

From: Motivational  
Interviewing and  
Stages of Change in  
Intimate Partner  
Violence

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New York: Springer Publishing Co  
2009

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## Motivating Substance-Involved Perpetrators of Intimate Partner Violence to Seek Treatment: A Focus on Fathers

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Intimate partner violence (IPV) is a common and serious public health problem, adversely impacting millions of adult victims and children who are exposed to the violence. The majority of victims (85%) identify their abuser as male (Tjaden & Thoennes, 2000). For nearly three decades, programs for IPV perpetrators (typically men) have offered weekly groups ranging in duration from 12 to 52 weeks with one or two facilitators (Austin & Dankwort, 1999; Maiuro & Eberle, 2008). Studies have largely focused on mandated populations. The effectiveness of these programs, however, has been questioned. At best, the few evaluation studies utilizing experimental designs have found them to have modest positive effects (Babcock, Green, & Robie, 2004; Bennett & Williams, 2001; Davis & Taylor, 1999; Feder & Wilson, 2005). One consistent finding across most studies is that IPV treatment is effective with some individuals, particularly program completers, those who are not abusing or dependent on substances, and those high in motivation.

A surge of new theories and intervention models has emerged to address the mixed results of treatment programs, a heavy reliance on the criminal justice response that reaches only a minority of perpetrators, and a lack of focus on prevention or early intervention. Years of intervention research in the substance abuse field have led some in the IPV field to incorporate and adapt the transtheoretical model of change (TTM)

(i.e., Stages of Change) and Motivational Interviewing when working with victims and perpetrators (see below) (Roffman, Edleson, Neighbors, Mbilinyi, & Walker, 2008).

The IPV field has also begun to develop programs addressing multiple issues facing their clients, including substance abuse (SA) and parenting. Considerable evidence suggests that many IPV perpetrators concurrently abuse alcohol or other drugs, and points to the importance of including a focus on SA in interventions for perpetrators (Holtzworth-Munroe & Meehan, 2004; Thompson & Kingree, 2006).

The overlap of IPV and child abuse (Edleson, 1999a), the adverse and enduring effects of exposure to IPV by children (Edleson, 1999b; Fantuzzo & Mohr, 1999), the manipulative use of children by the IPV perpetrator against the nonabusive parent (Bancroft & Silverman, 2002; Edleson, Mbilinyi, Beeman, & Hagemeister, 2003; Edleson, Mbilinyi, & Shetty, 2003), and the likelihood that even after divorce the perpetrator will continue to have a relationship with the children, have led to the development of programs targeting perpetrators who are fathers. Examples of such programs include the Men's Parenting Program of the Amherst H. Wilder Foundation's Violence Prevention and Intervention Services (formerly known as the Community Assistance Program), the EVOLVE program, Men Overcoming Violence for Equality (MOVE), and Caring Dads ([www.caringdadsprogram.com](http://www.caringdadsprogram.com)). (For a detailed description of these programs and a comprehensive discussion of parenting in the context of IPV, see Edleson, Mbilinyi, & Shetty, 2003.) These programs are still somewhat new and are currently being replicated and evaluated in different settings. Development and evaluation of new programs are crucial, given that many perpetrators will continue to be involved with their children. In addition, a focus on fatherhood provides a *back-door* entry to address IPV issues for some men (Baker, Perilla, & Norris, 2001). The use of motivational interviewing with IPV perpetrators in discussing fatherhood and the impact of their behavior on their children has the potential to increase discrepancy, resolve ambivalence, and increase motivation for change.

In this chapter, we first discuss the overlap of IPV and SA and perpetrators' experience with batterer intervention programs (BIPs). We then describe the concept of Stages of Change and discuss a motivational enhancement intervention (a check-up) to be used as a catalyst for entering treatment. We describe the design of such a model (the Men's Domestic Abuse Check-Up—MDACU) and share key outcome findings for substance-using, IPV-perpetrating fathers and men without children.

