

“En el Grupo Tomas Conciencia (In Group You Become Aware)”: Latino Immigrants’ Satisfaction With a Culturally Informed Intervention for Men Who Batter

Violence Against Women

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José Rubén Parra-Cardona¹, Ana Rocío Escobar-Chew¹, Kendal Holtrop², Georgia Carpenter¹, Ricardo Guzmán³, Dolores Hernández³, Efraín Zamudio⁴, and Dolores González Ramírez[†]

Abstract

Qualitative interviews were conducted with 21 Latino immigrant men who participated in a culturally informed batterer intervention. The objectives of this investigation were twofold. First, to identify the treatment components that facilitated the participants’ willingness to engage in a process of change aimed at terminating their abusive behaviors. Second, to describe the treatment components that led to their satisfaction with the intervention. Research findings confirm that the Spanish version of the Duluth curriculum can be beneficial for Latino immigrant batterers. Results also demonstrate the critical role of culture as it refers to content of the intervention and method of delivery.

Keywords

batterer intervention, Duluth model, Latino batterers

¹Michigan State University, East Lansing, MI, USA

²The Florida State University, USA

³Community Health and Social Services Center (CHASS), USA

⁴Raíces Nuevas, Holy Redeemer Church, USA

[†]In Memoriam

Corresponding Author:

José Rubén Parra-Cardona, Michigan State University, 3 D Human Ecology, East Lansing, MI 48824-1030, USA.

Email: parracar@msu.edu

Intimate partner violence against women (IPV) constitutes a critical health and mental health problem in the United States (Fisher, 2004; Thompson et al., 2006). The legal definition of IPV refers to violent crimes against intimate partners committed by former or current spouses, boyfriends, girlfriends, or partners (Fisher, 2004). The National Coalition against Domestic Violence (NCADV) expands the legal definition of IPV to include coercive and assaultive behaviors that are meant to gain and maintain control over an intimate partner. These behaviors include financial, emotional, sexual, and/or physical assaults or threats of assault (NACDV, 2010). According to the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC, 2003), approximately 5.3 million women aged 18 and older become IPV victims each year in the United States. Up to 44% of women in the United States are exposed to IPV during their lifetime (Thompson et al., 2006). The national cost associated with IPV exceeds US\$8.3 billion each year (Bonomi, Anderson, Rivara & Thompson, 2009; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004).

Mandating offenders to complete batterer intervention programs is a common legal consequence of IPV; however, the effectiveness of these interventions has not been fully established (Auchter, 2008; Richie, 2004). Research has shown that batterers who assault their partners without being convicted are more likely to reassault than men who are convicted of domestic violence. However, men who are convicted and ordered to complete batterer intervention are the least likely of the three groups to reoffend (Sullivan, 2005).

Despite the fact that Latinos have become the largest ethnic minority group in the United States (U.S. Census Bureau, 2000), studies focused on evaluating the impact of culturally informed batterer interventions for Latinos remain extremely limited (Gondolf, 2008; Rothman, Gupta, Pavlos, Dang, Coutinho, 2007). Because lack of attention to cultural issues accounts for higher dropouts and poorer outcomes among Latino men referred to batterer interventions (Aldarondo, Kaufman Kantor, & Jasinski, 2002; Gondolf, 2004b), scholars have suggested that batterer treatment programs for Latinos must include effective cultural strategies aimed at engaging and retaining participants in such interventions (Gondolf, 2004a; Perilla & Pérez, 2002).

By implementing the current study, we expect to offer a contribution to this gap in research. Specifically, we explored with Latino immigrant men the treatment components of a culturally informed batterer intervention that facilitated their willingness to engage in a process of change. Participants also described the treatment components that led to their satisfaction with the intervention.

IPV in Latino/a Populations

Studies indicate that the prevalence of IPV among Latino/a populations ranges from 23% to 68% (Hancock & Siu, 2009; Klevens, 2007; Tjaden & Thoennes, 2000). However, obtaining an accurate estimate of IPV prevalence among Latinos/as is a challenging task as several factors can affect reporting, such as country of origin, immigration status, English proficiency, or perceived trust in institutions (Caetano, Schafer, & Cunradi, 2001; Field & Caetano, 2003). For example, first generation Latinas may be reluctant to report

abuse if they fear involvement with institutions such as law enforcement and immigration agencies (Klevens, 2007; Perilla, 1999). Furthermore, because IPV is not widely recognized in Mexico and Latin American countries as a public health problem, Latina immigrants may not report IPV because they may have lived in contexts characterized by little or no support for victims (Aldarondo et al., 2002).

There is a great need to promote culturally focused research aimed at examining the impact of services for both survivors and perpetrators of IPV, as well as to identify the cultural and contextual factors that negatively impact such services (Aldarondo et al., 2002). For instance, Latina survivors may fear reporting abuse if they do not have legal assurance that their aggressors will be prosecuted and mandated to participate in treatment programs. However, they may also be reluctant to disclose abuse if they perceive that any type of involvement with authorities will lead to deleterious consequences for them and/or their children, such as incurring a loss of income if they do not have legal permission to work in the United States. (Aldarondo et al., 2002; Perilla, 1999).

Addressing the gap in IPV research with Latino populations is critical, particularly because there is a risk for service delivery activities to remain informed according to ideological perspectives rather than empirical data. For example, Hancock and Siu (2009) have reported challenges with implementing the Duluth model with Latino immigrant men: "The association of patriarchy with male oppression and abuse, as an underlying theme of the Duluth model, was unacceptable to the men as a basis for treatment" (p. 124). The authors also suggest that addressing gender role issues with Latino males who batter should be consistent with traditional cultural expectations. Specifically, the authors affirm that recently immigrated Latino couples are likely to tighten their traditional gender role expectations as a coping strategy to immigration, with immigrant women "willingly complying with this strategy" (Hancock & Siu, 2009, p. 125).

Based on their critiques of the Duluth model, Hancock and Siu (2009) propose an alternative treatment approach for Latino immigrant batterers with a stronger focus on issues such as batterers' cumulative trauma as a precursor of IPV perpetration, oppression and discrimination experienced by immigrants, gender roles informed by traditional cultural expectations, and anger management. The authors report that this new approach has led to high rates of completion (almost 90%) and low rates of repeat enrollment (less than 25%). However, the efficacy of the intervention has not been empirically evaluated (Hancock & Siu, 2009).

