36.75	.432
9. Worried you were going to be exposed or found out	124	0	29.03	.250
24. Family, friend, or neighbor told you to cut it out: reabuse	124	0	26.61	.248
18. Worried that you were going to seriously injure your partner	124	0	24.00	.256
15. Had a fight, bad feelings with family	124	0	23.39	.278
13. Were worried that you would be arrested for abuse	123	0	21.95	.355
26. Behavior interfered with seeing children	96	0	16.67	.233
5. You missed a day of school or work	119	0	15.13	.295
23. Worried about losing your job	116	0	12.93	.448
14. Had a fight, bad feelings with a friend	124	0	12.90	.266
10. You had injuries due to a fight with partner	124	0	11.29	.106
7. Relative or friend avoided you	122	0	9.84	.437
27. Went to hospital or to see doctor due to fight with partner	123	0	3.25	.070

Note: The number for each item represents the order of presentation in the scale.

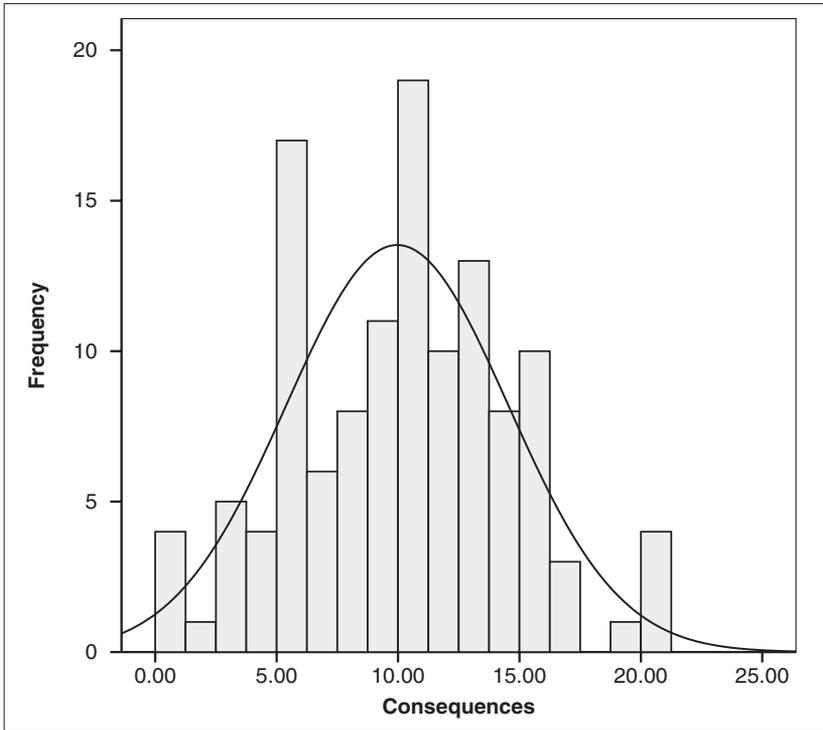


Figure 1. Histogram of PCDVQ scores

(PCDVQ). Our recommendation with respect to scoring is to sum the number of items endorsed. On average, participants reported experiencing 9.97 ($SD = 4.57$) different consequences in the 30 days prior to participation in the study. PCDVQ scores were relatively normally distributed in this sample (Skewness = .04, $SE = .22$; Kurtosis = $-.16$, $SE = .43$). Figure 1 presents a histogram of PCDVQ scores.

We conducted an exploratory factor analysis using varimax rotation. It should be noted that the sample size was not ideal with respect to factor analysis (i.e., less than 5 participants per item) and additional research with larger samples are needed. Nevertheless, inspection of the scree plot suggested a single factor solution. The first eigenvalue was 4.78. The next eight eigenvalues ranged from 1.09 to 2.13 and did not differ meaningfully from one another (i.e., maximum difference in variance accounted for among these was 1.22%). Moreover, other than the first global factor none of the remaining factors appeared readily interpretable.

Table 2. Prevalence of Consequences Endorsed

	1	2	3	4	5
1. Consequences of IPV	—				
2. Psychological violence	-.01	—			
3. Physical assault including injurious behavior	.18*	.32***	—		
4. Sexual assault	-.13	.33***	.22*	—	
5. Readiness to change	.23*	.10	.29***	.06	—
6. Treatment seeking	.33***	-.05	.06	-.04	.06

* $p < .05$. *** $p < .001$.