## INTIMATE PARTNER VIOLENCE AND SUBSTANCE ABUSE

Alcohol use increases the risk of intimate partner violence (Fals-Stewart, 2003; Fals-Stewart, Leonard, & Birchler, 2005). Thompson and Kingree (2006) found that women whose partners had been drinking at the time of assault were significantly more likely to be injured than were women whose partners had not been drinking. Brown and his colleagues (1999) found up to a 92% lifetime diagnosis of substance abuse or dependence among IPV perpetrators in their sample. The high level of co-occurrence led Goldkamp, Weiland, Collins, and White (1996) to design and pilot test one of the few integrated interventions aimed at ending both SA and IPV among a group of men who were court ordered to treatment and found greater retention (79%) in the integrated program compared to the traditional program (55%) after 1 month of services. Easton and Sinha's (2002) evaluation of Yale's Substance Abuse Treatment Unit's Substance Abuse–Domestic Violence integrated approach has preliminarily found that the model increased participants' motivation to engage in positive behavior change (IPV and SA) and improved their compliance with treatment. Following a 12-week integrated treatment group with alcohol-dependent men who were arrested for IPV, Easton and colleagues (2007) found these participants had significantly decreased IPV behaviors from pre- to posttreatment.

## TREATMENT ENTRY, ENGAGEMENT, AND PROGRAM COMPLETION AMONG IPV PERPETRATORS

Most IPV perpetrators are nonadjudicated and untreated and enter treatment only after they have injured a partner or family member *and* have been arrested (Gondolf, 2002). Many abusers in treatment drop out, with rates ranging from 22% to 99% (Daly & Pelowski, 2000). Low motivation and SA are often found to be predictors of dropout. Yet, program completers are more likely to be nonviolent than are the non-completers. Gondolf (2004) found a 50% greater overall reduction in recidivism among program completers in his four-city study that included 840 court-ordered IPV perpetrators. More recent studies have found that program completion reduces the probability of IPV reassaults by 40% to 60% (Bennett, Stoops, Call, & Flett, 2007; Jones, D'Agostino, Gondolf, & Heckert, 2004). These findings make a compelling case for

developing interventions that promote motivation for treatment, voluntary treatment entry, and retention.

## THE STAGES OF CHANGE MODEL

A paradigm of change that has had considerable heuristic influence on the design of behavioral interventions in recent years was first articulated with reference to smoking cessation. Prochaska and DiClemente (1983) hypothesized that before smokers ultimately succeed in quitting, they've likely experienced earlier stages of readiness to change, one of which involves ambivalence, that is, having the goal of quitting and being unready to commit to the steps necessary for its achievement. They referred to this phase in a continuum of readiness as the contemplation stage, and noted that having an opportunity to explore these ambivalent feelings and reflect on one's personal dissatisfaction with being a smoker would likely be helpful in tipping the scales toward readiness to make an abstinence commitment.

In the field of IPV, the need for interventions tailored for individuals who are experiencing ambivalence and are contemplating change is beginning to be discussed (Brown, 1997; Daniels & Murphy, 1997; Murphy & Baxter, 1997; Murphy & Eckhardt, 2005; Roffman et al., 2008). The ultimate objective is to facilitate voluntary treatment entry and improve outcomes.

## MOTIVATIONAL ENHANCEMENT THERAPY (MET)

At about the same time that the stages-of-change model was beginning to appear in the literature, an intervention model that came to be known as motivational enhancement therapy was being developed. Its first iteration, a brief intervention called "The Drinkers' Check-Up" (Miller, Benefield, & Tonigan, 1993; Miller & Sovereign, 1989), involved an assessment interview and a subsequent feedback session, with the provider using an empathic style of counseling called motivational interviewing (Miller & Rollnick, 2002). Advertised as a chance to take stock of one's drinking with no pressure to commit to changing, the DCU intervention reached individuals who met diagnostic criteria for alcohol dependence. Moreover, when followed up several months later, many were found to have self-initiated change or entered treatment. In sum, this new modality

was tailored for individuals who were not yet making the change and, in succeeding at facilitating the voluntary participation of clearly alcohol-impaired individuals, challenged the prevailing notion that alcoholics had to hit bottom and be confronted before they would be ready to change.

