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A Study of Male Veterans’ Beliefs Toward Domestic Violence in a Batterers Intervention Program

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Domestic violence in intimate relationships is a ubiquitous social problem. This study addresses a gap in the research literature on batterers intervention programs with heterosexual male batterers by evaluating whether or not self-reported attitudes about partner abuse and sexist beliefs could be modified over time as a result of participation in a Batterers Intervention Program (BIP). Using the Inventory of Beliefs about Partner Abuse (IBAPA) to measure attitudes toward domestic violence and the Ambivalent Sexism Inventory (ASI) to measure sexist beliefs, results of the study provide empirical support for the notion that participation in BIPs affects the self-reported beliefs about their rights to physically and emotionally abuse their partner. These self-reported scores were adjusted for response bias by the long version of the Marlowe–Crowne Social Desirability Scale (MCD). Response bias and how it is treated in self-report measures with batterers is also discussed.

Keywords: domestic violence; batterers; batterers intervention programs; social desirability; response bias; ambivalent sexism

Although estimates of the prevalence of domestic violence vary, there appears to be a consensus among social and behavioral scientists that interventions can be helpful in reducing the extent and severity of domestic violence. A review of the domestic violence literature indicates that the
majority of Batterers Intervention Programs (BIPs) are based on the notion that changing attitudes and beliefs related to domestic violence plays a critical role in reducing the incidence of domestic violence (Adams, 2000; Pence & Paymor, 1993). Although there is limited data supporting this notion, one particular study stands out. In a comparison of batterer attitudes and cognitive styles with nonviolent men in Israel, groups were distinguished based on attitudes toward women, and by implication, a link was established between physical violence and negative attitudes toward women (Eisikovits, Edleson, Guttman, & Sela-Amit, 1995).

An additional critical aspect of exploring a relationship between self-reported attitudes and beliefs toward domestic violence is the documented tendency of batterers to underreport, minimize, and justify their abusive behavior toward women (Browning & Dutton, 1986; Edelson & Brygger, 1986; Heckart & Gondolf, 2000). Although it is widely accepted within the domestic violence field of research, there have been no follow-up studies since 2000 to further validate Heckart and Gondolf’s report (2000) that batterers tend to minimize and underreport their violence. Furthermore, many studies on domestic violence have not attempted to control the potential impact that response bias has on self-reported attitudes and beliefs. For those that do attempt to control for response bias, there appears to be a lack of consensus as to the most effective means of capturing response bias.

The purpose of the current study was to use objective psychological instruments to measure self-reported attitudes and beliefs about domestic violence and gender roles prior to the initiation of a state-certified intervention program and during the program. Self-report data from samples of male perpetrators and a control group are compared over time. In an effort to assess the possible effect of response bias, a standardized instrument of social desirability was used to measure possible distortions in self-reported attitudes and beliefs. These data will provide information about the nature and extent of changes in attitudes and beliefs related to domestic violence and the possible effects of response bias that are reported by perpetrators. These results, in turn, can be used in future research to assess the relationship among attitudes, incidents of domestic violence, and the possible effects of socially desirable response bias on BIPs.

Studies That Measure Response Bias

Saunders, Lynch, Grayson, and Linz (1987) published a groundbreaking study in the field of domestic violence with the construction of the Inventory
of Beliefs about Wife Beating (IBWB); a self-report questionnaire. In it, five subscales were found to have adequate reliability: Wife Beating Is Justified (WJ), Wives Gain from Beatings (WG), Help Should Be Given (HG), Offender Should Be Punished (OP), and Offender Is Responsible (OR). Response bias was assessed by using a 10-item version of the Marlowe–Crowne Social Desirability scale (MCD; Greenwald & Satow, 1970). Results showed that the short version of the MCD scores correlated significantly with two of the subscales: OP and WG (Saunders et al., 1987, p. 50). However, the shortened form of the MCD did not appear to affect the IBWB scores. It is important to note that only a small percentage of those on whom the scale was administered were batterers that limits the ability to generalize these findings beyond the sample used in the current study.