Based on the aforementioned considerations, it is necessary to continue to investigate which interventions are most effective for Latino men who batter. These lines of research should be designed by utilizing methods that facilitate the identification of intervention components associated with sustained reduction of IPV in this population (Klevens, 2007).

Interventions for Men Who Batter

Research focused on demonstrating the effectiveness of treatment programs for men who batter continues to be inconclusive (Auchter, 2008). Methodological challenges such as research designs with small samples, lack of random assignments or control groups, and

high attrition rates are among many of the barriers researchers face when attempting to conduct rigorous evaluations of these interventions (Gondolf, 2004b). Meta-analytic studies reveal small to moderate treatment effects of batterer interventions (Babcock, Green, & Robie, 2004; Feder & Wilson, 2005).

A recent report of a large-scale experimental study merits special attention. Specifically, Gondolf and collaborators (2004a) conducted a 4-year evaluation study of batterer interventions across four sites in the United States. The investigation involved 840 men and their female partners. Findings indicate that men who completed two months or more of treatment had a 50% reduction in reassault rates compared to men who completed less than two months of treatment (Gondolf, 2004a). However, researchers also reported that cultural issues appeared to account for higher dropout rates and poorer treatment outcomes among Latino and African American men than their Euro-American counterparts (Gondolf, 2004a). Researchers concluded that additional studies are warranted in order to more carefully explore the relevance of culturally informed treatments for ethnic minority men who batter.

Culturally Informed Interventions for Latino Men Who Batter

Culturally informing interventions refers to adapting existing interventions in order to be responsive to the cultural and life experiences of diverse populations (Bernal, 2006). For example, the Duluth Model, EMERGE, and AMEND are internationally recognized interventions for men who batter and abuse, which have gradually adapted their original curricula to respond to the cultural and life experiences of ethnic minority populations (Adams & Cayouette, 2002; Pence, 2002; Pettit & Smith, 2002).

Although batterer treatment research has included samples of ethnic minorities, there is scarce research focused on analyzing the specific characteristics of culturally informed interventions that lead to positive treatment outcomes among ethnic minority batterers (Gondolf, 2004b). Therefore, it is imperative to continue to explore the most effective ways to culturally enhance existing batterer interventions in order to increase rates of engagement, retention, and satisfaction of ethnic minority men in treatment (Gondolf & Williams, 2001). Researchers agree that a common weakness of batterer interventions continues to be the lack of attention to contextual and cultural issues that influence the lives of diverse populations (Donnelly, Smith, & Williams, 2002; Gondolf, 2004a).

Purpose of the Study

This qualitative investigation was conducted with 21 Latino immigrant men who participated in a culturally informed batterer intervention. The primary goal of this study was to identify the intervention's treatment components that facilitated the participants' willingness to engage in a process of change aimed at terminating their abusive behaviors. A secondary objective was to describe the treatment components that led to participants' satisfaction with the intervention.

This investigation is qualitative in nature in order to complement existing research on batterer treatment. Specifically, although existing quantitative data demonstrate that individuals

from various ethnic groups can benefit from participation in batterer interventions, there continues to be a lack of studies aimed at providing detailed descriptions of the characteristics of interventions that increase the satisfaction of Latinos in batterer interventions.

Due to safety considerations, the participants' partners were not included in this investigation. While recognizing that survivors' reports should be considered the most reliable indicator of IPV termination, limited research resources prevented us from being able to obtain such data while also ensuring the safety and well-being of survivors. Thus, the findings of this investigation should only be considered indicators of the participants' satisfaction in treatment, as well as descriptions of the treatment components that they consider had the greatest influence on their willingness to engage in a process of change. However, such narratives do not constitute evidence of the participants' termination of violent behaviors.

Collecting data from alternative respondents such as the partners of other men in the program was ruled out due to feasibility issues. Specifically, 95% of men who were recruited for this investigation agreed to participate in the individual interviews. Therefore, implementing interviews with alternative samples such as the partners of other participants was not feasible as it would have required extending the funding period.

Method

Design

This study utilized a qualitative methodology to obtain in-depth descriptions from Latino immigrant men regarding their participation in a Spanish version of a well-established intervention for men who batter. This investigation followed a grounded theory approach because this qualitative tradition produces descriptions of phenomena that are "grounded" in data provided by participants (Fassinger, 2005).

Raíces Nuevas: A Culturally Informed Intervention for Men Who Batter

Participants of this study were exposed to the *Raíces Nuevas*¹ (New Roots) intervention, which is a culturally informed version of the Spanish version of the Duluth curriculum, *Creating a Process of Change for Men Who Batter* (Paymar, Pence, & Aravena Azócar, 2002). The Duluth curriculum is embedded within the Duluth model, which consists of a comprehensive Coordinated Community Response (CCR) model integrated by law enforcement, criminal and civil courts, and various human service providers (Pence, 1996). The Duluth curriculum consists of detailed 26 weekly, 2-hour sessions aimed at promoting a process of change among men who batter. The Duluth curriculum "embodies a feminist cognitive-behavioral approach as battering is identified as a form of oppression of women and it endorses equality between men and women as the ideal toward which all physically abusive men should move in their relationships" (Mederos, 2002, p. 11). Two major goals are pursued with the implementation of the curriculum: (a) Helping men to

recognize and change beliefs associated with male supremacy and control over women, and (b) learning new interpersonal skills that support that change (Mederos, 2002).

Ellen Pence and Michael Paymar (1993) developed the Duluth curriculum according to the pedagogic principles outlined by Paulo Freire, who was heavily influenced by his literacy work with low-income agricultural workers in Brazil (Mederos, 2002). A unique characteristic of the Duluth curriculum refers to the promotion of change through critical analysis. According to this perspective, a commitment to change should be embraced by participants as a result of engaging in a process of critical reflexivity. For example, power and control logs and videos illustrating abusive behaviors are used in the curriculum to promote group conversations aimed at identifying controlling and abusive behaviors. The Duluth curriculum has been adapted for dissemination with Latino, Spanish-speaking populations (Paymar et al., 2002). The Spanish version of the intervention consists of a translated and linguistically appropriate intervention manual and culturally relevant supportive materials (e.g., videos of abusive behaviors with Latino couples).

Raíces Nuevas was originally developed within a comprehensive coordinated community response model for IPV Latina survivors known as LA VIDA.² LA VIDA is affiliated with a large health care provider for Latinos in the Midwest, known as the Community Health and Social Services Center (CHASS). For a description of LA VIDA, the reader is referred to a source describing the community development of this initiative (Maciak, Guzman, Santiago, Villalobos, & Israel, 1999). Although *Raíces Nuevas* maintains a collaborative relationship with LA VIDA, budget cuts led to the intervention being sponsored in its entirety by the largest Catholic church in the city of Detroit. *Raíces Nuevas* continues to be the primary service provider for Latino men mandated to batterer treatment in the region. Approximately 15% to 40% of Latino men enrolled in the intervention to attend on a voluntary basis.