## MET WITH UNTREATED, NONADJUDICATED SUBSTANCE-ABUSING IPV PERPETRATORS

Defense dynamics attributed to IPV perpetrators are similar to individuals with addictive disorders, such as minimizing the severity of consequences, blaming others for causing the behavior, and making excuses for one's actions (see Murphy & O'Farrell, 1997; Roffman et al., 2008). Motivational enhancement therapy has demonstrated efficacy among individuals with these characteristics (Karno & Longabaugh, 2004; Project MATCH Research Group, 1997).

Motivational interviewing (MI), a counseling style within MET, includes resistance reduction strategies that are particularly relevant in enhancing motivation for change in individuals with abusive behaviors. Intimate partner violence perpetrators have been found to show remorse and ambivalence regarding their behavior, suggesting compatibility with MI principles. A study at the University of Washington, the Men's Domestic Abuse Check-Up, adapted and tested motivational enhancement therapy for men engaging in both IPV and SA and who are precontemplative and contemplative about their behaviors.

## THE MEN'S DOMESTIC ABUSE CHECK-UP (MDACU)

The MDACU was a federally funded, randomized controlled trial conducted by researchers with the University of Washington and the University of Minnesota Schools of Social Work. Adapted from the DCU, the MDACU targeted adult men who were ambivalent or concerned about their IPV and SA behaviors, and in the precontemplation or contemplation stage of change. A telephone-delivered, brief intervention, the MDACU was developed to reach and motivate untreated and nonadjudicated substance-using IPV perpetrators to self-refer into treatment.

The marketing for this project had to be universal as IPV perpetrators represent all socioeconomic, racial, ethnic, and religious backgrounds. Due to continued stigma linked with domestic violence and the

broad target population, developing a universal recruitment campaign presented a substantial challenge. The research team contracted with an advertising agency, worked closely with IPV perpetrator and victim treatment providers, as well as adult men who had successfully completed IPV treatment in designing a recruitment plan. Through this collaboration, a marketing campaign was designed to be nonjudgmental, engaging, and appealing to men from diverse backgrounds who are in the precontemplation and contemplation stages of change. In order to increase desirability and lower barriers to the potential participant, the check-up was described in advertising as brief, by telephone, a *taking stock* experience rather than treatment, and offering the assurance of privacy including anonymity.

The MDACU recruited participants through feature or news stories in mainstream press, radio, and television; display ads in mainstream and culturally specific newspapers; radio ads; and project flyers at social, health, workplace, and law enforcement establishments (see Mbilinyi et al., 2008, for a detailed description of the marketing development process). Figure 8.1 is an example of marketing materials developed for this project. Another manuscript documenting the effectiveness of the recruitment strategies is currently underway.