Heckart and Gondolf (2000) questioned the reliability and validity of self-report measures in the field of domestic violence. They attempted to assess for response bias in a batterer population participating in treatment by comparing responses on the Conflict Tactics Scale (CTS; Straus, 1979) with their female victims. These self-reports were compared with actual police reports. Results of Heckart and Gondolf data indicated that victims were more likely than batterers to underreport whereas batterers were more likely to minimize the actual assault. This is a significant finding as the literature has long stressed the need to corroborate perpetrator self-reports with victim reports in incidences of domestic violence to obtain a more realistic picture of actual events (Bograd, 1988; Browne, 1993).

Dutton and Hemphill (1992) compared male batterers and female victims’ responses on the CTS. However, instead of comparing responses with police reports, they assessed response bias using two inventories of social desirable responding: the Balanced Inventory of Desirable Responding (BIDR) and the MCD. Results indicate no significant correlation with “MCD was found” (p. 36); however, there were significant correlations with the BIDR. Thus, social desirable response bias was significantly correlated with the BIDR but appeared to have no interaction effect with the MCD. This is a significant finding. If one takes the MCD at face value, the batterers have no response bias. Yet, with the BIDR, the same batterers have significant findings for response bias.

Using a meta-analytic technique, Sugarman and Hotaling (1997) reviewed studies published from 1974 to 1994 that included intimate violence and social desirability. Unfortunately, only seven articles met the criteria for inclusion. Results suggested only a low-to-moderate effect of social desirable response bias on self-reports of marital or courtship violence. However, there was a moderate positive correlation between perpetrating physical
violence and responding with social desirability, showing that it is more likely for a batterer to respond with bias if physical violence was committed.

In another study, Date and Ronan (2000) used the MCD to assess response bias by comparing the attitudes and beliefs of a prison sample of batterers, violent offenders who reported no history of violence with an intimate partner, and nonviolent offenders (such as drug-related offenders). Results indicated that “sexist attitudes and beliefs did not differentiate those who engage in partner abuse from other violent or nonviolent offenders” (p. 1149). It is surprising to note, it was the nonviolent offenders who had higher levels of response bias based on the MCD scores.

The results of this study (Date & Ronan, 2000) are confounding. For one, there were no differences in sexist attitudes and beliefs between a prison sample of batterers, violent and nonviolent offenders. Second, the batterers and violent offenders, which would have been more likely to show response bias, appear to be perfectly upfront about their beliefs. It seems unlikely that only the nonviolent offenders were responding with bias.

These studies demonstrate the importance of assessing for response bias, particularly in a sample of batterers who tend to minimize or deny acts of violence. It is unfortunate to note, there is not a single established standard of assessing response bias. Studies attempting to assess response bias have analyzed the results of various measures; comparing batterer self-reports with victim self-reports or police reports, controlling self-reported inventories of attitudes and beliefs with the MCD or the BIDR, and others. It is, therefore, difficult to determine with confidence to what degree response bias has negatively affected the results of batterers’ self-reported attitudes and beliefs.

**Studies That Do Not Control for Response Bias**

The National Institute of Justice funded an evaluative study of BIPs in Broward County, Florida, and Brooklyn, New York (Jackson et al., 2003). Using a large random sample comparing an experimental group of batterers assigned to a 26- or 8-week BIP, with a control group of batterers assigned to probation or community service, attitudes were measured using a shortened form of the Inventory of Beliefs about Wife Beating (IBWB) and the CTS. Measures were not used to assess response bias. A 6-month and 1-year follow-up also compared police and victim reports.

