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Gender Matters in Batterer Intervention Program Settings: Curriculum Topics Are

the Most Helpful in Fostering Positive Change in Domestic Violence Behavior

By

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B.S., Human Services & Management, University of Phoenix, 2004

THESIS

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Abstract

Domestic violence is truly a complex issue in terms of defining it – no single definition can be found, in terms of understanding its causality ,some view it as a gender issue, others perceived it a socio-political issue, many consider it a criminal issue, and others treat it a psycho-social issue, in terms of its impact , its magnitude, effect and impact are far reaching and may last for a life time, in terms of its dynamics, its victims and perpetrators come from all demographic groups, and in terms of the effective intervention, they tend to focus on victimization when what could stop domestic violence is no other than the perpetrator. This study explores ways to better understand how and why gender matters pertaining to curricula approaches used to foster positive behavior change in dealing with domestic violence issues. The study explores gender similarities' and differences in learning and pursues exploring any unique aspects to gender that might present itself as important when dealing with batterer intervention education and behavior change training curricula. Determining what works and building programs around these findings is of high relevance to help stop domestic violence.

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Chapter 1

Introduction

One of the primary aims of this exploratory study is to identify the most relevant

topics for clients mandated to attend a Batterer Intervention Program (BIP) in Sandoval

County, New Mexico. The study also explores ways to better understand how and why

gender matters pertaining to curricula approaches used to foster positive behavior change in

dealing with domestic violence issues. Furthermore, this study explores gender similarities'

and differences in learning and pursues exploring any unique aspects to gender that might

present itself as important when dealing with BIP education and behavior change training

curricula. Gender matters, and it is well identified in the literature that men and women have

different ways of learning including differences in understanding and processing information

(Dutton, 2008, 2). As part of this exploratory study the research also examines the role of

BIP educational training curricula and educational modalities being used to foster behavior

change interventions that are more sustainable over time. Recent studies suggests that the

majority of men (53-85%) who complete treatment programs remain physically nonviolent

for up to 2 years, with lower rates for longer follow-up periods. Women remain physically

nonviolent for 5 years. While the findings of this study are purely for exploratory purposes,

they cannot be generalized to any group, but they can help outline a direction for future

research pertaining to inquiries of gender.

Treatment programs for perpetrators of partner violence are an innovation that has

spread throughout the U.S. in the last decade. There is increasing evidence that supports the

benefit to having these programs. Most of the batterer intervention programs use a group

format to discuss relationship roles and teach behavioral modification skills, including how

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to cope with stress and anger, how to take responsibility for one's actions and show empathy and compassion for others. In recent years, there have been efforts to evaluate these programs, although they have been hindered by methodological difficulties that continue to pose problems in interpreting the results. Early reviews of Batterer Intervention Programs (BIPs) efficacy research (Davis & Taylor, 1999; Levesque & Gelles, 2005) revealed promising, small to moderate effect sizes for BIPs. But latter studies (Babcock, Green & Robbie, 2006) found only weak evidence that men mandated to BIPs will stop perpetrating violence upon a partner following program completion. There's an even greater of scarcity of studies (Archer, 2007) focusing on women who get mandated to BIP's and their duration before once again perpetrating domestic violence and or intimate partners violence. Unlike qualitative studies, more effective outcomes have been found with quasi-experimental quantitative design studies which use complex statistical procedures, such as Instrumental Variables Regression, that take into account confounding unmeasured client characteristics (Jones & Gondolf, 2002).

As a society we are only just beginning to realize the extent to which domestic violence affects our communities. Domestic violence is the leading cause of injury to women in America. Homicide by an intimate partner is the seconding leading cause of death among pregnant women according to a study conducted by the CDC's National Center for Chronic Disease Prevention and Health Promotion that were published in the March 2008 issue of the American Journal of Public Health. Nationally between 600,000 and 6 million women are victims of domestic violence each year, also known as intimate partner violence. There is a wide range in the statistics of domestic violence on a national level because the data varies based on the primary data source being cited. This is contrary to the situation for men who

are generally more likely to be attacked by a stranger or an acquaintance then by someone in their close circle of relationships (Tjaden & Thoennes, 2009). The fact that women are often emotionally involved with and economically dependent on those who victimize them further complicates the dynamics of their abuse. Women can be violent with men; between 100,000 and 1 million men are also victims of domestic violence. The statistics vary considerably based on the primary data source being cited. There is violence found in same-sex partnerships, although the overwhelming burden of partner violence is bore by women at the hands of men (Tjaden & Thoennes, 2009). When extending the view of violence in the home beyond intimate partners, women using force takes a different contextual view. The U.S Department of Health and Human Services Administration for Children and Families indicated that 65 to 70% of all child (abuse-related) deaths occur at the hands of their mothers or female caretakers (2008). This example of female initiated violence could moderate any exclusively patriarchy model of interpersonal violence.

Research suggests the majority of partner violence involves yelling, pushing, grabbing, slapping and throwing things with high levels of emotional abuse and control. Over half of the intimate partner violence relationships are accompanied by sexual abuse. Perpetrators, who engage in battering, or intimate terrorism, which typically leads to physical injury up to and including death account for less than half of the offenders (Holtzworth-Munroe & Stuart, 2007). Intimate partner violence occurs in all countries, irrespective of social, economic, religious or cultural group. Organizations in the U.S and around the world have long drawn attention to intimate partner violence. Through their efforts the issue has now become a matter of national and international attention. Initially viewed largely as a human rights issue, intimate partner violence is increasingly seen and an important public

health problem. Despite over 20 years of activism in the field of intimate partner violence, few interventions have been rigorously evaluated. A recent review by the National Research Council (2009) found that in the U.S there were only 34 studies that attempted to evaluate interventions related to partner abuse. Of those, 22 focused on law enforcement, reflecting the strong preference among government officials towards using the criminal justice system to deal with violence.

In New Mexico domestic violence is a major concern. A recent New Mexico study found that one third of women homicide victims were killed by a former or current intimate partner. In 2009 approximately three quarters (72% of 11,851) of domestic violence victims identified by law enforcement were women. Shelters from domestic violence served over 9,000 adults in 2008, 90% of them were women (Milner & Singleton, 2008). The question remains, can incidents of domestic violence decrease in New Mexico and throughout the United States by working with abusers in an intensive educational arena that confronts their beliefs supporting abusive behavior while helping them develop positive alternatives? If so what treatment model would best meet the objectives? Are gender differences addressed in the treatment models used in batterer intervention programs?

Based on the premise that there are distinctions between how men and women interpret and process information there needs to be increased understanding of gender differences in learning and the importance of using different educational modalities in Batterer Intervention Program curricula. Without effective education curricula their beliefs and attitudes are likely to go unchallenged, and they either continue the abusive patterns in their existing relationships or carry it to future intimate partnerships.

Again, the purpose of conducting the research proposed herein is to obtain feedback from clients, both men and women currently receiving educational classes for domestic violence prevention from a batterer interventionist program. Feedback on the topics they believe are most effective in increasing motivation to change domestic violence behaviors and increase level of impulse control to refrain from acting out. Just as its important to acknowledge feedback from these clients, it is important to take that feedback and integrate it into BIP to help facilitators/trainers help clients take more responsibility for their actions and end their violent behavior. It is within this qualitative paradigm "listening to client voices" that this research underscores the significance of giving "voice" to clients who would otherwise be ignored due to their stigmatization and marginalization by mainstream society (McElroy-Johnson, 1993; Flores-Duenas, 1998). The qualitative research methodology of using focus groups as a preferred methodology was significant in order to "give voice to the voiceless" and begin establishing trust within the client-based groups.

Domestic violence treatment has reached a muddled state in which there has not yet emerged a consensus of what educational modalities and curriculum should be included to increase treatment effectiveness. Professional batterer interventionists must give serious consideration to what is the most efficacious and empirically supported treatment. Currently research is limited to measuring the effectiveness of current programs, rather than determining what works and building programs around these findings. While data regarding Batterers Intervention Programs effectiveness have improved in some ways over the years, much is simply unknown about how such programs should be designed, how they should be applied in the field, and how they should be studied empirically (Eckhart et al. 2006). This thesis takes it a step further in the qualitative paradigm by raising critical questions pertaining

to developing "a curricula framework" that integrates gender-based aspects of learning. As one of three areas, the research identifies topics of importance for batterer intervention programs taken from the gender-based perspective of men and women currently in domestic violence prevention programs identifying if there is evidence of gender-differences in their responses to the focus group questions. As part of the focus group discussion approach this study integrates aspects of Community Based Participatory Research (CBPR) to elicit the "voice" of the client-based population that has often been excluded. Terry Moore, Program Director for Nonviolent Alternatives, a Batterers Intervention Program in Indianapolis, IN explains the shared sentiment of many interventionist, "We believe many of our clients are inherently kind, loving people who want happy, healthy lives and loving relationships but are unaware of how to accomplish this goal. They were trained at an early age to use abusive behavior toward others/and or themselves, as methods of survival, or coping skills to deal with fear and pain. Over time these behaviors, and the belief systems that foster them, become subconscious habits which get manifested in personal communication styles."