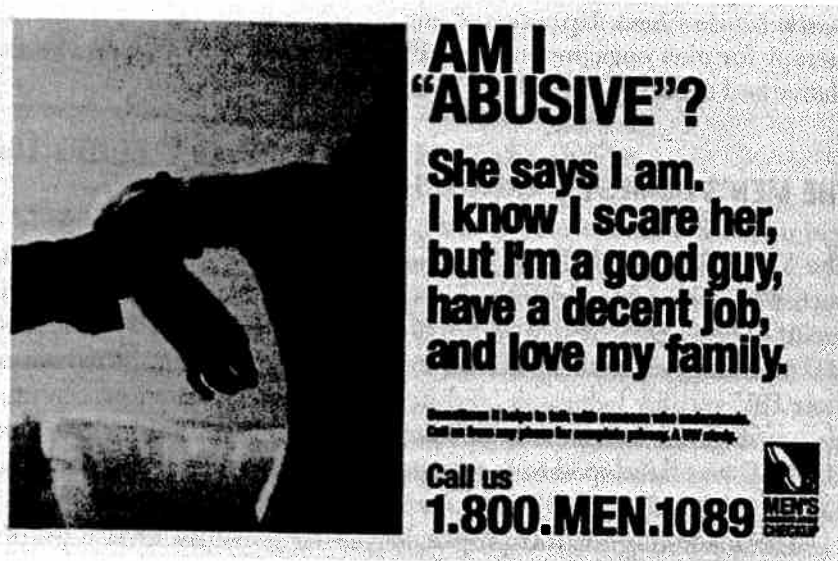


Figure 8.1 Display advertisement—Partner print ad.

One hundred twenty-four eligible men were recruited from the community and were randomly assigned to receive a telephone-delivered, individual feedback session (MET condition) or were mailed educational materials on IPV and SA (education condition). Participants in the education condition were offered the individual feedback session after the final follow-up assessment.

### THE EXPERIMENTAL (MET) AND COMPARISON (MAILED EDUCATIONAL MATERIALS) CONDITIONS

The MET session consisted of one individual, 60-to-90-minute session by phone with a counselor using motivational interviewing techniques. After affirming the participant for calling, the counselor asked him his reasons for responding to the study advertisements, and what he was interested in getting out of the session. The counselor then introduced the Personal Feedback Report (PFR), summarizing the topics that would be discussed. The PFR, constructed from data collected in the assessment interviews, was comprised of the following sections: history of perpetrator's abusive behavior, IPV normative data, consequences to the perpetrator of his IPV, family history of IPV, exposure to IPV by children, current alcohol use patterns, alcohol normative data, estimated blood alcohol concentrations, risk factors for developing an alcohol problem, alcohol use consequences, current drug use patterns, drug normative data, and consequences related to drug use.

The Comparison Condition consisted of an educational brochure on the definitions and prevalence of IPV and SA, as well as their social, legal, and health consequences on the individual, family, and society.

### THE OPTIONAL LEARNING SESSION (OLS): LEARNING ABOUT AND CONSIDERING OPTIONS IN THE COMMUNITY

The OLS was a 20-to-45-minute in-person session, focused on providing detailed information about treatment resources such as length, format, fees, and location. Attendance at the OLS served as an outcome measure indicating increased readiness to change behavior. Each participant was invited to the OLS, which was delivered in a case management and didactic style.

## Screening, Assessment, and Follow-Up

The MDACU's phone line was open Monday through Friday, from 9 a.m. to 7 p.m. All participants were assessed by phone during two screening interviews and one baseline interview prior to the intervention, and at 1-week and 1-month follow-up. Callers who were ineligible, seeking other services, or in crisis were referred to relevant community resources (see Mbilinyi et al., 2008, and Roffman et al., 2008, for a detailed description of the screening process).

## Summary of Findings

The MDACU demonstrated the feasibility of recruiting, enrolling, assessing, offering feedback, and reassessing current substance-using IPV male perpetrators who are neither being treated nor adjudicated. The project attracted a demographically diverse community sample of IPV perpetrators, the majority of whom had been exposed to IPV in their families of origin. Virtually all reported committing psychological violence and at least minimal physical violence directed at the partner, and half reported using severe physical violence such as kicking on one or more occasions. At baseline, most *were not* taking steps toward IPV (84%) or SA (92%) treatment. A manuscript documenting findings of our key outcomes is currently underway. Briefly, we found the MDACU to be a promising approach for motivating men to take steps in the direction of treatment and to at least temporarily reduce the frequency and severity of their abusive behavior. Below, we present outcome findings comparing fathers and men without children in our sample, which were analyzed specifically for this chapter and not included in the primary outcomes paper.

