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Maxine Davis

*Washington University in St. Louis*

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WASHINGTON UNIVERSITY IN ST. LOUIS

Brown School of Social Work

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The Intersection of Intimate Partner Violence Perpetration, Intervention and Faith

by

Maxine Davis

A dissertation presented to  
The Graduate School  
of Washington University in  
partial fulfillment of the  
requirements for the degree  
of Doctor of Philosophy

May 2018

St. Louis, Missouri

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Maxine Davis

*Washington University in St. Louis*

*May 2018*

Dedicated to Maxine Johnson (Mommy), Helen Underwood (Granny), and all of my ancestors  
whose dreams I fulfill.

## ABSTRACT OF THE DISSERTATION

The Intersection of Intimate Partner Violence Perpetration, Intervention and Faith

by

Maxine Davis

Doctor of Philosophy in Social Work

Brown School of Social Work

Washington University in St. Louis, 2018

Professor Melissa Jonson-Reid, Chair

In the U.S. most interventions with men who have acted abusively against intimate partners occurs because of a domestic violence conviction and court-mandate to complete treatment. This dissertation examines the intersection of intimate partner violence/abuse (IPV/A), intervention, and faith by investigating a parish-based voluntary partner abuse intervention program known as The Men's Group (TMG). The function and implementation of TMG is first explored through a case study, laying the groundwork for understanding why men continuously participate in the program. This qualitative study then investigates how group members view the role of religious faith in relationship to IPV/A and how they arrive at the decision to join TMG. Results revealed that TMG is a culturally tailored and spirituality based program, primarily serving Latino men. Participants who engage in the group continuously, do so because they are met with respect, encounter strong peer social support, and perceive benefit from the program content. Religious faith and spirituality were found to be sources that support the cessation of IPV/A. However, religious faith was also reported to be used against intimate partners as a form of control. Finally, the study revealed that men often experience the decision to join the TMG as a process occurring overtime.

# **Chapter 1: Background & Introduction**

## **1.1 What is Intimate Partner Violence/Abuse?**

The Centers for Disease Control (CDC) defines Intimate Partner Violence/Abuse (IPV/A) as “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)” (Breiding, Basile, Smith, Black, & Mahendra, 2015, p. 11). An intimate partner is a person with whom one has a close relationship. The relationship may or may not involve romantic gestures, emotional connectedness, and or sexual behaviors (Breiding, Basile, Smith, Black, & Mahendra, 2015). Although all of these characterizations need not be present, the relationship must at one time have been close or personal in nature. Current or former intimate partners may or may not have lived together and can be of the same or different genders (Breiding, Basile, Smith, Black, & Mahendra, 2015).

### **1.1.1 Forms of Abuse**

Many different forms of abuse occur within intimate relationships. Each form has unique manifestations. The most commonly discussed forms of abuse are physical, sexual, and emotional (Sanders, 2015) but these by no means represent an exhaustive list. Physical violence and abuse is defined as the intentional use of force for the purpose of causing harm or instilling fear. Physical abuse includes hitting, pushing, slapping, punching, tripping, stabbing, and much more. Sexual violence is defined as a sexual act that is attempted or committed against another’s will and without consent. It includes forced penetration, forced sexual touching, forced

alcohol/drug use in order to facilitate one to engage in sexual acts and much more. Sexual coercion is a form of sexual violence that includes nonphysical acts that pressure and/or facilitate one to perform or endure undesired sexual activities with the perpetrator and/or third parties (Breiding, Basile, Smith, Black, & Mahendra, 2015).

Psychological abuse entails a pattern of verbal and/or non-verbal acts that intend to harm or control another person mentally. Psychologically aggressive acts may manifest through wall punching, playing mind games, or may involve exploitation of a partner's vulnerabilities (i.e. threats to disclose immigration status or sexual orientation). Emotional abuse consists of behaviors that intend to hurt one's feelings. Such acts may include name-calling, humiliation, and general degradation (Breiding, Basile, Smith, Black, & Mahendra, 2015). Psychological and emotional abuse are similar in that each is non-physical, but some evidence suggests they are differential in their impact on the victim (Sackett & Saunders, 1999; Katz & Arias, 1999). The impact of emotional abuse may have significant short term effects, whereas psychological abuse such as dominance or isolation may have substantial long-term impact on well-being (Katz & Arias, 1999).

Economic abuse may include behaviors such as stealing money or resources, purposefully damaging a partner's economic well-being, controlling finances, making one beg for money to purchase basic necessities, and sabotage of work or school performance (Voth Schrag & Edmond, 2017; Sanders, 2015; Postmus, Plummer, McMahon, Murshid, & Kim, 2012). Any or all of these tactics can be used regardless of the economic class of the persons involved (Sanders, 2015). Stalking is also a form of IPV/A and involves a pattern of unwanted contact or attention that may include repeated phone calls, emails, social media contacts, spying, and/or making threats. Whether a one-time incident or repeated offenses, the victimized feels fearful of the

perpetrator because of such behaviors and may be concerned for the safety of loved ones (Breiding, Basile, Smith, Black, & Mahendra, 2015). Religio-spiritual abuse pulls on the religious or spiritual commitments of the victim for the purpose of gaining or maintaining control. This form of abuse can be exercised through restricting one's access to faith communities and houses of worship, manipulating sacred text to justify other forms of abuse, and/or spreading fear of moral failure (i.e. pressuring one to forgive an abusers prior behavior) (Hassouneh-Phillips, 2001; Bent-Goodley & Fowler, 2006; Miles A. , 2000; Davis M. , 2015). Women across a number of studies have described emotional and psychological forms of abuse as being more detrimental and damaging to their lives than physical forms of abuse (Bhandari, et al., 2015; Potter, 2008), therefore limited focus on physical violence as the most important form of abuse is an incomplete view of domestic violence<sup>1</sup>.

### **1.1.2 Prevalence & Consequences**

IPV/A is the most common form of violence against women worldwide with serious, physical, mental, and economic consequences. Nearly 1 in 3 women and 1 in 10 men in the United States have experienced rape, physical assault, and/or stalking by an intimate partner (Black, et al., 2011). Although some indicate that IPV/A prevalence is growing in the U.S (Binkley, 2013), the Bureau of Justice Statistics report that over the past 20 years (1994-2011), the rate of serious IPV/A has declined for both women (72%) and men (64%) (Catalano, 2013). This discrepancy may be due to variances in definition of the problem. While women have been shown to assault their partners at similar rates, they remain the primary victims of harm related to IPV/A due to greater physical, financial, and emotional injuries experienced (Arias & Corso, 2005; Archer, 2000; Straus M. A., 1997). Women are also more likely to be

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<sup>1</sup> Domestic violence in this work is used to refer to the criminalized offense. Intimate partner violence/abuse encompasses actions that are both criminal and non-criminal.

victims<sup>2</sup> of *severe* physical violence, to experience multiple forms of IPV/A, need medical care due to abuse, and be more fearful of their abusive partner when compared to men (Breiding, Chen, & Black, 2014).

**Physical health consequences.** The health consequences of IPV/A have been well documented. At the extreme end of physical violence is death. Seventy-two percent of all homicides involve intimate partners and 94% of victims in such cases are women (Sheehan, Murphy, Moynihan, Dudley-Fennessey, & Stapleton, 2015). More than 60% of women murdered in the U.S. are killed by their intimate partners, more likely killed by guns than all other means combined. (Violence Policy Center, 2014). Although death is rare when compared to other consequences of IPV/A, the United States (U.S.) has the highest rate of intimate partner homicides amongst the 25 wealthiest countries in the world with nearly 1,300 deaths each year (Hemenway, Shinoda-Tagawa, & Miller, 2002; Paulozzi, Saltzman, Thompson, & Holmgreen, 2001). Women who have survived IPV/A are more likely to suffer injuries to their faces, heads, necks, breasts, and stomach than women who have been injured in other circumstances (Campbell, 2002). However, less than half of women who survive physical abuse and need medical care actually seek care for their injuries (Bachman & Saltzman, 1995).

Survivors of IPV/A also battle long-term non-injury related physical health consequences as the result of experiencing physical *and* psychological abuse (Coker, Smith, Bethea, King, & McKeown, 2000). Women who have been abused by an intimate partner are more likely to have

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<sup>2</sup> Language of domestic violence advocacy vs. criminal/legal system: Advocacy model language defines one who has experienced a pattern of power and control by another as a “survivor”, whereas the legal system refers to one who has experienced criminal violence as a “victim”. The two terms are used interchangeably throughout this work. The criminal justice system refers to those who have been convicted of a crime as “perpetrators”, whereas domestic violence agencies and victim advocates refer to them as “abusers” or “batterers”. It is acknowledged that there is substantial debate and critique in the IPV research field about the overuse of the term “batterer” when describing those who do not exert a *pattern* of abuse and coercive control. However, unless otherwise noted, the three terms are used interchangeably throughout this work.

irritable bowel syndrome, chronic pain, poor health, diabetes, and trouble breathing when compared to women who have not experienced this form of violence (Breiding, Chen, & Black, 2014).

**Mental health consequences.** IPV/A also has long-term negative mental health consequences for survivors, even after the abuse has ended. Depression in particular is a serious problem amongst those victimized by an intimate partner. Findings suggest that women exposed to IPV/A are at increased risk of subsequent depression, but women who are already experiencing depression are at greater risk for being victimized as well (Mak, et al., 2013). Coker and her colleagues have suggested the proportion of women experiencing severe post-traumatic stress disorder (PTSD) symptoms are more than one and a half times higher than men who have been victimized (Coker, Weston, Creson, Justice, & Blakeney, 2005). Women abused by an intimate partner are almost four times more likely than non-abused women to experience PTSD, with increased likelihood amongst those experiencing depression and high incidents of abuse (Coker, Weston, Creson, Justice, & Blakeney, 2005). Higher levels of anxiety has also been shown to be associated with greater drug and alcohol problems for survivors of IPV/A (Jaquier, Flanagan, & Sullivan, 2015), yet most survivors do not receive mental health care despite reporting *access* to services (Edmond, Bowland, & Yu, 2013).

An estimated 5.3 million female survivors are affected by IPV/A annually. Without even considering the impact of male victimization, the results translate to nearly 2 million injuries and more than \$4 billion in direct medical and mental health costs (National Center for Injury Prevention and Control, 2003). Furthermore, the combined medical, mental health, and lost productivity costs of IPV/A against women are estimated to exceed \$8.3 billion per year (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004).



No community is unaffected by IPV/A. It occurs in every racial/ethnic group, faith community, in every socioeconomic status, in all geographical areas, and across all other demographic areas. For these reasons and more, intimate partner violence is now recognized as a major public health problem in the U.S and social workers have been called to respond.

### **1.1.2 IPV/A Victimization amongst Latina Women**

Until recently, most of the information obtained on IPV/A prevalence and consequences has been based on White female samples (Klevens, 2007). Studies have reported that Latina women experience reduced, similar or greater rates of IPV/A than non-Latinas depending on the type of IPV/A and the comparison group (Klevens, 2007; Black, et al., 2011; Tjaden & Thoennes, 2000). For example, a nationally representative study conducted in 2010 revealed that 10% of Hispanic women reported experiencing sexual violence in an intimate partnership, compared to 26.8% of multicultural women, 17.1% of white women, and 17.4% of Black women. The study also indicated that 29.7% of Hispanic women reported experiencing physical IPV, a rate nearly two times as high as Asian women (15.3%) but similar to that of White women (30.5%), and less than American Indian (51.7%), Multicultural (51.3%), and Black (41.2%) women (Black, et al., 2011).

However, within group variation exists; and aggregating subgroups of Latina women into a pan-ethnic group, oversimplifies complex data. A nationally representative study of the three largest Hispanic subgroups in the U.S. (Ennis, Rios-Vargas, & Albert, 2011), recently revealed that foreign born Mexicans report the highest rate of IPV (10.5%) when compared to foreign born Cubans (9%) and island Puerto Ricans (7%) (Cho, Velez-Ortiz, & Parra-Cardona, 2014). However, the physical and mental health consequences of IPV/A previously discussed, appear to extend to Latina women in similar degrees as non-Latina groups (Klevens, 2007).

**Cultural/Immigrant specific forms of IPV/A.** Culture is a system of a shared set of ideas, beliefs, and practices that are learned and passed on through generations of a social group (Lipson, 1996). This system of beliefs often influences behaviors within relationships. A number of researchers have acknowledged the importance of cultural influence on IPV/A occurrence amongst women of color (Lee, Sanders Thompson, & Mechanic, 2002). For example, the strong family orientation of Latina women often translates into tolerance of more severe abuse for longer periods of time than White women before seeking help (Torres, 1991). This is also connected to value placed on Latina women's role as wife and mother, roles that can act as a source of strength or a point of vulnerability (Kyriakakis, Panchanadeswaran, & Edmond, 2015). Another culturally specific form of abuse against Mexican immigrant women is abuse that is perpetrated by extended family. In this case, a male partner's controlling tactics are reinforced on the woman by his family members (i.e. her in-laws) (Kyriakakis, Dawson, & Edmond, 2012).

For Latinx<sup>3</sup> immigrants, aspects of culture and vulnerabilities attached to relocation may be used by batterers to control and abuse victims. Immigrant women are at increased IPV/A risk, as their partners may destroy immigration-related documents, threaten deportation, interfere with the naturalization process, attempt to isolate them from specific communities of importance and/or prevent them from accessing English language classes (Raj & Silverman, 2002). The stress of the migratory experience, the loss of familiar surroundings and supports, adjustment to a new culture, facing discrimination, language barriers, employment instability, poverty, and substance abuse are some of the social, environmental and structural factors linked to IPV/A in

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<sup>3</sup> Latinx is a term used by LatCrit (Latino critical race) theorists in the U.S. to identify persons of Spanish speaking descent who designate themselves as being of Mexican-American, Chicano, Puerto Rican, Cuban, or other Hispanic origin. Some use the term Latinx to acknowledge this wide intragroup diversity, while also expanding the gender binary (Valdes, 1997; Cantu & Franquiz, 2010).

Latinx immigrant couples (Smart & Smart, 1995; Cunradi, Caetano, & Schafer, 2002; Costa, et al., 2015; Stith, Smith, Penn, Ward, & Tritt, 2004). IPV/A in immigrant couples may be more related to environmental than cultural factors, but how immigrant perpetrators exercise control and how victims respond to abuse are heavily influenced by their cultural background. Gender role strain, especially as a result of immigration or acculturation, is also unique to immigrant families (Klevens, 2007). Working class heterosexual Mexican couples recently immigrated to the U.S. often tighten their traditional gender role expectations as a coping strategy in unfamiliar surroundings (Parrado & Flippen, 2005). Since immigrant women may have heightened vulnerability to severe and/or prolonged abuse, efforts to help male partners stop or curb abuse is an essential component in a community response to domestic violence for the Latinx immigrant community.

## **1.2 Intervention with Partner Abusive Men**

### **1.2.1 Who are “those abusers”?**

People who choose to use violence and/or act abusively towards an intimate partner are often portrayed in media as unidimensional monsters (Dutton & Golant, 2008). This characterization is a fallacy for most partner abusive men and embracing the fullness of their personhood, instead of reducing them solely to their behavior is a necessary part of holding partner violent men accountable for their actions (Corvo & Johnson, 2003). Although over 50% of men in batterer intervention programs struggle with mental health issues, substance abuse problems, or both (Bennett, Stoops, Call & Flett, 2007; Thomas, Bennett, & Stoops, 2013; Stoops, Bennett & Vincent, 2007), neither mental illness nor substance abuse *cause* a man to act abusively towards his intimate partner (Costa, et al., 2015).

Most men who act abusively are functional members of society, serving as doctors, lawyers, social workers, parents, pastors, scientists, artists, friends, co-workers, and neighbors (Thomas & Shapiro, 1993). However, substance abuse in general (Costa, et al., 2015) and having attitudes that condone violence are significant *risk factors* for men using physical violence against partners (Stith, Smith, Penn, Ward, & Tritt, 2004). A substantial amount of evidence exists identifying risk factors that contribute to one perpetrating abusive behavior. According to a meta-analysis reviewing 85 studies, the most salient predictors of perpetration can be examined as occurring at the macro-level and micro-level. Those at the macro-level seem to have the smallest effect on individuals, while factors at the micro-level seem to have the most effect in predicting perpetration. At the macro-level, lower education/income and being younger had significant but weak effects on perpetration, while general stress was shown to have a medium effect on men's physical violence. At the micro-level, having a history of violence in the family of origin (Costa, et al., 2015), being generally violent towards non-family, and low marital satisfaction were shown to increase risks for being physically abusive (Stith, Smith, Penn, Ward, & Tritt, 2004). Depression, low self-esteem, anxiety, childhood sexual abuse and failure to form positive attachments are also some of the most salient issues of men who batter (Costa, et al., 2015). The next section describes the conceptualization of "batterer typologies" as a better way of understanding men who perpetrate a pattern of IPV/A.

**Batterer typologies.** The seminal work by Holtzworth-Munroe & Stuart (1994) was the first to propose that batterers belonged to one of three groups. They suggested that husbands who abused their wives were not all the same and could be classified into three dimensions based on (a) severity and frequency of marital violence (i.e. 'family-only'), (b) generality of violence (i.e., within the family and outside the family/'generally violent-antisocial'), and (c)

the batterer's psychopathology or personality disorders (i.e. 'dysphoric-borderline'). Despite recent criticism challenging the theoretical framework for profiling abusers through the use of subtypes (Brasfield, 2014), results from a number of studies suggest that domestic violence offenders *can* indeed be classified into distinct groups (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Huss & Ralston, 2008; Waltz, Babcock, Jacobson, & Gottman, 2000). Having a better understanding of batterer typologies has raised the question of whether or not these differences can or should drive varied approaches and strategies for intervention (Stoops, Bennett, & Vincent, 2010).

### **Court mandates for treatment**

Most partner-abusive men who enter treatment do so because they were found guilty of a criminal offense (domestic violence or stalking) and were subsequently court-mandated to attend batterer treatment as a condition of their parole or probation (Dalton, 2007). Domestic violence offenders may participate in treatment in addition to or in lieu of incarceration (Herman, Rotunda, Williamson, & Vodanovich, 2014). Those who are arrested and convicted of domestic violence are not representative of all people who commit domestic violence crimes. For example, racial minorities in general and especially those with darker skin color are disproportionately arrested (Jones, 2015; White, 2015), leading to an overrepresentation of Blacks and Latinos in treatment groups (McCloskey, Sitaker, Grigsby, & Malloy, 2006).

### **Court-mandated vs. self-referred/voluntary participants**

Some men enter Batterer Intervention Programs (BIPs), also referred to as Partner Abuse Intervention Programs (PAIPs), without a court-mandate. There has been some investigation into understanding how alike men who are court-mandated to attend a BIP/PAIP are in comparison to those who enroll voluntarily, with one study finding voluntary participants

significantly more motivated to change their abusive behaviors, feeling like they are more in control of their lives, and reporting higher levels of anger at the beginning stages of treatment than court-mandated men (Bowen & Gilchrist, 2004). With the exception of a higher percentage of previous criminal convictions amongst court-mandated participants, the study also revealed that there are few demographic differences between the two populations (Bowen & Gilchrist, 2004). However, the most recurring finding across studies is that voluntary participants tend to drop-out out group treatment earlier than those who are court-mandated to treatment (Rosenbaum, Gearan, & Ondovic, 2001). Far less is known about those who engage in treatment for IPV/A perpetration without a court-mandate in comparison to those who are court ordered to seek treatment, especially when considering that all of the aforementioned studies have been conducted with majority White samples.

### **1.2.3 Mainstream Intervention Programs**

Most BIPs/PAIPs are delivered in a psycho-educational group format (Price & Rosenbaum, 2009). Psycho-education is a professionally delivered treatment modality that integrates psychotherapeutic and educational interventions. While many forms of psychosocial intervention are based on traditional medical models designed to treat pathology, illness, and dysfunction, psycho-education reflects a paradigm shift to a more holistic approach. The client is supposed to be considered as a partner to the treatment provider, on the premise that the more knowledgeable the client is, the better chance one has for positive outcomes. Psycho-education embraces several complementary models of clinical practice and theories. These include ecological systems theory, cognitive-behavioral theory, and narrative approaches (Lukens & McFarlane, 2004).