Although no difference was found between groups nor over time in their attitudes toward women and domestic violence, batterers assigned to treatment
in the Brooklyn experiment were less likely to be accused of battering the same victim than members of the control group. Furthermore, significantly fewer new violent acts were committed by those who completed a 26-week BIP versus the 8-week program (Jackson et al., 2003, p. 19). It is unfortunate that this successful aspect of the BIP versus the anger management program was completely ignored and understated in the report, preferring, rather, to focus on the fact that the program had no impact in attitudinal changes. The report further failed to describe the way in which the IBWB was “shortened,” offering no data on its reliability or validity in a shortened form.

Unlike the previous study, in the Israeli study, batterers were easily distinguished from nonviolent men based on their negative attitudes toward women (Eisikovits et al., 1995). The two groups did not differ significantly relative to their cognitive styles, leading the authors to strongly recommend further attention be given to “changing violent men’s attitudes (p. 75).” Unfortunately, no attempt was made to control for response bias.

Archer and Graham-Kevan (2003) studied instrumental and expressive beliefs about aggression by comparing a sample of students, women in a shelter for victims of domestic violence, and male prisoners, all of whom had committed at least one act of physical aggression to a partner. It is surprising to note, results indicated that it was the student sample, not the male prisoners, who showed the strongest link with those instrumental beliefs that were correlated with physical partner aggression. No attempt was made to assess response bias nor even to comment on its possible impact on the study.

Using the self-reported responses to IBWB, Kane, Staiger, and Ricciardelli (2000) compared the responses of batterers’ to the responses of players on an Australian Rules football players and community service volunteers. No attempts were made to control for response bias. Results showed that all three groups of men “generally opposed the use of male violence toward female partners thus demonstrating a surprising lack of significant difference in their attitudes to the acceptability of domestic violence” (p. 24). Neither group supported the use of domestic violence.

Overall, there appear to be inconsistencies in studies that did not, at a minimum, attempt to assess response bias. However, there are also inconsistencies in the type of measure used to assess response bias: MCD, BIDR, police reports or victim reports, and so on. Although response bias is recognized as an extremely important factor that influences results of studies in general, and specifically with batterers, there does not appear to be a systematic effort to establish empirically valid and reliable methods to measure response bias in groups of batterers. Without this type of measure(s), the body of literature will continue to show inconsistencies and confusing results.
The purpose of the current study was to evaluate the extent to which men’s self-reported attitudes and beliefs regarding (a) violence toward their spouse or partner in heterosexual relationships and (b) stereotypical attitudes toward gender roles changed significantly as a result of participation in the BIP. Response bias was assessed using the scores on the long form of the MCD. The sample was taken from heterosexual male veterans completing a 26-week BIP and were compared with male veterans completing a 12-week outpatient Substance Abuse Treatment Program (SATP) in a Veterans Affairs medical center. The 12-week SATP uses a cognitive-behavioral model based on relapse prevention (Marlatt & Gordon, 1985).