### MDACU Findings: IPV-Perpetrating Fathers and Men Without Children

Of the 124 enrolled participants, 92 (74.2%) were fathers and 32 (25.8%) were not. Table 8.1 presents demographic information as a function of fatherhood. The two groups did not differ significantly with respect to race,  $\chi^2(6) = 3.31, p = ns$ , or ethnicity,  $\chi^2(1) = .51, p = ns$ . Fathers, however, were older,  $t(122) = 2.96, p < .01$ , and more likely to be married,  $\chi^2(1) = 6.78, p < .01$ .

Table 8.1

DEMOGRAPHICS	FATHERS (N = 92)	MEN WITHOUT CHILDREN (N = 32)
	Married	69.6%
Ethnicity-Hispanic	6.5%	3.1%
Race		
White	62.0%	71.9%
Black/African American	18.5%	12.5%
Asian	1.1%	3.1%
American Indian/Alaska Native	4.3%	3.1%
Hawaiian/Pacific Islander	4.3%	0.0%
Other	9.8%	9.4%
	Mean (SD)	Mean (SD)
Age	41.10 (10.07)	34.47 (13.14)

## DIFFERENCES IN BASELINE CHARACTERISTICS

### Intimate Partner Violence

Intimate partner violence was assessed by the Conflict Tactics Scale-Revised (CTS-2). At baseline, fathers reported using an average of 13.27 ( $SD = 25.29$ ) incidents of psychological violence during the past 90 days in comparison to 14.80 ( $SD = 36.06$ ) incidents reported by men without children. Fathers reported using an average of 5.41 ( $SD = 3.56$ ) incidents of physical violence or injurious behaviors in comparison to an average of 4.19 ( $SD = 3.39$ ) incidents reported by men without children. Fathers reported using an average of 1.65 ( $SD = 9.67$ ) acts of sexual violence in comparison with .41 ( $SD = 1.21$ ) acts reported by men without children. Results of generalized linear models where outcomes were modeled using negative binomial distributions revealed no significant differences between fathers and men without children on psychological violence,  $B = .08, \chi^2(1) = .51, p = ns$ , or physical violence or injurious behaviors,  $B = .26, \chi^2(1) = 1.28, p = ns$ . In contrast, fathers reported committing significantly more sexual violence,  $B = 1.40, \chi^2(1) = 15.67,$

$p < .001$ . This result remained significant when we controlled for differences in marital status.

### Alcohol and Drug Use

Fathers reported consuming an average of 8.68 ( $SD = 12.01$ ) alcoholic drinks and using other drugs on an average of 13.40 ( $SD = 11.52$ ) days during the past 90 days at baseline. In comparison, men without children reported consuming an average of 14.28 ( $SD = 16.37$ ) drinks and using other drugs on an average of 18.09 ( $SD = 12.03$ ) days during the past 90 days. Results of generalized linear models using negative binomial distributions indicated that fathers consumed significantly less alcohol at baseline,  $B = -.50$ ,  $\chi^2(1) = 5.42$ ,  $p < .01$ , but the difference in other drug use was not statistically significant,  $B = -.30$ ,  $\chi^2(1) = 2.02$ ,  $p = .15$ .

### Readiness to Change

Readiness to change domestic violence, alcohol, and drug use were examined in separate general linear models using a modification of the Brief Readiness to Change questionnaire. Results indicated that fathers did not differ from men without children in terms of their readiness to change domestic violence,  $B = -.10$ ,  $t(122) = -.28$ ,  $p = ns$ , or drug use,  $B = -.11$ ,  $t(122) = -.08$ ,  $p = ns$ . Fathers' scores on readiness to change drinking behavior were somewhat lower, although not significantly so,  $B = -1.26$ ,  $t(122) = 1.31$ ,  $p = .19$ . This difference in readiness to change drinking probably reflects the fact that fathers drank less than men without children.