The Duluth Model (named for its origination in Duluth, Minnesota) was developed in the 1980's and uses a feminist psycho-educational approach to address IPV/A among batterers (Pence & Paymar, 1993). The most prominent type of batterer intervention in use today, the Duluth Model is guided by feminist theory suggesting the primary cause of domestic violence is the patriarchal ideology that sanctions men's use of power and control over women (Bennett & Piet, 1999; Price & Rosenbaum, 2009). This approach typically rejects the position that people who choose to use violence or act abusively against an intimate partner do so because of a mental disorder or other individual level factors. The model also draws on social learning theory, viewing IPV/A as a socially sanctioned-learned behavior (Lehmann & Simmons, 2009; Pence & Paymar, 1993). The treatment is conducted in group sessions and led by facilitators who are trained to recognize participants' minimization and denial of abuse (Pence & Paymar, 1993). Since the program was developed from a feminist perspective, the curriculum is geared towards treating heterosexual men. Although not thoroughly discussed in this dissertation, it should be acknowledged that such programs implicitly exclude sexual minorities because of the underlying ideology (Dalton, 2007).

Most BIP/PAIP service providers do not consider psycho-education to be therapy. Instead, group facilitators lead consciousness-raising exercises to challenge the participants perceived right to control or dominate partners, introducing the usage of techniques familiar to cognitive behavioral therapy (Lehmann & Simmons, 2009). Depending on court recommendations and state standards, treatment can range from 12 to 52 weeks long and sessions are usually held once per week for 1.5-2 hours (Babcock, Green, & Robie, 2004). Sessions focus on identifying behaviors that men use to control women and promoting behavioral and attitudinal change. Amongst other topics, sessions also review the effects of domestic violence on survivors and

children. To confront and replace patterns of thinking that justify abuse with ones that strengthen healthy interactions with intimate partners, participants are usually given homework assignments each week. Some examples of these exercises are to develop action plans for remaining non-violent, logging controlling behaviors, identifying physical cues of escalation, and non-abusive use of a “time-out” to de-escalate oneself (Pence & Paymar, 1993).

While the examples of the Duluth model typify this approach, with more than 2,000 BIPs/PAIPs in the United States (Dalton, 2007), it is important to note that “there are a variety of models in practice” (Nason-Clark & Fisher-Townsend, 2015, p. 168). For example, cognitive-behavioral techniques such as problem solving and role-play are also used as they enhance the presentation of material by allowing people to rehearse skills and review new information in a safe setting. Narrative models, in which people are encouraged to tell their stories as related to the circumstances at hand, are used to help participants recognize personal strengths and resources, while generating possibilities for different actions and growth (Lukens & McFarlane, 2004).

Cognitive-Behavioral Therapy (CBT) is one of the more common alternatives focused on helping a client understand the feelings and thoughts that influence their behaviors. Evaluating, challenging and modifying thoughts are famed hallmarks that distinguish CBT practice from other forms of therapy. Similar to psycho-education, the therapist and client are encouraged to collaborate; however in CBT they are encouraged to work together to identify distorted cognitions, that are derived from maladaptive beliefs or assumptions (Longmore & Worrel, 2007). Based on the concept that cognition plays an important role in behavior change, cognitive behavior theory is the guiding force behind CBT. Cognitive-behavioral interventions combine cognitive and behavioral strategies to solve a variety of behavioral and psychological



problems. By learning to shift their thinking processes, clients can deliberate more clearly about the choices they make and the behaviors in which they engage (Meichenbaum, 1977).

In BIPs/PAIPs, group facilitators address patriarchal attitudes, while also addressing learned or reinforced aspects of violence, making distinctions between groups that intend to be purely psycho-educational or purely cognitive-behavior unclear. This may account for the lack of difference between the outcomes of either type of treatment modality (Babcock, Green, & Robie, 2004). Since tenants of each frequently cross over in real world practice, treatment groups are often considered to use a mix of both approaches as a strategy for attempting to change the behavior of abusers.

Finally, one common element of BIPs/PAIPs deserves note. Evolving from qualitative inductive research with survivors experiences of IPV/A, the power and control wheel (Figure 1) has been used widely in batterer interventions as a visual tool for representing the pervasive nature of IPV/A and the varied techniques of abusers. It is referenced in nearly every group session of usual care BIPs/PAIPs and is a significant part of curriculum (Pence & Paymar, 1993).

Figure 1. Power and Control Wheel



Source: Adapted from Ellen Pence and Michael Paymar, Education Groups for Men Who Batter: The Duluth Model (1993)

### **1.2.4 Do Batterer/Partner Abuse Intervention Programs Work?**

Given the widespread use of batterer intervention programming, it is important to understand the relative success of this intervention. A number of meta-analyses and systematic reviews have attempted to synthesize the overall findings of studies examining the efficacy of BIPs/PAIPs (Davis & Taylor, 1999; Babcock, Green, & Robie, 2004; Feder & Wilson, 2005; Murphy & Ting, 2010; Arias, Arce, & Vilarino, 2013). Within these reviews, priority has typically been given to data from clinical trials with control or comparison groups because of their rigorous methodology. These approaches reduce the likelihood that findings are confounded by extraneous variables. Even still, the results of systematic reviews differ on their conclusions. Davis & Taylor's review concluded that BIPs/PAIPs work well and the effects are substantial (1999). Babcock et al. suggested that BIPs/PAIPs have a small but positive effect on abusive behavior (2004), while the evidence from Feder & Wilson's review produced "mixed" findings. They concluded that there is some support in favor of BIPs/PAIPs when using official report data, but the effect disappears when victim reported data are used as a measurement outcome (Feder & Wilson, 2005). In a more recent review of BIPs/PAIPs from 1974 to 2013, Arias et al. found that overall, BIPs/PAIPs had a positive, but non-significant effect in reducing abusive behavior (2013). However, in their conclusions, Arias and her colleagues emphasized that evidence remains inconclusive due to differing formats, populations, and measures of success (Arias, Arce, & Vilarino, 2013).

Some take this defense of BIPs/PAIPs further to argue that conclusions are due to the subjective interpretation of *impact*. Babcock and her colleagues highlighted that although participation in a BIP may only reduce the victim/survivor chance of being re-assaulted by 5%, *that* decrease in violence translates to 42,000 fewer women per year being assaulted by an

intimate partner (Babcock, Green, & Robie, 2004). So, while a 5% reduction in likelihood of re-assault may seem small, the practical significance is extremely valuable.

Finally, McGinn and colleagues (2015) conducted a systematic narrative review of survivors' perceptions on BIP/PAIP effectiveness. The review yielded mixed results as well. Many studies within the review revealed perceptions of positive behavioral changes, belief systems changes, and improved communication skills. On the other hand, in 9 out of the 16 studies reviewed, survivors reported negative changes. Examples of negative feedback included failure to reduce abusive behavior, learning new manipulative tactics, or telling survivors *they* were being “verbally abusive”. Even when positive changes were made, sustainability of these changes were unclear. Survivors who remained with their partners through their BIP/PAIP treatment may have given positive opinions about treatment effectiveness, but many of those survivors also remained cautious until trust was rebuilt and long-term changes were seen (Gregory & Erez, 2002; McGinn, Taylor, McColgan, & Lagdon, 2015).

### **1.2.5 BIP/PAIP Innovation**

Out of the ongoing debate on BIP/PAIP effectiveness and the problem with participant attrition (regardless of referral source), a number of innovations have been introduced to BIPs/PAIPs in an effort to reduce recidivism and improve attendance (Saunders, 2004; Gondolf, 2001). For example, programs have been implemented with culturally specific approaches (for African American men, Christian men, and Latino men) but few have been empirically tested and thoroughly examined for effectiveness (Gondolf, 2009). Recently tested trends include incorporating cultural components for Black men, specific groups based on batter typology, motivational enhancing techniques, and simultaneously treating co-occurring issues (Crane & Eckhardt, 2013; Stuart, et al., 2013; Huss & Ralston, 2008).

For instance, a quasi-experimental study tested the integration of mental health treatment for those who needed it in conjunction with BIP/PAIP participation, but results showed no significant differences on re-assault of female partners (Gondolf, 2009). In contrast, a randomized clinical trial showed preliminary additive effects of substance abuse treatment. Stuart and colleagues found significant reductions in violence for those who sought treatment for substance abuse alongside participation in a BIP/PAIP compared to those who did not have substance abuse treatment at three month follow-up (IRR = 0.18, 95% CI: 0.05-0.65,  $p=0.009$ ). However, those effects faded after one year (Stuart, et al., 2013). Untested innovations include faith-based batterer intervention, culturally focused treatment for Latino men, and boosting positive social support to reinforce BIP/PAIP values outside of group sessions (Nason-Clark & Fisher-Townsend, 2015).

Therefore, the purpose of this dissertation was to address the following aims and research questions:

**Aim 1:** Examine how TMG at St. Pius V attracts and retains voluntary participants at such high rates while documenting the basic procedures, approaches, and principles of the intervention.

RQ 1.1: What are the activities of TMG (including how it might be culturally focused)?

RQ 1.2: How are religion and/or spirituality integrated into the TMG?

RQ 1.3: Why do participants initially attend and remain engaged in the TMG?

**Aim 2:** Understand the intersection of religious faith and IPV/A amongst Latino men

RQ2.1: How and to what extent is religion, faith, or spirituality used to facilitate cessation of partner abusive behavior?

RQ2.2: How and to what extent is religion, faith, or spirituality used against a partner as a form of control?

**Aim 3:** Understand the lived experiences of men who enroll in a voluntary PAIP

RQ3.1 How do participants in a voluntary partner abuse intervention program (PAIP) perceive their experience in seeking help from a PAIP?

### **1.3 Race, Ethnicity & Hispanic/Latino Terminology in Social Science Research**

Hispanic/Latino people are not a monolithic group, but are often treated as one in health disparities research (Rodriguez, 2015) despite the fact that “race” is entirely socially constructed and has no biological basis (Zuberi, 2001; Sussman, 2014). People categorized as Latino or Hispanic differ in country of origin, language, racial identity, socioeconomic status, immigration status, acculturation, and in many other areas. Even use of the terms Latino and Hispanic are debatable and certainly not always interchangeable. The U.S. government first designated “Hispanic” as an official *racial* categorization in 1978. The term changed to “Hispanic or Latino” in 1997 and the definition from race to *ethnicity* (Office of Management and Budget, 1997). The latter has remained and the U.S. Census Bureau currently designates “Hispanic or Latino” people as those “of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race” (Ennis, Rios-Vargas, & Albert, 2011, p. 2). Latino/a is used to refer to people having ancestry from Latin America, whereas Hispanic refers to those whose origin lies in a Spanish speaking country. Although many countries in Latin America are Spanish speaking, some have other official languages. Furthermore, some people resist the term Hispanic, as a negative one since it could represent the colonialism of Latin American countries by Spain.

Neither of these terms is entirely satisfactory, but both are often used interchangeably in defining a group of diverse people usually with origins in Spanish-speaking countries, residing in the U.S (Cobas, Duany, & Feagin, 2015). National data reveals that when asked which term they prefer (Hispanic or Latino) most (51%) have no preference and prefer to be described by their families' country of origin (i.e. Guatemalan, Chilean, Cuban, Dominican, Mexican, etc.) Of those who do have a preference between the two pan-ethnic terms, Hispanic (33%) is preferred over Latino (14%) (Taylor, Lopez, Martinez, & Velasco, 2012). To further complicate the matter, the U.S. has racialized Latinx populations to the point where many identify as White (36%-53%) (Taylor, Lopez, Martinez, & Velasco, 2012; Cobas, Duany, & Feagin, 2015), while other researchers categorize Hispanic/Latino as an ethnicity and some report both race/ethnicity (Rivera, 1994; Ennis, Rios-Vargas, & Albert, 2011). Nonetheless, examination of the social construction of race is important to this population especially when considering self-identification trends (Cobas, Duany, & Feagin, 2015).

### **1.3.1 Language selected for dissertation manuscripts**

Across all three studies presented in the dissertation, I have elected to refer to the population of study as Latino men. Careful considerations were made before this decision was made. I evaluated demographic data collected from program participants, consulted with Latcrit literature, Latcrit scholars, listened to the language used by group participants, staff, and clergy serving the HOPE program. I also asked the group facilitator (a Puerto Rican man) directly for advice on how I should describe the men in group.

## **1.4 Theoretical Perspective Guiding the Dissertation: A Womanist Guided Socio-Ecological Framework**

Theory is an orderly set of statements that describes, explains and predicts behavior. It also provides an organizational model for understanding social phenomenon (Sutton & Staw, 1995). It usually embodies rules, techniques, ideas, and principles. Theories can precede data collection or can be developed as discoveries are made during data analysis. More than 20 theories have been documented to explain why IPV/A occurs (Jewkes, 2002), yet there is no consensus on what causes one to perpetrate abuse against an intimate partner (Ali & Naylor, 2013). Some theories offer simplistic explanations of abuse, while others use a more holistic approach to explain the perpetration of abuse. The following theories reviewed offer the most promise in explaining IPV/A perpetration.

### **1.4.1 Social/psychological theories explaining IPV/A Perpetration**

Social learning theory (SLT) suggests that violence and aggression are learned behaviors (Bandura, 1971). Initially the theory centered on learning through witnessing violence in one's family of origin (Bandura, 1973). Since then it has been extended to include the influence of peer interactions that lead to pro-violence conflict resolution strategies and biased conceptions of how "real men" act towards women (DeKeserdy, 1988). In this sense, social learning theory may operate as an individual level or mezzo level contributor to the perpetration of violence and abuse. However, SLT fails to explain how some children witness abuse or grow up surrounded by norms supportive of violence and yet go on to participate in violence-free relationships. It also only addresses the way the social problem is transmitted rather than addressing its origins.

Sociologists Richard Gelles and Murray Straus (1988), whose research produced some of the first empirical findings on family violence, posited social exchange theory as a rationale for

IPV/A perpetration. Social exchange theory views human behaviors in terms of social rewards and consequences or punishments (Emerson, 1976). If an undesired behavior continues, this is likely tied to a lack of consequences. Simply put, it occurs “because it can” (Gelles & Straus, 1988) or when the reward for acting abusively outweighs the relative risk of doing so.

#### **1.4.2 Socio-Ecological Perspective: Theory Integration**

Adapted from Bronfenbrenner’s (1977) person-in-environment understanding of human development, Heise (1998) popularized a socio-ecological perspective in the domestic violence field. This perspective suggests that the problem of intimate partner violence may be explained by a *combination* of the aforementioned theories and more. This comprehensive view suggests that the problem at hand is part of a large system and fixing or addressing one portion of it will have limited impact (Baker, Buick, Kim, Moniz, & Nava, 2013). Nested (Socio) Ecological Theory within the IPV/A literature suggests that actions are determined by multiple factors, including individual characteristics, couple dynamics, ecosystems, and macro level issues (Heise, 1998). Examining how the system operates, acknowledges that a focus on just one area is an incomplete evaluation of IPV/A as a problem. Ignoring the system only strengthens the problem as an unintended consequence (Frug, 2011).



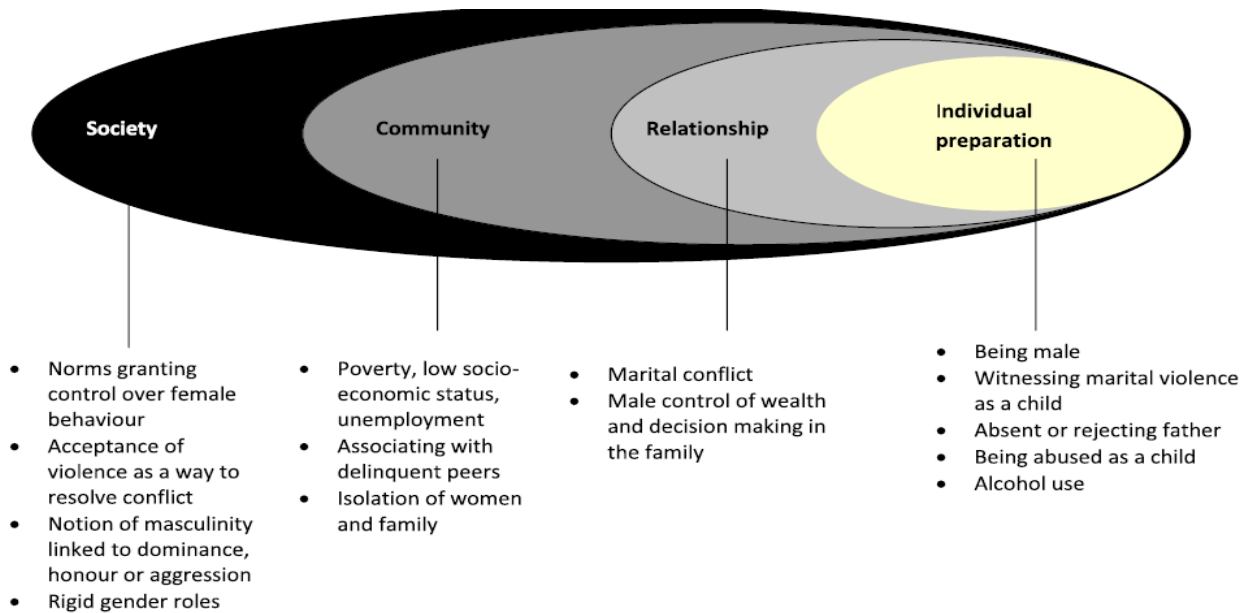


Figure 2. Socio-Ecological Model of Intimate Abuse (Heise, 1998)

Illustrated in Figure 2, the microsystem contains predisposing factors at the individual level as well as situational factors like the dynamics of the quality of interactions in the intimate partner relationship. The exosystem contains factors within formal and informal structures that impact the situation of the persons involved (i.e. socio-economic status, job stress, etc.). The macrosystem contains a set of cultural values and beliefs that inform the other three layers of the social ecology. Such examples include adherence to traditional gender roles or definitions of manhood, religious notions of familial relationships as hierarchical, structural support for the use of violence in intimate relationships, and the expression of masculinity through aggression (Heise, 1998). This level also incorporates the potential impact of policy, laws, and immigration status. Through phenomenological analysis, Weldon & Gilchrist (2012) found that batterers in a small sample (n=6) attribute their violence against partners to a number of theories. Consistent with the socio-ecological approach, they described the reasons for their abuse as multifaceted,

with explanations involving feminist perspectives, individual level factors, and relationship conflict, among others (Weldon & Gilchrist, 2012).

### **1.4.3 Feminist & womanist perspectives**

The use of a feminist lens to explain intimate partner violence is perhaps the most widely used theory in IPV/A scholarship (Ali & Naylor, 2013). Typically, this approach suggests that IPV/A is caused by macro level norms of patriarchy and societal domination of men over women. This societal inequality trickles down to interactions within intimate relationships making IPV/A an acceptable response toward women by men.

Often credited to Black feminist thought leaders, “womanist” leaders (i.e. Ida B Wells, bell hooks, Alice Walker), however consider more complex constructs of intimate abuse (Hill Collins, 1991). Primary among the differences between feminist and womanist perspectives is the concept of intersectionality. Intersectionality rejects the possibility of there being “one experience” and acknowledges the diversity of identities that a person holds (McCall, 2014).

Therefore, despite the societal power that men hold, individual identities are so complex that gender alone does not account for one’s actions. The womanist perspective calls for the recognition of multiple oppressive identities (Collins, 1996). It emphasizes the importance of looking at multiple layers of oppression when examining social problems because living in a racist society is stressful (Crenshaw, 1991; Sanders Thompson, 2002). People of color must be understood in the light of the racism and discrimination that occurs in the U.S., because these groups are exposed to negative conditions that influence everyday life (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Sanders Thompson, 2002; Feagin & Cobas, 2015). This is especially relevant when studying men of color, as stress from perceived discrimination, internalized and institutional racism has been linked to IPV/A perpetration (Reed, et al., 2010).

#### **1.4.4 Advanced Theory Integration**

A womanist guided socio-ecological framework has been posited as having the most promise in understanding IPV/A in communities of color. It suggests that racialized differences in violence perpetration are related to larger macro influences of community violence, poverty and discrimination (Benson, Wooldredge, Thistlewaite, & Fox, 2004; Crutchfield, 2015). A womanist guided socio-ecological perspective of IPV/A has the ability to change the “one-size fits all” approach in BIPs/PAIPs, moving them forward and closer to addressing offenders as individuals with specialized and effective intervention plans (George & Stith, 2014). Alongside challenging patriarchal norms, by tailoring services to simultaneously address trauma history, mental health issues, substance abuse, cultural influence, poverty, and discrimination as appropriate, BIPs/PAIPs have the ability to address the multifaceted nature of abuse perpetration in a more holistic manner.