This study seeks input from "the voice" of a population that rarely has been asked to give their opinion on the effectiveness of the curriculum being taught to them. However, the curricula covers the very topics that are used to supposedly help them develop healthy coping skills, behaviors for them to sustain over time. By asking client-based participants in a BIP to share how they best learn things, the researcher hopes to bring better understanding on how

Perpetrators of domestic violence can be helped more effectively. Helped more effectively through BIP's training and educational curricula, which can more effectively foster positive behavior change through an innovations curricula framework? An innovations

curricula framework, which takes into account that gender, matters in the delivery and design of presented curricula in batterer intervention programs. There is a constellation of causes concerning the behavior of domestic violence perpetrators, whether they are male or female. As part of addressing this constellation of causes there is a set of intervention modalities, which are already quite standard to the field. Three of these standard and traditional modalities are 1) Outpatient treatment-mandated batterer intervention programs (BIP) for a 52-week period 2). Individual and or Group Counseling According; and 3) mental health crisis intervention. There is also a growing body of empirical research on the alternative approaches to the more traditional batterer intervention treatment methods (Duncan & Miller, 2006). These alternative approaches consist of court reviews, case management, client empathy building, emotional management, trauma recovery, and fostering a client facilitator alliance (Dalton, 2007; Rennison, 2007). There are also several models emanating from this work such as 1) Ecological Nesting Model that emphasizes building trust with the clients; 2) The Vista Model-directed towards women and 3) The Duluth Model-the current national standard model used by BIPs. The literature reveals that these alternative approaches have yielded positive results but require further research to collect more evidenced based data.

The Ecological Nesting Model requires understanding the factors that influence domestic violence. This model considers the complex interplay between individual, relationship, community, and societal factors (Dahlberg & Krug 2002).

The Vista Model is used as a tool for understanding women who use of force because it allows analysis of women's violence from a perspective that provides facilitators with a valid and complex understanding of violence by women as it takes into account the

interactions of historical context, social prescriptions of gender roles, social and legal

reactions

The Duluth Model is the most widely adopted model of domestic violence and

batterer intervention. It uses a cognitive psycho-educational, pro-feminist approach to

challenge male authority in relationships and teach group participants skills that support

egalitarian, healthy relationships (Pence & Paymar, 1993).

Standards Regulating Interventions

Currently, laws in forty-four states and the District of Columbia set standards

regulating intervention for offenders of domestic violence. Nearly all (98%) of the states

require a minimum of six months of weekly group counseling as a mode of treatment.

According to a recent national survey of 1,400 such programs the mean length of each group

is 90 minutes. Attendance is required for an average of 52 weeks. Men make up about 90%

of participants (Maiuro & Eberle, 2008). Unlike the previously described alternative models,

the standard types of treatment offered in batterer intervention programs are psycho-

educational approaches formulated on the premise that domestic violence stems from one

partner seeking to gain power and control over the other. Based upon findings from intimate

partner violence literature, including what is known about the prevalence, etiology,

recidivism and other dynamics of intimate partner violence there is conflicting data over

what types of treatment work in batterer's intervention programs. The current "one size fits

all" approach for batterer's intervention programs focus primarily on re-socializing.

However, the premise that men who batter are seeking to control and maintain male privilege

over their female victims' may be based on a theoretical premise that is currently unsupported

by research evidence. This thesis driven research aims to questions the standard foundation

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of BIP's and seeks to challenge the foundational aspects of their design using "the voice" of the clients in a BIP. The information gathered in this study may be used as a guideline in developing curriculum for BIP's and may also be adopted as the standard training used in intervention programs throughout the state of New Mexico.

Chapter 2

Literature Review

This literature review is organized around the following themes a) the prevalence of domestic violence; b) cultural and environmental factors associated with domestic violence; c) currently evidence-based interventions modalities; and d) gaps in the literature and future trends.

There is a scarcity of studies that exist which examine current Batterer Intervention Programs (BIP) and their potential to develop innovative and relevant curricula that acknowledges the "voice" of client-based participants (Flores- Duenas, 1999& Peters, 2009). There are even fewer studies that have examined gender specific BIP curricula.

Domestic violence is a complex social issue meriting extensive research as well as the types and forms of client based batterer intervention programs designed to change perpetrator behaviors. An increasing number of studies bring attention and recognition to the fact of how societal trends render domestic violence – as a social issue; an issue which was once perceived to be simply a private, family matter that has now been elevated and addressed as a serious social and criminal issue. A serious social and criminal issue, with far-reaching repercussions for the perpetrators, require an extensive range of complex interventions. Moreover, studies have also shown the complexity of domestic violence which makes it very difficult and challenging to address and identify the most effective intervention modalities for the wide array of causes that impact the behavior. Understanding the complex nature of domestic violence also requires examining the constellation of causes and modalities used to treat perpetrators of domestic violence. Currently, the three primary interventions are

1) outpatient treatment-a 52 week cognitive behavioral approach 2) Counseling-direct one on one and group counseling 3) mental health crisis intervention.

Prevalence of Domestic Violence in the United States

Attempts by experts and researchers in the field who have been studying domestic violence are many times thwarted by the underreported numbers and silent epidemic of this social condition in the United States. What have been achieved at best are only estimates and the challenge of capturing the true nature of the problem continues to be elusive. Furthermore, since measurements of the problem are largely determined by varying definitions of domestic violence actual data estimates can also vary. Despite these challenges current data are revealing as it has indicated a high prevalence rate (Brewster, 2002) given the shocking magnitude of the problem in the US (Summers & Hoffman, 2002). Domestic violence surveillance data emanates from law enforcement reports (FBI, State, Local legal entities), domestic violence shelters and estimation records of prevalence and incidence of severe bodily harm stemming from emergency room reporting data.

Twenty eight percent of American couples have experienced domestic violence at some time in their relationships, 16% of them in a given year (McCue, 2008). Domestic violence (DV) and intimate partner violence are synonymous and are used interchangeably in the literature and in domestic violence programs.

Millions of intimate partner rape and physical assault cases occur every year (Tjaden & Thoennes, 2000), from which women typically suffer from head and spinal injuries, at times leaving them medically untreated due to financial constraints, often resulting in permanent physical psychological injury (Murphy 1993, qtd. in Summers & Hoffman, 2002).

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Domestic violence occurs at varying degrees in heterosexual and homosexual relationships with women in heterosexual intimate relationships being subjected to more chronic and physical assaults compared with women in homosexual relationships, and with men in homosexual intimate relationships experiencing more intimate partner violence than those men in heterosexual intimate relationships (Tjaden & Thoennes, 2000); Data trending shows that one in every four women will be more likely to go through domestic violence in their lifetime and more women die from domestic violence. Studies show 42% of murdered women are killed by their intimate male partners (Correia, 2007).

More women are being subjected to DV more frequently. A study conducted by Summers & Hoffman (2007) reports that every nine seconds a woman is subject to domestic violence.

A greater ratio of women (1:6) than men (1:33) have been raped or have been attempted to be raped and 7.8M women have been raped by their intimate partners sometime in their lives (NCADV, 2007). There is also a greater ratio of women (1:12) than men (1: 45) who report being stalked by their current or former intimate partners with 81% of stalked women being physically abused and 31% of stalked women being sexually abused by their stalkers (NCADV, 2007);

Women as victims of domestic violence vary, with younger women (16-24 years old) experiencing the highest risk rate and African American women more vulnerable than whites, poor women (i.e. low-income women) experiencing more lethal intimate partner violence compared with higher income women and with women living in urban areas experiencing more lethal intimate partner violence compared with those living in rural areas (Summers & Hoffman, 2002). African American (Black women) women suffer from the

highest rates of domestic violence. African American women experienced domestic violence at a rate 35% higher than that of white women and 22% percent higher rate than women of other ethnicities (Domestic Violence Statistics Prevalence and Trends, 2011). One of four women has experienced domestic violence in their lifetime. Data can and does vary on who experiences the highest rate of risk in terms of age and ethnicity (National Center for Domestic Violence, 2011). Domestic violence adversely affects the victim's mental health state, resulting to "more than 18.5 million mental health care visits each year" (NACDV, 2007).

Domestic violence is not only a social problem, but also a crime (Summers & Hoffman, 2002). The consequences of domestic violence can persist through generations and could even last a lifetime (National Coalition Against Domestic Violence, 2007). Moreover, its impact is far-reaching, affecting not only peace and order in the family but social structures as well, even impacting the nation's health and labor productivity, costing US citizens $5.8 billion annually and denying society 8 million days of paid work (Correia, 2007); resulting in high social costs and many undetermined consequences.

Cultural and Environmental Factors Associated with Domestic Violence

Various theories attempt to explain domestic violence. Some theories, generally categorized under three perspectives – *psychological, sociological, and feminist –*attempt to explain why perpetrators commit domestic violence ; while other theories, such as *cycle of violence, learned helplessness, battered woman syndrome, Stockholm syndrome, traumatic bonding theory,* and *psychological entrapment theory,* attempt to explain why victims of domestic violence remain with their abusive intimate partners despite the risks awaiting them. (Brewster, 2002). National Center for Domestic violence defines DV as occurring

through the following: physical abuse (kicking, biting, hitting, shoving, restraining, slapping, throwing objects), sexual abuse, stalking, economic deprivation (not having access to funds, money is controlled by the perpetrator).

What drives partners to commit domestic violence? Psychological theorists would attribute it to individual characteristics, such as personal experiences (e.g., victim of child abuse), personality traits (e.g., great desire for power), psychological disorders (e.g., post-traumatic stress disorder), psychopathology, and others (Bickerstaff, 2010). On the other hand, sociological theorists understand domestic violence beyond individual factors attributing it to the existing social structure, power relations (Jenkins & Davidson, 2001) and violence-tolerant culture that dominates societies until today beginning at home to workplaces (Voigt & Thornton, 2002). Whereas, feminists view domestic violence as a gender problem attributing it to gender roles and relations whereby women are left at the mercy of men, hence challenging the status quo (Jenkins & Davidson, 2001).

Why do victims remain with their abusive partners? Walker's *cycle of violence* – "(a) the tension-building phase, (b) the acute battering incident, and (c) the honeymoon phase" – implies it is an essential characteristic of domestic violence (Peters, 2009). Advocates of *learned helplessness* attribute it to victims' belief that nothing can be done to free themselves from their abusers; while advocates of *battered woman syndrome* attribute it to victims' belief that they have no choice but to remain with their abuser (Brewster, 2002). On the other hand, the *Stockholm syndrome* or hostage syndrome explains that this is due to victims' belief that their survival rests on their abuser (Correia, 2007). Whereas, the *traumatic bonding theory* attributes this on intimate partners' strong yet unhealthy attachment to each other, that any hint of abandonment may result to violence in order to control the other

(Correia, 2007). While, the *psychological entrapment theory* attributes this to the victims' unwillingness to let go of the abusive relationship, as they value more the time, energy, and emotions they have invested to make the relationship work (Bullock, 2007).