Raíces Nuevas consists of all the components of the Spanish version of the Duluth intervention. In addition, the curriculum was adapted to address common challenges experienced by Latino immigrants in the Midwest (e.g., specific characteristics of the Latino population in the area, common experiences of work exploitation). The intervention also has revisions in order to include idiomatic expressions that are particularly relevant for Latino immigrants in the region.

Sampling

The sampling for this investigation was purposive and convenient. That is, all active members in the intervention were invited to participate if they met eligibility criteria. In order to be eligible to participate in the study, participants had to meet six criteria. First, participants had to be engaged in the batterer treatment intervention or to have successfully completed the intervention within a period of 12 months prior to the interview. Second, participants had to identify themselves as Latino or Hispanic. Third, participants had to express an interest in participating in one individual interview. In addition, participants had to be 18 years of age or older at the time of participation in the investigation, identify themselves as first generation immigrants, and identify Spanish as their language of

preference. Finally, only men were recruited for this study as this intervention is specifically targeted to men who batter.

Twenty-one Latino men participated in this study. All participants provided consent to participate and completed one in-depth interview that lasted 60 to 90 minutes. The majority of participants ($n = 20$) identified Mexico as their country of origin, and only one participant was born in Puerto Rico. The mean age of participants was 36.43 years. The average number of years living in the United States was 17.36, with a range of 5 to 38 years. At the time of the interview, 16 men reported being involved in a couple relationship.

Latino men differed regarding their highest level of education and combined family income. Specifically, five participants reported only completion of elementary school, ten participants completed high school, and six participants achieved some level of college education. Regarding combined family income, two participants reported an annual family income lower than US\$10,000, eight participants between US\$10,000 and US\$20,000, nine participants between US\$31,000 and US\$40,000, one participant between US\$41,000 and US\$50,000, and one participant reported a combined family income higher than US\$60,000.

Regarding level of exposure to the *Raíces Nuevas* intervention at the time of the interview, two participants had completed one session, six participants had completed 2 to 4 sessions, two participants had completed seven sessions, one participant had completed eight sessions, two participants had completed 19 to 22 sessions, and eight participants had completed 24 sessions or more. Three participants were not mandated by the court and participated in the intervention on a voluntary basis.

Procedures

Two strategies were utilized to recruit participants. First, a face-to-face invitation to participate was delivered by the principal investigator and/or research assistants to Latino men enrolled in treatment groups for men who batter. *Raíces Nuevas* staff also extended invitations to former group participants who had completed the intervention. In order to prevent coercion to participate, specific alternatives to withdraw from the study were offered to men who agreed to be interviewed.

To increase the protection and confidentiality of research participants, a Certificate of Confidentiality (COC) was obtained from the National Institutes of Health (NIH). A COC protects the privacy of research subjects by protecting investigators and institutions from being compelled to release information that could be used to identify subjects with a specific research project. All participants were compensated with US\$20 for their participation in one individual interview. Data collection was initiated after the COC was obtained from NIH and after full approval from the Michigan State University Institutional Review Board (IRB). Data collection lasted 18 months as we aimed to ensure representation of men who were in the initial phases of treatment (1-4 sessions), as well as men who had been exposed to the intervention for at least a period of seven consecutive sessions. We utilized this criterion as two months has been identified as a critical marker of change in batterer treatment (Gondolf, 2004a).

Invitations to participate were delivered monthly throughout the duration of the study. Twenty-two men were invited to participate in the investigation and only one man declined participation (95% acceptance rate). This acceptance rate is relevant for future studies based on the high number of men who are exposed to the *Raíces Nuevas* intervention. Specifically, 225 men have participated in the intervention since it was originally offered in 2005. Of this universe, 140 men have completed the curriculum.

Interview guide. The interview guide started with an introduction of the researchers and a general description of the study and the interview process.³ After completion of the introduction, conversations were elicited by asking participants two open-ended grand tour questions: (a) "Please tell me about why you were referred to the program, *Raíces Nuevas*?" and (b) "How would you describe your experiences in *Raíces Nuevas*?" Each grand tour question was followed by specific probes relevant to the purpose of the study (e.g., "How have group leaders helped you as a group participant?"). To privilege the voices of participants, preselected probes were used only after follow-up questions were asked to participants based on their initial responses to the grand tour questions (Strauss & Corbin, 1998). All interviews were conducted in Spanish by fully bilingual interviewers, native of Latin American countries.

Data Analysis

Data analysis followed the tenets of grounded theory, which refers to the creation of theory that is "grounded" in data collected from participants (Fassinger, 2005). An analytical method of sequential open, axial, and selective coding was implemented to achieve such a goal (Strauss & Corbin, 1998). These procedures are considered the most accepted phases of data analysis in grounded theory (Fassinger, 2005).

Open coding consisted of breaking down data into discrete parts or units of analysis, labeling different units as *concepts*, and analyzing the phenomena embedded in such data (LaRossa, 2005). The second analytical phase (i.e., *axial coding*) consisted of reaching a higher level of conceptualization of the data by creating *categories* (LaRossa, 2005). The final phase of analysis consisted of *selective coding*, which refers to "selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development" (Strauss & Corbin, 1998, p. 116). This phase of analysis was completed when consensus was reached among members of the research team. The diverse composition of the research group (i.e., race, gender, age, professional degree, scholarship) was particularly valuable for generating consensus about the selection of final categories as well as to prevent biases of interpretation of the data.

Although the final categories reflect the experiences of study participants, there were noticeable distinctions in the participants' level of detail and depth of narrative based on length of exposure to treatment. Specifically, Latino men who had completed at least seven sessions (62% of participants) provided greater depth of analysis on specific topics. This is indicated in the results section whenever the pattern was observed. Data analyses were conducted with the use of NVivo software 8.0.

Trustworthiness of the Data

Trustworthiness in qualitative research refers to the standards that should be met in order to ensure quality and accuracy of research findings (Morrow, 2005). To ensure trustworthiness during data collection, the initial interviews were led by the principal investigator who modeled the process of the interview to the second and third authors. Once consistency was established, the second author began to lead data collection efforts in collaboration with the third author. Biweekly meetings were held during the first six months of the study to address issues of data collection as well as to revise the interview guide.