This dissertation adopts a womanist guided socio-ecological framework because it incorporates relevant social-psychological and womanist IPV/A theories which suggests that BIPs/PAIPs should address the multiple challenges and identities of their participants in order to reduce violence and abusive behavior. Furthermore, the socio-ecological framework also recognizes the impact of individual challenges such as mental health and substance abuse that may exacerbate battering behaviors.

### **1.5 Gaps in the Literature and Dissertation Innovation**

The following three chapters are studies that investigate research questions specific to men currently engaged in a BIP/PAIP that is different from mainstream BIPs/PAIPs. As is clear from the literature review within this chapter, we know little about non-court mandated

engagement in BIPs/PAIPs and how culturally specialized or spirituality-based BIPs/PAIPs function. The purpose of this dissertation is to help fill these gaps. In *Paper One*, A case study was conducted in order to understand the basic function of The Men's Group at St. Pius V parish and the perspectives of its participants. Additionally, as part of expanding knowledge on the understudied population of interest, this dissertation also investigates how Latino men in a spirituality-based PAIP understand intersections of religious-faith and IPV/A in *Paper Two*. Finally, in *Paper Three* a phenomenological study was conducted in order to understand how men experienced their pathway to finding help from a PAIP.

# **Chapter 2: The Men’s Group at St. Pius V: A Case Study of a Parish-Based Voluntary Partner Abuse Intervention Program**

## **2.1 Paper #1 Abstract**

*Purpose:* Since 2011, over 400 men have *voluntarily* sought help for intimate partner violence/abuse (IPV/A) perpetration from “The Men’s Group” (TMG), which is housed in the overarching HOPE Family Services program, at St. Pius V parish. Given the rarity of prolonged non-court mandated engagement in a partner abuse intervention program (PAIP), a case study was conducted. *Methods:* Using a community based participatory research approach, this study examined the development and implementation of TMG through qualitative interviews, observation, archival document review, and focus groups. *Results:* Document review and staff interviews revealed that the voluntary PAIP functions by using a mixture of both traditional psycho-educational techniques and innovative practices like encouraging peer socialization and mentoring outside of group sessions. The program was also found to be culturally-sensitive to Latino men and faith/spirituality-based. Participants in focus groups identified a variety of motivations for joining the group. Reasons for initial engagement were related to fear or actual loss of their partner/family due to their actions, desire to change for their children, and a drive to reach inner peace. Three primary themes emerged that shed light on why men remain engaged in TMG. These themes included 1) Being met with dignity and respect; 2) Establishment of group members as “family”; and 3) Gaining benefits from the program. *Implications & Discussion:* This program shows promise as an alternative to traditional batterer intervention groups that typically rely on clients being mandated to attend by the criminal justice system. Given the

widespread nature of IPV/A and the relatively small number of batterers that become engaged with law enforcement, understanding the operation of such alternatives is critical. Furthermore, some of the engagement strategies used in TMG might be incorporated into secular court-mandated programs to test if they improve attendance and outcomes.

## **2.2 Background & Introduction**

The Centers for Disease Control (CDC) defines Intimate Partner Violence/Abuse (IPV/A) as “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)” (Breiding, Basile, Smith, Black, & Mahendra, 2015, p. 11). Nearly one in three women and one in ten men in the United States have experienced physical assault, sexual assault, and/or stalking by an intimate partner (Black, Basile, & Breiding, 2011). IPV/A, commonly referred to as domestic violence (DV), has been associated with negative consequences for individuals, families, and communities. Identified as a pervasive yet preventable public health problem, the World Health Organization has noted intervention for perpetrators as one of the most important areas of focus in the efforts to end IPV/A (Rothman, Butchart, & Cerda, 2003). Thus far, research has focused on court-mandated programming, which has received significant criticism related to engagement and effectiveness.

### **2.2.1 Traditional interventions for IPV Perpetration**

The U.S. criminal justice system has responded to IPV/A by criminalizing certain forms. However, it is estimated that only 1% of men who commit DV are actually arrested and convicted (Stark, 2007). Upon conviction, many offenders are subsequently court-mandated to attend batterer treatment as a condition of their parole or probation (Dalton, 2007). Domestic violence offenders may participate in treatment in addition to or in lieu of

incarceration (Herman, Rotunda, Williamson, & Vodanovich, 2014). Most state standards endorse group-style psycho-educational/cognitive behavioral focused partner abuse intervention programs (PAIPs) as appropriate treatment. Even though 90% of PAIP participants enter treatment because of court-mandate, only 50% complete treatment (Daly & Pelowski, 2000). Increased attendance and engagement are strongly linked to reduced recidivism (Gondolf, 2011). However, the overall evidence on traditional PAIPs effectiveness in reducing domestic violence remains mixed (Arias et al, 2013). A number of innovations have been introduced to PAIPs (including the development of some voluntary programming) in an effort to improve attendance and engagement. Yet, significant gaps in knowledge about alternative community-based PAIPs remain.

### **2.2.2 Faith-Based Partner Abuse Intervention**

One form of alternative community-based programming has been faith-based intervention. While religion can be used as a means of control within intimate partnerships (Davis M. , 2015; Lira, Koss, & Russo, 1999; Starr, 2017), some suggest it may also be used in treatment for challenging and dismantling the problem of IPV/A. Theologian Jeanne Hoelt (2009) endorses religion and culture as useful tools for encouraging the resistance of IPV/A. This line of thought and similar philosophies have led to the development of a number of faith-based partner abuse intervention programs (Kroeger & Nason-Clark, 2010). However, little is known about the function of faith-based PAIPs or their participants.

There is no clear or uniform definition for what it means to be a “faith-based” social service organization (Jeavons, 1997). Whithers (2010) notes that some define a faith-based program as one that espouses or maintains a position that participants achieve the most out of the intervention when they maintain a strong belief in God. On the other hand, The Center for Faith-

based and Neighborhood Partnerships, a liaison to the U.S. Department of Health & Human Services, recognizes a faith-based social service as one that is assumed to be affiliated with a particular “religious” tradition. This remains so, even though federally funded faith-based social services are prohibited from including “explicitly religious activities...[such as] worship, religious instruction or proselytization” as a part of service delivery (Executive Office of the President, 2010).

Several scholars have noted that such inconsistencies in the definition of “faith-based” organizations cause confusion in understanding the true nature of social service provision and in turn have suggested more specified language (Sider & Unruh, 2004; Ebaugh, Chafetz, & Pipes, 2006). Many of the suggestions calling for greater specificity and defined typologies are based on the idea that the intensity in which religiosity is incorporated into social service organizations exists on a continuum. Ebaugh, Chafetz, & Pipes (2006) suggested that categorization can range from faith-related to faith-saturated, with faith-based acting as a mid-point. The particular question of what it means to be a faith-based organization providing PAIP services is complex and differing opinions can even exist amongst staff within the same organization (Nason-Clark & Fisher-Townsend, 2015).

Nason-Clark and colleagues (2004) published the first empirical study documenting characteristics of faith-based PAIP participants, in which they were compared to participants in a secular program. Review of 1,059 closed case files revealed that participants in a Washington state faith-based PAIP were more likely to be white (79.8%), married (47.3%), employed (87.4%), and come from families in which they witnessed violence (55.6%). Furthermore, when compared to court mandated participants, men who were “mandated” by religious leaders were more likely to complete treatment (Nason-Clark, Murphy, Fisher-Townsend, & Ruff, 2004).



In depth interviews (n=55) with program completers of an Oregon state program shed light on the implementation of a faith-based program that was certified to treat both court mandated and voluntary clients. Participants reported that the facilitators did *not* proselytize their participants, attempt to reduce perpetration of abuse by appealing to the participant's spiritual heart, or create an environment in which religious or spiritual reflection was required. Instead, data revealed that the program facilitators integrated the client's religio-spirituality into treatment only as much as the *client* wanted to (Nason-Clark & Fisher-Townsend, 2015). Contrary to reports about secular PAIPs being confrontational (Crane & Eckhardt, 2013), participants in the Oregon state faith-based PAIP reported feeling part of a non-judgmental environment and were held accountable, but in a non-confrontational manner. Faith-based PAIP staff were noted as being able to respond to a participant's voluntary use of religious language as a resource for positive change and incorporate relevant components of the persons' faith into the individuals' treatment process (Nason-Clark & Fisher-Townsend, Men Who Batter, 2015).

### **2.2.3 Culturally-Sensitive Intervention for IPV Perpetration amongst**

#### **Latino men**

Generally, cultural sensitivity is considered a hallmark of strong intervention programming (Barrera Jr., Castro, Strycker, & Toobert, 2013). Despite the fact that the Latinx population is the largest and fastest growing ethnic group in the US (Passel & Cohen, 2008), and rates of IPV perpetration amongst the population are estimated to be between 17%-68% (Straus & Smith, 1990; Caetano, Cunradi, Clark, & Schafer, 2000; Black, Basile, & Breiding, 2011; Klevens, 2007), a dearth of investigation on IPV/A perpetration amongst Latino men remains (Cummings, Gonzalez-Guarda, & Sandoval, 2013). Furthermore, few studies have examined the

design or the effectiveness of culturally relevant PAIP programming for Latino men (Babcock, et al., 2016).

Celaya-Alston (2010) conducted a study that resulted in a community defined domestic violence intervention for Mexican immigrant men (*Hombres en Acción /Men in Action*) in Portland, Oregon. The curriculum was designed in collaboration with a community of Latino men in order to incorporate culturally-specific topics relevant to IPV/A perpetration. The intervention was implemented over four 3-hour sessions. Although pre-post testing showed improvement in knowledge, the sample size (n=9) was too small for statistical analyses. A smaller number of qualitative post-treatment interviews (n=3) suggested that the participants expanded their definitions of domestic violence, were satisfied with the program's influence and would attend more sessions.

Parra-Cardona, et al (2013) conducted a qualitative evaluation study interviewing Latino men (n=21; 20 Mexican immigrant) who participated in a culturally-adapted Spanish version of the Duluth model program in the Midwest. Men in the study reported that the program was beneficial by helping them to engage in self reflexivity, recognize the need for egalitarian relationships, and challenge violence as acceptable, while also integrating related discussions about Latino values (i.e. respect, machismo) and experiences (i.e. racism, discrimination).

Two innovative studies have looked at the need for or incorporation of both spirituality and cultural-specific programming into PAIP treatment for Latino men. Welland & Ribner (2001) surveyed 159 Mexican immigrant men mandated to attend a California PAIP. "Ninety-five percent of the survey respondents self-identified as Christian. Of these, 80% were Catholic. Eighty-nine percent of the respondents stated that their religion was important in their daily life, and for 51% [religion] was very important" (Welland & Ribner, 2001, p.1). A follow-up

qualitative study revealed, “Participants placed considerable value on their spiritual beliefs and stated that they wished to be guided by them in their behavior. They also agreed that their church is against violence to one’s partner, and endorses such values as respect and love for others, and caring for one’s family” (Welland & Ribner, 2010, p. 804). The findings from this study suggested that the following specialized content was needed for a culturally adapted PAIP servicing Latino IPV/A offenders (Welland & Wexler, 2007, p. xvii):

- Emphasis on the discussion of gender roles, masculinity, and machismo
- Teaching about the treatment and education of children
- Recognition of the experience of discrimination against immigrants and women
- Discussion of the changes in the roles of people after immigration
- Open discussion of sexual abuse in intimate relationships
- Inclusion of spirituality associated with the prevention of family violence

As illustrated above, research on culturally-tailored and faith-based PAIPs serving Latino men is scant. Studies examining programs that combine aspects of faith and culturally specific content are even rarer. Furthermore, even less is known about voluntary participation in such programs as most programming and the largest studies have focused on mandated participants (Cannon, 2016; Babcock, et al., 2016). This current study aims to help fill some of these gaps through an in-depth case study of the implementation of a culturally sensitive, faith/spiritually-based and voluntary PAIP focused on Latino men.

## **2.3 The Current Study**

### **2.3.1 Setting**

Chicago, IL is a large Midwestern city in the U.S with the second largest Mexican-born population in the country (Misra, 2014). Pilsen is a neighborhood in Chicago’s lower southwest

region. Eighty-seven percent of Pilsen residents are Hispanic/Latinx<sup>4</sup> (predominately Mexican immigrant); 52.47% of residents in the community live below the poverty line. All couples living in impoverished neighborhoods are at increased risk for IPV. However, Hispanic/Latinx couples living in poverty are at 40% greater risk for IPV/A than those who do not reside in such areas (Cunradi C. B., Caetano, Clark, & Schaffer, 2000). St. Pius V is a Catholic parish located in Pilsen. During the 1960's and 1970's the Pilsen neighborhood and parish population shifted from a European immigrant to a primarily Mexican immigrant community. St. Pius V has developed a rich history of social and political engagement in Pilsen (Pallares & Flores-González, 2010; Grossman, et al., 2000; Dahm & Harper, 1999) while also becoming the most populous church within the community (Badillo, 2005). By 2013, St. Pius V was home to the largest known parish-based domestic violence program in the U.S. (Starkey, 2015). The HOPE Family Services program (referred to hereafter as the HOPE program) provides parenting courses, survivors support, children's support services, youth dating violence prevention, services for perpetrators, individual counseling and couples<sup>5</sup> counseling. Since 2011, over 400 men have *voluntarily* sought help for domestic violence perpetration through "The Men's Group" (TMG), which is a service within the HOPE program. Anecdotal and program reports suggest that over 100 men have remained consistently engaged in the TMG for several sessions and/or years.

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<sup>4</sup> Latinx is a gender inclusive term used by scholars and activists as part of a "linguistic revolution" in order to move beyond gender binaries. It is an alternative to Latino and Latina, when the gender identities of the population being described is unknown. Using the term Latinx acknowledges gender queer, gender non-conforming, and transgender people. In this paper Latinx is used to describe the residents of Pilsen, however Latino may be used to describe members of the men's group, because the group is exclusive to men only.

<sup>5</sup> Interview data revealed that couples counseling is only conducted by the HOPE Program under a strict set of parameters that are focused on victim safety. These parameters include but are not limited to the victim-survivor request, consistent engagement of the abusive partner in The Men's Group, consultative agreement between the victim-survivor counselor and The Men's Group counselors.

The primary aim of this research study was to examine how TMG at St. Pius V attracts and retains voluntary participants at such high rates while documenting the basic procedures, approaches, and principles of the intervention. Research questions were as follows:

RQ 1.1: What are the activities of TMG (including how it might be culturally focused)?

RQ 1.2: How are religion and/or spirituality integrated into the TMG?<sup>6</sup>

RQ 1.3: Why do participants initially attend and remain engaged in the TMG?

## **2.4 Methodology**

### **2.4.1 Approach**

This study employed a community-based participatory research approach (CBPR), a process that unites community members and researchers in equal partnership to design and conduct research that is meaningful to the community (Israel, Schulz, Parker, & Becker, 1998). This approach was selected in order to: a) ensure that the program under study would gain useful information from the project; b) invert the historically exclusionary practices of communities of color in the research process into a collaborative model, whereby the community acts as a true partner; c) improve the validity of the study by enhancing and refining procedures based on the unique insights of community members. A guiding collaborative/advisory board with relevant stakeholders was convened in order to achieve the goal of conducting sound and safe research. The CBPR collaborative/advisory board consisted of representatives from a local domestic violence victim-survivor service agency, two local traditional PAIPs (serving primarily court-

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<sup>6</sup> Unlike spirituality's more individualistic quest for meaning and connection to the sacred, religion is often distinguished as an organized, more formal system of worldwide views, behaviors and rituals used to assist one's closeness to God (Koenig, McCollough, & Larson, 2001). Religion can be understood as an *expression* of faith, whereas spirituality can be understood as the personal *experience* of "the sacred and divine" (Bent-Goodley & Fowler, 2006). Therefore, religion often involves spirituality; however, the reverse is not necessary.

mandated participants), a co-founder of the HOPE program/St. Pius V Associate Pastor, a representative of a local University School of Social Work, and the principal investigator. An intrinsic case study was adopted as the method for investigation because of the uniquely high number of voluntary participants in TMG (Stake, 1995; Creswell & Poth, 2017).

#### **2.4.2 Dependability (Reliability) & Credibility (Validity)**

Creswell (2003) describes qualitative case study as a method that is employed to gain an in-depth understanding of a “program, an event, an activity, a process, of one or more individuals” (p. 15). Case studies are interested in the “process rather than the outcomes, in context rather than a specific variable, in discovery rather than confirmation” (Merriam, 1998, p. 19). Thus, the goal of this case study was to provide a holistic description of TMG through in-depth exploration. Often referred to as reliability in quantitative research, dependability in qualitative research is predicated upon a relative certainty that another researcher could obtain similar findings regarding the process of TMG. Validity in a case study is facilitated by drawing upon multiple sources as a mechanism of constant assessment and re-assessment of data to ensure that findings accurately represent the case that is under investigation. Therefore, as per expert recommendations for improving validity, multiple data sources (i.e. interviews, focus groups, direct observations, archived document review, and researcher reflexivity notes) were used in this study to inform findings (Stake, 1995; Yin, 2003).

#### **2.4.3 Sampling**

This case study employed three purposeful sampling strategies (Creswell & Poth, 2017). Outlier (also known as “extreme or deviant”) sampling was used in selecting the site itself because of the unusually high numbers of participants, a focus on Latino men, and its voluntary

nature. Criterion sampling was selected to collect human subject data from individuals who were thought to be intimately familiar with TMG. This sample was limited to interviews with staff, clergy, or administrators connected to the HOPE Program and focus groups with TMG participants. In order to follow new leads during the course of the study and take advantage of unexpected data points, an opportunistic or emergent sampling strategy was selected for conducting participant and non-participant observations (Patton, 2002). Emergent sampling was also used in selecting artifacts included in document review.

#### **2.4.4 Data Collection**

Public reports, websites, videos, newspaper articles, and internal documents were collected, reviewed, assessed for relevance to the study and included as archival data (n=29). The PI collected artifacts associated with TMG as both contextual and facilitative evidence. These artifacts also included marketing materials, parish newsletters, event invitations, posters, and educational materials. The PI visited websites and social media posts/sites regularly to capture any relevant changes.

Semi-structured individual interviews with administrators and staff (inclusive of parish leaders) were conducted in English by the PI (n=4) and audio recorded. Interviews were conducted on site at St. Pius or at a place convenient to the participant. No incentive was provided to administrators, staff, or clergy. Recruitment for admin/staff interviews were done by posting flyers on site at St. Pius.

Recruitment for focus groups was done by posting flyers at group meeting sites. Facilitators also announced the study at the end of two group sessions. Informed consent was conducted individually in the preferred language of the prospective participant prior to the focus group by the principal investigator (PI) and two research assistants. Focus groups consisting of

new and senior participants were convened and conducted in Spanish (the language in which the intervention is administered) (n=18; two groups of nine). A semi-structured interview format based on a pre-drafted and translated script was used to direct the discussion. The focus group questions were drafted by the PI in collaboration with the CBPR board member representing the parish. The focus groups were audio recorded and later translated into English by the member of the research team that facilitated the focus groups in Spanish. The focus groups were conducted at a local University to promote confidentiality. A \$50 cash incentive and \$10 cash travel stipend was provided to each person who participated in the focus groups.

A bilingual (Spanish/English) focus group leader was hired by the CBPR collaborative/advisory board to join the research team in order to conduct the focus groups. She was also later hired by the PI to translate and record English version recordings of both focus groups after they were conducted. Two bilingual (Spanish/English) graduate social work students served as research assistants and were also present during the focus groups to take observational notes on participant body language and summarize discussion content. Both were available to assist with translation, back-translation, and confirmation that data was translated as accurately as possible throughout the study. Each research assistant received 40-60 hours of domestic violence training prior to joining the research team. Both the focus group facilitator and the PI had years of professional direct service experience in providing group-based treatment to partner abusive men prior to the study. The content expertise and training of the entire research team allowed follow-up questions to be asked and notes to be taken from IPV/A informed perspectives.