### Treatment Seeking

Treatment-seeking behaviors included inquiries to treatment agencies by phone or in person, requesting materials from a treatment agency, or attending an intake session or a session of treatment. At baseline, 16.3% of fathers reported having engaged in one or more treatment-seeking behaviors for domestic violence during the past 90 days in comparison to 12.5% of men without children. This difference did not approach statistical significance,  $\chi^2(1) = .26$ ,  $p = ns$ . With respect to treatment seeking for alcohol or other substance abuse, at baseline only 4.3% of fathers reported any treatment-seeking behavior in comparison to 15.6% of men without children,  $\chi^2(1) = 4.49$ ,  $p < .05$ . Thus, while they did not differ

with respect to prior treatment seeking for domestic violence, fathers were less likely to have engaged in treatment seeking for alcohol or other substance use. This latter finding probably reflects lower alcohol and somewhat lower drug use among fathers to begin with. Indeed, when we statistically controlled for prior alcohol and other substance use there was no significant difference in treatment seeking between fathers and men without children.

### Summary of Baseline Characteristics

The fathers in our sample were older and more likely to be married. The pattern of differences in baseline characteristics suggests two primary differences between these two groups. First, although both groups used similar levels of psychological, physical, and injurious violence, fathers were more likely to report having used sexual violence. Second, fathers reported lower rates of substance use, alcohol in particular. Lower substance use, and hence less need to change, appeared to translate into lower readiness to change substance use among fathers in comparison to men without children.

### Intervention Effects Among Fathers

For this chapter we looked at follow-up outcomes for fathers only, examining change as a function of intervention among fathers by evaluating differences in follow-up outcomes controlling for baseline outcomes (reported above). The relatively small number of men without children, when divided by intervention group at follow-up, precluded our ability to more comprehensively evaluate whether intervention effects at follow-up assessments varied as a function of fatherhood (e.g., we had only eight men without children in the control group at 30-day follow-up). In a larger study we would evaluate interactions between fatherhood and intervention condition on follow-up outcomes. However the present sample size did not provide sufficient power for us to do this in a meaningful way.

### Optional Learning Session Attendance

Attendance at the OLS was a primary outcome of MDACU. Overall, the OLS was attended by 32.6% of fathers. In the intervention group, 36.1% of fathers attended the OLS whereas in the control group 30.4%

of fathers attended. Moreover, fathers in the intervention group were not significantly more likely to attend the OLS in comparison to fathers in the control condition,  $\chi^2(1) = .33, p = ns$ .

### Intimate Partner Violence

At 30-day follow-up, fathers in the intervention group reported an average of 1.01 ( $SD = 1.21$ ) incidents of psychological violence during the past month in comparison to 3.04 ( $SD = 8.73$ ) incidents reported by fathers in the control group. Fathers in the intervention group reported an average of .21 ( $SD = .68$ ) incidents of physical violence or injurious behaviors during the past 90 days in comparison to an average of .85 ( $SD = 2.83$ ) incidents reported by fathers in the control group. Results of generalized linear models using negative binomial distributions indicated that controlling for baseline CTS-2 scores, fathers in the intervention condition reported using somewhat fewer acts of psychological violence,  $B = -.44, \chi^2(1) = 3.04, p = .08$ , and significantly fewer acts of physical or injurious violence,  $B = -1.40, \chi^2(1) = 7.24, p < .01$ . At the 30-day follow-up, only five fathers reported having used any sexual violence during the past month. All five of these fathers were in the control group.

### Alcohol and Drug Use

At the 30-day follow-up, fathers in the intervention group reported having consumed an average of 9.66 ( $SD = 11.34$ ) drinks per week in the past month and having used other drugs on an average of 16.33 ( $SD = 11.40$ ) days. In comparison, fathers in the control group reported having consumed 8.04 ( $SD = 12.48$ ) drinks and having used drugs on 11.52 ( $SD = 11.29$ ) days. Results of generalized linear models using negative binomial distributions indicated that, controlling for baseline use, differences between fathers in the intervention group versus fathers in the control group did not approach statistical significance for drinking,  $B = .30, \chi^2(1) = 1.23, p = ns$ , or drug use,  $B = -.09, \chi^2(1) = .11, p = ns$ .