Coding was led by the principal investigator and the resulting open, axial, and selective codes were reviewed by the core research team. The core research team consisted of the first author, a male assistant professor, and three female doctoral students. The rest of the team included the *Raíces Nuevas* group leader and staff from LA VIDA. The second and third authors have experience conducting research with men who batter and the fourth author has extensive experience with IPV survivors. To prevent biases in the final selection of categories, study findings were shared with *Raíces Nuevas* and LA VIDA staff.

Results

Research findings consist of five major categories, all of which are integrated by the core category “*En el Grupo Tomas Conciencia (In Group You Become Aware)*.” The related categories are as follows: (a) “*Recognizing Change as a Lifetime Challenge*,” (b) “*Change Demonstrated Through Actions Rather than Words*,” (c) “*Group Leaders Help Me to Change*,” (d) “*Group Helps Me to Change*,” and (e) “*I Need Help Outside the Group*.”

For some categories, the level of detail and depth of descriptions provided by participants varied according to length of exposure to treatment. For clarity purposes, we will refer to men in the “early phases of treatment” as participants who had completed 1 to 4 sessions at the time of the interview. The responses provided by these men on some specific issues were generally more brief and succinct. We will highlight this pattern whenever it was identified. In contrast, a pattern observed in the responses provided by men in the “advanced phases of treatment” (having completed at least seven group sessions) consisted of providing detailed descriptions of the topics being covered. They frequently referred to personal examples to illustrate their reflections. Completion of seven sessions or more was identified as a distinctive length of treatment indicator because two months has been used in research as a marker of initial change in men undergoing batterer treatment (see Gondolf, 2004a).

En el Grupo Tomas Conciencia (In Group You Become Aware)

The core category in grounded theory narrates the main story of study participants and connects the attributes of all other categories (Strauss & Corbin, 1998). In the current study, the core category “*En el Grupo Tomas Conciencia (In Group You Become Aware)*” describes how men gained a new understanding of the nature of their violent behaviors.

Participants differed on their reflections on this issue based on length of treatment. Specifically, whereas men in the initial phases of treatment reported that group was beneficial to “help them gain a new perspective” about their violent behaviors, men in the advanced phases of treatment provided detailed narratives about the gradual, challenging, and slow process of awareness associated with becoming more responsible for their violent behaviors. Participant number 7 had completed two sessions at the time of the interview. He stated

I have attended two group sessions and I like it because if you want, you can learn from this program. Like, many times you don’t know what you are saying to your partner . . . like you’re verbally attacking them. . . . This program helps you to understand that with your partner you cannot use those methods [verbal attacks].

Men in the advanced phases of treatment provided contrasting narratives in which they described the process of “becoming aware” as a slow process that demands a critical evaluation of personal behaviors. These participants also expressed that becoming aware can only happen by attending group, actively engaging in the group process, and committing to making concrete changes in everyday life. Participant number 5 reflected on these issues:

It was hard for me in the beginning to accept being in this group, but I had to do it because it was mandated by the court. But I’m so glad about being here because I have seen many of my mistakes. After group I would say to myself, “Gosh, I really was behaving like that [abusive behaviors].” Then the program started to help me to change. The experience of *Raíces Nuevas* is essential for me. I still make many mistakes but by coming to the program you gain strength . . . and life. . . . That’s why it is called *Raíces Nuevas* [New Roots].

Participant number 9 further elaborated on how his process of becoming aware started by identifying his personal controlling and abusive behaviors:

In group we talk about domestic violence. . . . The way we are with our partners like not respecting them, not letting them go places, not even letting them go to the store. . . . And this is where violence begins, when you start making threats to your partner such as “If you don’t do this, you’ll see” . . . “If you don’t prepare this meal I won’t take you out” . . . “I won’t take you to buy groceries, go by yourself if you want.” . . . That is where the violence begins.

Participant number 17 highlighted that awareness can only take place by participating in the group process. He affirmed, “To become aware you need to be here [in group]. . . . You cannot become aware before being in the group. . . . You need to learn how to behave, how to respect your partner and your children. . . . How to stop the violence.”

Recognizing Change as a Lifetime Challenge

The need for accountability. Men in the initial phases of treatment primarily centered on the fact that abusive behaviors were not appropriate. However, their narratives did not elaborate on issues of personal accountability. In contrast, participants in the advanced phases of treatment expressed that the first step toward ending IPV consists of becoming fully accountable for personal violent behaviors, as participant number 3 affirmed:

Group has helped me because I was not concerned about her [his partner] in the past. I was only concerned about me. . . . So, I basically set my lies to the side. . . . I set my ego to the side. . . . I have recognized that change is about me, it is me who needs the help.

Participant number 9 further elaborated on this issue by focusing on the need to avoid minimization or denial. He expressed

I was a hypocrite . . . I used to hear group members who talked about their violence and would say to myself, “They’re stupid. . . . I don’t have those problems” . . . but then I said to myself, “Why do I fool myself? I am here because I have the same problems they have” . . . I’m finally taking the veil off my eyes.

Becoming accountable for abusive behaviors was reported by men in the advanced phases of treatment as a very challenging process, as participant number 16 affirmed:

I used to think that I was not responsible for the violence. . . . I would blame her for the violence. . . . But when they force you to be in this group, you eventually end up realizing you’re living in error. . . . I realized that I was the only one responsible for the violence.

Participants also expressed that it was necessary to become accountable while also accepting themselves. Participant number 5 who completed treatment elaborated on this issue:

The best way to benefit from the program is by knowing oneself. . . . And the way you can do this is by accepting yourself. . . . I have done this thanks to the program. . . . I was helped to see my violence and they [group leaders] did not use violence to help me become aware of this. . . . I have accepted myself. . . . I have begun to listen to the people I’ve hurt by doing it like the way in which you take care of a garden . . . by giving it water.

Change is a lifetime challenge. When asked about the length of treatment that participants considered necessary to terminate abusive behaviors, Latino men in the initial phases of treatment did not provide specific answers and frequently stated that they needed to have

more exposure to the group intervention to provide an informed response to this question. In clear contrast, participants in the advanced phases of treatment highlighted the need for a lengthy process of treatment. Some of these participants even compared ending IPV perpetration with recovery from substance abuse. To them, once personal accountability is assumed, the process of recovery lasts a lifetime as the possibility for relapse is always present. Participant number 3 affirmed

By coming to group, there is no assurance that you will change. Change is only within you. If you don't decide to change, you can be here one or two years and you won't change. . . . It's like being addicted to drugs. . . . If you are not committed to change, you won't change. . . . And you need to work at changing for a lifetime. . . . It's like recovering from drugs, it never ends.