The PI conducted observations of men's group sessions, programmatic events, community events, church services and functions over a period of nine months. Over 60 hours of



observation and 30 pages of direct observation field notes and reflective memos were included in this study as data. Additionally, the PI lived in the Pilsen neighborhood (one mile from the parish and group meeting site) for 12 consecutive months during the data collection period as a means of complete community immersion. All audio data from the recorded focus groups and interviews were transcribed by a professional transcription service.

**Ethical Considerations.** The PI and research assistants adopted best practices in assuring that participants, especially TMG members, understood all aspects of what it meant to be a research participant. A short quiz of recommended best practices in consenting court-involved PAIP participants was adapted and included at the end of the consent procedure so that men were aware that no consequences would be involved with electing not to participate (Crane, Hawes, Mandel, & Easton, 2013). Advisory board members and academic mentors reviewed the semi-structured staff interview guide and focus group questions for appropriate language, substantive areas and length. The Internal Review Board of Washington University in St. Louis (ID #201611098; ID # 201607054) approved all procedures.

### **2.4.5 Data Analysis**

A constant comparative method (Glaser & Strauss, 1967) was used to guide data analysis. Artifacts including internal documents, newspaper articles, data from websites, social media posts/sites, newsletters and videos were first superficially examined for meaningful pieces of data. Pertinent information was then thoroughly read, interpreted, and reviewed by the PI multiple times in an iterative process as data from other sources were also collected and analyzed (Bowen G. A., 2009). Supplementary to interviews and observations, these artifacts provided entirely new information, were scrutinized for contradictions to data from other sources, and examined for how they supported other sources of data (Altheide, Coyle, DeVriese, & Schneider,

2008). The PI organized and sorted data from artifacts/documents using codes as they were developed and refined throughout the duration of the study. Data was then used to inform the research questions.

The web-based program, Dedoose was used for data management of human subject data, direct observation field notes and reflective memos. The principal investigator listened to (English version) audio files and read the transcripts multiple times to familiarize herself with the data. As Bernard (2013) describes, qualitative data analysis is “the search for patterns in data and for ideas that help explain why those patterns are there in the first place” (p.394). An inductive approach was thus used to develop categories and subcategories through open coding, a process that organizes data into “boxes” as transcripts were reviewed line-by-line (Miles, Huberman, & Saldana, 2013). The PI (using a draft codebook that she wrote based on the interview/focus group guiding questions) initially did this sorting independently. The codebook and definitions within were continuously revised and refined as needed. The PI then trained a research assistant, who was familiar with Mexican cultures, on qualitative coding procedures utilizing the previously written codebook. The research assistant then also independently coded transcripts. The two coders then engaged in consensus coding and a third coder was available to decide on any unsettled discrepancies (Hill, et al., 2005). This process was followed by axial coding, a process that begins to “fit the pieces of the data puzzle together” (Miles, Huberman, & Saldana, 2013). Using thematic analysis, central themes that shed light on the case were then identified, selected, refined and used to inform the research questions (Israel, Schulz, Parker, & Becker, 1998).

#### 2.4.6 Strategies for Rigor

For quality assurance, member checking, triangulation (i.e. verifying information through multiple sources), rich descriptions, researcher reflexivity (i.e. memoing) and prolonged engagement were used as strategies to improve both dependability and credibility (Creswell & Clark, 2016). Member checking was done throughout the study in a variety of forms as a mechanism for minimizing the researchers' beliefs being imposed onto the data. Research assistants briefly summarized the main discussion points of the focus groups and verified the content with participants at the end of each focus group before the session adjourned. Staff and administration were provided verbatim transcripts of their recorded interviews to ensure that their statements were accurately captured. Preliminary findings were presented in a staff meeting to staff, administrators, and clergy affiliated with the HOPE program in order to verify that the results accurately represented the program. Members of that staff meeting confirmed findings, provided clarity, and corrected inaccuracies through open discussion.

A member of the CBPR collaborative/advisory board and the PI co-designed a one-page brief summary of the study findings. Research assistants translated the brief in Spanish and translations were edited by the same (bilingual) board member before finalization. The brief (in both English and Spanish) was then provided to members of TMG to ensure that the findings accurately reflected their perception of how the group functions, why men join the program, and why men continue to be engaged in the group. The following statement was made in both Spanish and English as printed copies of the brief report were provided at the end of the final group session that the PI and research assistant observed (See Appendix C for the brief report that was circulated by the research team):

*“Even though you may see us around from time to time, tonight is the last night that [research assistant/translator name] and I will be here in group. We would*

*like to thank you all for welcoming us to learn more about the men’s group. It has been a pleasure to have been in this sacred space [referencing being present for six group session observations]. You have been vulnerable in front of us—for that I am grateful and I do not take it for granted. Please know that we will abide by the confidentiality of this group. No one’s names or detailed stories will be a part of our report. Here is a brief summary of the results—the full report will be available later. If you are interested in what I think I found you can look here [referencing handout Appendix C] in Spanish and English or talk to us. If we did not get it correct or if you think there is a problem with the way we describe the group please notify me or pass a message through [the group facilitators]. If I don’t hear anything, I will assume everything is ok and will move forward in publishing the report.....”*

*Principal Investigator—March 22, 2017*

Four months were allowed to pass before the research team proceeded with writing up findings.

Members of TMG made no requests to correct, change, or edit study findings.

## **2.5 Findings & Results**

### **2.5.1 Contextual Conditions Surrounding The Men’s Group**

The larger context in which the HOPE program and TMG exists is integral to understanding how the TMG program developed and how this program serves participants.

**Strong Community & Parish Relationship.** Based on numerous artifacts, including newspaper articles, scholarly publications exploring the community, and social media commentary, the parish leaders of St. Pius are considered pillars of the Pilsen community (see Appendix A and Appendix B). These sources indicated that Parish leadership has had a long history of being involved in social issues of importance, such as education enhancement, activism, economic empowerment, community peace building, immigration reform and more.

**Parish Leadership Committed to IPV/A Issue.** Associate Pastor of St. Pius V Parish, Fr. Chuck Dahm, regularly speaks from the pulpit about domestic violence [sic]. This work extends beyond his home parish. In fact, the HOPE program at St. Pius V, co-founded by Fr.

Dahm, sparked the creation of the Archdiocese of Chicago Domestic Violence Outreach (ACDVO) Network in 2011. As the Director of the ACDVO Network, Fr. Dahm has preached at more than 121 parishes throughout the Chicago area on the topic, in both Spanish and English. He has also trained and supported over 90 parishes in the Chicago area in establishing their own parish-based domestic violence ministries. As a committed leader within the parish and the Pilsen community, he is a well-known and trusted advocate for family peace and the church's role in achieving that goal (see Appendix B).

Observational data, reflective memos, and transcripts from archived video data indicate that his homilies/sermons on the topic of IPV/A were straightforward, research-based, and engaging, but also compassionate. The homilies invite people who have perpetrated or experienced violence and abuse to seek help. Indeed, two of the focus group participants cited the reason they sought help from TMG was a direct result of hearing a sermon on domestic violence that was given by a St. Pius priest. As one participant stated *"the priest from St. Pius went to my church where I was attending church. And...when I heard the story of domestic violence, of abuse...I thought this is almost my life. So, then I, after the mass, I met with the priest and told him, "You were speaking almost [all] of my life. I've tried to change my life, but for some reason I haven't been able to achieve that change." So that's when he told me, 'Go to St. Pius. There we can help you.'*

### **2.5.2 Tracing the Development of The Men's Group**

Rev. Charles W. Dahm, O.P. Ph.D. became pastor of St. Pius V parish in 1986. In April of 1996, he hired a social worker who found that domestic violence was the most frequently noted and greatest concern of parishioners seeking assistance. In May of 1996, Fr. Dahm hired another social worker and began preaching about domestic violence at St. Pius V. As indicated

by staff and clergy interviews, although there was a small pushback from a minority of parishioners, the work continued. The social worker developed and led women's survivor support groups as a first step to addressing the issue beyond building awareness through the homilies and individual counsel. Across 1998 and 1999, women of the support group began to request that the church provide help for their children who had witnessed the abuse as well as some type of service to help their male partners to become non-violent. At the same time, the men themselves also began to request help for changing their behavior. As a result, in 2001, The Men's Group at St. Pius V parish began with a focus on meeting this need.

**Financial Sustainability.** From the group's inception, it was designed to be co-facilitated by a man/women team. However, due to budgetary constraints, at times the group has operated with one facilitator instead of two. As of March 2017, TMG was maintained by one modest full-time staff salary position with a continued goal of establishing a second permanent facilitator. Free on-site childcare is provided to group participants in order to make it possible for them to attend group sessions. Although the total HOPE Program budget grew to nearly \$500,000 annually, the scope of services offered and continuing efforts to improve services, means that identifying funding is always a priority. The primary sources of funding have historically included financial awards by the City of Chicago, the State of Illinois, private foundations, individual donors, and the parish. There is no fee for participants in TMG, but donations are accepted. At the end of every group session, members collect donations amongst themselves and offer it to the program weekly in efforts to support continuation of the program. The anonymity of participant-donors and participant non-donors is maintained by placing donations on a chair. After group facilitators leave, a volunteer participant then collects the donations and gives the collected sum to the facilitator(s).

### 2.5.3 RQ 1.1: What are the activities of TMG?

**Referral Sources.** Interview, focus group and observational data all indicated that the HOPE program does not actively recruit participants to join TMG. Staff and clergy reported that members act as the primary referral source, sharing the perceived benefits with others who they think may find the group useful. This means sharing their experiences with friends, family, co-workers, or neighbors. Participants may also become aware of TMG through clergy, their family, those seeking other services of the HOPE program, or community based social workers who are aware of TMG.

**Procedures.** Staff reported that no written procedures were in place regarding the process in which members join TMG, rather staff operated on a shared set of known processes. The following procedures were developed by piecing together data collected during interviews and refined during member checking. Initial engagement usually begins with a potential participant calling program staff. Staff record general demographic information, conduct a brief screening by phone and, if appropriate to the client's needs, invite the client to attend a group session. The screening involves a series of questions about their behavior in intimate relationships to determine eligibility criteria which require that the participant:

1. Identify as a man
2. Be 18 or older (17 and under are referred for youth/children services in the HOPE program)
3. Be determined as appropriate for TMG

After attending one group session, an individual session with a group co-facilitator is typically completed. This first individual session may be used to learn more about the client, conduct a more thorough assessment if appropriate fit is still in question, discuss how the group would be

beneficial for the participant, or serve as a general counseling session. If additional individual sessions are requested, a group-co-facilitator provides those concurrently with weekly group sessions. TMG meets once a week for approximately two hours.

The group is exclusively voluntary. Staff or volunteers do not supply any documentation of treatment to the court or on behalf of group members. Court mandated clients are not prohibited from attending the groups or receiving individual counsel, but court requirements must be met outside TMG by a court-approved program.

Staff and clergy reported that the main goals of The Men's Group are for participants to become self-aware, stop violence/abuse, understand that violence is not a way to resolve relationship problems, and learn healthy ways of dealing with problems that may arise within intimate relationships. Facilitators of TMG use the Duluth Model<sup>7</sup> (Pence & Paymar, 1993) as a guiding curriculum. However, other topics have been added such as the intersection of culture and spirituality and mediation strategies to enhance the curriculum and reflect participant needs. Program facilitators also supplement material presented in group by suggesting additional resources such as books that can be reviewed outside of group sessions. A commonly suggested primary reading is *The Knight in Rusty Armor*, a short story that chronicles the journey of a man "in search of his true self" (Fisher, 1987, p. 1).

***Attendance & Demographic Data.*** Archived attendance data from 2011-2015 was obtained. Analysis revealed that the average weekly group size in 2015 was 23 men. According to these archived attendance records, the largest group size recorded was 43 men in 2012.

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<sup>7</sup> The Duluth Model is based on feminist theory suggesting the primary cause of domestic violence is the patriarchal ideology that sanctions men's use of power and control over women (Bennett & Piet, 1999; Price & Rosenbaum, 2009). The approach typically rejects the position that people who choose to use violence or act abusively against an intimate partner do so because of a mental disorder or other individual level factors. The model also draws on social learning theory, viewing IPV/A as a socially sanctioned-learned behavior (Lehmann & Simmons, 2009; Pence & Paymar, 1993).



Attendance data from these five years also indicated that the average length of stay was eight sessions (n=399) with a minimum of one and maximum of 74.

The focus group participants in this study ranged in age from 33 to 48 years (M=41, SD=6.08), self-reported 100% Catholic and 100% Latino, Hispanic, or Mexican (n=18). However, both focus group participants and staff reported that not all members of TMG are Catholic or belong to a religious group. Additionally, not all group members live in or near Pilsen; some have traveled up to 2-3 hours each week (one way driving distance) in order to participate in TMG.

At the time of the focus groups, participants reported length of membership/attendance to TMG ranged from three sessions to 8 years. Five participants completed 3-8 sessions, two participants completed 15-16 sessions, two participants had been attending group for 5-6 months, three participants had been attending for 1-2 years, two participants had been attending for four years, and three participants had been attending 6, 7, and 8 years respectively.

**Group Atmosphere & Activities.** Observational data served as the primary source for examining group atmosphere and activities. Soft instrumental music was played in the lobby of the building prior to designated group meeting times. During group, meditative nature-like music was played. During group sessions, the first hour was usually dedicated to a check-in, in which new participants shared the story that led them to seek help from TMG. Established members could also use the first hour to share a situation about which they would like to receive group advice or feedback. The second hour was typically dedicated to providing education/information on any of the following topics and included group discussion. The following list of session topics were drafted based on observational data and data obtained from document review:

- Healthy Relationship Communication
- Financial, Emotional, Psychological forms of abuse

- Strategies and skills for Peaceful (Non-Violent) Living
- Effects of Violence on Children
- Cultural or Religious Acceptance of Violence Perpetration
- Self-Esteem
- Parenting
- Machismo/Manhood/Traditional Sex Roles based on Gender Identity
- Socio-political factors that impact household stress/Stress management
- Power and Control
- Partnership
- Negotiation and Fairness
- Support and Trust
- Respect
- Non-threatening behavior
- Sexual Respect
- Accountability and Honesty
- Jealousy
- Anger and control

The aforementioned topics are not an exhaustive list. Observational, interview and document review data indicated that topics are presented at the discretion of the co-facilitators and are based on participant discussion in the first hour or what women partners comment about in their support group (i.e. shouting, sexual abuse and abusive language). However, special topics could also be requested by participants and integrated into session content. For example, if participants desired to talk about “negotiating major life decisions” (i.e. a major move), then the facilitators followed through with leading discussion and presenting educational materials that have been developed over the years. There were often brief periods of silence throughout the session, in which participants were asked to pause and personally reflect upon topics or materials discussed during group. Dialogue, questions, and reflection were encouraged throughout the group session. There is no exact “end of treatment” or recommended number of sessions to “complete” the program. TMG is open, meaning that new participants can join or re-join at any time, topics are repeated, and participants can remain as long as they wish.

**Culturally focused.** Staff and administrators noted that the HOPE program was built in response to the demographic that initially sought and continued to seek help from the parish. The Pilsen neighborhood is comprised primarily of Mexican immigrants, but TMG was designed to be sensitive to the unique needs of Latino men, regardless of country of origin or ancestry. Staff estimate that at least 90% of participants identify as Mexican, however it was also noted that there are men in TMG with Puerto Rican, Caribbean, Central and South American heritage. TMG is facilitated in Spanish and accompanying educational resources (i.e. videos, books) are most often presented in Spanish. Some group members are monolingual (Spanish) and others are Bilingual (Spanish/English). The physical space also reflects the intention of serving Latinx families, as the building in which TMG meets is decorated with traditional Mexican artwork (see Appendix D: D&H).

Furthermore, TMG content includes a focus on examining the positive and negative aspects of cultural traditions with which many participants identify (i.e. strong sense of responsibility to family and view of women as subordinate to men within machismo). On the other hand, one staff member noted that “not all Latinos are the same” and very careful attention is given to making sure that each participant is understood in their own right.

**Socialization & Volunteerism Outside of Formal Group Sessions.** Group facilitators encourage group members to support one another inside and outside of group sessions. To make this possible, at the end of each group an announcement is made that urges senior members of the group to exchange contact information with new group members. One staff member noted the following: *“It is very regular that there are leaders in the group who share their cell number with others and almost everyone has at least one other cell number of someone else in their group. There's a lot of peer contact out of the group. So they reach out to one another for advice*

*or to, to be another listener, uh, to what they're struggling with or they're about to act or what they think they want to do or, for um, unhealthy behavior”-Admin/Staff B*

However, peer contact is not limited to support in times of distress. For example, one Admin/Staff recounted a time in which discussions in-group about sex roles helped participants realize that several of the men did not know how to cook because cooking was seen as an activity reserved for women. This revelation led to group participants independently deciding to meet up at one of the men’s homes to experiment with recipes and learn how to cook. Others have supported each other in seeking additional supports such as attending Alcoholics Anonymous meetings together. Other group members seek additional time to discuss books about IPV/A or attend meditation. The nature of outside activity depends on the group members’ interests and therefore changes over time.

TMG participants are invited by facilitators or their peers to participate in a variety of service or community-building activities. For example, group participants have helped organize events that celebrate the international day of women and hosted events that raise community awareness about DV. As observed throughout the study, these activities occurred year-round. Observation data also suggested that members of TMG who participated in these events were not concerned with possible stigma but were proud to be seen as members of TMG. Three events that participants of TMG played key roles in were selected to serve as examples (see Table 1):

Table 1. Sample Events that The Men’s Group Participate in Outside of Weekly Group Sessions

	Purpose & Description	Organizers	Attendees	Men’s Group Role
Event #1: The Annual Kermes (Jun. 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> 2016)	An annual street festival, organized by the church, live music, dancing, games, food tents	St. Pius V Parish	[700+] Open to General Public: Police officers, Community members, parishioners, Group facilitators, Clergy, Children of all ages	Kitchen cleaning, outdoor sweeping. Participate as attendees.
Event #2: Community Educational Event (10/14/16)	Provide awareness about domestic violence, commitment to peaceful living	The Men’s Group	[40-50+] Open to General Public: Local health service providers, Clergy, Children of all ages	Give presentation to attendees about the elements needed for a healthy intimate partnership. Participate as attendees.
Event #3: Dance/HOPE Program Fundraiser (2/10/17)	Formal banquet dinner, Live music, traditional Mexican band, dancing	HOPE Program Staff & Couples Group <sup>8</sup>	[300+] Not open to general public (limited by invitation only): HOPE Program Service recipients, Family of service recipients, Donors, Clergy, Children of all ages	Sell tickets to family and friends in order to raise money for the program. Participate as attendees.

**2.5.4 RQ 1.2: How is faith, religion, or spirituality integrated into TMG?**

**Location.** During the course of the study, the location of the HOPE program and TMG meeting space changed from being located in the second floor of the administrative building that is directly adjacent to the parish to an alternate free standing St. Pius affiliated building less than a mile away from the parish. When asked during focus groups about their perspectives regarding if or how religion or spirituality were incorporated into TMG program, participants immediately noted that being further away from the parish had no impact on how the group functions or the content presented.

**Group Content, Principles & Approaches.** Sessions begin with a short prayer that is led by a volunteer from the group. The prayer is then followed by a moment of silence for meditation. The content of the prayer changes depending upon which man offers it. Based on observation data, the prayer was usually general in nature, giving thanks to God for the group and its members as a resource. One facilitator noted that *“It’s not religion because I have people*

<sup>8</sup> See above footnote on “couples”. Interview data revealed that the HOPE program provides a couples group for those who have successfully sought help for domestic violence separately before being approved to join the couples group.

*from different religions .... I'm always careful with that”-Admin/Staff A. Another staff member noted “We try not to make any religious formal stuff directly into the group to protect that everybody feels very welcome. It's hard sometimes because there's such a dominating...Christian presence [of] those physically in the room. And we don't want it to dominate if someone's not from a Christian perspective [so we] dance delicately with that.”-Admin/Staff B*

Interview data indicated that religion and spiritual faith are incorporated in the group to the extent that participants initiate it. *“If faith is brought up during the group discussion, [it is] free to talk about um, in terms of how it impacts [a group member] or their relationship decisions...In the Latino community faith is very important. So, people come and talk about faith, and I never stop them.”-Admin/Staff A.*

Internal document review indicated that spirituality was incorporated into group through exploring the following topics:

- Control of thoughts and actions
- Inner Harmony/Peace
- Superior Power concept (based on 12 steps philosophy)
- Repairing damages (based on 12 steps philosophy)

Document review also indicated that religious related content was introduced in TMG by acknowledging sacred times of the year and through supplemental media that explored topics relevant to TMG. For example, one archived document (authored by a staff member) noted *“During the year at some specific times of the liturgical calendar some topics related to participants’ religious practices are mentioned or connected to group life (i.e. Advent, Christmas, Lent, Easter)”*. Furthermore, this document noted that Christian movies like *Fireproof* (2008), *Courageous* (2011), and *Cicatrices (Scars)* (2005) which explore issues such as marital conflict, fatherhood and domestic violence are used in TMG as supplemental resources.