Evidence-based Interventions and Modalities

Batterer intervention programs (BIPs) are one of several types of interventions designed to prevent the onset or continuation of intimate partner violence (IPV). Other interventions include (a) arrest, prosecution, sentencing, and probation of the offender; (b) services for victims of IPV, including counseling, crisis intervention, advocacy, children's programs, and shelter; (c) couples groups; and (d) individual counseling (Capaldi & Kim, 2007). Couples groups and individual counseling are less often utilized due to concerns about the safety and blaming of victims in couples treatment and concerns about reinforcing the batterer's code of secrecy in individual counseling. Nevertheless, both couples groups and individual treatment are viable interventions for other populations, and their application to batterers, with proper criteria, increases the intervention options for a very diverse group of people (MacLeod & Smith, Rose-Goodwin, 2008).

BIPs typically consist of a short evaluation of client's needs followed by approximately a 24 to 52 weekly group sessions? Levesque & Gelles (2001) evaluated a number of BIP programs and concluded that BIP group sessions' should be conducted for at least 24 weeks. The basis of this recommendation is based that this is the length of time it takes to get to the root cause of client behavior. Some studies report show that batterer's groups do not begin to break through the layers of denial for many participants until at least 36 weeks (Gondolf, 2005).

The BIP groups may be educational, treatment oriented, or focused on personal growth, but there are usually elements of all three in a BIP, in varying combinations. BIPs may also include other intervention elements, such as personal counseling, case management, addiction treatment, parent education, mentoring, or programming drawn from cultural and ethnic traditions (Babcock, & Robie, 2008). BIPs may be focused on partner violence by men or by women, by heterosexuals or by people in same-sex relationships, but groups are usually not mixed by gender and the curriculum is currently not gender specifically, which is part of the problem. BIPs are often housed in nonprofit or private agencies, and less frequently in the criminal justice system or in public institutions (Jenkins & Davidson 2009). The details of conducting batterer intervention programs are readily available in a number of topics and papers. Most states and provinces require that BIPs meet standards, and most standards require that the staff of BIPs meet specific educational and training requirements (Mcleod et al., 2008).

The current focus of BIP' is on group-based, same-sex groups for men and women. There are two theoretical perspectives that, although seemingly in conflict, are usually combined in practice to form what is called the standard model BIP. The original BIPs emerged from the women's movement of the 1970s and suggested that men's violence against women was socially supported as a means of maintaining male dominance of women, creating what is known today as the pro-feminist approach (Hamel, 2008). The function of a batterer program drawn from this tradition is to help men alter their perceptions, behavior and beliefs about male dominance through a process of psycho-education and community activism. The Domestic Abuse Intervention Program in Minnesota is the most widely known of the psycho-educational approaches, and a sizable proportion of BIPs identify their

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program as a Duluth model. The Duluth model is the most widely adopted model of domestic

violence and batterer intervention. The model uses a cognitive psycho-educational, pro-

feminist approach to challenge male authority in relationships and teach group participants

skills that support egalitarian, healthy relationships (Pence & Paymar, 1993). The Duluth

"power and control wheel" is ubiquitous in BIPs, regardless of theoretical orientation

(Murphy & Baxter, 1999). The Duluth model is explained in more detail in the next section

of this review.

The second perspective on BIPs is based on cognitive-behavioral treatment (CBT)

principles. In a "CBT" group, the emphasis is on learning new skills, including identifying

triggers for violence, interrupting the escalation process, managing anger, and substituting

pro-social behaviors for controlling behaviors. The standard model BIP in the United States

at the present time is best characterized as a combination of the pro-feminist Duluth model

and the CBT psycho-educational program. Some researchers have criticized BIP programs

for using differing treatment philosophies-e.g., the Duluth model, CBT and process models

for the apparently low effectiveness of treatment as found in outcome research (Babcock et

al., 2004).

Gaps in the Literature and Future Trends in BIP's

Most observers such as practitioners and researchers conclude that no single

intervention program can accommodate the staggering diversity of the participants needs.

However a review of the literature reveals that the Duluth model, is considered to be the

standard model, but it is also the oldest and most antiquated model requiring more gender

specific integration. The second is the ecological nesting model which focuses on building

trust and the third is the Vista model which unlike the Duluth model is gender based specific

particularly for women. In the section BIP models are addressed that discuss the role of gender in regards to the psycho education strategies currently being used.

      Duluth Model. The most widely adopted model of domestic violence and batterer intervention, the Duluth model, uses a cognitive psycho-educational, pro-feminist approach to challenge male authority in relationships and teach group participants skills that support egalitarian, healthy relationships (Pence & Paymar, 1993). Founded in Duluth, Minnesota in 1981 by community activists working through a collaborative project known as the Domestic Abuse Intervention Project, it is often referred to simply as the "Duluth project," or the "Duluth method." The Duluth method has become synonymous with interventions for abusive men. Interventions through this approach are based on the idea that in our society men are socialized into assuming that they are entitled to power over women. Pence and Paymar (1993) stated that "batterers, like those who intervene to help them, have been immersed in a culture that supports relationships of dominance" (p. 3). The model calls for the coordination of agencies addressing domestic violence situations by pulling together community resources including law enforcement, shelters for battered women, the judicial system, and corrections, thus constituting a systemic approach to intervention. As such, the Duluth method has become a model for other jurisdictions trying to address domestic violence issues. There has been controversy as the Duluth framework depends on a strict "patriarchal violence" model and presumes that all violence in the home and elsewhere has a male perpetrator and female victim. Also evidence of success of the model is limited, with scholarly analysis and critique (Carollo., & Tello, 2008). According to critics, programs based on the Duluth Model do not see links to substance abuse and psychological problems as a high correlating factor. Correlating factors that include but are not limited to attachment

disorders, traced to childhood abuse or neglect, or the absence of a history of adequate socialization and training. Some criticize the Duluth model as being overly confrontational rather than therapeutic, focusing solely on changing the abuser's actions and attitudes rather than dealing with underlying emotional and psychological issues. According to Dutton (2006), a psychology professor at the University of British Columbia who has studied abusive personalities, states: "The Duluth Model was developed by people who didn't understand anything about therapy. The exclusive focus on males as perpetrators and the rejection of system dynamics models has been criticized from perspectives influenced by psychology and family therapy. The fields of psychology, psychiatry, and social work all provide for application of skill learning, improved social understanding and practiced behavioral mastery to provide for corrected and alternative behaviors (Coulter & Weerd, 2009). By contrast, the Duluth Model presents only "once an abuser, always an abuser" constructions to this important social problem.

  Ecological Nesting Model. The Ecological Nesting intervention model requires an understanding of the factors that influence domestic violence. This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to address the factors that put people at risk for perpetrating domestic violence behavior (Dahlberg & Krug 2002). There are several adaptations of the Social Ecological Model; however, the initial and most utilized version is Urie Bronfenbrenner's (1977, 1979) *Ecological Systems Theory* which divides factors into four levels: macro-, exo-, meso-, and micro-, which describe influences as intercultural, community, society, and interpersonal or individual. Traditionally many research theorists have considered only a dichotomy of perspectives, either micro (individual behavior) or macro (media or cultural influences).

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Bronfenbrenner's perspective (1979) was founded on the person, the environment, and the continuous interaction of the two. This interaction constantly evolved and developed both components. However, Bronfenbrenner realized it was not only the environment directly affecting the person, but that there were layers in between, which all had resulting impacts on the next level. His research began with the primary purpose of understanding human development and behavior. Bronfenbrenner's work was an extension from Kurt Lewin's (1935) classic equation showing that behavior is a function of the person and the environment. Bronfenbrenner first coined the phrase *Ecological Systems Theory*. He considered the individual, society, relationship, and culture to be nested factors, hence the modern term Ecological Nesting Model.
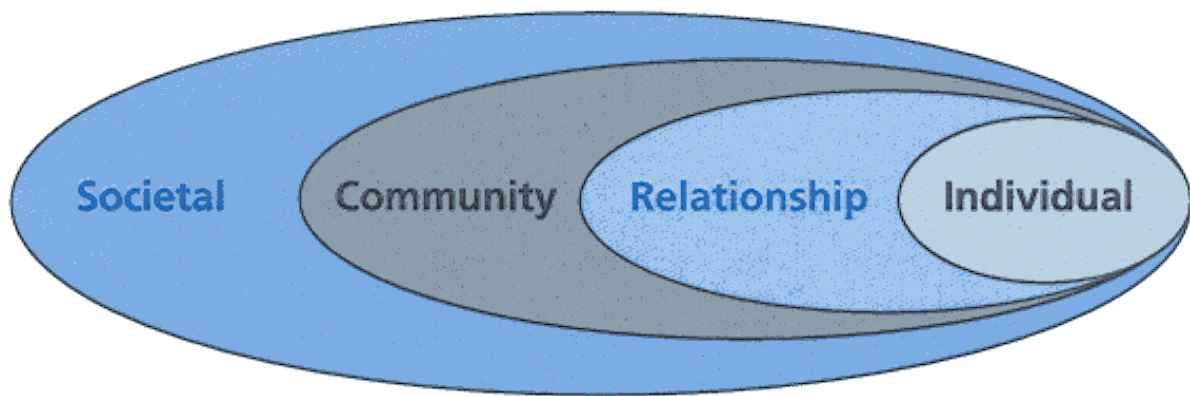
Figure 1. Ecological Nesting Model

Applying the Ecological Nesting Model to BIPs. The Ecological Nesting Model

domestic violence intervention strategies include a continuum of activities that address

multiple levels of the model. These activities should be developmentally appropriate.