Participant number 11 further described this challenge:

I would not put an end date to group treatment because violence is like an addiction. . . . "Does it go away? . . . No, it never does" . . . we'll have this problem for a lifetime, it's there, it's asleep. . . . Our problems are under control because we have the group, but when we leave group, these problems start to awaken . . . the insults, all that . . . so we need the group all the time.

Participants in the advanced phases of treatment highlighted the importance of extended, rather than short-term treatment. Participant number 4 affirmed, "About half way through the treatment, like 13 weeks, you start coming not because you are being forced by the court, but because you're thinking more. . . . This change cannot happen if you only come for a few weeks." The need for a lengthy exposure to treatment was best described by participant number 16:

I started to understand my violence around the tenth session. . . . And you just start coming to meetings and understanding things . . . that is why you need to keep coming. . . . I'd say to myself, "I did not say everything I wanted to say," "I made a mistake and now I understand." . . . That's why there should not be a minimum of sessions people need to attend. . . . You cannot feel healed after a few sessions. . . . You just need to always keep coming. . . . You need to go to the root of the problem. . . . The more you come to group, the more strength you gain for your life.

Change Demonstrated Through Actions, Rather Than Words

Challenging machismo. Men in the initial phases of treatment referred to machismo primarily as behaviors informed by rigid gender roles. They also indicated that it was important to address machismo in group meetings in order to improve their couple relationships. For example, participant number 6 had completed four sessions at the time of the interview. He affirmed

It's important to talk about machismo in group because it is like a negative masculinity. Machismo is like being a wild animal. . . . It's like getting home and feeling proud because my wife obeys me without questioning. It's like getting home and saying to my wife, "Take off my shoes now!"

In addition to associating machismo with rigid gender roles, men in the advanced phases of treatment indicated how machismo is a precursor of IPV and considered challenging machismo as a requisite to terminate violent behaviors. Participant number 5 described machismo as violence, particularly as it refers to the desire to control others:

How would I define machismo? . . . Well, machismo is violence! . . . It is violence because you need to have what you want and in the moment that you want it. . . . Like telling my wife, "Do this right now and if you don't I'll hit you." . . . So, it's wanting things to be done the way you want it. . . . To me, that's machismo. . . . And you want to do this to your wife, children, siblings, and to others.

Participants in the advanced phases of treatment also referred to machismo as a cultural norm and expectation. Participant number 4 expressed how he decided to challenge this expectation, "In the Latino culture you find machismo. . . . It's in the Latino culture. However, I'm leaving behind this part of the culture. Being a macho did not take me anywhere." Participant number 3 further elaborated on this issue, "In the Mexican culture, many of us don't accept that we are *machistas* [holders of Machismo beliefs], but we are. . . . It's important to set machismo to the side because machismo goes along with pride, lies, and ego."

In a consistent manner, Latino men in the advanced phases of treatment identified machismo as a precursor of IPV, linked to a range of abusive behaviors. Participant number 9 said, "Machismo and violence go together. . . . Machismo is violence because you do things like isolating your partner. . . . Through isolation you put pressure on women. . . . I used to tell my girlfriend what clothes to wear, otherwise, I would get mad at her."

In addition to addressing deleterious notions of machismo, participants also expressed the need to explore and embrace new expressions of masculinity. The testimony of participant number 5 summarizes these reflections: "Talking about machismo in group is very important because all of us are *machistas* when we get here. . . . So, we need to become new men . . . men capable of accepting our mistakes. . . . That's hard, but that is being a man."

Recognizing the need for an egalitarian relationship. Latino men in all phases of treatment expressed the need to establish an egalitarian couple relationship with their partners. However, participants in the initial phases of treatment primarily addressed this issue by reflecting on the benefits associated with egalitarian relationships, without making reference to how these reflections informed the relationship with their partners. Participant number 10 had attended two sessions at the time of the interview. He stated, "In group they talk about the importance of helping our partners with chores at home. Like if she is cooking or washing dishes, to help her out. . . . It's about being able to help each other as a couple."

Participants in the advanced phases of treatment addressed the need for an egalitarian relationship by highlighting the need to make personal life changes. Participant number 2 affirmed

I came to this group on a voluntarily basis. . . . My wife did not believe me anymore. . . . I promised her many times that I was going to be good, that I was not going to fight with her anymore . . . promises everywhere, and I did not fulfill any of my promises. . . . Now I do things to change and I ask her about it. . . . Before, I did not care about this.

According to these men, establishing an egalitarian relationship also constitutes a key precursor for terminating abusive behaviors, as participant number 9 said

We feel superior to our partners . . . that generates violence. . . . That's why we come to this group, to talk about us. . . . If we want to change, it should be because we want to change, not because we want our partners to change. . . . Our partners should not change for us. . . . They are our partners, not our objects. . . . They are not our property. . . . We talked about all this in the group.

Group Leaders Help Me to Change

Group leaders are close to you. All participants, regardless of length of treatment, reflected about the importance of the relationship they established with group leaders as a key precursor to their process of change. Latino men provided several examples of how group leaders were close to them, constantly encouraging and motivating them to change. Participant number 13 affirmed, "They [group leaders] are always asking us about how we are doing, they remind us of assignments we need to complete. . . . They always encourage us to improve. . . . They're always giving advice to us."

Participants described the importance of perceiving group leaders as trustworthy. Participant number 4 expressed

They [group leaders] promote trust by emphasizing the importance of confidentiality in the group. That is important because then you can open up in group. They also give us a lot of advice, before the class and during the class. They take the class very seriously and are always offering us trust. . . . They don't abuse the program and offer trust to everyone. . . . They are humble and special.

Participants reported that group leaders treated them as friends; however, they also expressed being aware of the hierarchy that group leaders had. Participant number 11 affirmed

They are responsible for the group but they also see us as friends . . . and you know, when someone treats you like a friend, then you feel that you can trust . . . you feel

that you can share all the bad that is in you. . . . They have helped me to value myself . . . to value my family, my children. . . . They have helped me a lot and I won't stop coming to group.

Group leaders challenge you. Although participants reported group leaders as being close to them, they also described them as strict, methodical, and capable of challenging group members whenever it was necessary. Participant number 3 said, "They are strict. . . . In the beginning that bothered me. . . . But they have to be strict; otherwise, nothing can happen in group."