As noted above, reliability analysis indicated acceptable internal consistency ($\alpha = .80$). Whereas some of the item–total correlations were low, no item’s removal would have raised reliability above .80. We chose to retain all items given that an intended function of the scale is to provide feedback. Items with low item–total correlations tended to be those that were endorsed at low frequency. Item–total correlations are included in Table 1.

Association with IPV, readiness to change, and treatment seeking. Table 2 presents zero-order correlations among perpetrator consequences of IPV, abusive behavior, readiness to change, and treatment seeking. Correlation analyses indicated that consequences to the perpetrator were significantly associated with their physical and injurious violence but not with psychological violence or sexual assault. Consequences were also significantly associated with readiness to change and with treatment seeking. It is noteworthy that consequences to the perpetrator was the only variable associated with readiness to change or treatment seeking.

Multiple regression analysis was used to evaluate the unique association of consequences to readiness to change accounting for the influence of abusive behavior on readiness to change. Readiness to change was specified as the dependent variable. Psychological violence, physical assault/injurious behavior to his partner, sexual assault, and consequences to the perpetrator were entered as predictors. Consistent with the correlations, of the three abuse variables only physical assault/injurious behavior was uniquely associated with readiness to change, $\beta = .24$, $t(113) = 2.52$, $p < .05$. Of central note, consequences to the perpetrator was also uniquely associated with readiness to change, $\beta = .19$, $t(113) = 2.03$, $p < .05$. Thus, individuals who reported engaging in more abusive physical assault/injurious behavior reported greater readiness to change their abusive behavior. However, even when accounting for the influence of abusive behavior, having more personal consequences was associated with greater readiness to change.

A parallel logistic regression analysis was conducted to evaluate the unique association of personal consequences with treatment seeking when accounting for the potential influence of abusive behavior. Treatment seeking was specified as the dichotomous dependent variable. Psychological violence, physical assault/injurious behavior, sexual assault, and consequences to the perpetrator were entered as predictors. Results indicated that none of the three abuse variables were associated with treatment seeking (all $ps > .25$). In contrast, consequences to the perpetrator was associated with greater likelihood of treatment seeking, $\chi^2(df=1) = 10.79, p < .01$, odds ratio = 1.27 (95% CI: 1.10-1.46). Thus, consistent with the correlation analysis, the frequency and/or severity of abuse by the perpetrator had no relationship to whether he had taken steps toward treatment seeking, but rather it was his own personal consequences related to his abusive behavior which was related to treatment seeking.

Discussion

Consequences of IPV to the perpetrator is an important construct to evaluate as little is known about how IPV negatively impacts the perpetrator. A better understanding of the perpetrator may be required to develop more effective interventions to break the cycle of IPV. Such knowledge has practical application in the treatment of IPV and can further elucidate the impact of IPV, inform the development of new interventions, and assist in the evaluation of BIPs.

Men who engage in IPV do report a number of personal consequences as a result of their behavior. The most commonly reported consequences include feeling down, feeling bad about the way they treated their partner, being distracted at work, losing respect for themselves, and frightening their partner. The majority of men in this study also reported worrying about what their abuse was doing to their children, concern about their partner leaving the relationship, feeling crazy, and scared. In this sample, the majority of men experienced their IPV as a source of anxiety and emotional distress, and many report their IPV to be negatively impacting their abilities at work and relationships.

Empirically, the consequences experienced by a perpetrator are associated with engaging in some but not all types of abusive behavior. Findings indicated perpetrator consequences were associated with perpetration of physical and injurious abuse but was not related to psychological and sexual abusive behaviors. This further underscores that consequences to the perpetrator are distinct from the severity or frequency of the abuse to the victim. Consequences of IPV were also associated with readiness to change abusive behavior and with IPV treatment-seeking behaviors.

The associations between consequences of IPV with readiness to change and treatment-seeking behaviors underscore the important contribution of this work. As in other domains (e.g., Sobell et al., 2000), motivation to change harmful behavior often stems from personal consequences rather than consequences of one's behaviors to others. In these data, consequences to the partner as reflected in the frequency and severity of abusive behavior reported by the participants had no relationship to either readiness to change or treatment seeking. Rather, personal consequences experienced by the perpetrator were associated with greater readiness to change and treatment-seeking behavior. Moreover, although harm to the victim may be most salient and concerning to objective observers, consideration of consequences to the perpetrator may be necessary in motivating the perpetrator to consider change.