Proponents of this model, contend that its effectiveness is more likely to sustain prevention

efforts over time than any single intervention taken from other intervention model.

The Model allows for the integration (Oetzel, Ting-Toomey, & Rinderle, 2006) of

multiple levels and contexts to establish the 'big picture' by examining the individual,

community, relationship, and societal contexts. Intervention that focuses primarily on any

one level underestimates the effects of other contexts (Klein et al., 1999; Rousseau & House,

1994; Stokols, 1996). The four-levels of the social-ecological model are:

1. Individual

    The first level identifies biological and personal history factors that increase the

    likelihood of becoming a victim or perpetrator of domestic violence. Some of these

    factors are age, education, income, substance use, or history of abuse. Prevention

    strategies at this level are often designed to promote attitudes, beliefs, and behaviors

    that ultimately prevent violence. Specific approaches may include education and life

    skills training.

2. Relationship

    The second level examines close relationships that may increase the risk of

    experiencing violence as a victim or perpetrator. A person's closest social circle-

    peers, partners and family members-influences their behavior and contributes to their

    range of experience. Prevention strategies at this level may include mentoring and

peer programs designed to reduce conflict, foster problem solving skills, and promote healthy relationships.

3. Community

The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level are typically designed to impact the climate, processes, and policies in a given system. Social norm and social marketing campaigns are often used to foster community climates that promote healthy relationships.

4. Societal

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. The Ecological Nesting Model has an integrative approach to intervention that missing in the Duluth Model. There is more of a holistic approach that validates the confounding variables effect the participant's life. Notably also limiting the Duluth Model is its primary focus on treating male perpetrators only.

Vista Model. Serving women who use forceThe VISTA Program's model approach to assessment, education and support, and advocacy frames a description of the impact services necessary to improve the lives of women who use force. By contextualizing a woman's experiences, with the aid of the ecological nested model, the VISTA intervention

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program model services the needs of women who have limited access to resources. Service providers using the Vista model proclaim it has allowed them to develop an extended view of serving women who use force by creating a grounded "healing place" approach that builds on traditional survivors support group strengths and is distinctly different from batterers' intervention (VISTA, 2007).

   History of the Vista Model. The Vista Modal was developed by therapist working with the Jersey Battered Women's Services (JBWS). The team of therapist became part of the women who use force discussion through participation on the New Jersey Coalition for Battered Women's (NJCBW) subcommittee on women's use of force. JBWS Coalition identified a trend that battered women were now becoming involved in the legal system as perpetrators for their use of force in intimate relationships. The Vista program developers reported that the creation and implementation of the model were driven by a realization that women who use force do not have institutional support, let alone the appropriate assessment, education, and advocacy to address their complex circumstances (Osthoff, 2008). The name VISTA was chosen to indicate the program's "extended view" of women's use of force. The goal of VISTA is to provide the missing resources. The Vista program model is nested within the sociocultural context of a nation and is maintained, as well as supported, by its structures, according to Lawrence (2008), is the most appropriate tool for understanding women's use of force because it allows analysis of women's violence from a their perspective and provides us with a valid and complex understanding of violence by women as it takes into account the interactions of antecedents (e.g., historical context, social prescriptions of gender roles, social and legal reactions) as well as immediate conditions and consequences (e.g., early socialization, individual experiences, intentions, partner's responses, repercussions on the

individual and family) of such actions. It helps ascertain the full contexts of women's experiences in their use of violence. (p. 137).The four interrelated levels of the Ecological nested model as it applies to women participants in BIPs are (a) the individual level that explores a woman's perspective of her childhood experiences, including family of origin, socialization, and role models; (b) the relationships level encompasses a woman's current family, situational, friendship, and workplace; (c) the community level involves the formal and informal structures and institutions with which a woman comes into contact throughout her life such as social networks, socio- economic status, and occupation; and (d) the final level exams societal norms that govern a woman's life experiences, such as her culture and ethnicity (Lawrence, 2008). The Vista program model attempts to create an opportunity for women to learn from experiences and move toward a safer future.

By having the opportunity to safely and nonjudgmentally discuss the range of emotions, events, and contributing factors surrounding women use of force efficacy for treatment outcomes may increase. However, the Vista Model which uses components of the Ecological Nesting Model has no version that could be applied to working with male perpetrators. Researches from other therapeutic arenas indicate the use of highly confrontational approaches to strip away defensiveness, for men are ineffective (Murphy & Baxter, 2007). Taking a more integrative holistic approach to working with men in BIPs may yield better treatment outcomes.

Gender Matters: Different Modalities for Learning

Gender differences in problem solving. Men and women approach problems with similar goals but with different considerations. While men and women can solve problems equally well, their approach and their process are often quite different (Martin, 2009). For

most women, sharing and discussing a problem presents an opportunity to explore, deepen or strengthen the relationship with the person or persons they are talking to. Women are usually more concerned about how problems are solved than merely solving the problem itself (Simpson, 2007). Hanson's (2008) work revealed for women, how they solve a problem can profoundly impact whether they feel closer and less alone or whether they feel distant and less connected to the process. The process of which a woman learns how to solve a problem can either strengthen or weaken her level success. Most men are less concerned and do not feel the same as women when solving a problem (p.126).

Men approach problems in a very different manner than women. For most men, solving a problem presents an opportunity to demonstrate their competence, their strength of resolve, and their commitment to a relationship. How the problem is solved is not nearly as important as solving it effectively and in the best possible manner. Men have a tendency to dominate and to assume authority in a problem solving process (Johnson & Ferraro, 2007). They set aside their feelings provided the dominance hierarchy was agreed upon in advance and respected. They are often distracted and do not attend well to the quality of the relationship while solving problems (Coffield, 2007).

Gender differences in the how we think. While men and women can reach similar conclusions and make similar decisions, the process they use can be quite different and in some cases can lead to entirely different outcomes. In general, men and women consider and process information differently (Morrel, 2006).

A research study conducted by Taft (2004), on how women process information found that women tend to be intuitive global thinkers. They consider multiple sources of information within a process that can be described as simultaneous, global in perspective and

will view elements in the task in terms of their interconnectedness. Women come to understand and consider problems all at once. They take a broad or "collective" perspective, and they view elements in a task as interconnected and interdependent (p34).

Men tend to focus on one problem at a time or a limited number of problems at a time. They have an enhanced ability to separate themselves from problems and minimize the complexity that may exist. Men come to understand and consider problems one piece at a time. They take a linear or sequential perspective, and view elements in a task as less interconnected and more independent. Men are prone to minimize and fail to appreciate subtleties that can be crucial to successful solutions. A male may work through a problem repeatedly, talking about the same thing over and over, rather than trying to address the problem all at once (Simmons, Lehmann, Cobb, 2005).

Summary of Literature Review

There has been little if any research that examines gender specific counseling and batterer intervention programs (BIP's). This review of the literature found a scarcity of research pertaining to batterer intervention programs which examined the potential impact of incorporating gender based perspective curriculum and approaches with clients that will encourage abstinence from violence and sustained violence free behavior over time.

The review of the literature was organized around four key themes that were identified as being critical to examining their impact to BIP's based on the lack of gender specific curriculum and potential for innovations in the field. The themes a) the prevalence of domestic violence; b) cultural and environmental factors associated with domestic violence; c) currently evidence-based interventions modalities; and d) gaps in the literature and future trends, all offer important future research venues that have the potential to impact the field

and reduce recidivism in domestic violence behaviors by incorporating gender specific curriculum. This review of the literature focused on the importance of studies or research that focused on designing and implementing batterer intervention curricula with an understanding that men and women learn, process and problem solve differently may increase the programs efficacy in decreasing recidivism of domestic violence behavior.

Chapter 3

Methodology

This study uses a focus group methodology combined with a community based participatory approach. A focus group interview guide was developed to elicit qualitative data derived from six focus groups. The qualitative data generated from the six focus groups provided the baseline data for this project which was used to identify thematic clustering of curricula areas identified by the participants into three areas: 1) Knowledge of Domestic Violence and Misconceptions; 2) Topics: Why Gender Matters in Batterer Intervention programs; 3). Educational Tools for Effective Implementation. The thematic analysis of focus group discussions was also use INVIVO qualitative software which will help to further analyze the findings.

Qualitative research methods comprised primarily of discussion groups and observational field notes was used as the primary sources of data collection. The respondents included female and male clients who were not inmates but were currently participating in mandated intervention programs as part of counseling education. Six discussion groups were conducted with all male participants; and two discussion groups were conducted with all female participants for a combined total of eight discussion groups. Since the groups were already gender separated as part of the general education prevention training protocol there was no further need for the study PI to separate the groups further. Therefore the research study did not require any different group process than already required. The expected duration of each discussion group was 45 minutes. This was also the normal meeting time for the educational intervention training-so no new or additional and unwarranted demands on participant's time were made by the research project. All facilitations were conducted by the

Project's P.I., who served as the facilitator for all discussion groups. The PI asked group member's open- ended questions to obtain their feedback on which educational batterer intervention topics were the most helpful in changing their attitudes and behaviors connected to violent behavior resulting in domestic violence. The P.I. in her role as facilitator documented the responses of the group members using a projector to reflect and capture her observational notes on the screen. Using this approach, participants could see if their responses were accurately captured and reflected the original intent of their feedback. Participants had already been together and had formed as a group. There was variation in how long they had been in a group. Members had been together in a group anywhere from 1 to 52 weeks and during that time they had shared intense sensitive information about each other and their lives within the group space. This study did not ask about any sensitive information about their lives but rather sought to ask them for their opinions vs. any sensitive information for developing improved educational intervention treatment curriculum. All the shared comments were noted as part of a group aggregate and did not have any individual or sensitive data that could put the participant at risk for personal identifiers. The P.I.'s observational notes were the primary source of data and were be transcribed and clustered according to educational topics and analyzed using N-VIVO, a well know qualitative analysis software program.