Latino men expressed that group leaders were very thorough in their examination of progress reported by group participants. Participant number 9 affirmed, "The group leaders are in charge of the orchestra and they keep asking us, 'How is your relationship going?' 'Have you changed with your wife?' . . . They give us a guide to follow so we can learn how to control ourselves."

Latino men also provided detailed descriptions of the ways in which group leaders challenged participants to change. Participant number 17 said, "They [group leaders] don't beat around the bush and will call stuff as it is. . . . Sometimes we stay focused on one theme 2 or 3 sessions until we fully address the issue. . . . That has helped me a lot."

In addition to being assertive, participants reported the importance of group leaders requiring the completion of reflective work between classes. Participants referred to these activities as "homework." Participant number 2 described this issue in detail:

They [group leaders] will go directly to the root of the problem . . . and they will give you homework so you can work on your issues. . . . No matter what happens in your life, you need to do your homework. . . . And every time you come to group, they will ask you about it and will remind you that you need to do it. . . . They take this very seriously. . . . They are always looking for progress in everyone.

Group Helps Me to Change

Group is like a mirror. Latino men, regardless of length of treatment, considered that the process of reflexivity generated from participants sharing their stories, as well as discussion of various IPV topics, had a positive impact on them. Participant number 3 elaborated on this issue:

In the beginning I was a hypocrite. I would just come, listen to others and criticize them. . . . Slowly, the group members started to silence me with their conversation, without them having to say anything to me. . . . What they were talking about was the truth, and it was like they knew my life. . . . I had all the problems they were talking about, but I did not want anyone to know about it. . . . Now, I'm learning from everyone in the group.

Personal testimonies shared by group members were identified as helpful by Latino men, as participant number 6 expressed, "When I hear the problems of other group members, I feel very sad because they have big problems. . . . And you learn because you take advice from them, so I don't have to face the same problems they do."

Participants also reported that the intervention's didactic materials were helpful for promoting a process of reflexivity. Specifically, Latino men talked about the value of using videos with vignettes of violence against women in order to generate conversations about different types of IPV. Participant number 8 said, "Videos have been very helpful. Like in group, they put videos of couples and we learn from these videos. . . . It's like seeing myself in a mirror . . . a mirror in which we can see what we've done and what we've lived."

Sharing struggles and managing anger. All participants highlighted the importance of talking in group about their daily life struggles as a way to prevent engaging in abusive behaviors. Participant number 2 stated

Something that is very important about group is that sometimes one gets home all stressed out from work. . . . You feel like yelling at your kids and your wife. . . . And in group we learn many things, one of which is how to respect others and how to communicate. . . . So, when you come to group and talk about your problems, you feel better . . . more relaxed, like you lifted a weight from your back . . . because you can always express in group all that you are feeling inside.

Participants in the most advanced phases of treatment also highlighted the benefit of learning skills to manage their anger as well as to identify triggers for emotional reactivity. Participant number 20 said, "My problem is that I cannot control my anger and I tend to explode very fast. . . . I need to control myself and here [group intervention], I'm learning to do that and it's working."

Participant number 4 summarized the benefits associated with the appropriate use of time-out: "I learned to manage my anger. . . . I can tell whenever my partner is upset. . . . Rather than avoiding the issue, I take a time-out so I don't upset her more, and we can talk later about the problem."

Talking about Latino values. Latino men in all phases of treatment reported that it was important for them to talk in group about the Latino culture, particularly about cultural issues that helped them to stop their abusive behaviors. Participant number 16 stated, "In this group is good to talk about Latino values, particularly the family. I learned in my family to respect others and I need to be respectful of others . . . and that is what we are learning in the group." Participant number 14 said, "It's important to talk in group about our customs and about family. . . . Some friends are ashamed of speaking to their children about being Latinos. . . . Can you imagine what would happen if we did not talk about these issues in group?"

Participant number 19 highlighted the importance of talking in group about the need to nurture family relationships: "It's very important to talk in group about *la familia* [family]. I need to learn how to relate to members of my family. . . . I need to learn how to give to them . . . how to be nice to them."

Participant number 10 further elaborated on the importance of family life, particularly as it refers to the risk of losing loved ones if violent behaviors are not terminated:

We need to value what we love before we lose it. We need to value what is most important to us, which is our family, the people in our family who we love. Thus, we need to value the people we love because we are at risk of losing them.

In addition to highlighting the importance of family life, participants emphasized the importance of talking in group about *respeto* (respect). Specifically, Latino men identified respect as essential for promoting a climate of trust in the group. Participant number 17 stated, "We need to talk in group about respect like we have learned it in our families . . . respect and trust. . . . If we come to this class it's because we respect the class and we respect others. . . . Because of that, we can trust others."

Participant number 5 further elaborated about the need to talk in group about how respect informs family relationships in the Latino culture:

We need to talk in group about Latino values . . . about respect in the family, like I was raised in my family. . . . I had to show a lot of respect in my family, otherwise, they would spank me! It's about respect. So, I have to transmit that respect to my children.

Coping with discrimination and racism. A major source of stress reported by participants in all phases of treatment referred to issues of discrimination. Latino men provided several examples describing how discrimination and racism negatively affect their lives. According to participants, group is one of the few places where they can talk about these issues. Participant number 16 affirmed, "We face discrimination for being Hispanics. . . . We face this when we go to the store, restaurants, at work. . . . They discriminate against you because people try to make you feel less than because you are Hispanic. . . . They traumatize you."

Participants described how the group process is helpful to them in coping with the stress resulting from exposure to discrimination. Participant number 4 described his experiences with racism as traumatic: "It is important to talk in group about racism . . . you come to group experiencing fatigue, escaping from racism . . . with racism, you can experience mental trauma. . . . So, talking about it in group changes things. . . . It's like elevating my self-esteem." Participant number 13 further elaborated on his personal experience with discrimination:

We need to talk about racism in group and not to hide it. There are many ways in which you can be traumatized by being here in the U.S. . . . Employers treat you like you are an animal, having to work 10 to 11 hours every day. . . . I don't like this because we are all humans. . . . We're all equal. . . . Even though we're treated like we are worthless, we have given a lot to this country. . . . We try to be honest people.

I Need Help Outside the Group

Participants engaged in all phases of treatment expressed the need for a variety of services aimed at complementing the benefits obtained in the batterer intervention. In particular, they highlighted the need for couples' counseling, parent training, and substance abuse counseling. Participant number 15 stated, "We need help with the relationship with our partners. We need to learn how to have trust and good communication in our relationship with them. When you have conflicts with your partner, trust and communication are broken."