### Table 1
Demographics

<table>
<thead>
<tr>
<th></th>
<th>BIP (n = 58)</th>
<th>SATP (n = 71)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>45</td>
<td>49</td>
</tr>
<tr>
<td>Education:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Less than ninth grade:</td>
<td>0%</td>
<td>1.4% or 1 of 70</td>
</tr>
<tr>
<td>2. Some high school:</td>
<td>17.2% or 10 of 58</td>
<td>4.3% or 3 of 70</td>
</tr>
<tr>
<td>3. High school or GED equivalent:</td>
<td>44.8% or 26 of 58</td>
<td>30% or 21 of 70</td>
</tr>
<tr>
<td>4. Some college:</td>
<td>29.3% or 17 of 58</td>
<td>42.9% or 30 of 70</td>
</tr>
<tr>
<td>5. College graduate:</td>
<td>.9% or 4 of 58</td>
<td>15.7% or 11 of 70</td>
</tr>
<tr>
<td>6. More than 16 years:</td>
<td>1.7% or 1 of 58</td>
<td>5.7% or 4 of 70</td>
</tr>
<tr>
<td>Race:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. White</td>
<td>77.6% or 45 of 58</td>
<td>85.9% or 61 of 71</td>
</tr>
<tr>
<td>2. African American</td>
<td>17.2% or 10 of 58</td>
<td>11.3% or 8 of 71</td>
</tr>
<tr>
<td>3. Hispanic</td>
<td>1.7% or 1 of 58</td>
<td>2.8% of 2 of 71</td>
</tr>
<tr>
<td>4. Native American</td>
<td>1.7% or 1 of 58</td>
<td>0%</td>
</tr>
<tr>
<td>5. Asian and/or Pacific Islander</td>
<td>1.7% or 1 of 58</td>
<td>0%</td>
</tr>
<tr>
<td>Drug history:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>87.9% or 51 of 58</td>
<td>94.4% or 67 of 71</td>
</tr>
<tr>
<td>Other substances</td>
<td>37.9% or 22 of 58</td>
<td>31% or 22 of 71</td>
</tr>
<tr>
<td>Veteran in combat</td>
<td>20.7% or 12 of 58</td>
<td>28.2% or 20 of 71</td>
</tr>
<tr>
<td>Vietnam Era</td>
<td>46.6% or 27 of 58</td>
<td>54.9% or 39 of 71</td>
</tr>
<tr>
<td>Average length in military</td>
<td>3.4 years</td>
<td>3.7 years</td>
</tr>
</tbody>
</table>

Note: BIP = Batterer Intervention Program; SATP = Substance Abuse Treatment Program. Significant differences were not found in terms of race, $\chi^2(n = 129) = 3.69, p = .45$; history of alcohol abuse, $\chi^2(n = 129) = 1.69, p = .193$; history of substance abuse, $\chi^2(n = 129) = .685, p = .408$; veteran who was in combat, $(n = 129) = .957, p = .328$; served in Vietnam Era, $\chi^2(n = 129) = .897, p = .344$; and average length in the military, $\chi^2(n = 129) = 29.012, p = .220$. Significant differences were only found in education $\chi^2(n = 129) = 12.952, p = .024$.

### Method

The purpose of the current study was to evaluate the extent to which men’s self-reported attitudes and beliefs regarding (a) violence toward their spouse or partner in heterosexual relationships and (b) stereotypical attitudes toward gender roles changed significantly as a result of participation in the BIP. Response bias was assessed using the scores on the long form of the MCD. The sample was taken from heterosexual male veterans completing a 26-week BIP and were compared with male veterans completing a 12-week outpatient Substance Abuse Treatment Program (SATP) in a Veterans Affairs medical center. The 12-week SATP uses a cognitive-behavioral model based on relapse prevention (Marlatt & Gordon, 1985).
The BIP is based on the Duluth model and uses the Power and Control Wheel that addresses attitudes and beliefs (Pence & Paymor, 1993).

Of a total of 58 veterans in BIP who completed the initial pretest, 25 (43%) were lost to attrition. Likewise, of a total of 71 veterans in SATP who completed initial pretest, 22 (30%) were lost to attrition. As seen in Table 1, there are many similarities between the two groups: the majority in both groups served during the Vietnam Era, the majority of veterans entering the BIP also have concurrent issues with alcohol or other substances, and the majority in both groups are White. Using chi-square analysis, the only significant difference found between the two groups was in education ($p = .034$) indicating that the SATP group reported more years of formal education than the BIP group. Furthermore, based on previous studies, it can be assumed that between 40% and 58% of men in substance abuse have prior or concurrent histories of domestic violence, making the SATP sample very similar to the BIP group (Brown, Werk, Caplan, Shields, & Seraganian, 1998; Stith, Rosen, Barasch, & Wilson, 1991).