- o Only those that were willing participants from the selected agency submitted consent forms. All instructions that were conveyed to them verbally were also communicated in written form.
- o The discussion group questions for the program clients are non-invasive and did not put their confidentiality at risk.

Sample

The expected sample size of this study is N=80. The sample was taken from the Sandoval County Domestic Violence prevention program which at the time of this study had approximately 120 clients enrolled in the domestic violence batterer intervention court mandated training program.

Inclusion criteria. Participants in this study were adults who were actively enrolled in the court-mandated classes in the Sandoval County Domestic Violence Prevention Program. The program required the clients to be English-speaking and have at least an 8th grade reading level. The individual members in the Sandoval County domestic violence prevention program participation ranged from 1-52 weeks. The intent of the study was to capture the voice of the participants and to get their feedback on BIP curricula to assess gender differences in preferred learning modalities and processes as it pertained to the study aim that gender matters.

Exclusion criteria. From those participants in the domestic violence program, the researcher excluded anyone that exhibited hesitation or stress during the informed consent process. Also if the program director/counselors identified any individual that could not participate (e.g. may need to be in a specific treatment class that day) that client was excluded from the study. The researcher thanked them for their time and assured them that the study had no bearing on the prevention program.

Focus Group Survey Instrument

A one page guide comprised of six focus group questions which asked about 1) Domestic Violence and Misconceptions (Ques. 1 to 3); 2) Perceptions about BIP Curricula Training Topics (Ques. 4 and 5); and 3) Training tools (Ques. 6). See Appendix A.

Study Procedures

Approval for this study was received by the University of New Mexico Institutional Review Board on August 29, 2011 and the HRRC Protocol #11-257.

The respondents in the discussion groups were currently attending domestic violence prevention classes at the Sandoval County program site. The study was conducted at the Sandoval County site location. The location is convenient for participants and the context (e.g. the classroom made available to the researcher was private and quiet). The discussion groups were held at the same time and in the same location as the classes they were attending to eliminate any possible inconvenience of additional travel time and cost to the participants.

Recruitment Methods

The primary researcher led six discussion group(s) from an initially planned group of eight due to time constraints of the study. There were approximately 10 participants in each group for a total N=60. These discussion groups were comprised of participants in the domestic violence prevention classes. Participation in the discussion groups were 100% voluntary. The primary researcher explained to clients participating in the domestic violence prevention classes that all participation was voluntary and that it would not affect their class credit for the domestic violence prevention class. The letter written by the director (see Appendix B) supporting the study and indicating that course credit will not be affected was shared with the participants as well as any other necessary information pertaining to the study. This included why the study was being conducted, the research goal and objectives, what the findings would be used for, how the information was stored and how and when all documents would be discarded once the data was analyzed. The domestic violence classes were being facilitated by counselors at the Sandoval County. The primary researcher received

permission to conduct the discussion groups from the executive director of Sandoval County's domestic violence intervention program. The primary researcher had permission to enter into each of the (8) domestic violence classes before they began their regular instruction to explain the participatory discussion group process, identify and recruit any voluntary participants to be a part of the discussion group(s) and set up the research. To avoid issues around individuals being pressured to participate and to give adequate time to answer questions in group or individually (e.g. to limit coercion and peer pressure) the information about the study was provided one week in advance, consent forms (see Appendix C) were given to clients to take home and the researcher was available to answer questions after class. The following week the focus groups discussions took place. This approach gave individuals ample opportunity to read through the consent form and ask questions individually.

A. The Recruitment Introduction Script was: Hello my name is Courtney, I am conducting a study to get the opinions of clients currently participating in the domestic violence program on what topics you think would be the most important to include in educational classes. I am seeking to determine which topics you believe may be effective in changing domestic violence behaviors and why you think those topics would be important. Participation is completely voluntary. No participant's identity will be disclosed.

B. I have a consent form asking for your permission to participate for you to take home and review. If you agree to participate we will conduct the study group next week at this same day and time. Please fill free to ask questions at any time during this process, within group or individually. If you agree to participate you can at any time during the study choose not to answer any question you don't want to; and you can

also decide not to continue participating at any time during the study. Your

involvement will be confidential. Your current involvement in the Sandoval County

domestic violence prevention program will not be affected whether you participate in

the study or not. Your feedback and opinions will go towards developing an updated

and improved educational curriculum for batterer's intervention programs. Your

participation can lead to better information provided to clients in intervention

programs thus increasing batter's intervention program's overall efficacy. A better

program can lead to reduction in domestic violence offenses. The new and improved

curriculum resulting from data produced from this study has the potential to be

adopted as the standard training used in intervention programs throughout the state of

New Mexico.

C. An explanation about voluntary participation, confidentiality and informed consent

were provided. The researcher gave participants in each gendered separated group

ample opportunity to ask any questions about the study. Written consent forms were

provided to each respondent to take home and review. The following week any

respondents in each of the (8) Sandoval County Domestic Violence educational

Prevention Program counseling classes who agreed to participate were directed to

another room on site to participate in the discussion group. After the discussion group

they could return to their original group education class. If 100% of all the class

members wanted to participate in the discussion group the classroom would become

the site of the discussion group.

For purposes of this research the relationship of the PI to the potential participants was

strictly professional while conducting the study's research. The PI of this study has been

working as a Substance abuse & Mental Health Counselor in this setting for ten to twelve years providing mandated counseling and domestic violence work but has no established relationship with this pool of voluntary respondents outside of conducting the research.

Risk, Privacy and Confidentiality

The study methods did not involve collecting any identifiers. The questions were limited to a general discussion of the curriculum and not personal details about participant's personal experiences. However, the group members were already known to each other and may have had already established a "code of conduct' with regard to what is discussed in classes. The researcher reminded participants that statements made during the focus group discussions were to remain confidential within the group as required in their regular domestic violence prevention classes. This study did not involve any audio recordings and discussion group data was captured and documented using field observational notes.

The discussion groups were asked questions and only their responses were noted using observational notes. No identifiers were collected. Participants were assigned a unique study ID number. Statements made during the focus groups discussions were attributed to study ID numbers in the investigators notes and in any subsequent analysis. Only the primary researcher had access to the data. In any publications or reports developed from the data, only ID numbers of pseudonyms will be used. Data will be saved for 6 years or until the study is closed and no further analysis being done. At that time all data (i.e. consent forms, P.I. observational notes, field notes, and qualitative program analyzed data) will be shredded and destroyed to protect the identity of all who participated.

Risks/Benefits. The discussion groups were completely voluntary and while not anonymous to each other, since they have been in domestic violence prevention classes for

upwards of 1 to 52 weeks, their anonymity on their comments and opinions concerning

curriculum feedback will be safeguarded outside of the discussion groups. No personal

identifiers were used. The focus groups included individuals who are within the range of 1 to

52 weeks (i.e. Levels I, II, and III) to further capture the variety of opinions based on the

length of program participation. Level I: Between 1 and 4 weeks; Level II: between 1 month

and six months; Level III: six months to a year.   Since voluntary participants could choose

not to participate at any time and due to the fact that data collection pertains strictly to

curriculum-based feedback there exists little to no risk to the respondents.

Risks to participants was minimal because the PI of the study is a licensed counselor,

The PI had considerable experience working with court-mandated intervention groups and

was trained to identify signs of distress or discomfort in group participants. These same skills

were employed to minimize peer pressure before and during focus group discussions.

Additionally the questions being asked of participants were meant to evaluate the content of

the prevention program curricula and were very benign in nature. The PI spoke to each

participant individually to ensure that they understood their right to leave the study's

discussion group. The potential participants were reminded that their level of involvement in

the study would in no way affect their status in the current batterer intervention program.

Discussion groups while not anonymous to each other within groups, given they have

been in a classroom setting with other voluntary respondents as part of the mandated

domestic violence prevention training, had their group anonymity protected being part of an

aggregate group. There were no personal identifiers recorded so all group discussions are part

of an aggregate whole. Respondent/Participants were informed that they could 1) opt out of

the study/participation at any time, 2) refuse to answer any questions at any time without any

negative program consequences affecting them. 3) were informed so as to understand that their participation or lack of participation did not affect any of their services at any time or in anyway. The participants were given credit for participating in the focus group discussion toward their regular mandated class attendance. In this study, the P.I. used her expertise as a counselor to steer participants away from disclosing personal details of their experience which could cause them stress or embarrassment and instead keep the group discussion on the questions about asked curriculum. All participants received complete and full credit that applied toward their 52 weeks of training.

While there appeared to be no direct benefit to participants in this study; participants left knowing that their feedback and opinions contributed towards developing an updated and improved educational curriculum for batterer's intervention programs. Their active participation brought their personal voice and experiences on how they learned and processed information from BIP educational curricula to increase its overall efficacy. Increased program efficacy can lead to reduced recidivism as it pertains to domestic violence offenses. The new and improved curriculum resulting from data produced from this study has the potential to make a significant contribution pertaining to why gender matters in batterer intervention settings and why the voice of a very marginalized and stigmatized group must be acknowledged in the development of new curricula being developed for use in intervention programs throughout the state of New Mexico.

Data Analysis

This was an exploratory study examining developing themes elicited from focus group discussions. There were a total of six focus group discussions with a total N=60, or ten participants per focus group. Of the six groups, two were female and four were male. Field

note observations and note taking were used to document the six focus group discussions. All field and observational notes were entered into N-VIVO, a qualitative data analysis software. For purposes of this research NVIVO-9 was identified as the best analysis software program to use given the PI's familiarity with the program and the program's ease in conducting thematic coding and pattern analysis. The emerging themes were then categorized into the top three general themes for both men and women and then several gender-based themes that were grouped under each of the 3 broader themes sub-categories listed under each. Thematic coding was done in focus group clusters and once that was completed it was also done across the six different focus groups.