Participant number 6 further elaborated on the need for couples' counseling:

We need more services to help us with our couple relationship. We need to learn how to understand and value each other. With the experience from the group [batterer intervention] I understand this a bit better, but I need help to be even better with her.

In addition to services aimed at supporting their couple relationship, participants strongly agreed about the need for parent education. Participant number 2 affirmed

We need help on how to be parents. None of us are perfect as parents as there is no school for that. You learn about it as you go through life, but we need help so we can be taught about how to become a good a parent. That would be really helpful.

Participant number 13 highlighted the high need for parenting counseling:

We need help so we can know how to listen to our kids and spend time with them. I am too strict with them and I can become violent towards them. I ask a lot from my kids and I punish them if they don't do what I ask them to do. So, I need help about how to be more patient with them.

Finally, a common request from participants referred to the need to have access to substance abuse counseling. Participants frequently reported how substance abuse is closely related to IPV, as well as the fact that ending substance abuse is necessary to terminate violent behaviors. Participant number 12 summarized the participants' reflections on this issue: "It's simple . . . we need help to recover from alcohol and drugs. . . . Why? Because drugs and alcohol go together, and both of them lead to domestic violence."

Discussion

Findings from this study provide detailed narratives from Latino immigrant men regarding the treatment components of a culturally informed batterer intervention that facilitated their willingness to engage in a process of change. Results also describe the treatment components that were associated with the participants' satisfaction with the intervention.

Overall, findings from this investigation indicate that the Duluth curriculum of batterer intervention can be beneficial for Latino immigrant men, as long as it is implemented in respectful and culturally relevant ways (Aldarondo et al., 2002).

It is important to highlight that the participants' expressed willingness to change, as well as their reported satisfaction with the batterer intervention, do not constitute reliable indicators of termination of abusive behaviors. Such assurance can only be obtained from survivor's reports and should be sustained over time. Nevertheless, present findings constitute relevant data to help advance the field of batterer intervention focused on diverse populations.

The Relevance of Culturally Informed Interventions for Latino Men Who Batter

Participants in this investigation identified specific cultural characteristics of the *Raíces Nuevas* intervention that led to their satisfaction with the intervention. Specifically, Latino men highlighted the importance of group facilitators being able to establish close interpersonal relationships with participants. However, such close relationships did not prevent facilitators from challenging men regarding their abusive behaviors. This finding has important implications for batterer intervention with Latino men, particularly because the Latino cultural value of *personalismo* conveys the centrality of establishing meaningful interpersonal relationships in a variety of social settings (Falicov, 1988). Thus, batterer interventions for Latinos should be characterized by having the flexibility of integrating intervention components and delivery methods aimed at ending participants' abusive behaviors, while also promoting an intervention environment characterized by interpersonal closeness.

As Perilla and collaborators have expressed (Perilla, 1999; Perilla & Perez, 2002), culture should be at the center of interventions for Latino men who batter. In this study, Latino men consistently talked about the importance of being able to talk in group about the relevance of Latino cultural values in their lives, as well as the challenges that they have faced as a result of racial discrimination and exclusion. Embracing such a supportive and culturally focused stance confirms emergent research describing the benefits of informing batterer intervention for ethnic minorities according to cultural values and experiences that have a direct impact on their lives (Gondolf, 2004b). In addition, although addressing batterers' personal needs (e.g., therapy for traumatic experiences) continues to be a controversial issue, present findings indicate the high relevance of adequately managing the mental health needs of men who batter (Perilla & Pérez, 2002).

Adherence to Well-Established Interventions for Men Who Batter

The value of feminist-informed approaches. Contrary to assumptions that feminist-informed batterer interventions lead to dissatisfaction among Latino men who batter (Hancock & Siu, 2009), present findings indicate that participants greatly benefited from the *Raíces Nuevas* intervention. Latino men benefiting from feminist-informed interventions

have been previously reported in the batterer intervention literature (see Perilla & Perez, 2002). Current data contrast with arguments set forth by Hancock and Siu (2009) indicating that batterer interventions for Latino men should not challenge participants' patriarchal beliefs associated with inequality.

Furthermore, participants' testimonies indicated that the *Raíces Nuevas* intervention was helpful because men were challenged to implement changes in their lives, rather than just "talking about them." These findings shed light on how issues of gender equality may be meaningfully addressed in a batterer intervention for Latino men. For example, when addressing issues of women's financial freedom, Hancock and Siu (2009) suggest that such freedom can be managed without upsetting men by demonstrating to them that women's individual financial resources will ultimately benefit the family system. The authors described a situation in group by which men came to realize that "even though their wives had more physical and economic freedom than before migration, they [wives] continued to act in ways that gave their families priority in their lives. The money the wives earned went back to the family" (Hancock & Siu, 2009, p. 130). In contrast, current findings indicate that Latino men were able to identify the gendered nature of violence, as well as how the promotion of equality in their couple relationship was a key step towards stopping their controlling and abusive behaviors. A feminist-informed stance and promotion of equality in the couple relationship constitute key premises of the Duluth model (Pence & Paymar, 1993).

Current data also indicate that although establishing collaborative relationships with participants is essential to promote change, it is critical for interventionists to maintain a strong stance about the nature of IPV (Perilla & Pérez, 2002). According to participants, a key precursor for "becoming aware" consisted of the interventionists' ability to challenge beliefs, attitudes, and behaviors that are precursors of IPV.

Pedagogy of reflexivity. Present findings indicate that engaging men in experiences of reflexivity can promote their willingness to engage in a process aimed at terminating their violent behaviors (Pence & Paymar, 1993, 2003). Participants referred to this process of reflection as the "mirror effect," as they "saw themselves" through the testimonies shared by group members as well as video clips that illustrated abusive situations.

A critical component of the participants' process of reflexivity referred to reaching a clear understanding of the nature of IPV. For example, Latino men in the advanced phases of treatment compared the process of eradicating IPV to recovery from substance abuse. According to their perceptions, both processes last a lifetime. These findings highlight the complex nature of IPV and challenge simplistic assumptions indicating that batterer treatment should only focus on teaching men anger management techniques (Perilla, 1999). The participants' reports of the challenges they experience trying to end their abusive behaviors highlight the systemic and social nature of the phenomena. As Perilla and Pérez (2002) have expressed, a batterer in our culture "has learned that he has the right to expect obedience and services from his partner and his children and thus engage in any type of behavior necessary to make this happen" (p. 5).