There was no randomization. Anyone entering a BIP or SATP between June 2001 and February 2002 was asked to voluntarily participate in the study. All men completing the BIP were court ordered to complete the program. In SATP, men voluntarily sought treatment for a drug or alcohol problem, and all carried a substance use disorder. All were veterans. At each new orientation group for BIP, veterans were asked to voluntarily participate in the current research study. At the first of 12 outpatient SATP groups, veterans were also asked to voluntarily participate in the current study. At approximately 12 to 14 weeks into the BIP, veterans were asked to complete the same questionnaires again. Likewise, on completion of the SATP at approximately 12 weeks, veterans were again asked to complete the same questionnaires. Informed consent was obtained for all participants prior to initiation of the current study.

**Measures**

Three questionnaires were administered: the 33-item long version of the MCD, the IBAPA, renamed from the IBWB, and the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1997).

The MCD is a “balanced scale composed half of culturally acceptable but probably untrue statements and half of true but undesirable statements” (Crowne & Marlowe, 1964, p. 21). The MCD was found to have acceptable psychometric properties when first published (internal consistency $= .88$, test-retest $r = .89$; Crowne & Marlowe, 1960). However, psychometric data
from later studies were lower and ranged in the .70s (Barger, 2002, p. 289). It should be noted that Barger’s study of the psychometric properties of the MCD challenged the prior validity and reliability estimates of the scale, in particular, shortened versions. This current study used the 33-item long version of the MCD.

The IBWB was modified to the Inventory of Beliefs about Partner Abuse (IBAPA) to reflect more sensitive language to the topic of domestic violence and to reflect more current terminology. For example, items such as *wife* were modified to read *partner* or *woman*. Questions, as well, were modified. For example, a question reading “A sexually unfaithful wife deserves to be beaten” (Saunders et al., 1987, p. 56) was rewritten to read “A sexually unfaithful woman deserves to be punished.” The newly modified IBAPA has five subscales, which were taken directly from the IBWB and were found to have adequate reliability and were created from factor analysis (Saunders et al., 1987, p. 45): Partner Abuse is Justified (PJ; alpha coefficient of .73), Victims Gain from abuse (PG; alpha coefficient of .77), Help Should Be Given (HG; alpha coefficient of .72), Offender Should Be Punished (OP; alpha coefficient of .61), and Offender Is Responsible (OR; alpha coefficient of .62). These five subscales were also correlated with the Rape Myth Acceptance Scale (Burt, 1980) and found to be significantly correlated. Internal consistency on the modified IBAPA reached an alpha level of .79 indicating moderately high reliability.

The ASI is based on a theory of sexism as “ambivalence,” not simply hostility (Glick & Fiske, 1997, p. 119). Distinguishing between hostile and benevolent sexism makes this inventory unlike any other scale currently in publication (Glick & Fiske, 2001; Glick et al., 2000). Using anthropological research as its framework, the theory posits that when there is ongoing and long-standing interaction between members of the “dominant and subordinate groups, intergroup attitudes are not likely to be purely hostile” (Jackman’s study, as cited in Glick & Fiske, 1997, p. 120). However, unlike the lines between ethnic and racial groups, who may successfully avoid “kinship ties,” “sexual reproduction ensures that most men are dependent on women as wives, mothers, and romantic objects” (Glick & Fiske, 1997, p. 121), resulting in ambivalent sexist ideologies rather than purely hostile ideologies.

The inventory is composed of two subscales: Hostile Sexism (HS) and Benevolent Sexism (BS). *Benevolent sexism* is a “subjectively positive form of prejudice”; however, women who challenge men’s power (i.e., feminists, career women, etc.) may experience more hostile forms of sexism. Glick and Fiske (Glick et al., 2000) noted that those who score high on HS and
BS “rectify ambivalent feelings by characterizing women as good or bad subtypes” (p. 765). The ASI subscales and total scores were found to be reliable: alphas = .89 for HS, .81 for BS, and .90 for total ASI score. There were significant correlations found between HS and BS scales suggesting that HS and BS are “both aspects of traditional attitudes toward women” (Glick, Diebold, Bailey-Werner, & Zhu, 2001, p. 1326). Furthermore, hostile and benevolent sexism scores have shown significant positive correlations for men \((r = .45, p = .01)\) and women \((r = .57, p = .01)\) suggesting support for the notion of ambivalence in male–female relationships (Glick & Fiske, 1997, p. 126). Correlations between the HS scale and other scales such as Modern Sexism Inventory (Swim, Aikin, Hall, & Hunter, 1995) and Attitudes Toward Women (Spence & Helmreich, 1972) were generally moderate (approximately .40). Discriminant validity of the BS scale was determined in that it appears to measure a construct that other sexism scales do not measure (p. 127).