Similarly, Christian films like *The Grace Card* (2011) and *The Good Lie* (2014), which focus on personal growth in a broader sense are also noted as resources for TMG.

### **Defining The Men’s Group: Spirituality-based versus Faith-based.**

Interview, focus group, and observational data consistently indicated that TMG does not purport that reliance upon God or belief in a specific religion is required in order for one to change abusive behaviors. Yet, as indicated in the literature review, there are many ways to define “faith-based” social service organizations. Depending upon which definition of a “faith-based” social service one selects, the data collected in this study could fall into a variety of categories. Because defining the TMG was central to accurately describing TMG, staff, administration, and clergy were directly asked if they would describe the program as faith-based or spirituality-based during private interviews. Group members were also asked the same question during the focus groups. Responses were mixed and there was little consensus on the question of how the program should be defined. All rejected the idea that TMG should be classified as a secular program.

Because of the mixed opinions among group members in focus groups, the PI posed the question (“How do you define this program [TMG]; is it faith-based or spirituality-based?”) during a staff meeting. After discussion, group facilitators/administrators of the HOPE program eventually settled on preferring to label TMG as a spirituality-based program rather than a faith-based one. The decision in favor of the term spirituality-based emerged with considerations being based on the fact that explicitly religious content (i.e. proselytization, worship) was not incorporated in-group as part of the curriculum. The potentially unknown future directions and/or housing of the program in a non-parish setting was also considered in how administrators wanted the program to be defined. Defining the program as spirituality-based was believed to be

representative of the programming and also seemed to be viewed as being beneficial to fitting into a non-parish organization (if needed in the future).

### **2.5.5 RQ 1.3a: What motivates participants to initially attend TMG?**

Regardless of original referral source, men identified a variety of motivations for initially joining the group. The following were reported by staff/administration/clergy and men's group participants as the most common reasons for joining the group:

- Fear of losing or actual loss of their partner or family due to their abusive actions/Pressure from a partner to get help

*"I have ten years married with my wife but in these ten years I had committed domestic violence, uh, there was abuse from my part...I was also an alcoholic. And then there came a moment where my wife stopped me and she told me that everything was gonna end and I then started to look for help and that's when an acquaintance told me that in Saint Pius, they offered a program that could maybe help me...that is how I started in the group."* - Men's Group Participant

- Acknowledging a problem and desiring to change for children, self, and others

*"I went by myself, and it was because of the problems I had. I understand that by ourselves, we can't make the change. We can't do it alone. That's why I went to the group, and I'm learning from them."* - Men's Group Participant

- A desire to reach inner peace

*"I went to the group, the men's group, because I couldn't find peace anymore. I couldn't find peace. I was desperate. There were fights in my house, fights with my kids. A lot of the time, I would be mad. I didn't even know what I wanted, where I was or what I was doing. I worked harder. No, there wasn't anything that could fill me inside so that's what made me look for all of this."* - Men's Group Participant



### 2.5.6 RQ 1.3b: Why do participants remain engaged in TMG?

Three primary themes emerged from the data that shed light on understanding why men remain engaged after initially joining The Men's Group. These themes were focused on respect, support, and learning and served as the basis for theory development related to retention.

**Being met with dignity and respect (by program facilitators).** One of the major themes raised by men related to continued involvement in TMG was the positive interaction with group facilitators. As the following example illustrates, these interactions were perceived as being positive, thought provoking, and supportive: *“What I like most is how my counselor responds to me...not in the way I want to hear, because if I wanted for him to respond with what I want to hear, well then, (laughs) I'm wasting my time there. He responds to me like a total professional. After he's heard me, he has all the time and the patience. Sometimes I've extended myself with him two to three hours. He has a lot of patience.”* – Men's Group Participant.

One staff member noted that it was important to allow incoming members enough space to vent relationship frustrations so that they would return to more group sessions and not be put off by a barrage of interruptions and challenges. This approach was confirmed through observations that revealed non-combative and respectful interactions with incoming group members. Participants reported that the respect they experienced from staff acknowledged their human dignity and worth. As one group member described it:

*“(You) are not just a number– (You) are treated like the person you are...You feel loved. You feel welcome. The warmth of group is what makes you overcome certain problems in life”* - Men's Group Participant

Administration and clergy highlighted that in order to meet group members with respect, intentionality was required. This extended to the most basic interactions with group members.

For example, facilitators encouraged participants to take leadership roles during sessions (i.e. transferring control of drafting a power point slide on discussion content to a group member rather than a co-facilitator). Acknowledging and highlighting the strengths/skills of group members seemed to build confidence and reinforce the value that each group member brought to TMG (whether new or established).

**Establishment of group members as “family”.** Participants perceived that the relationships they experienced with other members were akin to a brotherhood, which facilitated recurring involvement with TMG. One group member explained it by stating: *“When you enter there, you don't find friends--you find a family with one that you know that you can count on in your worst times.”* –Men’s Group Participant. This brotherhood appeared predicated upon the accessibility that group members had to one another on an ongoing basis. One group member recounted the following: *“When someone has a necessity to talk or is in crisis or needs help or a suggestion, there's always a freedom of ... I call you. ‘Do you have some time to talk? We can go for coffee. We could do it via phone.’ Almost always, there's availability from one of us. If it's not one, it's another, and when not, there's a couple of us, and we see each other outside of group. There does exist that support outside of group. That's why my colleagues mention that we find almost like a brotherhood. We find another family.”* –Men’s Group Participant

This social support was also noted and encouraged by administrators and staff. As one staff member highlighted, *“The group is not only every Wednesday...it’s 24 hours a day, and seven days a week”* --Staff/Admin C Furthermore, this support extended beyond the confines of discussing interpersonal or relationship issues. One group member highlighted such an example by sharing *“Like today, I got here late, because I was helping one of the colleagues to move. He had a surgery, and he couldn't, so his wife was the one doing most of the movement, so I went to*

*help them, because in the same group, it came up, and he asked if I can help him.” - Men’s Group Participant*

**Gaining benefits from the program.** Another major theme pertaining to prolonged engagement centered on the knowledge participants reported gaining from continued participation in TMG.

*“I keep going to the group classes because the truth is, it changes the perspective of each one of us that's here present, and I think they won't let me lie. We don't change from night to day, but I think this is something that we do step by step....the truth is it changes our lives” -Men’s Group Participant*

*“I went for my own need. Nobody obligated me or nothing, okay. I've been very comfortable there because there's a lot of information. Videos, book recommendations, there's a lot of information. That's why it's been working for me.” -Men’s Group Participant*

Participants perceived the knowledge gained from TMG as being strongly connected to positive growth in their cognitive processing of disputes and resulting behavior.

*“There's been a radical change in my life. I see life in a different way, I try to be with my family as well as I can. There's more communication, we have more focus on the children and hopefully this message gets to the ears of more men with our problems.” -Men’s Group Participant*

*“If I hadn't gone to that place, I would be with problems...with civil problems, with the government, with the police.... What I have learned in this place is that you gotta try to talk and to reason things with words and not with blows” –Men’s Group Participant*

Learning and experiencing growth because of the group also served as a reason that senior group members continued to participate even when their own needs for intervention might have subsided. In this case, mentoring with the intention of passing on knowledge and support was also a motivation for continuously returning to group.

For many participants, reasons for continued participation were not limited to one theme alone, but were often due to the combined effect of two or three themes. As one group member stated: *“There came a point I had given up and I knew I needed help and so I looked, right? At that moment, my ex-mother-in-law told me about the group and that I could change...so I said, “Let’s see what the group can help me with.” Now, after two years, I’ve seen it’s a community of men where one helps the other and one can open oneself ... without judgment, but they give us tools to help make our lives better and that’s why I’ve stayed in this group because I know that in this group, I have found more than help. I have found friends. I have found family”*.

The initial theoretical model built from this case study research suggests that both respect experienced from program staff and social support experienced from group peers influence prolonged engagement amongst men who are seeking help for IPV/A perpetration. Participants perceived benefits have a reciprocal relationship with their ongoing engagement in TMG. The proposed theoretical model, illustrated in Figure 3, fits well with the data in this study, which is a strong marker for its potential validity (Eisenhardt, 1989). Feeling respected by program staff was a prerequisite for incoming participants to build long-lasting relationships with other group members. Experienced respect was also a necessary factor in incoming members feeling comfortable enough to return to subsequent group sessions. Experiencing social support in the form of friendship or kinship facilitated connectedness to other group members. These relationships became essential to participants making changes towards peaceful living.

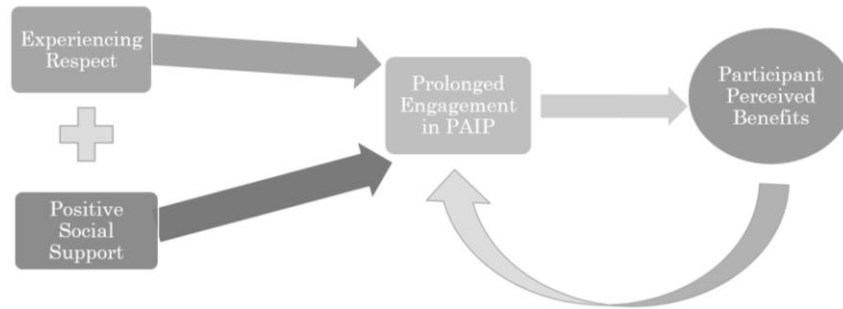


Figure 3. Emerging theoretical model for prolonged engagement of non-court mandated men in a partner abuse intervention program

## 2.6 Discussion

### 2.6.1 Consistency with Extant Literature

**Peer Social Support Outside of Formal Group.** Two of the themes that arose were consistent with extant literature suggestions for PAIP program enhancement. A unique element of TMG is the degree to which group members socialize and support one another outside of formal group sessions. Despite research suggesting that developing relationships within and outside of PAIPs may be a necessary predecessor in changing the behaviors of partner violent men (Sheehan, Thakor, & Stewart, 2012), traditional practice has discouraged outside socialization in fear of possible collusion of members opposing facilitators that could lead to problems like unchallenged victim blaming. Yet, facilitators tend to have some degree of autonomy in PAIPs, which has resulted in reports of some programs establishing buddy systems amongst group members or encouraging former participants to mentor (sponsor) group members (Muldoon & Gary, 2011). While concerns about the possibility of sponsor-mentee collusion to encourage violence deserve attention (Almeida & Bograd, 1991), the present study provides some empirical support for potential benefits of positive peer relationships. In order to advance the field, differing approaches must be thoroughly documented and evaluated

across populations and outcomes to see if such controversial approaches like peer support may in fact be key components of successful programs with certain populations.

**Respect as a Fundamental Principle in Social Work Practice.** Respect was a consistent theme reported by both participants and staff in regard to engagement and retention. Although the National Association of Social Workers highlight the importance of meeting clients with respect, irrespective of the issue in which they seek help, actual practice behaviors may differ (DiFranks, 2008). Specialized training may be needed to ensure the implementation of core social work principles when working with populations that may be perceived as deviant. Rapport building is a necessary skill in any direct practice setting, but without clients experiencing a fundamental sense of respect, treatment efforts may be substantially reduced if not removed entirely (Corvo & Johnson, 2003).

## **2.6.2 Strengths & Limitations**

A primary limitation of the study was that the PI did not speak fluent Spanish. To help combat this challenge, two bilingual research assistants were hired to assist with translation, data collection, and analysis throughout the study. However, there were occasions during the study (particularly at the men's community presentation) in which the principal investigator did not have access to a translator and needed to rely on her limited understanding of the Spanish language in order to comprehend the content of presented material. Additionally, the analysis of focus group data was conducted in English, after translation from Spanish. Information could have been lost during translation therefore, having multiple bilingual research team members present in focus groups and available to review translations helped to reduce errors related to language. Due to the qualitative nature of this study, there was a risk of the principal investigator imposing her own conceptual understanding onto the data. Sharing and discussing results with

stakeholders as they unfolded helped to assure understanding, improve accuracy, and mitigate this concern.

Although the data collection period spanned nine months, the group itself has been in operation for over 15 years. If the study had taken place at a different point in the life of the program, results may have varied. For example, group observations for this study began shortly after the program relocated. Although participants indicated there were no differences based on this change, without observing the group in the former setting, comparative observational data was not possible. In addition, many of the established processes likely resulted from lessons learned at specific points in program development that could not be identified retrospectively. Similarly, it is not clear if participation and outcomes will remain constant. There is an increased role of the associate pastor in regional IPV/A efforts. The new senior pastor at St. Pius V has not yet demonstrated a strong commitment to supporting parish-affiliated domestic violence programming. Given the unique origins and focus of TMG, it is not clear how changes in leadership will impact sustainability. On the other hand, given the scant extant literature on voluntary PAIPs and the even smaller literature specific to the population served, this in-depth description may provide valuable insight to others seeking to replicate the approach.

Focus group participants cannot be considered a random representation of Men's Group members. Those who volunteered to participate in the focus groups may have differing opinions or experiences than those who did not elect to participate in this study. On the other hand, case studies by nature are designed and conducted for in-depth description rather than generalizability (Yin, 2003).

It was also difficult to clearly describe the contributions of specific aspects of TMG. For example, the dosage of treatment that senior participants reported is ambiguous. It is not clear

how well years of engagement correlates with the number of sessions attended and topics covered. Further, given the extended reach of group engagement and reports of learning from peers outside of formal sessions, further investigation is needed to understand if dosage of sessions has separate impact from this informal support network.

### **2.6.3 Implications & Future Research**

The Men's Group at St. Pius V is one of a few known models that target voluntary participants in a culturally informed and/or spiritually sensitive manner. Because research has focused on traditional models provided for mandated clients, it is not clear how many models similar to TMG exist or how effective these are. While the current study advanced our understanding of the inner workings and participant perceptions of TMG, it was not possible to assess effectiveness. Understanding the nature and context of such a unique program can offer insight into reaching populations that perpetrate non-criminalized, yet harmful forms of abuse, through community-led intervention. The case study information triangulated well with the data that has been kept by the program on attendance across the years—suggesting remarkable levels of engagement for a PAIP. It is, however, important to add the next step of examining behavioral outcomes with some type of comparison or control. Further, given that the proposed model was built upon requests from men who sought help without a court mandate, it is not known if similar engagement and retention results may be obtainable for different cultural and/or mandated client groups.

As a result of the current study and the general lack of research literature on voluntary PAIPs, numerous questions were raised for future study. For example, even though buddy systems have been incorporated as a tool for socialization within some PAIPs (Faulkner, Stoltenberg, Cogen, Nolder, & Shooter, 1992), no testing to date has been done on the impact



of peer socialization in improving outcomes with partner abusive men. Future work should examine if there is any association between improved outcomes of treatment and peer socialization outside of group. Additionally, research on PAIP participants' perceptions of staff/facilitator respect for them are limited. Future research should examine how PAIP group members experience respect in the context of group treatment so that it can be tested as a potential contributing factor in participant outcomes. It is also unclear how and when spiritually or faith-based programming may enhance program participation as well as outcomes. Similarly, it is important for future research to examine how differences in program language of faith-engaged social services (i.e. faith-based vs. spirituality-based) might influence service provision or client perceptions of services. Given the widespread occurrence of IPV/A and the many criticisms of current approaches to PAIPs, it is imperative that intervention research in this area extend beyond traditional approaches to understand how to improve participation and outcomes. We hope that this paper will encourage research on innovative and voluntary program approaches to intervening with batterers and men who have acted abusively against their intimate partner(s) so that we may effectively reduce the occurrence and impact of this important social issue.

# **Chapter 3: Religious-faith, spirituality and abuse perpetration: Perspectives of Latino men in a voluntary parish-based partner abuse intervention program**

## **3.1 Paper #2 Abstract**

*Purpose.* Little is known about the role that faith and spirituality play in the lives of men who have acted abusively. The scientific literature has yielded mixed findings about the relationship between religious faith and intimate partner violence/abuse (IPV/A) perpetration. This study explored this relationship through the perceptions of Latino men involved in a parish-based partner abuse intervention. *Method.* Two focus groups were conducted in Spanish with men who identified as being both new and senior members of a voluntary intervention program (n=18). Data were collected and analyzed using an inductive approach. *Results.* As anticipated two major themes emerged. Most participants reported using religious faith as a mechanism for ending violence. However, most participants also reported past misuse of religion in order to gain control over intimate partners. These apparently conflicting roles of religion were further elucidated in participant quotes. *Implications & Discussion.* The complex nature of religious faith makes it a difficult construct to research, but the present study offers insight into how faith may serve as both a risk and protective factor for IPV/A. This has implications for both how it is measured in research as well as how intervention programs may consider addressing the issue.

## **3.2 Background & Introduction**

### **3.2.1 Religious Involvement, Religious Identity & IPV/A Perpetration**

The debate on how religion acts in conjunction with intimate partner violence and abuse (IPV/A) is growing as more evidence emerges. One line of thought is that when religious ideology encourages loving behavior and anti-violence, religious involvement serves as a protective factor against committing IPV/A. Ellison and colleagues (2007) analyzed data from a large national survey (N=3134) and conceptualized church attendance as religious involvement. They found religious involvement was associated with reduced IPV/A perpetration, with the strongest relationships occurring among Black and Latino men. Every one unit increase in religious involvement was associated with a 9% reduction in the odds of perpetrating physical IPV/A (OR=.91,  $p < .10$ ) (Ellison, Trinitapoli, Anderson, & Johnson, 2007, p. 1105). However, given the narrow measure of religiosity used within the study, the findings are limited.

Another perspective on religion and IPV/A suggests that when men hold religious ideas that value rigid gender-roles or expectations, high religious involvement may facilitate IPV/A (Koch & Ramirez, 2010). Renzetti and colleagues (2015) found that men (N=260) who were more religious, were more likely to perpetrate physical and psychological abuse (Renzetti, DeWall, Messer, & Pond, 2015). This finding however, depended upon the degree to which one was intrinsically or extrinsically motivated to engage in religious practices. Furthermore, the sample was not ethnically diverse making it difficult to assess findings outside of White men, who comprised the majority of the sample (81%).

Qualitative data from clergy and survivors lends support to the idea that abusers can and do *use* religion to legitimize their behavior and maintain a positive self-image (Simonic, Mandelj, & Novsak, 2013; Bent-Goodley & Fowler, 2006). In such cases their religious beliefs may play a key role in facilitating violence instead of preventing such behavior (Bottoms, Shaver, Goodman, & Qin, 1995). Religio-spiritual abuse pulls on the religious or spiritual commitments of the victim for the purpose of gaining or maintaining control. This form of abuse can be exercised through restricting one's access to faith communities and houses of worship, manipulating sacred text to justify other forms of abuse, and/or spreading fear of moral failure (i.e. pressuring one to forgive an abuser's prior behavior) (Hassouneh-Phillips, 2001; Bent-Goodley & Fowler, 2006; Miles A. , 2000; Davis M. , 2015). Despite some reluctance to accept the idea of religious abuse occurring, faith communities have indicated that highlighting IPV/A related religious abuse would help faith-based communities in directly addressing the problem (Bent-Goodley & Fowler, 2006).

Todhunter & Deaton (2010) explored the potential relationship between a variety of religious factors (i.e. self-perception of religiosity/spirituality, prayer frequency, religious service attendance) and IPV/A perpetration amongst a national sample (N=3,652) of young men (18-26). Their findings revealed no significant relationship (positive or negative). The study also examined the question of whether or not Christian men perpetrate more or less IPV/A than those belonging to other faith traditions. Evidence suggested there was no significant relationship between Christian identification and male-perpetrated IPV/A (Todhunter & Deaton, 2010). Caution is warranted regarding the faith tradition, however, as the authors compared those who identified as Christians to those who identified as Catholic

and Protestant. Although, theological differences between the three groups may exist, all three religious identities operate under a similar Christ-centered framework.