Ethical Considerations

Ample opportunity was given for the respondents to ask questions at any time while the study is being conducted. The clients could choose to opt out of participating at any time during the study. Group attendees already knew each other, so anonymity to each other did not apply, however protecting anonymity or confidentiality outside of the formed groups was strictly adhered to.

To avoid issues around individuals being pressured to participate and to give adequate time to answer questions in group or individually (e.g. to limit coercion and peer pressure) the information about the study was given one week, consent was given to clients to take home and the researcher was available to answer questions after class. The following week the focus groups took place. This gave individuals the opportunity to read through the consent and ask questions individually. Group members who were interested in participating the following week in the study's discussion groups were escorted into another classroom

while the remaining non-participants members remained in their assigned classroom and continued with their group activities.

The discussion groups were asked questions and only their responses were noted. No identifiers were collected. Participants were assigned a unique study ID number. Statements made during the focus group discussions were attributed study ID numbers in the investigators notes and in all subsequent analysis.

Chapter 4

Findings

Based on the premise that, in general, there are distinctions between how men and women interpret and process information, the batterer interventionist should also have increased understanding of gender differences in learning and educational modalities regarding anti-domestic violence curricula. This study attempted to use participatory focus group interviews to explore these differences in order to address the salient needs of men and women during these interventions. The following research questions guided the study:

A) What previous knowledge contributed to the participant's interpretations of domestic violence within families?

B) What salient themes are present in women's narratives as they used and discussed their needs for Batterer Intervention Prevention curricula?

C) How do each group's responses reflect current trends in research and practices used in anti-domestic violence training?

These focus group questions elicited or utilized various responses due to the range of knowledge about domestic violence the participants had previously experienced and what they learned in the current program following their exposure to the mandated program from 1 to 52 weeks. As a reminder, the focus groups were comprised of three levels of participants: Level I, 4 weeks or less in the program; Level II, 4 weeks – 24 weeks in the program; Level III, 24- 52 weeks. The first part of the focus group interview questions examined what goes on with men and women in developing effective batterer intervention education curricula. The following is a discussion of the findings pertaining to the three aforementioned areas of analysis that were used to ground and anchor the study foundation and data analysis.

Prior Knowledge of Domestic Violence

The primary researcher led six discussion group(s) four with male participants two with female participants. There were approximately 10 participants in each group for a total N=62. These discussion groups were comprised of participants in the domestic violence prevention classes. Participation in the discussion groups were 100% voluntary.

As mentioned previously the focus group interviews began with open-ended questions regarding the participants' prior understanding of topics associated with domestic violence. These questions were intended to initially engage the participants and set the tone for building trust between them and me. This also allowed me to define appropriate boundaries and create an atmosphere of respect for participant knowledge to gain the most accurate information for the purposes of the research.

Both male and female group participants reported that much of what they knew about domestic violence prior to taking the prevention classes was based on seeing high profile cases of domestic violence played out in the media, information they had received from a family or friends and their own personal experiences with the topic. There were no gender differences from respondents noted in this set of questions. Most respondents, male and female expressed feeling more confident in their understanding of domestic violence since attending the prevention classes. For example, a few group members talked about some of the misconceptions they had before attending domestic prevention classes. One woman stated: *"I didn't know that so many people could be affected by domestic violence…. It (violence) knows no race, age, gender or class. I can happen in anyone's life."* Another respondent from one of the men's group explained that he realized domestic violence goes

deeper than people having relationship problems: "I see that it's more than two people fighting, arguing and not getting along….It becomes a pattern of behavior."

Many of the group members also stated that they knew it was against the law and it had to do with power and control. The range of responses regarding these open-ended questions was similar between men and women participants. The initial set of questions allowed the respondents to become more comfortable with the group interview process.

Gender Matters in Batterer Intervention Programs

Women's Voices

Most of the female respondents revealed that they were pleased to be asked for their input, and in my view, many seemed to use the participatory focus group process as an opportunity to reflect and review of their own progress. In addition, others said they were glad to be giving something back by participating in the interviews knowing that their feedback may be used to improve curricula for future batterer intervention programs. For these meetings, topic selection incorporated a participatory-based engagement process, which brought together a diverse set of voices based on the persons who participated. For example, women I thought would not participate much, such as those who were stigmatized for being mandated to batterer intervention programs (offenders), surprised me because they had much to say as they engaged in helping to develop batterer intervention training curricula. In the next section, I describe salient themes that cut across the responses by the women who participated in the program.

Women's voices: Understanding their own emotional responses. One of the keys themes that emerged for women was developing an understanding of their own emotional responses related to domestic violence behavior. As part of their journey toward increasing

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self-awareness and developing options the women expressed the importance of wanting to understand why they made the choice to use force. A female respondent nearing program completion commented that she wanted to understand the role that jealousy played in anger building and eventually rage, while she also has a clear desire for solving the problem by learning about what is at the foundation level of the problem. For example, she stated:

> *I believe learning about how jealously can be damaging in relationships will be helpful….We can also do well by looking at how we process anger, learning how our anger turns into sadness and then becomes rage…We need to learn to get to the core issues.*

Another group member who clearly wanted to address issues that touched upon self-esteem, poignantly stated: "*I think when you feel you're not enough for whatever reason you can adopt poor ways of trying to control others. I would like to learn how not to do that.*"

In addition, a new group member echoed similar sentiments desiring to learn to recognize behavior connected to low self-esteem while addressing yet another issue related to emotions, feeling voiceless:

> *I think we have to understand why we act out.... For many women it's our way of communicating something that's upsetting to us.... We want to be heard.... We often feel invisible.... It's our way of saying hey! Listen to me.... Somehow though, it leads to being verbally abusive or physically aggressive.... I know there is a better way to handle things.*

Another respondent who completed 31 sessions but was relatively silent compared to some of the women who completed fewer sessions finally spoke up saying:

I agree with the other ladies self-esteem plays into it.... You're not good enough, not

smart enough, not pretty enough... When asked to elaborate she stated: *I think when you*

don't feel good about yourself you also tend to stay in relationships that are long past

their expiration date.... The groups should definitely talk about self-esteem.

Many of the women shared openly of themselves, not just giving their opinions about the

topics they were interested in learning about, but also reflectively connected how their

suggestions related to their own personal journey.

Women's voices: Trusting the therapeutic process. Another key theme endorsed

by the women was to learn how to trust the therapeutic process. The women expressed that

using force often was a source of shame for them and they may not had the language to

discuss their thoughts and or feelings about those behaviors. One group respondent

commented*:*

'We need to learn how to stop being numb to the chaos and madness that takes our

relationships we have to learn how to trust ourselves". Another followed her by saying*: "We*

have to learn to trust this process, talk about and take owner of our feeling".

In the interview with the women it became apparent to me that they were beginning

to realize the other group members and group facilitators could serve as a support network

that may model relationships of equity and mutual respect fostering an atmosphere where

they can learn to trust themselves and others.

Women's voices: Exploring cultural differences in understanding domestic

violence. Another key theme that emerged in the women's group was their interest to

include topics that explored various cultural dynamics in relationships, related to domestic

violence:

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I recommend having more open discussions addressing various types of relationships

including Gay and Lesbian...the information we receive in these classes have to spark

us intellectually and intuitively if we are really going to get it.

Another respondent who said she was in an interracial relationship added*:*

I also want to look at the cultural issues that influence domestic violence behavior. I

know domestic violence can happen in any home.... I would like to know if race and

culture play a part in how it looks in the home. The collective voice from the group

affirmed that identifying cultural and societal messages about women and women's

roles in intimate relationships, discussing how these messages affect their choices

could help develop a foundation for understanding.

Men's Voices

Men's voices: Managing anger in stressful context. An emerging theme for the

men was the recommendation to include strategies on how to manage their anger in stressful

situations. The goal of anger management is often to learn to control and or express anger

more appropriately. The behavior is often viewed as having momentary out bursts of anger as

opposed to the long term systematic manipulation of power and control often associated with

domestic violence behavior. There was a range of responses that I attributed to their

differences in understanding what anger is. One group member who had completed 12

sessions believed that domestic violence behavior has a lot to do with how you're brought up.

He stated:

Men often repeat the destructive behavior they were exposed to as kids.... You learn

that it's about trying to have things your way and getting angry when you don't get

what you want.... We have to learn to not let ourselves get so upset about things.

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Another respondent, one of the newer group members shared a similar sentiment:

The problem is you carry yourself with you.... No matter what relationship you are in

if we don't learn how to manage anger we just keep repeating the same thing over

and over again.

One of the senior group members who appeared to speak from insight derived from completing 48 weekly sessions stated:

I agree we have to learn to control our anger but ending domestic violence takes

more than that....There's a bigger picture. When asked if he would like to elaborate

he continued*: I just think it's important to learn not to be abusive whether we angry*

or not.... We don't always have to be angry to be abusive you know.

Men's voices: Letting go of power and control. Learning to let go of power and control in relationships was a surprising theme discussed in the group interview since male offenders often challenge the theory that domestic violence is not anger but about power and control. The men had various perspectives about the role power and control play in domestic violence behavior but the majority stated it was an important topic to address in class. One group member who was half way toward program completion stated that domestic violence behavior for men was linked to what was going on in their home environment: *"Growing up, many of us have learned that men are supposed to have control over the house". That's what my father did and I thought that's how it was supposed to be".*

Another respondent alluded to power and control having an addictive quality: *"I believe acting out aggressively to gain power is intoxicating to some men" "The more a man does it and gets what he wants the more he wants to do it".* Another respondent setting across from him nodded in agreement said:

People who are in these classes need to learn how not to be controlling of their

partners and take better care of themselves.... No one makes us violent.... No one

pushes our buttons.... We allow certain things to get to us. He concluded in an

emphatic tone: *We choose to act out and we can choose not to.*

One of the respondents in the group that completed 35 sessions took a minute to reflect and

said*:*

I think domestic violence behavior is based on anger and fear.... People lash out

when they feel there is no other way out of the situation.... They don't know how to

communicate what they need in a better way.... I don't think they see it as fear but it

is. Fear of what I asked. He responded: *Fear of not being in control.... I think men*

feel they always needs to be in control or there not real men.