**Data Analysis**

Because of the possibility that a socially desirable response bias may distort the scores on both dependent measures, an ANOVA was performed on the MCD scores of participants of both groups who took a pretest but may not have completed. As well, a repeated measure MANCOVA using the MCD as a covariate was used on only the groups who took a pre- and a posttest: BIP \((n = 33)\) and SATP \((n = 49)\). Use of the MCD as covariate was one of the preferred statistical methods recommended by Saunders (1991) in procedures for adjusting self-reports of violence.

**Results**

**Analysis of Marlowe–Crowne Scores**

The results of the ANOVA comparing MCD scores of the BIP group members \((n = 58)\) and the SATP group members \((n = 71)\) indicated that differences between groups were not statistically different at the customary level of significance, \(F(1, 127) = .059, p < .808\). The tendency toward a socially desirable response bias was not evident (BIP mean = 17.17, \(SD = 6.10\); SATP mean = 16.90, \(SD = 6.45\)).
The results of the repeated measures MANCOVA (refer to Table 2) yielded significant main effects for time in the overall IBAPA, $F(1, 79) = 5.55, p < .02$ and one subscale, PJ, $F(1, 79) = 6.06, p < .02$. Differences between the BIP and SATP groups were also significant, $F(1, 79) = 5.09, p < .03$, and on the subscale PJ, $F(1, 79) = 3.94, p < .05$. The MCD as covariate was only significant on one subscale, PJ, $F(1, 79) = 4.50, p < .04$.

There was a significant Time × Group interaction for PJ, $F(1, 79) = 10.21, p < .002$, and PG, $F(1, 79) = 7.39, p < .008$, but was nonsignificant for OR, OP, and HG. Time × Group approached significance on the overall inventory, $F(1, 79) = 3.60, p < .06$. Means test scores (Table 3) reveal the BIP and SATP groups changed favorably over time, showing that treatment seems
to have a positive effect on attitudes and beliefs toward domestic violence and women regardless of the type of treatment.

Analysis of the ASI Scores

The results of the repeated measures MANCOVA yielded significant main effects for time on the subscale HS, $F(1, 79) = 5.52, p < .02$, and approached significance on the total ASI, $F(1, 79) = 3.36, p < .06$. Differences between the BIP and the SATP group were only significant on the BS subscale, $F(1, 79) = 4.74, p < .04$. Time × Group interaction was significant on the overall ASI, $F(1, 79) = 5.05, p < .03$, and approached significance on BS, $F(1, 79) = 3.19, p < .08$. Means test scores reveal the BIP group changed significantly over time as compared to the SATP, revealing that treatment in the BIP appears to have positive effects on sexist attitudes toward women.

Discussion

The IBAPA and the ASI have a very different purpose. The IBAPA was specifically designed to measure one’s beliefs toward domestic violence
and was designed to be used by batterers, victims, and/or professionals treating them to measure personal attitudes toward domestic violence. Alternately, the ASI was developed to measure ambivalent sexist attitudes toward women and was designed for use with a much broader population. To date, the ASI has not been used with a group of male batterers nor among a veteran sample. Rather, the inventory has been used mainly among college samples (male and female) and across cultures (Glick & Fiske, 1997).