These findings suggest that both external consequences (such as getting arrested or a partner leaving) and internal consequences (feeling bad about the way he treated his partner) may motivate a man to stop his violent behavior toward his intimate partner. Clinically, counselors should assess and ask for elaboration about how the perpetrator's IPV has affected him. Identifying multiple ways in which their IPV has gotten in the way of their happiness may influence their motivation for treatment and the likelihood of seeking out treatment services. Clearly, the PCDVQ assessment has direct application to delivering MET interventions with batterers. Results of the assessment can be included in a personalized feedback report and discussed with the counselor using a motivational interviewing style. When reviewing the personalized feedback section, men should be asked to talk about these experiences including relevant examples of each. Allowing the perpetrator to contemplate and give voice to how he has been negatively affected by his IPV behavior would be consistent with MET strategies to increase client "change talk" (Miller & Rollnick, 2002) as a mechanism for building motivation to change. Furthermore, greater focus and discussion on the perpetrator's own consequences may prevent overfocusing on the victim, reducing defensiveness in the perpetrator and limiting opportunities to engage in victim blaming. Moreover, questions such as "Why did you hit your partner?" seem less likely to facilitate productive change talk in comparison to questions such as "Why do you feel bad about the way you treated your partner?"

Relatedly, IPV consequences and its relationship with readiness to change and treatment seeking are consistent with theorized mechanisms of action for MET. MET is thought to be effective by increasing the discrepancy between how a problem behavior may be getting in the way of attaining life goals or living out values. This is cross-sectional data, but it lends support to the idea that if the perceptions of IPV consequences were a focus of a clinical

strategy, this may increase motivation to change. Further experimental manipulation of this variable in clinical contexts would be worthwhile.

The most devastating consequences of IPV are experienced by the victims and their families. The alleviation of victim suffering should be the primary goal of reducing the occurrence of IPV. We understand that on the surface, a consequences measure aimed at the perpetrator may seem provocative. Some might argue that it would give IPV perpetrators further fuel for their claim to be the victim in the relationship. However, domestic violence will not end until perpetrators stop abusing. This measure may be particularly useful in the clinical context—both as a tool in treatment and as an indicator of successful IPV treatment outcome when thoughtful and careful consideration surround its use.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

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Bios

Denise D. Walker, PhD, is a research assistant professor at the University of Washington, School of Social Work and is codirector of the Innovative Programs Research Group (IPRG). Her research focuses on the development and evaluation of interventions and treatment for marijuana, substance abuse, intimate partner violence, and other risky behaviors. Her work has specifically targeted research involving motivational interviewing.

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Roger A. Roffman, DSW, is a professor of social work at the University of Washington and the founding director (1985) of the School's Innovative Programs Research Group. With funding from the National Institute on Drug Abuse and the Center for Substance Abuse Treatment over a 20-year period, he has collaborated with Dr. Robert Stephens in conducting a series of outcome trials of behavioral interventions tailored for marijuana-dependent adults. He and Stephens have also designed and studied motivational enhancement therapy interventions for adult and adolescent marijuana smokers who have concerns about their use but are ambivalent about making a commitment to change. They coedited *Cannabis Dependence: Its Nature, Consequences, and Treatment*, published in 2006 by Cambridge University Press. Funding from the National Institute of Mental Health and the Centers for Disease Control and Prevention has supported his research on HIV-prevention. He has designed and evaluated in person and telephone-delivered group counseling interventions for gay and bisexual men who are at high risk of HIV transmission. Using motivational enhancement therapy strategies, he has also developed and tested telephone-delivered brief "check-up" interventions with gay and bisexual men who continue to engage in high-risk sexual behaviors despite having accurate knowledge of the risk they are undertaking. With colleagues from several other universities, he has served as coinvestigator of community-level HIV prevention interventions tailored for gay and bisexual males who live in small communities as well as women of color and adolescents who reside in urban public housing developments. His more recent research has focused on developing and testing a brief intervention intended to reach adult males who are concurrently engaging in intimate partner violence and the abuse of alcohol and/or other drugs.

Jeffrey L. Edleson is a professor in the University of Minnesota School of Social Work and the director of the Minnesota Center Against Violence and Abuse (www.mincava.umn.edu). He is one of the world's leading authorities on children exposed to domestic violence and has published over 100 articles and 10 books on domestic violence, groupwork, and program evaluation. He has recently coedited a book entitled *Parenting by Men Who Batter: New Directions in Assessment and Intervention* (2007, coedited with Oliver J. Williams, Oxford University Press) and the multi-volume *Encyclopedia of Interpersonal Violence* (2008, coedited with Claire Renzetti, Sage).