## **3.3 Methods**

### **3.3.1 Purpose**

The aim of this study was to understand the intersection of religious faith and IPV/A amongst Latino men.

Specific Research Questions: RQ2.1: How and to what extent is religion, faith, or spirituality used to facilitate cessation of partner abusive behavior?

RQ2.2: How and to what extent is religion, faith, or spirituality used against a partner as a form of control?

### **3.3.2 Study Design & Intervention**

This study is an adjunct to a larger case study exploring the activities and function of a voluntary, parish-based partner abuse intervention program serving Spanish-speaking Latino men, known as The Men's Group (TMG). We report here on one part of the qualitative work collected during participant focus groups. This exploratory cross-sectional qualitative study employed a purposeful sampling strategy (Creswell & Poth, 2017). Outlier (also known as "extreme or deviant") sampling was used in selecting the program itself because of the unusually high numbers of voluntary participants it attracts, the focus on Latino men, and affiliation with a parish. Inclusion criteria for participation in the focus groups required men to be at least 18 years old and have attended at least one session of TMG as a group member.

### **3.3.3 Procedures**

Each of the two focus groups consisted of nine participants. Both were conducted in September of 2016. Participants were recruited from TMG. Announcements were made at group

sessions by program staff, notifying group members of the study and flyers were posted at the site in which the group meetings were held. Conducting research with vulnerable populations such as Mexican immigrant and U.S. Latinx persons requires special attention, especially when sensitive topics, such as IPV/A are being examined (Kyriakakis, Waller, Kagotho, & Edmond, 2014). Interested persons called a research study specific phone number and were given further details about the aim of the study and assured that participation was completely voluntary and separate from any consideration of participation in TMG. Potential participants were asked to self-select into a focus group for “senior” members of TMG or a focus group for “new” members of TMG. Little guidance was given during recruitment as to what the terms new or senior meant outside of thinking about how long they had been part of TMG. This was done deliberately in order to evaluate how members of TMG viewed themselves. Focus groups were intentionally held away from the parish site or regular meeting spaces associated with the program in order to allow participants freedom of expression in regard to their experiences with TMG. The focus groups were held on the campus of a Midwestern university School of Social Work.

Upon arrival to the location, participants were given the option to be consented in Spanish or English, based on their own preference. Seventeen participants were consented in Spanish; one participant elected to be consented in English. All participants were individually consented in person by a member of the research team who again reviewed the purpose of the study and that participation was entirely voluntary and confidential. A short informed consent quiz, suggested for use when conducting research with men enrolled in partner abuse intervention programs (Crane, Hawes, Mandel, & Easton, 2013) was administered to ensure subjects understood that participation was voluntary (Appendix E). All procedures were

approved by the Institutional Review Board of Washington University in St. Louis (IRB #201607054).

A semi-structured questionnaire guide was developed by the PI in collaboration with a partner from the parish. Questions were designed to help the program have a better understanding of how participants viewed the intervention and also to meet the aim of this study. (See the complete focus group questionnaire in Appendix F). Both focus groups were facilitated in Spanish by a bilingual (Spanish-English) Latina woman (unaffiliated with TMG or parish). The facilitator had extensive previous experience leading batterer intervention program groups. She was interviewed and selected by the community collaborative board that guided the larger study. The principal investigator (PI) was present in both focus groups alongside the facilitator and although the PI was not fluent in Spanish, she was able to ask follow-up questions during the focus groups as needed. Both focus groups were observed by two bilingual MSW-student researcher assistants (RAs; one man, one woman). Notes were taken by RAs on non-verbal expressions and the content of discussions. All four members of the research team had previous work experience and/or training in domestic violence. At the end of each focus group, RAs summarized the main points made by the participants as a means of member-checking. Participants were then asked to comment or clarify any part of the summary that they felt was misunderstood or inaccurate. In both groups, participants affirmed that the immediate summarization accurately reflected the discussion. Participants were provided a \$50 cash gift for their time, an amount that has been paid in previous studies for IPV/A related interviews of similar lengths (Potter, 2008). Participants were also provided a \$10 cash stipend for travel expense. Both focus groups were audio recorded, then translated to English by the focus group facilitator, and transcribed verbatim by a professional service.

### 3.3.4 Data Analysis

The PI listened to (English version) audio files and read the transcripts multiple times to familiarize herself with the data before beginning to code the data (Creswell & Poth, *Qualitative inquiry and research design: Choosing among five approaches*, 2017; Saldaña, 2015). A web-based program, Dedoose, was used for data management of focus group transcripts and reflective memos. As Bernard (2013) describes, qualitative data analysis is “the search for patterns in data and for ideas that help explain why those patterns are there in the first place” p.394. An inductive approach was thus used to develop categories and subcategories through open coding, a process that organizes data into “boxes” as transcripts were reviewed line-by-line (Miles, Huberman, & Saldaña, *Qualitative data analysis*, 2013). The PI coded the data for this study independently then another team member was given access to Dedoose in order to review coded data before engaging in intensive group discussion as a mechanism to decide on any unsettled discrepancies (Hill, et al., 2005; Saldaña, 2015). This process was then followed by axial coding, a process that begins to “fit the pieces of the data puzzle together” (Miles, Huberman, & Saldaña, *Qualitative data analysis*, 2013). Once themes and sub-themes were identified, the first author searched for dissenting viewpoints as a form of negative case analysis. Themes and sub-themes were then examined closely for how they related to one another, a qualitative strategy used to move analysis beyond rich description of data into a deeper understanding of meaning (Bazeley, 2009). Data collection for this study stopped after the second focus group because data saturation was reached. This was evidenced when the criteria of “no new data, no new themes, no new coding, and ability to replicate the study” (Fusch & Ness, 2015, p. 1409) were met, serving as a strength of this research. Quotes representing the richest essence of themes and sub-themes were selected as data-centered illustrations of the constructs presented. Two other members of the research



team were provided with the final analyses and encouraged to rigorously examine it (Saldaña, 2015).

## **3.4 Results**

### **3.4.1 Participant Demographics and Length of Time in Treatment**

The age of focus group participants in this study ranged from 33 to 48 years (M=41, SD=6.08). Participants self-reported being Catholic and having Latino, Hispanic, or Mexican identity (100%; n=18). However, during focus group discussions, participants shared that not all members of TMG are Catholic, belong a religious group, or identify as men of faith. Although, all participants reported Catholic identity on a demographic form prior to the focus group starting, some (n=2) later revealed that they do not fully consider themselves to be Catholic or belonging to a particular religious tradition.

At the time of the focus groups, participants reported length of membership/attendance to TMG ranged from 3 sessions to 8 years. Five participants had completed 3-8 sessions, two participants had completed 15-16 sessions, two participants had been attending group for 5-6 months, three participants had been attending for 1-2 years, two participants had been attending for four years, and three participants had been attending 6, 7, and 8 years respectively. None of the focus group participants were seeking help from TMG due to court-mandate.

### **3.4.2 Findings**

Two anticipated primary themes were revealed, based on prior research and six sub-themes emerged, further explicating major themes (see Table 2).

Table 2  
*Summary of Themes*

<b>Primary Themes</b>	<b>Emergent Sub-themes</b>
Theme #1: Religious-faith as a source of support/help in stopping abusive behaviors	❖ Sub-theme 1.1: Turning/Returning to Prayer & Faith in order to cope during personal struggle
	❖ Sub-theme 1.2: Turning/Returning to Faith & Religion as a compliment to TMG (Intervention)
	❖ Sub-theme 1.3: Acknowledging the slippery slope: <u>Recognizing Harmful Interpretation of Religious Teachings</u>
Theme #2: Religion used against a partner as a form of control	❖ Sub-theme 2.1: Using clergypersons (and their words) as a tool
	❖ Sub-theme 2.2: Religious-related manipulation
	❖ Sub-theme 2.3: Lack of understanding, lack of training, lack of wisdom

RQ1: How and to what extent is religion, faith, or spirituality used to facilitate cessation of partner abusive behavior?

When asked if faith or religion were used (previously or currently) as a source to help stop abuse towards a partner, twelve of the eighteen participants across the focus groups verbally responded with yes and extended explanations.

### **3.4.3 Theme #1: Religious-faith as a source of support/help in stopping abusive behaviors**

Participants indicated that religion, faith and spirituality helped them cease acting abusively and/or provided personal comfort during their journey toward peaceful living while being a part of TMG (n=12). Six of these twelve men identified as being new to TMG and the other six identified as being senior members of TMG. One focus group member responded that his belief in something greater (described as “spirituality”) helped him, but not religion per se. Two participants indicated that religious faith had not been helpful, but faith in their own ability

to change was helpful. Two of the focus group participants cited the reason they sought help from TMG was a direct result of hearing a sermon on domestic violence that was given by a priest. In this sense, religious-faith engagement directly facilitated help-seeking if not actual change in behavior.

Internalized religious self-regulatory actions such as prayer were described as being helpful in implementing strategies learned from the intervention program. One participant shared, *“It has helped me a lot because...there has been like violence (that I'd say it's a different problem), but it has helped me a lot. Even to talk to her [my partner] about anything because I calm myself a lot before everything. When I feel bad I go into make a prayer or whatever in my beliefs and if I'm mad for something of hers I didn't like, or she didn't respond to me, the first thing I do is put myself in my belief, and what I think is necessary to calm my soul, and have peace, and be calm, and not fall into the ... ‘She didn't answer me anymore.’ Like Carlos [group facilitator] says ‘it's always better to lower the hands, calm oneself, and think before trying do to another attempt.’ Thanks to God this helps me.”*

While most of the discussion was focused on intimate partners, religious faith as a source of support was also noted as important to their relationships with their children. One participant shared *“I think that yes, I've always had Him [God] in me because if it wasn't for Him [God],... I wouldn't have stopped myself...Because I'm a believer,...I think He's the one who has stopped me, and has put the sign of ‘change or you lose [your] family’.* This point was also echoed by another man who stated *“God has influenced because, it was Him [God] who helped me have calm. He helped me understand my wife, and now he helps me understand my children because I have a teen son [who is] semi-rebellious, so I have to be tolerant. I ask Him [God] for lots of faith to be able to carry that out”*

Interpretations of biblical scripture emphasizing the expectation of loving actions in marriages were credited for fostering attitudes that valued respect and facilitating peaceful behaviors amongst participants. As one participant expressed, *“For me I think, yes, [religious faith] does influence in not being aggressive towards your partner because when we go to church we hear part of the bible... And, I don't think in part of the bible it tells you that the man has to treat badly the wife. So for me, going to church and listening to what the priest is saying and trying to translate it, I think does influence, and it helps to not be abusive towards your partner.”* Positive interpretations of scripture were also viewed as a personal responsibility. As one participant noted,

*“To me I always talk about not the religion because the man has put that label and what needs to be religion. But, for me it's more about faith and who I believe, and I believe who Christ is. And, my faith in Christ has helped me, take me to another superior level that I know how to treat my wife. Like the Bible says ‘love your wife like Jesus loves the church’, and at some point I wasn't as strong in my faith. And so, I went to go look in the scriptures [for the answer] how to love my wife. How Christ loved church and that's what took me to love her more. Because, it gave me a new point of view, how to see my wife. And yeah, that was obvious in the books, it says how to love your wife...and it's made me be more compassionate with my wife. And, to certain things that I haven't thought of doing. But like I said, it's not about religion. It's more about where your faith is, because when you understand or put God in a label and that God is Catholic or Christian, you focus on the things that shouldn't be. But, if you focus on your faith and how you should love your wife, your neighbor, then you take that bandage off your eyes. And, that's what has helped me be more compassionate, with some people and with my wife.”*

Another man shared his experience of religious faith influencing his interactions with his wife, with particular focus on how he speaks to her. He said, *“In my point of view it [has] influenced a lot in my problem. The religion, God, because there has been a small reconciliation with my wife. There hasn't been a domestic aggression, but yes [it was] verbal and infidelity...Now all that I ask her, I ask her with grace, with grace of God, with a God bless you, with hope you have a good day, hope God watches you in your way. So it has influenced me in my problem. Yes, God has influenced me.”*

Not all participants viewed religious faith as a key factor in ending violence or engaging in healthy relationship building. One participant noted the importance of faith in one's own ability to change (in terms of influencing a range of behaviors, including psychological aggression). He stated, *"It's not necessarily faith or spirituality, or a superior being. Like, someone said before, it's the trust in yourself. You have to have faith in yourself. If you have it, it influences positively. A lot of times, it's not necessarily the physical violence but the way that you talk. And even if you don't yell, the words can end up hurting."* Another participant felt that spirituality (not religion) was a key facilitator of positive change for men in the program. This participant shared *"I'm not so convinced that religion has helped me. On the other hand, faith that's understood as the belief in something I don't see and is unknown--that is there for me. I could describe it almost like my spirituality. It's important in this process of change [for] all people that attend there [TMG]."*

**Sub-theme 1.1 Turning/Returning to Prayer & Faith in order to cope during personal struggle.** Participants reported prayer as an essential tool in dealing with separation from an intimate partner. These prayers consisted of requests for reunification and guidance on broader personal problems. The process of engaging in the act of prayer was highlighted for its positive effects in coping during difficult situations. The following three participants shared their experiences with this by stating:

*"I feel that yes, my faith has helped me a lot...I asked God to help me to, to have another chance to reconcile this marriage...If I didn't have that faith who knows what would happen."*

*"I was in my house two or three months, and, I would kneel towards the Virgin that I had in my room, and I would ask for her to help me to return her to my home. And in that time, it helped me. So for me, the spiritual helped me."*

*“To me, faith has helped me a lot in this process and I think I came back to that way. I had been lost but I believe again that there is a superior being and one that I can talk to....I can support myself on Him, and be in my house and I can ask Him about my problems and I know He is going to listen to me.”*

**Sub-theme 1.2 Turning/Returning to Faith & Religion as a compliment to TMG (Intervention).** Several men agreed that religious faith is not forced upon group members but many do end up going on a personal journey to build a relationship with God or some form of spirituality, as a result of engagement in TMG. One participant shared, *“In the group we find a lot of inner peace. When I went to group I thought it was a religious group but no, I found out it wasn't. Because they say openly, the group is not religious. Then we decide individually, a few get close with the group who decide individually if you get closer to God. Normally, the majority of us do it because it's a big compliment.”*

Another participant had difficulty pinpointing exactly how his faith acted as a supportive factor in his journey towards peaceful living, but shared the degree of significance it played in his life and the necessity in maintaining faith in conjunction with group attendance by stating, *“Faith and religion [are] very important for...I can't explain a lot but I have a lot of faith, in God. I believe in my religion and that helps me a lot because I have principals in my faith. I can say it's not [easy], and that's why I go to group. But the first thing, I have faith in God and in the religion.”*

**Sub-theme 1.3 Acknowledging the slippery slope: Harmful Interpretation of Religious Teachings.** During the focus group with senior members of TMG, while discussing religious-faith and spirituality as a possible supportive tool for ending male perpetrated IPV/A, two participants noted (without inquiry from the facilitator) the slippery slope that can emerge if

scriptural text or interpretations are misused. One participant noted, *“Religion can give you in certain areas tools to have a better relationship with your partner. And in others, not so much. For example, I can say, marriage is for all life but in an abusive relationship, in extreme cases, it cannot be for all of your life. It gives you certain masculine privileges. In other senses, it tells you how to practice a good relationship or how to be compassionate.”* Another participant later also highlighted the problem with hierarchical patriarchal beliefs that can exist amongst members of faith communities by stating, *“Religion in general, it teaches: ‘the men, and then the women and then everything else that follows’, even though I don’t see it like that. I think, that influences in the negative....They don't explain it directly [but] they give more, in general that the man first and then everything else.”*

RQ2: How and to what extent is religion used against a partner as a form of control?

### **3.4.4 Theme # 2: Religion used against a partner as a form of control**

Eleven of the eighteen participants of the focus groups unequivocally verbally affirmed that they have used religion in order to control a partner. As one person stated, *“I did use it. In that moment I, I used it because I needed things in my favor, and I could do it to excuse myself....When one feels that one is losing, to grab on to whatever.”*

**Sub-theme 2.1 Using clergypersons (and their words) as a tool.** Three participants described examples in which they perceived using clergypersons or their homilies manipulatively as a form of religious abuse. One participant shared, *“I used, I did use religion because when I was in the middle of all of this I took her with the priest from my church so that he could talk with my wife, so he could put her in reason, could give me time to start to work on my problem.”* Another participant recounted his attempt at controlling his partner by emphasizing his position as aligned with that of a priest by sharing, *“I told her, okay, we have*

*these problems, did you hear what the priest said today in his, when he was giving his talks? You see that I was right, or whatever. And so yes, there were times I tried to control her like this, but it wasn't every time."*

Of these three men, one described using his wife's connection to faith as a tool to mediate her desire for divorce, but also as a mechanism for encouraging her to seek domestic violence counseling for the hurt that he caused her.

*"I used it, um, but not practically to control her in [every] part of our lives, but yes, a little in the moment we have problems. I looked for the people who sent me where I'm attending now because they were very close to the church and to our religion, and they are our wedding Godparents. They're familiar because one is a deacon, and so this person had always been helping me and my wife when the problem that we had happened. She didn't want to talk to me since the problem happened, she wanted a divorce, she didn't want to see me. That whatever I asked her she responded with such hate, that she didn't love me anymore, that she had never loved me. I think everybody tells me it's probably because she's mad or offended, and like everything right, we have to give time. But I did ask a lot to talk to her because I would tell her lets go to church when this happened. And she would say no, I don't want anything with you, nothing, so I had to talk to them, and they were the ones that got close to her slowly, slowly. And they started to talk to her based on the beliefs and faith they have in our religion. Slowly, slowly she too later (due in part to this). She got closer to there, where I'm going, where we're going together. She's with the women and me with the men, but yes, I had to make use of that for her to also start to heal from her heart a bit. And from the damage I had to cost her."*

**Sub-theme 2.2 "Yes, I used it [religion]...as a way to manipulate"**. Eleven of the eighteen participants of the focus groups verbally affirmed that they have used religion in order to control a partner. Several participants noted that their motivation for using religion to control a partner was done in order to benefit themselves and accomplished by manipulating religious ideals. There was wide consensus within each focus group that this was considered as a harmful and an unacceptable abuse of religious faith. The following four accounts illustrate the range in which participants used religious faith in order to manipulate an intimate partner.

*"It was my infidelity. I told her, Forgive me. In seriousness I will change. Let's get closer to the church. Let's try to be okay with God."*



*“For an immediate reaction we also do it. To say you know what, I swear to you it won't happen again, and by God it'll never happen again.”*

*“Yes I did end up using it [religion]. Like it's mentioned before, like as a way to manipulate. Not so much as in wanting a healthy change as much as like manipulating....What you're doing is using it to your favor.”*

*“Yes...a lot of times we've used passages from the Bible, and say ‘You're telling me this, this and this, but look here. It says what you have to do. You have to act a certain way, or you have to keep going this way.’ Someone once in one of the [group] sessions [said], ‘We have to learn to not be an opportunist. We don't have to be manipulators.’ You have to learn to be able to divide or remove that from you, because one sees opportunity and we can, you know, hurt...a partner. And if one knows how to manipulate, we can do even more damage. And so, I do think that the messages don't go directly or we might not understand them and we use them at our convenience.”*

**Sub-theme 2.3: A “Lack of understanding, lack of training, lack of wisdom”.** Study participants attributed the perpetration of IPV/A related religious abuse to desire for personal gain, but also to improper information and misinterpretation of biblical texts. One participant described this by sharing, *“I have also on one occasion [used faith or religion to control a partner] many years ago. I had a lack of information, and for one's own convenience. So yes, yes I did use it.”* Another participant suggested that some may engage in committing religious abuse without fully understanding why such beliefs are acquired in the first place or the consequences of engaging in this type of abuse. He shared, *“Well sometimes...we manipulate according to religion, but sometimes, many times we do it subconsciously without knowing that we're doing the things because we read something and we misinterpret things....Just like my colleague was*

*saying, you use it to your convenience. Perhaps because we want to save our relationship but we don't know how, and so we use all that to our favor and sometimes we don't even know that we're hurting our family.”* Ultimately, participants perceived this behavior as being driven by both a misunderstanding of biblical scriptures and a desire to control. One participant highlighted this by saying, *“[For] me like everything else it's lack of understanding, lack of training, lack of wisdom... But when you have that understanding, that knowledge about what the Word says, you know what a marriage is. You know that it's not just what is convenient to you....I [got] to that point where I wanted to control my wife based on the structures, but then ... based on scriptures, I [also] got to a point where I'm like, ‘Well, I need to see what this says. I can't just get what is my convenience.’ ...thanks to God, through my understanding and my training I went beyond that...and I stopped being a manipulator and using the Bible to [do] things that, you know, were convenient to me.”*

### **3.5 Strengths & Limitations**

Focus groups offer an environment that allow participants to share as much or as little as they feel comfortable and can provide some participants with a level of emotional safety that contributes to open discussion (Krueger & Casey, 2010). The size of each focus group in this study fell within the recommended guidelines (6-12 persons) that facilitate discussion and diversity of opinions (Lasch, et al., 2010; Fusch & Ness, 2015). However, focus groups can also limit expression by individuals as compared to interviews. Although dissenting opinions were expressed, there may have been different perspectives that went uncaptured by the researchers. The research team attempted to capture non-verbal indicators of agreement or disagreement through note taking but did not implement a specific or systematic procedure for assessing and capturing these cues in response to each question posed by the facilitator. A more rigorous

method of capturing non-verbal responses could have strengthened the study (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009).