The results of the current study provide empirical support for the notion that participation in BIPs affects the self-reported beliefs and attitudes that batterers hold about their rights to physically and emotionally abuse their partners. It is interesting to note that in the BIP and SATP groups, veterans were more willing to endorse the belief that partners do not gain from being abused and that partner abuse is not justified, but are unwilling to admit that the offender, himself, may be the cause of this abuse and should be held accountable. This, in itself, is one of the major barriers to successful treatment: that batterers take accountability for their actions. Further study in this area would greatly enhance the field of research regarding batterers and could positively affect the effectiveness of BIPs.

Because the self-reported attitudes and beliefs of the SATP group also changed over the course of a group cognitive-behavioral treatment for substance use disorder (Marlatt & Gordan, 1985), a question arises as to the unique contribution of BIP to facilitating changes in attitudes and beliefs. Both groups participated in psychosocial treatment, and both treatment approaches focus on the individual responsibility for making behavioral changes based on probable positive and negative consequences. Thus, the attitudes and beliefs of both groups of participants were affected over time and in similar directions.

Socially desirable responding is significant only in the subscale of the IBAPA, PJ. The BIP group showed significant changes in their beliefs that partner abuse is justified over time but may have been biased in their response. It may be that having been educated on the “appropriate” response that the group facilitator was looking for and wanting to successfully complete the court-ordered treatment, veterans in the BIP may have been more prone to response bias.

The MCD was designed to serve as the weighting factor to control for the effects of social desirable responding. The failure to find a significant level of response bias, except on the subscale, PJ, among batterers was unexpected, despite the fact that the long form was used. Research has shown that batterers tend to minimize and deny their abuse (Heckart & Gondolf, 2000). Although many studies have utilized the short form MCD
among batterers, none of the results has been able to support the notion that batterers tend to distort, deny, and minimize their responses on self-report inventories.

The MCD is not a measure of psychopathology. Perhaps, the reason the MCD is not able to capture response bias on a population of batterers is precisely because it was not set up to account for psychopathology. Ground-breaking research in the field of batterer typologies indicates that batterers tend to fall into one of three subtypes: family only, dysphoric and/or borderline, and generally violent and/or antisocial (Holtzworth-Munroe & Stuart, 1994). It may be that batterers tend to underreport for reasons other than social desirability, of which the MCD is ill equipped to capture.

Recent research has begun to question the validity and reliability of the MCD (Barger, 2002). Although the MCD had strong internal consistency when tested in the 1960s (approximately .80), there have been a number of recent studies reporting internal consistency estimates in the .70 range (Barger, 2002). In a study of two measures of social desirable responding on a population of male batterers, the MCD and the BIDR, results indicated no significant correlation with “MCD was found” (Dutton & Hemphill, 1992, p. 36). Yet there were significant correlations with the BIDR which means that response bias was captured with the BIDR but not the MCD. It is possible the MCD needs to be reevaluated to determine if it is still serving its original purpose.

The IBAPA is designed to measure attitudes and beliefs about domestic violence. Over time, both groups reported significant positive changes in their beliefs about domestic violence regardless of group membership on the total score and on the subscales. Unexpectedly, the SATP group endorsed even more favorable attitudes toward domestic violence than did the BIP. However, by posttest, the BIP group showed more favorable changes in attitudes toward domestic violence than the SATP.

Perhaps, because the SATP group was not court ordered to complete the program and voluntarily came into SATP, they had less need to minimize their beliefs and could be more public about their beliefs. Unfortunately, the SATP group was not asked if they had prior histories of domestic violence. This is a limitation of the current study. Previous research in this area, however, indicates that between 40% to 58% of those seeking treatment in substance abuse may also have had prior histories of domestic violence, which may account for the similarities in their responses and why the SATP reported even more favorable beliefs toward domestic violence than the BIP group (Brown et al., 1998, Stith et al., 1991).