### Readiness to Change

Readiness to change domestic violence, alcohol, and drug use at 30-day follow-up were examined among fathers as a function of intervention condition controlling for baseline readiness in separate general linear

models. No differences between fathers in the intervention condition versus those in the control group approached significance for domestic violence,  $B = .23, t(74) = .77, p = ns$ , alcohol use,  $B = .54, t(74) = .68, p = ns$ , or drug use,  $B = -.50, t(74) = -.32, p = ns$ .

### Treatment Seeking

At the 30-day follow-up, 13.9% of fathers in the intervention condition reported having engaged in any treatment-seeking behaviors in the prior 30 days in comparison to 17.9% of fathers in the control condition. A logistic regression evaluating likelihood of engaging in treatment seeking for domestic violence, controlling for baseline treatment seeking, indicated that the difference between intervention fathers and control fathers did not approach significance,  $B = -.72, \chi^2(1) = 1.43, p = ns$ . Only four fathers reported engaging in any treatment-seeking behaviors for substance use during the previous 30 days at the 30-day follow-up assessment. The relative infrequency of treatment seeking for alcohol and other substance use during this period precluded statistical evaluation. Three of the four fathers who reported treatment seeking for alcohol and other substance abuse were in the intervention condition.

### Summary of Intervention Effects Among Fathers

Overall, the intervention effects specifically among fathers mirror the preliminary primary outcomes summarized above. This is noteworthy because the sample size is smaller when only examining fathers. Results indicated that, controlling for baseline outcomes, fathers in the intervention condition committed fewer acts of intimate partner violence at the 30-day follow-up in comparison to fathers in the control group. We did not find evidence for other intervention differences among fathers, although it is interesting to note that three of the four fathers who engaged in treatment seeking during the 30-day period following baseline were in the intervention condition.

### DISCUSSION

Preliminary data from our pilot trial indicate that substance-using IPV perpetrators who are not involved in court procedures or treatment can be attracted to participate in an experience with a counselor to discuss their IPV behaviors. This alone is encouraging, given the infrequency of

self-referral to IPV treatment and suggests that men who are engaging in IPV are concerned about their behaviors. Further research is needed to explore how best to capitalize on this experience and encourage more of these men to enter a formal treatment program.

The majority of our participants were fathers, who said that being a good dad and setting a good example were important values for them. Thus the role of fatherhood offers potential value as an intrinsic motivator with men who are abusive to the other parent. Aspects of the Personal Feedback Report specifically targeted fathers to encourage a thoughtful discussion about how their IPV behavior may be affecting their children. Participants were asked if they had witnessed IPV in their home growing up. They were also asked if they had children living in their home. Information was provided on how men who have witnessed IPV in the home are at risk for perpetrating IPV in adulthood and the negative effects IPV can have on children.

Preliminary data suggest that fathers reduced their violence more when exposed to the MET intervention than the control condition. However, treatment seeking did not differ between the two groups. While the reduction of violence is encouraging, there may be significant barriers to treatment seeking with this population. A father may feel that entering treatment for IPV is an admission of guilt or of being an unfit parent leading to the loss of his children. Specific reasons fathers had for not entering treatment were not evaluated in the current study, but would be fruitful to explore in the future. Also, the sample size was too small to investigate potential differences between fathers who currently had children living in their home versus those who did not. Fathers may have children who are grown and out of the home, or children outside the home whom they have little contact with. The age of the children, access to, and living situation may all be interesting factors to explore in the future with regard to this population, and may provide further insight into how to work with fathers to motivate them to stop their IPV behavior as a pretreatment or treatment intervention. Overall, in the MDACU, many fathers were attracted to voluntarily talk with someone about their violence in the home and reduce their abusive behaviors. Further work should continue to explore ways to attract and engage abusive fathers into intervention services.

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