Translating the focus group data from Spanish to English may have resulted in misinterpretation and conducting the analysis in the original language of the discussion would have been preferable, however this was not possible, given the language limitation of the principal investigator (PI). In order to prevent information from being lost during translation, two bilingual members of the research team who were present during the focus groups independently assessed the translation and were able to consult with each other and the PI if necessary. The PI of the study was Black woman, not immensely familiar with Mexican culture, therefore there was risk for meaning interpretation errors during data analysis, making this an important study limitation. Additionally, the focus group facilitator and PI were both women, and while this was not a limitation, per se, it may have influenced what participants were willing to disclose during the focus groups.

The focus on Latino men is a strength given the dearth of information on this population but it is not clear that other Latinx groups with differing religious affiliations would express similar opinions. There may also be distinct aspects of the neighborhood in which the program is located that had distinct influence on participants' experiences of help-seeking. Latino men in this geographical location may have different perspectives than men of similar backgrounds who live in other regions of the U.S. Therefore, without further research we do not know how applicable these findings would be for other populations. More research is needed to understand how Latino men of different faiths or communities may perceive the role of religion in IPV/A. Finally, a limitation of this study is that it did not contain a measure to assess the severity of IPV/A men had previously engaged in or were currently involved. Further research examining

whether or not the perceptions of men differ by types and severity of abuse perpetration histories may be beneficial in broadening the understanding of these topics within and across populations.

### **3.6 Conclusion, Implications, and Discussion**

The purpose of the current study was to explore the ways in which men seeking support for peaceful living, perceive the impact of religious faith on IPV/A perpetration. The findings were consistent with other research suggesting that religio-spirituality is a component of life that has the ability to be used as a positive tool for change as well as a tool to support continued abuse (Hassouneh-Phillips, 2001). In the present study, however, the majority of the focus group participants indicated that their religious faith, religion or spirituality (72%; n=13) served as a source of help in seeking and/or maintaining the cessation of IPV/A. Religious faith and spirituality was also viewed as a complement to the intervention program, indicating that there was a combined effect in having both as supportive tools for peaceful living. This lends support to the idea that faith-based intervention may provide a leverage point for change among partner-abusive men who find religio-spirituality to be important.

At the same time, attention to the abuse of religion as a tool to promote control is warranted. Survivors across a number of studies have described emotional and psychological forms of abuse as being more detrimental and damaging to their lives than physical forms of abuse (Bhandari, et al., 2015; Potter, 2008). Many of the focus group participants (61%; n=11) indicated that at some point they have used faith or religion to control an intimate partner. Religious-related IPV/A behaviors may therefore be considered a form of emotional/psychological maltreatment, but it has received little attention in the research. Progress in understanding religious abuse has the ability to inform faith-based communities and domestic violence service providers in different ways. For example, several participants

discussed misunderstanding and misinterpretation of biblical text as a factor in misuse of religion suggesting that this problem might be remedied, at least in part, with theological re-education on the topic. Church leaders and congregants have reported that if faith-communities had a better way of understanding or describing IPV/A related religious abuse, it would be discussed and addressed more often (Bent-Goodley & Fowler, 2006). Further research on the dynamics related to misuse of religion in IPV/A can help survivor centered programs as well as perpetrator centered programs to address this factor directly in curricula or counseling materials. Information from empirical work could be incorporated into training for clergy and laity to help faith communities become effective at rejecting religious abuse. This may be particularly critical in understanding the complex role that religious abuse may play in the lives of ethnic minorities who are most strongly attached to faith traditions.

# **Chapter 4: Pathways to Seeking Help from a Partner Abuse Intervention Program: A Qualitative Study of Voluntary and Non-Court Mandated Latino Men's Experiences**

## **4.1 Paper #3 Abstract**

Involvement in treatment for intimate partner violence and abuse (IPV/A) perpetration is most often limited to those who are arrested and convicted of domestic violence offenses. Because of this, the majority of research into partner abuse intervention programs (PAIP; also known as batterer intervention programs) has utilized data from court-mandated participants despite the existence of voluntary programs. Therefore, little is known about the experiences of voluntary and non-court mandated PAIP participants. *Methods:* Using an interpretive phenomenological analysis, this study sought to understand how participants perceived their lived experience in seeking help from a voluntary PAIP serving a primarily heterosexual Latino population. Participants participated in semi-structured in-depth interviews (N=16). *Results:* The findings in this study reveal that the decision to engage in a PAIP voluntarily is process laden. Participants described the process as involving a breakdown in health of their intimate relationship, reaching tipping points at which avoiding help was no longer an option, and locating specific information on where to seek treatment. *Discussion:* This study illuminates the many factors that may contribute to decision making when men who have acted abusively within intimate partnerships seek help.

## 4.2 Background & Introduction

Intimate partner violence and abuse (IPV/A) perpetration, often referred to as domestic violence (DV) is a serious and worldwide public health problem. IPV/A perpetration has long-lasting negative impacts on individuals mental and physical health, family functioning, and the overall well-being of communities (Black, Basile, & Breiding, 2011; Rothman, Butchart, & Cerda, 2003; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). The U.S. criminal justice system has responded by criminalizing certain forms of IPV/A, such as physical assault, sexual assault, and stalking. Convicted offenders are often mandated to enroll in and complete domestic violence treatment as a legal consequence of IPV/A (Dalton, 2007). Most treatment provided is group-based (97.3%), often referred to as batterer intervention programs or partner abuse intervention programs (PAIP) (Cannon, 2016). In the U.S. most PAIP participants enter treatment because of court-mandate and the vast majority of these participants are men (Cannon, 2016).

Although most PAIPs accept both self-referred and court-mandated clients into treatment (Bennett & Williams, 2001), on average only 3-10% of the clients served in U.S. PAIPs are non-court mandated (Cannon, 2016). However, a study conducted in partnership with the World Health Organization revealed that, when examining PAIPs worldwide, 83% of participants attend voluntarily (Rothman, Butchart, & Cerdá, 2003). This discrepancy is due to varied approaches to IPV/A perpetration across regions (Buzawa & Buzawa, 2017) and the difference in weight that court referrals versus court mandates have, with the latter occurring most frequently in the U.S. (Rothman, Butchart, & Cerdá, 2003).

Most research studies examining PAIPs and their participants have collected and examined data from mandated participants (Babcock, et al., 2016). Within the scant literature

including voluntary participants, some researchers have questioned how alike court-mandated group members are in comparison to those who are self-referred. Dixon & Brown (2003) found significant differences between the two groups in their study, however nearly 30% of the so called self-referred group had a court-mandate to get domestic violence treatment. This makes it difficult to discern whether characteristics of the self-referred group are truly representative of completely voluntary PAIP participants.

Research indicates that, generally, men have difficulty seeking help from health and counseling professionals, but our understanding of the particular barriers and facilitators are limited (Addis & Mahalik, 2003). Even less is known about men's decision to engage in PAIPs. Campbell and colleagues (2010) examined the perspectives of PAIP participants (majority court-mandated) using survey and focus group data, in order to explore potential strategies for engaging more men in treatment. The study findings revealed that barriers, such as feelings of embarrassment or not knowing where to seek treatment, prevented men from seeking help. On the other hand, being met without judgement and the assurance of confidentiality were identified as factors that could persuade men to engage in treatment. However, the study was conducted outside of the U.S. and did not collect data on ethnic identity, leaving the question of how transferable these ideas are for diverse populations unanswered.

McGinn and colleagues (2017) conducted a systematic review examining 27 worldwide studies on IPV perpetrator perspectives regarding intervention. They found that PAIP participants enter treatment with "a range of motivations, from a determination to change who they are, to a determination to avoid a custodial sentence" (p. 1). However, all of these studies were largely limited to the perspectives of court-mandated men.



While much research has focused on the need for culturally appropriate behavioral health treatment, most of the relevant work on batterers/partner-abusive men has focused on Black and White populations (McGinn, McColgan, & Taylor, Male IPV perpetrator's perspectives on intervention and change, 2017). The Latinx population is the largest and fastest growing ethnic group in the U.S. (Passel & Cohen, 2008), and rates of IPV/A perpetration amongst the population are estimated to be between 17%-68% (Straus & Smith, 1990; Caetano, Cunradi, Clark, & Schafer, 2000; Black, Basile, & Breiding, 2011; Klevens, 2007). Yet, with the exception of a handful of studies, little is known about perpetrator focused intervention within this population (Parra-Cardona J. , et al., 2013; Celaya-Alston, 2010; Welland & Ribner, 2010). We were only able to locate two studies focused on the perspectives of Latino men engaged in a PAIP. Aguirre (2009) focused on the backgrounds of an entirely court-mandated sample (n=15), and found childhood exposure to IPV/A (primarily father against mother) as a common experience. The study conducted by Parra-Cardona and colleagues (2013) was comprised of a majority court mandated sample (n=18; n=3 voluntary) and revealed potential strategies for engaging Latino men once they entered in treatment, such as willingness of facilitators to build close relationships with group members.

This qualitative study of participants in a faith-based completely voluntary PAIP helps fill gaps in knowledge in two ways. First this is one of the few studies able to shed light on the help seeking process for men who seek out completely voluntary services for IPV/A perpetration. Second, this study sheds light on how Latino men perceive and seek help for these behaviors. The study is exploratory and descriptive asking: *How do participants in a voluntary partner abuse intervention program (PAIP) perceive their experience in seeking help from a PAIP?*

## **4.3 Methods**

### **4.3.1 Research Study Design**

The present study was set in Chicago, IL in partnership with a well-established, faith-based voluntary group for male perpetrators of domestic violence. Participants of this study were recruited from the voluntary parish-based partner abuse intervention program serving Spanish-speaking Latino men, known as The Men's Group (TMG). TMG is part of a broader domestic violence ministry, known as the HOPE program. The HOPE program provides services to IPV/A survivors, children involved in families dealing with DV, and men who have acted abusively. Qualitative, semi-structured individual interviews were conducted to develop understanding of the perception of the men attending these groups. Eligibility requirements were that the participant was at least 18 years old and had attended at least one session of TMG. Because of the nature of the group, all participants were men.

The aim of phenomenological research is to explore the topic of interest in detail. The researcher makes no attempt to test a hypothesis, rather the purpose of interpretative phenomenological analysis (IPA) is to explore how people make sense of their lived experience (Smith & Osborn, Interpretative phenomenological analysis, 2003). An IPA study is concerned with an idiographic understanding of the phenomenon being investigated, that is the study of individual cases or events rather than a nomothetic approach which aims to draw generalizations about a population of interest (Smith & Osborn, Interpretative phenomenological analysis, 2003). As Smith & Osborn (2003) articulate, "in simple terms--one is sacrificing breath for depth. p.56". In order to achieve such depth, several IPA methodologists recommend that purposive and homogeneous small samples, rather than larger samples be used. Although there is hesitation in making rigid recommendations for the sample size of IPA studies (because each study is unique),

a number of scholars have noted that studies containing between 3-15 participants seem to be ideal for conducting excellent analysis (Smith, 2011; Smith & Osborn, 2003; Smith, Flowers, & Larkin, 2009).

## **Research Team and Positionality**

The research team and each of their respective positionalities is relevant when gathering valid and reliable data in qualitative research. Because IPA involves the researchers interpretation of the participants understanding of their lived experiences, a double hermeneutic exists, “whereby the researcher is trying to make sense of the participant trying to make sense of what is happening to them” (Smith, 2011, p. 10). One of the theoretical underpinnings of IPA is based on the idea that the researcher should get as close as possible to the participants experience even though the closest place will still ultimately be an interpretation (Smith, Flowers, & Larkin, 2009; Shinebourne, 2011). The researchers’ identities and experiences are expected to influence their interpretations, but making the researchers positionality transparent can help facilitate in-depth self-reflection and illuminate the potential advantages and disadvantages that the team may encounter during data collection and analysis (Chavez, 2008; Milner IV, 2007; Muhammad, et al., 2014; Takeda, 2013). To this end, we have elected to give a broad overview the principal investigator positionality and that of her primary research assistant.

The first author/principal investigator (MD) is a Black woman (African-American ancestral heritage) and PhD-level social worker. Her research interests and practice experience has been focused on partner abuse intervention programs for eight years. She holds the belief that, given the proper resources, most men who have acted abusively have the ability to change, especially if they desire to do so. She does not speak Spanish but built a strong relationship with the organization housing TMG during a broader longitudinal investigation of the program.

Therefore, many participants of this study were familiar with her, prior to recruitment for the interviews. The second author (BF) is a Latino man (Mexican heritage) and MSW-level social worker. He served as a graduate student research assistant on the previously mentioned study led by MD and therefore many participants of the current study were also familiar with him prior to recruitment for this study. He is native Spanish and English speaking and lived in Mexico for 12 years. His practice experience and interests include youth violence prevention, family and youth services, and school social work. Both MD and BF observed numerous sessions of TMG as part of the broader previously conducted research.

In terms of ancestral heritage and gender, MD is an outsider to a study focused on Latino men. On the other hand, like all of the study participants, she is a person of color and a parent. Given the continuum of insider-outsider positionality described in the literature she holds both insider and outsider understandings of participants' experiences (Dwyer & Buckle, 2009; Kerstetter, 2012). In terms of ancestral heritage and gender, BF is an insider, positions that may have provided participants with some immediate comfort, trust or assumption in his ability to richly understand facets of their lived experiences.

### **4.3.2 Procedures**

The research team made announcements at two consecutive group sessions, both attended by approximately 35 men. A total of 21 men expressed interest in participating and 16 were interviewed. The other five men who expressed interest were unable to participate because of scheduling conflicts that prevented them from meeting with the interviewer. Interviews were conducted at a location most convenient and comfortable for the participant; this was most often the participants' home or in a private room at the location TMG sessions were held. Each interview varied in length, ranging from 16 to 76 minutes. All participants were read an informed

consent document explaining the parameters of being a research participant in the study. All participants gave verbal consent. All interviews were conducted in Spanish, in person by BF and audio recorded (See Appendix G for interview guide). Participants received a \$60 cash gift for the time they spent participating in the study. All procedures were approved by the Institutional Review Board of Washington University in St. Louis (IRB # 201607054)

Data for this study were gathered from the transcripts of semi-structured in-depth interviews and corresponding reflexive memos. Participants were encouraged to provide an alias name of their choosing (for use in the publication of study findings), however all participants either insisted that their own name be used in the reporting of research findings or declined the option to provide a pseudo name. In order to maintain the confidentiality, no names (alias or real) are used in this work.

### **4.3.3 Strategies for Rigor**

The interviewer (BF) confirmed that the meaning of participants words was being captured accurately (as a form of member checking) during each interview, by providing clarifying and summative statements as participants shared their stories. Reflexivity is crucial in becoming self-aware and a useful tool for noting any influence that could impact data collection or analysis (Clancy, 2013), therefore, the interviewer captured his immediate perception of each interview by writing reflective notes (known as memos) after interviews were concluded. The interviewer also conducted the translation and verbatim transcription of all participant interviews. This was selected as a strategy to reduce errors in translation by a third party and therefore limit information being lost during data processing (Cormier, 2017). A second round of reflective notes were also captured during translation and transcription, whereby, BF noted his interpretation of pieces of information that participants themselves may have been unaware of.

Smith and Osborn (2003) highlight that this practice of critically questioning the text, looking for pieces of information that a participant was unaware of or didn't intend to slip through during the interview improves the quality of IPA studies by improving depth of analysis. During translation and transcription of each interview, BF also made memo notations and explanations of culturally specific pieces of information that may have been confusing to MD or any person unfamiliar with traditional (specifically Mexican) colloquialisms. This practice was used to ensure that direct translation resulted in transcripts that were meaningful to the PI and not interpreted in isolation of relevant cultural underpinnings (Cormier, 2017).

#### **4.3.4 Data Analysis**

The web-based program, Dedoose, was used for data management. The data analysis procedure for this study was developed based on specific recommendations and suggested steps for conducting a thorough IPA (Biggerstaff & Thompson, 2008; Smith, Flowers, & Larkin, 2009). Smith's (2011) best practices for evaluating the quality of IPA studies were also used to inform and strengthen the analysis procedures of this study. Step 1: The first author read and re-read transcripts and corresponding memos multiple times in order to become familiarized with the data. Step 2: The first author then engaged in a process, described by Smith and colleagues (2009) as 'Initial commenting' (an IPA version of simultaneous coding and memoing). Step 3: After data was labeled, data with similar or related codes were organized into groups. Step 4: Themes were identified from individual interview transcripts (Smith, Flowers, & Larkin, 2009). As potential themes emerged, they were then compared to the data across transcripts for convergence or divergence. Per recommendations for acceptable IPA studies containing sample sizes greater than 8, major themes needed to be present in at least half of the sample in order to be kept for consideration (Smith, 2011). After themes were identified and refined, the first author

then began to consider and note possible connections between the themes. Step 5: The first and second author then engaged in deep discussion regarding the emergent themes (including their naming), divergent cases, and the research team interpretation of each participants understanding of their experience. Step 6: The writing of findings and final stages of analysis was not done in isolation of one another, rather they merged. In this step, as Smith & Osborn (2003) suggest, the analysis was expanded as themes were explained by analytic commentary and verbatim illustrations were selected for evidentiary support. A research diary was kept by the first author throughout each of the previously described steps into order to capture personal reflections and keep track of emerging lines of inquiry. Finally, this work was peer-reviewed by the pastor leading the development of TMG, as well as experts in IPV/A, social work practice and research methods, criminology and religious studies. Recommendations for improving clarity and the strength of the study were incorporated.

**IPV/A Classification Scheme.** During the interviews we asked if the most recent relationships being discussed ever involved “domestic violence” as a follow-up/probing question. Some men responded yes, others said no. The ones who responded yes got counted as such. The participants who indicated no, but the explanatory narrative clearly depicted that IPV/A had occurred got counted as a yes. The men who replied no to the question and the explanatory narrative supported non-abusive/non-violent relationship distress and conflict, got counted as a no. The men who reported no domestic violence ever existed, but the narrative was unclear (may or may not have been IPV/A) were classified as unclear. We defined IPV/A as either non-physical and/or physical forms of abuse. Some of the men’s definition was limited to physical, which may account for the discrepancy in our interpretation verses their understanding.

## 4.4 Findings

### 4.4.1 Participant Backgrounds

The sixteen interviewees were between the ages of 31-70 years old (M=44, SD 9.7). Participants identified their ethnicity as Mexican/Mexican-American (n=9), US Hispanic (n=4), and Latino (n=3). All participants reported their sexual orientation as heterosexual. Nine of the participants reported they were married and together with their spouse, four were married and separated, two were single (one of whom desired but could not obtain a legal divorce), and one was divorced. Religious identity was primarily Catholic (n=14). One person identified as Christian, and another identified as “Evangelical” (interpreted by the PI as Evangelical Christian). All of the men interviewed were fathers. The reported age range of their children was between pre-birth (expectant father) to 36 years old. Twelve were employed for wages, three were self-employed and one was retired. Six participants reported having trouble paying their bills and ten reported having no such trouble. Three participants were U.S. citizens, two participants held valid temporary or permanent documentation for residency in the U.S., ten participants reported not holding valid documentation for residency in the U.S., and one did not report his status.