The respondent sitting next to him, who had been tentative to speak up, said his last session

was the following week, added*:*

You've got to accept that your here and take responsibility for your actions.... You've

got to except what you did that got you hear and change it or you'll be back

*here....*He went on the say that what stood out most for him was learning that for

things to change you've got to change beliefs about how you think things should be:

It's like we think we have our hands of the pulse of truth.... We know everything.... I

think learning to having more realistic thoughts and expectations about ourselves and

other people could lead to us doing better.

Men's voices: Understanding how children are affected by domestic violence.

The male participant's also discussed that is was important to examine the effects domestic

violence has on children. The men stated they were very interested in learning more about the effects of domestic violence on the children. One respondent noted:

> *Children are hurt and scared seeing that in their home.... Kids shouldn't have to be scared for themselves and their family*. He concluded saying: *Seeing that at home could have permanent damage.... I should know that's what happened to me.*

It was apparent to me as the interviewer that several of the male participants were attempting to address the importance of ending denial about the impact their behavior had on their children. Other sentiments from the respondents supported the importance of knowing how children are effect by domestic violence:

> *It's important to learn how to put yourself in someone else's shoes.... we have to learn it's not just all about us... What about our family? Our kids?*

Based on their demeanor and tone of voice it became apparent to the researcher that some of the respondents felt that this was a difficult but necessary topic to include in the program curricula. Several group members said they wanted to know how their behavior may have hurt their children emotionally and psychologically.

Summary.

Gender differences. The majority of focus group participants both men and women recommended themes to help foster change in their behavior to achieve more positive effects in their personal relationships. However, themes emerged from the women's groups that were distinctly different from the men's groups as to what was important for them to learn in the intervention classes to help end abusive behavior. The themes that emerged for the women had a strong emotional content. Their responses appeared to show a significant need to explore and understand their past choices. Topics that were most popular with the women

had contextual factors that included issues around trust, self -esteem, cultural messages and perceptions of "fairness" in relationships. The themes also included exploring different types of relationships affected by intimate partner violence. For the women there was an emphasis on learning how to reclaim who they are and explore a more broad view of themselves and the behavior. By acknowledging the emotional factors surrounding their past choices, I believe the intervention process can provide a space for the women to widen the lens through which they view themselves.

The majority of topics the male participants chose were skilled based. They wanted to learn specific skill sets that focused on behavior modifications to prevent acts of domestic violence. The male respondents talked about the importance of learning how to manage anger and to how to stop controlling behaviors. One of the secondary topics, not mentioned as frequently as others was to learn to improve skills for communicating needs, feelings and other difficult topics.

The only topic the male participants recommend to include in the class curriculum that had a strong emotional content was exploring how domestic violence affects children. During that discussion i witnessed expressions of sadness and they shared their feelings of love for own their children and some shame over their behavior.

Maybe the reason the recommended topics had less range of emotional context, then the women's topics, is because anger is the only acceptable male emotion. Our society is more permissive of men showing their anger outwardly, throwing things, hitting people and verbally lashing out, than it is permissive of women acting out in like manner. Indeed, anger, including fistfights or other physical confrontations, is often seen as true masculine behavior. It appeared too me during my interview with the male respondents that they believed that this

was the primary issue connected to domestic violence behavior. The second most popular theme for the men that emerged from the group interviews was learning how to let go of power and control. They identified using manipulation to get what they want as a behavior that needs to change if domestic violence is to end. Several respondents connected power and control issues to male entitlement. One of the participants explained:

A man who thinks that he's entitled to dominate his family... and thinks that it is okay to solve problems with violence because he's head of the house... is not going to see there anything wrong with his behavior.

During the interview with the men's group i perceived that many of them realized they needed to take a different philosophical position on masculinity and aggression, but had no idea how. Several respondents hinted that using violence and power and control was coming from a deeper place in their psyche then just trying to have things there way.

I understood it to mean that they struggled openly with stress and feelings of self-doubt, of frustration and despair, of intense anger and powerlessness. Maybe more than learning how to manage and control their emotions as they recommended, the men need to learn how to appropriately call attention to, the need to be heard, to be treated fairly, to be respected, to talk about their fears, feelings of loss of control, and the intense internal pressure and confinement that they cannot sufficiently release. As the PI of the study there voices conveyed that those were very real struggles for them.

Gender similarities. With regard to the recommended topics to be included in intervention classes there appeared to be similarities in the responses from the men and women on what topics focused on helping them learn to change their way of thinking and change their behavioral responses. There was apparent sensitivity from participants both

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women and men, wanting to understand the various dynamics of domestic violence and how it plays out in relationships. Both the women and men recommended topics that had an ingredient of recognizing the importance of taking at least some responsibility for past abusive behavior. The recognition of the importance of learning about the effects of domestic violence on children was similar for men and women in many respects. For the men this was one of the primary topics mentioned. For the women, it clear to me that it was an important topic but it was not recommended as often as some of the other topics. There may be several reasons for this. I observed that some of the women became sullen when one of them suggested including effects of domestic violence on children. I suspected one reason is because this topic is particularly challenging for the women, it would be critical that the topic is introduced in a gradual manner that is sensitive to each woman's circumstances.

Educational Tools and Strategies for Effective Implementation

What are the teaching modalities that are most salient to the participants and the distinctions between them?

Women's voices. The two primary teaching modalities most salient to the women in the focus group were process discussions and the intervention work book. One respondent replied: "*I really like our discussions, especially when we focus on specific topics". "We learn so much from each other".* Another group member who liked the work book but had difficulty relating to some of its material noted*:*

> *I like using the work book.... Some of the assessments were very helpful but I think the book was written mostly to help men so i couldn't quite relate.* Another respondent agreed*: "Yeah, I would like have a work book really written for us. Helping us deal with our stuff".*

Although not mention as often there were, some additional suggestions that included having guest speakers address the groups. They felt women who have graduated from the program could bring insight and experiences to enrich the learning process. Another woman recommended having art projects that relate to women's domestic violence issues. When asked if she would elaborate she stated: *"I think making collages about our experiences in these relationships would be interesting and revealing"*.

Men's voices. The two primary teaching modalities most salient to the men in the focus group were the intervention work book process discussions. Several members indicated they liked the way the workbook provided structured and interactive assignments that keep them engaged as one respondent mentioned: *"I prefer the work book assignments because it helps me to stay on track"* There were also strong endorsements for the process discussions were the group facilitators would have an open discussions about a topics pertaining to domestic violence. One such group member who was less enthusiastic about the workbook remarked:

> *I like group discussions.... It's less formal so we have the opportunity for more personal discloser about what's going on in our relationships....I learn a lot from hearing what the counselor and the other guys have to say in our group discussions.*

Unlike the feedback offered by the women, no additional suggestions emerged from the men's groups for teaching tools or strategies that might be helpful in disseminating the information.

Summary of Finding

Both male and female participants preferred group discussions based on a particular chosen topic related to domestic violence issues, as the best teaching strategy. The male

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participants appeared to also like the work book as this was their second choice. The

structured assignments appeared to help them stay on track by following systematic approach

to each lesson. The women also choose using the work book as the secondary means for

learning the information. However, the majority of them were less impressed with the

workbook content. Several women stated that the book was primarily written for male

batterers. They wanted to have workbooks designed to address their needs. The women also

recommended having guest speakers, who had previously completed the program, speak to

them about their experiences. One respondent suggested including art projects that would

allow them to creatively expand their means of expression. In contrast the male respondents

did not disclose any thoughts to recommending additional types of teaching tools or methods.

 There was strong evidence of gender-differences in their responses to the focus group

questions. While there was some gender agreement between participants' perceptions on a

few topics the majority of the recommendations were distinct based how the men and women

contextualized the reasons for domestic violence behavior. As seems clear, their responses

support what some researchers and anti-domestic violence advocates recommend that there

should be gender-responsive intervention specifically tailored to the needs of both women

and men.

Chapter 5

Conclusion

In the United States, one out of every three women murdered is killed by her legal husband or partner. Indeed, 4,000 women are beaten to death by their husbands or partners each year in this country (Paulozzi, Saltzman, Thompson, & Holmgreen, 2001).Nearly up to one million men report being victims of domestic each year. Domestic violence and the abuse of women is a global problem, affecting millions of families yearly (Watts & Zimmerman, 2002). In the state of New Mexico one third of women homicide victims were killed by a former or current intimate partner (NCADV, 2010). The purpose of intervention has been to reduce family violence by the most effective means possible. It is the responsibility of treatment providers to assess the methods and models they use in providing education curricula to make sure the quality of the information is following the standards of best practice.

Development of batterer intervention programs continues to occur in an environment that acknowledges domestic abuse as a gendered issue in which most perpetrators of abuse are men although there are women mandated to attended intervention programs for intimate partner violence. There is scarcity of studies which examine how current Batterer Intervention programs can develop innovative and relevant curricula that acknowledges the "voice" of client-based participants. There are even fewer studies addressing how gender matters in developing BIP curricula thereby allowing a disservice to the participants, their families and the community at large allowing intervention models that are proven to be ill effective, to remain at the standard for BIP's to follow.

This study focused on a small number of men and women participants enrolled in a local New Mexico BIP but the information they shared reflects the issues involving the lack of gender- based intervention, in the field of domestic violence intervention at large.