What is known, however, is that the majority in the BIP group also had histories of alcohol and/or substance abuse, and the majority in both groups
served during the Vietnam Era. Alternative explanations as to why the two groups were similar are plentiful: psychometric properties of the scale, desire to avoid unpleasant consequences, sample characteristics, content of BIP, and so on. Further research on these topics could benefit the field of domestic violence.

In contrast to the measure of IBAPA, the ASI is a measure of sexism and consists of two scales measuring different expressions of sexism; Benevolent Sexism (BS) which focuses on traditional, subjectively positive views of women (e.g., homemaker, sex objects, etc.) and Hostile Sexism (HS) which assessed negative attitudes toward women who challenge men’s power (e.g., feminists, career women, etc.).

A comparison of the ASI scores showed significant differences between the two groups in their overall sexist attitudes and on the Benevolent Sexism scale. The BIP group endorsed greater general and benevolent sexist attitudes than the members of the SATP group. This indicates that compared to the SATP group, the BIP appeared to report significant changes in their beliefs and attitudes about gender roles and sexism. This is important because part of the psychoeducational curriculum of the Duluth model is precisely to educate on sexism and having a relationship based on equality (Pence & Paymor, 1993). Thus, those from the BIP group showed a reduction in self-reported sexist beliefs after the intervention.

Unexpectedly, the HS scores were lower than expected at pretest for the BIP, and the scores of both groups were virtually identical at posttesting, suggesting that neither group endorsed significantly hostile views toward women. However, even with this lower-than-expected score, over time, the BIP group does show a reduction in HS by posttest whereas the SATP group scores appeared virtually the same. This, too, is important because it shows that one group (the BIP) changed their self-reported views based on the intervention, which was a reduction in hostile sexist beliefs.

It should be noted that of the 19 nations in which the ASI was studied, the U.S. scores ranked among the lowest 4 nations to endorse approval of hostile sexism toward women. One interpretation of the data is that because of this lack of acceptance of hostile sexism, that the BIP group, although with a history of domestic violence toward a partner, would be unwilling to acknowledge these hostile tendencies. On the other hand, BS is a much more socially acceptable form of sexism as it is simply a belief of gender-role expectation and does not hold within it hostility (unless the partner and/or wife does not conform). Thus, it is not surprising that the BIP group would hold significantly higher and more favorable views of BS than the SATP group.
Although the self-reported changes on the ASI over time did not reach statistical significance, in contrast to the SATP group, the BIP group showed a trend in modifying their sexist attitudes. It can be argued that the content of the BIP approach seems to be somewhat more helpful than the cognitive-behavioral approach to substance use disorders in reducing sexist attitudes of its participants by “humanizing” women. However, the relationship between domestic violence and sexism is not clearly established and requires additional investigation. As well, because domestic violence is also known to take place among gay and lesbian couples, future research comparing samples of batterers among heterosexual and gay and lesbian samples would give a clearer idea as to whether there is a link between battering and sexism.

Although participants reported positive changes in their beliefs and attitudes toward partner abuse, behavioral changes based on changes in attitudes and beliefs are unknown. Future research is needed to compare attitudinal changes with actual behavioral changes. Only one other known study has attempted to collect data on batterers’ attitudes and beliefs prior to and on completion of a BIP (Jackson et al., 2003), making this a unique and new way to assess the effectiveness of BIPs. National Institute of Justice findings (Jackson et al., 2003) indicate no significant differences between the experimental group assigned to 26-week BIP and the control group of batterers assigned to probation initially and over time (p. 9). Both groups also reported the same likelihood of battering their partner again. These findings seem to contradict the current study’s findings, and further research of pre- and postattitudinal changes on a larger sample size will help generalize these findings.

The greatest limitation to the current study was the relatively small numbers of participants completing pre- and postadministrations of the IBAPA and ASI. However, as compared to the civilian population, veterans have a much higher rate of domestic violence (Walker, 2000), thus making a veteran sample a prime sample to investigate. Overall, findings appear to support the value of BIP in changing self-reported attitudes and beliefs, which is one of the primary goals of the BIP.

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