Finally, results from this investigation highlight the importance of continuing to investigate the impact that length of treatment has on termination of violent behaviors. In this study, the narratives of men in the initial phases of treatment clearly contrasted with those provided

by men engaged in the advanced phases of treatment, particularly as they refer to issues of personal accountability. Although such a contrast does not constitute evidence of termination of IPV and may refer to examples of batterers learning “to talk the talk,” men in the advanced phases of treatment highlighted the fact that extended participation in treatment is necessary to develop a commitment to terminate abusive behaviors. These findings confirm basic premises of well-established programs such as the Duluth model, EMERGE, and AMEND, indicating the critical role that extended treatment has on termination of batterers’ abusive behaviors (Adams & Cayouette, 2002; Pence & Paymar, 2003; Pettit & Smith, 2002).

Limitations of the Study

The most salient limitation of this study refers to the fact that the narratives of change provided by men were not corroborated with reports from their current or former partners. Evidence of IPV termination should always rest on confirmation provided by survivors. Therefore, the findings of this study should only be considered indicators of the participants’ satisfaction in treatment, as well as descriptions of the treatment components that they consider had the greatest influence on their willingness to engage in a process of change. In addition, although the sample size of this investigation is appropriate for a qualitative study, the small sample size prevents generalizations to the larger population of Latino batterers. Based on these considerations, research findings should be considered tentative and exploratory in nature.

Conclusion

Present findings constitute qualitative empirical evidence describing how Latino immigrant men can benefit from a batterer intervention characterized by a feminist-informed and collaborative stance. Although present findings should be considered tentative, Latino men reported that participating in the batterer intervention provided them with resources to help them manage life situations that otherwise would constitute precursors of abusive behaviors. Finally, study results confirm the irreplaceable role of culture as a key component of interventions aimed at helping Latino men eradicate intimate partner violence from their lives.

Authors’ Note

Dolores González Ramírez served as program manager for LA VIDA from March 2000 through March 2010. At a time when it was highly challenging to convey to the larger community the multiple needs experienced by Latina survivors of intimate partner violence, she was widely known as a compassionate and courageous advocate for Latina survivors and their children. This article constitutes a small tribute to her enormous legacy.

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Notes

1. The name “Raíces Nuevas” was suggested by Efraín Zamudio, who is the original group leader and adapter of the intervention. In addition to Efraín Zamudio, José Martín Magdaleno was a co-facilitator of the intervention from 2006-2009.
2. LA VIDA stands for “Southwest Detroit Partnership to Prevent Intimate Partner Violence Against Latina Women.”
3. Due to page limitations, the complete interview guide is not included with this article. It is available upon request from the first author (principal investigator).

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Author Biographies

José Rubén Parra-Cardona, PhD, is an associate professor in the program of couple and family therapy at Michigan State University. He is currently involved in research focused on the cultural adaptation of evidence-based parenting interventions for Latino populations. He is the principal investigator of an R34 cultural adaptation study funded by the National Institute of Mental Health (NIMH). He is also a core member of the MSU Violence Against Women Research and Outreach Initiative. Currently, his violence research focuses on the evaluation of cultural relevance of services for Latina survivors as well as Latino men who batter and abuse.

Ana Rocío Escobar-Chew, MA, is an international Fulbright scholar from Guatemala. She is a licensed Clinical Psychologist in her native country. She earned her MA degree in marriage and family therapy at Michigan State University (MSU). Currently, she is also pursuing her doctoral degree at MSU. She is the project manager for an NIH-funded cultural adaptation study and has a leading role in studies evaluating the cultural relevance of interventions for men who batter (Parra-Cardona, PI). She is a student affiliate in the Violence Against Women, Research and Outreach Initiative at MSU.

Kendal Holtrop, PhD, is an assistant professor in the Department of Family and Child Sciences at the Florida State University, where she serves as a faculty member in the Marriage and Family Therapy doctoral program. Her research interests include community-based intervention development, adaptation, and dissemination with underserved populations, with an emphasis on evidence-based psychosocial interventions addressing parent-child relationships.

Georgia Carpenter, MA, is a doctoral student in the Couple and Family Therapy Program at Michigan State University. She completed an MA degree in human development at Wayne State University in 2006. She is interested in research concerning intimate partner violence and its effects on the family system; culturally sensitive therapy for couples, individuals, and families; lesbian, gay, bisexual and transgender (LGBT) issues; and resiliency factors for survivors of childhood abuse. Prior to beginning the doctoral program, she worked as a counselor for LGBT and Spanish-speaking survivors of intimate partner violence for 15 years in Pennsylvania and Michigan.

Ricardo Guzmán, LMSW, MPH, has more than 41 years of experience working with health and human service programs targeting the southwest Detroit Hispanic community. He has received numerous awards, most recently the Michigan Social Worker of the Year award. Since 1983, he has served as chief executive officer for the Community Health and Social Services Center (CHASS), a Federally Qualified Health Center (FQHC) organization with two locations in Detroit. He has been successful in obtaining federal, state, and local governmental and foundation grant funding to plan and implement several major community-level interventions addressing diabetes and intimate partner violence in Detroit.

Dolores Hernández, LBSW, has over 17 years of experience in social work practice. Since April 2010, she has served as the program manager for LA VIDA, Southwest Detroit Partnership to Prevent Intimate Partner Violence Against Latina Women. She has implemented culturally and linguistically appropriate domestic violence and sexual assault programs aimed at serving Latino families and building community capacity to address the problem of IPV in southwest Detroit. Previously, she served as the family support coordinator for the LA VIDA program by providing short-term direct services, court advocacy, translations and training of agency-based service providers.

Efraín Zamudio earned his BS degree in philosophy in Guadalajara, México. He was trained in the original Duluth batterer treatment model with funds provided by CHASS. Since 2003, he

has implemented a culturally informed version of the Duluth curriculum to match the cultural and contextual needs experienced by families in Detroit. Despite funding cuts, he has led the efforts to continue to implement the Duluth Curriculum with support provided by the church of Holy Redeemer, the largest Catholic Church in the Diocese of Detroit. He is also the outreach coordinator for Holy Redeemer church.

Dolores González Ramírez (in memoriam) served as program manager for LA VIDA from March 2000 through March 2010. At a time when it was highly challenging to convey to the larger community the multiple needs experienced by Latina survivors of intimate partner violence. She was widely known as a compassionate and courageous advocate for Latina survivors and their children.