The focus group study finding supported existing research that maintains men and women learn process and assimilate information differently. There was strong evidence of gender-differences in their responses to the focus group questions. While there was some gender agreement between participants' perceptions the majority of the recommendations were distinct based how the men and women contextualized their experiences. The responses support that there should be gender-specific interventions specifically tailored to the needs of both women and men. Designing and implementing batterer intervention curricula based on the study's findings may increase the efficacy of BIP decreasing recidivism of domestic violence behavior here in New Mexico and the throughout the nation.

This study is a preliminary examination to capture the opinions of the men and women participating in a batterer intervention program. The findings include gender does matter in developing effective intervention curricula. The findings open the door for future research.

Limitations

This study was based on interviews with 62 participants in a batterer intervention program in Sandoval, County New Mexico. The participant's sample represents only a small segment of the population attending classes in a BIP. The ability to generalize from this sample is limited. However purposeful sampling allowed for information-rich data collection.

Recommendations

      Because batterer intervention gender- based curricula is uncommon in current program models most BIPs use to treat both men and women, there is a need to revise how gender will be incorporated in intervention development. Additional research studies, that designed to give voice to this population of men and women who have often been stigmatized and marginalized, are necessary to further understand the issues of importance in developing gender appropriate psycho-educational curricula.

Focus Group Survey Instrument

Focus Group opening statement and Questions:

Opening Statement:

Good morning/afternoon.

Thank you for taking the time to meet with me. I will honor your time by making sure that we wrap up the interview and survey questions in the next 60 minutes. I am conducting a study to gain information on what topics, taught in the domestic violence class, do you believe would be or have been helpful in ending domestic violence behavior.

My evaluation in formative and qualitative. This means that my primary goal is to gather information that can be used to improve the curriculum taught in the domestic violence classes. All of the information we collect is confidential as to who provided it. For example I do not disclose who actually participated in this focus group nor will the final report make any attributions for quotes. I hope this encourages you to speak freely. This information will be included in a UNM graduate research project due to be completed by November 2011.

Are there any questions before we start?

I need to make sure that everyone has read and signed the consent forms.

Feel free to ask any questions at any time during this process. You can choose not to respond to any question at any time or end your participation in the discussion group at any time.

Group discussion Questions:

1. What do you know about domestic violence?

2. How informed do you feel you are about domestic violence is and is not? What if any were the misconceptions you had about domestic that changed after you started attending the class?

3. What are the different types of domestic violence behavior you've reviewed in class? Are there any common characteristics between them?

4. What topics do you feel are important to cover in the domestic violence prevention class? Why do you choose these particular topics? What is it about these topics that you feel are important?

5. What topics have you covered that you would like to learn more about in helping you gain a better understanding of how to change domestic violence behavior? Why do you feel learning more about these topics would be helpful?

6. The classes use various ways of providing information about domestic violence issues such as: Workbook exercises, group discussions, video clips etc... Which ones do you think are effective, if any?

Appendix B

Sandoval County DV Prevention Permission Letter

Sandoval County DWI and Prevention Programs

March 3, 2011

UNM Human Research Protections Office

Main Campus Institution Review Board (IRB)

University of New Mexico-Main Campus

BMSB B71 MSC:08-4560

211 Lomas Blvd

Albuquerque NM 87131

IRB Committee:

This letter is notify the IRB Committee that graduate student Courtney Cameron has been given permission to conduct focus groups and survey clients currently attending the Sandoval County Domestic Violence program. It is my understanding that the clients in the groups will be interviewed and surveyed on their opinion of what treatment topics they believe are most helpful in fostering change in Domestic Violence behavior. It is my understanding that this study is completely voluntary as client's permission to participate will be obtained. Participant's autonomy and confidentiality will also be up held.

Diane Irwin

Executive Administrator,

Sandoval County DWI & Prevention

P.O. Box 40

Bernalillo, NM 87004

Office (505) 867-8165

Sandoval County Courthouse P.O. Box 40 Bernalillo, New Mexico 87004

Consent to Participate

The University of New Mexico
Consent to Participate in Research

Gender Matters: Giving Voice to the Voiceless in Developing Relevant Batterer

Invention Curricula

9/17/2011

Introduction

You are being asked to participate in a research study that is being done by Courtney Cameron, who is the Principal Investigator and, from the College of Education, Health, Exercise and Sport Science. This research is studying is Determining the attitudes and opinions of participants in Batterer Intervention programs on treatment topics that are most helpful in fostering an end to domestic violence behavior.

One of the primary steps in developing comprehensive curriculum for the domestic violence interventionist is identifying what topics need to be included in the training to increase the treatment provider's knowledge and understanding of dynamics of intimate partner violence. The research for this study focuses on gaining a critical piece of pertinent information in developing this curriculum. The purpose for conducting this research is to obtain feedback from clients, both men and women currently receiving educational classes for domestic violence prevention from batterer interventionist, identifying what topics they believe are most effective in increasing motivation to change domestic violence behaviors.

You are being asked to participate in this study to give your opinion on what topics you think would be the most important to include in educational classes. I am seeking to determine which topics you believe may be effective in changing domestic violence behaviors and why you think those topics would be important. Participation is completely voluntary. Approximately 80 people will take part in this study at The Sandoval County Domestic Violence Prevention Program.

This form will explain the research study, and will also explain the possible risks as well as the possible benefits to you. We encourage you to talk with your family and friends before you decide to take part in this research study. If you have any questions, please ask the research facilitator.

What will happen if I decide to participate?

If you agree to participate, the following things will happen:

The first week information about the study and consent will be given to you to take home and review and the researcher will be available to answer questions after class. The following week the focus groups will take place. This gives you the opportunity to read through the consent and ask questions individually. Group members who are interested in participating the following week in the study's discussion groups will be escorted into another classroom while the remaining non-participants members will remain in their assigned classroom to continue with their group activities. If all the class members want to participate then the classroom will be transformed into the study site without having to move participants to a different room. However this is only the case if all 100% of class clients decide to participate in the discussion group. Classroom space will not be compromised in any way should any client not want to participate. Even if just one person indicates they do not want to be a part of the study's discussion group, they will remain in their original classroom for their regular class instruction and all other voluntary participants will move to another classroom.

How long will I be in this study?

Participation in the group discussion will take a total of 45 minutes.

What are the risks or side effects of being in this study?

The anticipated risks to group participants are minimal. The research facilitator has considerable experience working with intervention groups and has been trained to identify signs of distress or discomfort in group participants. These same skills will be employed to minimize peer pressure before and during focus group discussions. Additionally the questions being asked of participants are meant to evaluate the content of the prevention program no sensitive personal experiences will be discussed. The researcher will speak to each participant individually to ensure that they understand they have a right to leave the study's discussion group at any time. The potential participants will be reminded that their level of involvement in the study will in no way affect their status in the current program.

What are the benefits to being in this study?

There may be no direct benefit to participants in this study; however, your feedback and opinions will go towards developing an updated and improved educational curriculum for batterer's intervention programs. Your active participation can lead to better information provided to clients in intervention programs thus increasing domestic violence intervention program's overall efficacy. Increased program efficacy can lead to reduced recidivism as it pertains to domestic violence offenses. The new and improved curriculum resulting from data produced from this study has the potential to be adopted as the standard training used in intervention programs throughout the state of New Mexico.

What other choices do I have if I do not want to be in this study?

You have a right to leave the study's discussion group at any time. You can choose not to participate at all. Your level of involvement in the study will in no way affect your status in the current program. You will receive program attendance credit whether you participate in the focus group or attend your regular class.

How will my information be kept confidential?

The questions are limited to a general discussion of the curriculum and not personal details about participant's personal experiences. Statements made during the focus group discussions are to remain confidential within the group. No identifiers will be collected. Participants will be assigned a unique study ID number. Statements made during the focus groups discussions will be attributed to study ID numbers in the investigators notes and in any subsequent analysis. Only the primary researcher will have access to the data. In any publications or reports developed from the data, only ID numbers will be used. Data will be saved for 6 years or until the study is closed and no further analysis being done. At that time all data (i.e. consent forms, P.I. observational notes, field notes, and qualitative program analyzed data) will be shredded and destroyed to protect the identity of all who participated.

How will I know if you learn something new that may change my mind about participating?

You will be informed of any significant new findings that become available during the course of the study, such as changes in the risks or benefits resulting from participating in the research or new alternatives to participation that might change your mind about participating.

Can I stop being in the study once I begin?

Your participation in this study is completely voluntary. You have the right to choose not to participate or to withdraw your participation at any point in this study without affecting you current program status.

Whom can I call with questions or complaints about this study?

If you have any questions, concerns or complaints at any time about the research study, Courtney Cameron, will be glad to answer them at 505-771-7958.

If you would like to speak with someone other than the research team, you may call the UNMHSC HRRC at (505) 272-1129.

Whom can I call with questions about my rights as a research subject?

If you have questions regarding your rights as a research subject, you may call the UNMHSC HRRC at (505) 272-1129. The HRRC is a group of people from UNM and the community who provide independent oversight of safety and ethical issues related to research involving human subjects. For more information, you may also access the HRRC website at http://hsc.unm.edu/som/research/hrrc/.

CONSENT
You are making a decision whether to participate in this study. Your signature below indicates that you read the information provided (or the information was read to you). By signing this consent form, you are not waiving any of your legal rights as a research subject. I have had an opportunity to ask questions and all questions have been answered to my satisfaction. By signing this consent form, I agree to participate in this study. A copy of this consent form will be provided to you.

_____   _____   _____

Name of Adult Subject (print)   Signature of Adult Subject   Date

or for Child enrollment,   or for Child enrollment,
Name of Parent/Child's Legal   Signature of Parent/Child's Legal
Guardian   Guardian

INVESTIGATOR SIGNATURE
I have explained the research to the subject or his/her legal representative and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

_____

Name of Investigator/ Research Team Member (type or print)

_____ _____

(Signature of Investigator/ Research Team Member)   Date

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