The participants’ reported length of time participating in TMG ranged from completing 3 group sessions to an engagement period spanning 20+ years. Seven participants had been in TMG for less than a year (3 sessions, 5 sessions, two months (n=2), four months (n=3), ~eight months (n=2). Two participants reported being in TMG for approximately one year, one for 2.5 years, and one for four years. Two men reported being in TMG for eight years and one man reported on and off engagement for approximately 20 years. Based on the classification scheme, IPV/A perpetration was identified as being present in most (n=10) of the participants narratives.



Four of the participants described relationship dynamics that could not be classified as definitively involving IPV/A or not. Two participants described their relationship as never involving IPV/A per se, but conflictual.

#### **4.4.2 Theme #1 Relationship deterioration overtime: “We had a lots of problems”**

Participants described their experience in joining TMG as being preceded by a journey, influenced by numerous factors. The most commonly discussed theme was identified as relationship deterioration overtime and present in 13 of the 16 participant interviews. Several participants initially expressed this as “we had a lot of problems”, and went on to explain a series of co-occurring or succeeding factors that they perceived to impact their intimate relationship. Some of these factors were viewed as being external (i.e. financial issues, in-laws’ interferences, transitions to the U.S.), while others were viewed as intrapersonal (i.e. self-control, mistrust, addiction) and interpersonal (i.e. reduced intimacy, infidelity).

Regardless of the factors leading to the problem, the relationship breakdown was perceived as being due to a loss in communication, unhealthy conflict management, disconnectedness, and/or failing mutual respect. For example, one participant described a loss in communication as a contributing factor in the declining quality of the relationship, but attributed the disconnection from his wife to infrequent time spent together, which was caused by passing work schedules. He shared, *“I feel slowly we lost communication...[and] we didn’t have a sex life because we rarely saw each other. I worked and she slept, I came home she was leaving for work...our life as a couple was deteriorating over the time...Was it worth it to work more and be financially comfortable? No....I would’ve loved to save our relationship--over 22 years together thrown in the garbage, sad, and I don’t wish it on anybody.... My marriage had trouble for a*

*whole year before we split up, and that is ugly, how did one year of trouble [trump] a whole lifetime together? (Participant #1)*

These sentiments were echoed by another participant who also described the influence of his work schedule an external factor contributing to reduced attention provided towards his partner. He explained it by saying, *“It was my job that failed and that’s what happened, our relationship began having problems, and I had to work in the afternoons and during the weekends and little by little I began neglecting my home. I was working more than I had to and taking more hours than I had to and was growing away from my wife, and those things build up until one day the gunpowder lights up and problems come seemingly out of nowhere and either things get worked out or the relationship breaks, that’s why I’m here”*. (Participant #12)

Several participants viewed external, intrapersonal, and interpersonal factors as contributing to a break-down within the relationship overtime. As one man shared, *“It [was] a work in progress...we had a lot of problems adjusting to the married life and we had problems that kept piling up and making more things complicated until we got here [the U.S.] and then things got more complicated”* (Participant #16). In this sense, he believed that there was not one particular incident or problem that contributed to relationship failure, rather it was the collective impact of several different relationship stressors.

Another participant viewed the incident of his infidelity as being the product of multiple other issues, within himself and with his wife. He shared, *“As the years passed I began to feel that I didn’t satisfy her and she didn’t value me as a man because she didn’t look for me (sexually) and that is a heavy toll that it takes on your ego as a man. You know how the mind work, focusing more on the negative aspects. As the years passed I began to resent that...and those problems*

*built up over the years until it exploded... [I had] unfaithfulness, and we split up for more than a year. During that time, I found out about this place” (Participant #9)*

Some men understood the problems in their relationship as being multifaceted but also recognized that these problems and the decay of the relationship were exacerbated by escalating unhealthy conflict, mal-adaptive/poor strategies for dealing with crises, controlling tendencies and later violence.

Participant #11 viewed the combined impact of various individual-level issues, such as drug-addiction and desire to control his wife as problematic to the health of his marriage. These issues were seen as causing “friction” within the relationship which was then intensified by personality characteristics. He explained, *“I think the biggest problem in my relationship was that I was weak and gave in to those addictions, my wife would beg me to leave the drugs but I never listened, I was deep in them and never listened to her pleas. Another problem was that I had a problem with the way I talked, I would try to order her around and that caused a lot of friction in our relationship. And because we were both reactive by nature, small disagreements turned into huge fights you know? I think she kept a lot bottled and that just grew as grudges towards me...all these [things] were slowly deteriorating my relationship with her, because she was losing that trust” (#11)*

As participant #3 explained, *“We were having problems, we had a hard time agreeing about things, we wouldn’t get along and [then] we constantly had arguments, screaming, harsh words and threats that one of us was going to leave, me or her, all those things”*. Another man described how verbal aggression eventually escalated into physical violence within his relationship. He shared, *“We began having a lot more arguments about every little thing, at this*

*time we didn't had any physical violence, it was just yelling, insults, slamming doors, we hadn't reached physical altercations, afterwards it began escalating, we began shoving, holding arms and the situation was just horrible, we couldn't talk, we would ignore each other for days, and my daughter was seeing all of this and my daughter starts asking me questions that made me realize I need to seek help. Then things got even worse, the situations got worse, we couldn't even see each other. In different occasions we had to call the cops because either one of us was out of control, we stopped caring that our daughter was there, we just wanted to prove a point until the police would show up” (Participant #6)*

#### **4.4.3 Major Theme #2 Breaking points: “We need help...I need help”**

For many, there was a specific point identified that led to deciding to seek help. Five men experienced a separation or threat of a separation as being directly connected to their decision to seek service from TMG. Two men described the decision to seek help as a mutual one made with their partners. Two other participants cited a specific domestic violence incident facilitating the decision. One participant viewed the strong suggestion of a social worker as a semi-mandate (in order to improve chances of obtaining joint custody of his children) as the primary reason for joining TMG. For some men, breaking points were described as occurring within their partner. Their partners' breaking point served as an impactful nudge, moving them closer toward taking action in seeking help, but were usually not enough in itself for them to take immediate action. Some participants described major decisions of their partner as playing a role in them reaching their own threshold for dealing with these difficult issues alone. Whether partner or self-focused, the theme of reaching a breaking point was identified in all of the 16 participant interviews.

For participant #10 the separation from his wife impacted his ability to be near his family. He experienced the absence of his family as a major factor in depression, which he saw as driving him to look for help. He shared, *“well what pushed me to seek out these services was the separation from my wife...I had a marriage of 14 years, which began crumbling...we started having really big problems...and in March everything went out of control and we decided that we had to split up....I was down, I missed my wife, I missed my children. It was the fact that I would leave work and I would come to an empty house, not hearing the children making noise, laying in an empty bed and everything was slowly pushing me into a deep depression...So that pushed me to browse the internet looking for help and I ended up finding this place on my own”*. (#10)

A similar experience demonstrating the impact of family absence after separation was echoed by another man, who explained, *“I would get home to an empty house and to see the empty rooms where my kids were--it was horrible, sad, ugly, I don't wish it upon anyone....I started reflecting on my life and how it was going to be [without my family], that's when I started seeking help.”* (Participant #1)

Four men described a link between internal motivation and personal frustration with the dynamics of the relationship as a catalyst in deciding to seek help. One man shared his experience of reaching a personal threshold after both he and his partner could no longer go forward with the relationship as it was. He shared, *“The situation with my wife, in my house, the situation with my family, it was not something manageable anymore, we were both over our heads and couldn't deal with each other... Things got to the point that I didn't see any solutions to the situation, I couldn't handle the situation I was living in and I needed to find help”* (Participant #6)

Four men described their wives request for them to seek help as a major facilitator leading them to join TMG. One man shared his perception of his wife reaching a personal threshold on dealing with relationship distress and the impact it had on his decision. He said, *“It came to the point that she couldn’t take it anymore [the arguments, screaming] and she started coming here [to the HOPE program] and [eventually] I did too”*. (Participant #3) Even though she reached a breaking point, sought help for herself and requested him to do the same, this request did not result in immediate help-seeking. His decision was delayed for some time. He went on to say, *“She [my wife] would tell me to come with her and get help, at the time I would say she was the crazy one and I didn’t need to go anywhere, I was set on me not needing any (emotional) help.”* (#3) Another participant described his wife’s requests being overshadowed by an ego which did not value help-seeking behaviors. He shared, *“When I had those problems with my wife, we split up [from] the violence and all that. She would always tell me, let’s find some groups for help. But like I told you before, being a man, who believed that I could do everything and I know everything (well this was the bigger mistake) [I didn’t go]”* (Participant #7). He later described a separation from his wife and the suggestion of another person on where to specifically go as factors that led him to make a decision to seek out help.

One participant expressed that his pivotal turning point was related to first seeking help for his drug addiction. The decision to get help with domestic violence was not made until he was free from addiction. *“One of the biggest turning points in my life...I put up my soul to God and begged for help and within a month I was already clean...I dedicated my life to improve myself. So in March when I arrived to the men’s group I did it to find help to keep moving forward and fix the problems in my personality...I started looking for these services was because I have a really bad temper, I explode too quick and I have hurt my wife verbally, I guess I can*

*say that I don't know how to control myself when I get mad and that's the reason why I found the group.” (#11)*

#### **4.4.5 Theme #3 Trusted Sources and Specific Information: Finding HOPE**

Most participants recounted direct actions of others that led them towards seeking service from TMG. These were perceived as distinguishable moments in which, most often, specific people (a family member, current group member, priest, or social service provider) suggested participation in TMG and provided accompanying concrete information on how to get involved. This theme was identified in 9 of the 16 participant interviews. For example, one man shared, *“I was coming to a group for parents...I started seeing Dolores because I was looking for counseling ...she agreed, so I show up with my wife...I wanted a referee between me and my wife... [I told Dolores] that me and my wife wanted to dialogue, we wanted to talk but we can't, we end up arguing and we need someone to help us with that...then later on Dolores told me about the men's group.” (#14)*

Two men shared experiences of being referred to TMG by a priest from whom they sought help for marital problems. One man explained, *“I had a really good relationship with the priest of the parish, Father Chuck, and I asked, I told him I needed help because I was having problems with my wife and he told me to go to the reception and ask for Ms. Aida and I went and asked and that's how I started coming here” (Participant #5)*

For one participant, although his wife had been encouraging him to seek service and he knew the details necessary for becoming involved with TMG, he still experienced resistance in wanting to join. His discomfort was slowly eased by the group facilitator who sought to build a casual rapport and establish a trusting relationship with him outside of group. These small, yet

intentional steps by the group leader eventually made a difference in him deciding to join TMG. He described this by sharing, *“[I didn’t want to go] then, one day I spoke to Carlos [TMG facilitator], who is now my counselor and through his patience, little by little he won me over and I started coming in more to have talks with him. One specific time, I remember, we had a normal chat...everyday things and I enjoyed the conversation. I felt understood, I felt a connection with him and that’s how I began coming to the men’s group.”* (Participant #3)

Two participants reported finding TMG through social service providers who were not affiliated with the program, but knew of the group service. One man shared, *“one day I decided to look for help in a place down by the southside. However, they didn’t offer any help for men so they referred me to this place, so I came and asked, I got the information from the group and started coming here.”* (Participant #6). Two men shared that they located TMG through searching the internet as a strategy for finding help. One man shared, *“I found this place in google, I searched something like ‘help for people after a divorce’ or something like that...and at the top of the search there was the information for St Pius... I called the number and that’s how I came to the men’s group”* (Participant #10). Another man (Participant # 13) said that he searched the phrase *“helping the family”*.

#### **4.4.6 Theme #4 “I’ll come here until the day I die”: Intentions of Indefinite Continued Engagement**

All 16 men perceived TMG to be useful and beneficial in their lives. Regardless of length of time participating in TMG, most men (n=10) perceived their past decision of joining TMG as one that would continue indefinitely, without an end in sight. Participants described learning



from TMG sessions as part of a life long journey towards self-improvement and perceived TMG as an enjoyable, necessary tool that had become a routine part of their lives.

One participant described group sessions and the necessity thereof in terms of a medicine that provided him with vital energy. He shared, *“I think this is like my aspirin you know? Like my medicine, I feel it right away if I miss a session...participating in TMG is my fountain of energy, cause sometimes I feel too good and I think I am incredible but sometimes I fall down and say what is happening, but one of the good things about it is that thanks to the group, I can get back up on my feet that much quicker.”* (Participant #3). Another man described his intentions for continued engagement in swift and simple terms, by stating *“I’ll come here [to TMG] until the day I die”* (Participant #14)

The reasons for anticipating continued involvement were all related to the perceived benefits of learning from the program. As one man explained, *“I go consistently and will continue to go because I enjoy it. I learn something new and you always reflect on the advice of others.”* (Participant #1) Another man shared that he experienced TMG as a source of strength by saying, *“I think I will never stop learning there, the day I miss, it’s the day I’m going to be weaker, I feel like the group is like my daily prayer, it makes me stronger the same way that attending the group makes me stronger...because there are a lot of topics that I didn’t know about and I feel like I am learning a lot to never make those mistakes.”* (Participant #11)

One participant described plans for continued participation as being integrated into the routine of his normal life activities, as a meaningful ritual that would always bring opportunities for learning. He shared, *“I have never thought about not coming here, because this is how I see*

*it, like older people who in the morning go to a bingo or a breakfast and that's not how I see the group, here it's a new experience and a place when I can learn new things.” (Participant #14)*

Table 3. Findings Summary Table

Theme	Meaning	Sample evidence from the data
<b>#1 Relationship deterioration overtime: “We had a lot of problems”</b>	Most participants viewed a series of co-occurring or succeeding factors negatively impacting their intimate relationship. Participants viewed external, intrapersonal, and interpersonal factors as main contributors to a break-down within communication, connectedness, and mutual respect diminished overtime.	“It [was] a work in progress...we had a lot of problems adjusting to the married life and we had problems that kept piling up and making more things complicated until we got here [the U.S.] and then things got more complicated” (Participant #16)
<b>#2 Breaking points: “We need help...I need help”</b>	All participants experienced themselves or their partners reaching a critical moment in the relationship that moved them closer to taking action in getting help. This was often viewed as a crossroads, in which a decision was made to begin the process of finding help.	“We were both over our heads and couldn't deal with each other... Things got to the point that I didn't see any solutions to the situation. I couldn't handle the situation I was living in and I needed to find help because of that” (Participant # 6)
<b>#3 Trusted Sources and Specific Information: Finding HOPE</b>	Most participants recounted direct actions that led them towards seeking service from TMG. These were most often instances in which specific people suggested participation in TMG and provided necessary information to locate the service.	“I had a really good relationship with the priest of the parish, Father Chuck...I told him I needed help because I was having problems with my wife and he told me to go to the reception and ask for Ms. Aida. I went and asked and that's how I started coming here” (Participant # 5)
<b>#4 Intentions of Indefinite Continued Engagement: “I'll come here until the day I die”:</b>	Most participants perceived their experience in seeking help from the PAIP as one that would be never ending.	“I go consistently and will continue to go because I enjoy it. I learn something new and you always reflect on the advice of others.” (Participant # 1)

## 4.5 Discussion and Conclusion

This study found that participants' experiences in seeking help from a PAIP were diverse but shared some commonalities. Most men identified a myriad of problems in their intimate relationships and perceived those issues as increasing distress in the partnership that eventually

led to some sort of tipping or crisis point either within themselves, their partner or some crisis in relation to the family. Participants shared accounts of dealing with relationship conflict in unhealthy ways. Several men described the availability of specific information on where to go in order to get help as an integral part of the decision making process for joining TMG.

Group members often perceived their experience in seeking help from the PAIP as one that is never ending. As the themes surfaced during data analysis, it was apparent that the emerging themes fit together chronologically and that participants experienced a journey leading up to their initial involvement in TMG which then led to ongoing engagement. Consistent with prior literature that PAIP engagement is not a spontaneous act, but constructed overtime (Roy, Châteauevert, Drouin, & Richard, 2014), the findings in this study reveal that the decision of engaging in a PAIP voluntarily is process laden.

We were purposefully hesitant in classifying the type of IPV/A that may have occurred within the relationships as described by participants as part of the study results. However, the nature of the IPV/A (i.e. coercive control, common couple's violence, mutual combat, violent resistance) may have an impact on how participants understood the relationship as a whole and therefore the experiences leading up to their participation in TMG. In some cases, it was difficult to tell based on the interviews whether IPV/A was present in the relationship as compared to relationship struggles that did not rise to that level. Based on the present study, it seems that the level or presence of IPV/A prior to joining the group did not diminish the perceived group impact or desire to continue to participate.

Although there have been campaigns designed to reach non-adjudicated partner-abusive men (Mbilinyi, et al., 2008), research has indicated that the most common reason men do not

seek treatment for DV perpetration is because they do not know where to find it (Campbell, Neil, Jaffe, & Kelly, 2010). To some degree, the participant experiences examined in this study echo this point, as the search terms men reported using to find help online (“*help for people after a divorce*” or “*helping the family*”) reflected their understanding of a distressed relationship but did not match language specific to a partner abuse intervention program. Most other participants found the group based on suggestions from family/friends, encounters with program staff or referrals from other agencies that were knowledgeable about the services and able to make a connection with the men so that they trusted the referral. Reflective of the concept of *personalismo*<sup>9</sup> and the need for *confianza*<sup>10</sup> in Latinx cultures, the findings within this study supports previous research indicating that having a relationship with a service provider makes a difference in willingness to seek help, particularly amongst Latino men.

#### **4.5.1 Limitations, Implications & Future Research**

While the present study adds to our understanding of voluntary, and particularly Latino men participants in PAIPs, there are several limitations. The participants understanding of their lived experiences may have been different if the interviews were conducted at a different point in time. For example, two participant interviews were noticeably shorter than others. Memo data revealed that both of these participants seemed uncomfortable in discussing the details of their personal relationships. The memo data also revealed that one of these men was dealing with a personal crisis at the time of the interview, which may have prevented him from sharing openly.

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<sup>9</sup> “Personalismo refers to a style of communication that facilitates the development and maintenance of warm and friendly exchanges and an overall preference for relationships with individuals rather than institutions” (Añez, Silva, Paris, & Bedregal, 2008, p. 156)

<sup>10</sup> The meaning of *confianza* transcends the English translation of the words confidence or trust. It refers to a deep and abiding sense of trust, intimacy, and respect within a relationship. (Añez, Silva, Paris, & Bedregal, 2008)

It is also possible that this crisis may have altered his understanding of the experiences being discussed during the interview.

This study is limited by the self-selected nature of participants. We cannot know if the findings of this study would have been different with members of TMG who did not choose to volunteer for the study. This study focused on the subjective experience of participants. It did not aim to capture partner or children's perspectives on how the men reached the decision to join TMG. Family member accounts of how they viewed men's journey towards joining TMG could provide a fuller picture, since this study may have been limited by memory loss or selective memories. Furthermore, this study only focused on the members of one program. Group members seeking service from other service providers may have varied experiences.

Intervention for perpetrators is one of the most important areas of focus in the efforts to end IPV/A (Rothman, Butchart, & Cerda, 2003). Given the prevalence of IPV/A compared to the prevalence of law enforcement involvement (Buzawa & Buzawa, 2017), it is clear that outreach to mandated populations misses a substantial portion of the involved population. Better understanding of perpetrators and help seeking behavior without legal intervention has the potential for moving toward greater preventive and early intervention approaches. Additionally, much remains unknown about cultural variations in IPV/A and help seeking. Understanding how men of differing cultural backgrounds reach the point of participating in an intervention program without court-mandate is crucial in developing strategies for engaging men who have acted abusively to seek treatment.

In order to expand our understanding of men who are voluntarily engaged in PAIP, we need to conduct more research capturing the variety of their lived experiences. Much work is

needed to expand this work across diverse heterosexual and sexual minority populations. Future research should also investigate the experiences of men who have acted abusively but not sought treatment in order to further understand how barriers to help-seeking can be remedied. Finally, work on perpetrator voluntary help-seeking needs to be combined with effectiveness evaluations of services to guide implementation efforts.

## **Chapter 5: Conclusion**

### **5.1 Conclusion and Discussion**

As discussed in the introductory chapter, the Latinx population is the largest and fastest growing ethnic minority in the U.S. (Passel & Cohen, 2008), yet the literature on intervention for Latino men who have engaged in IPV/A is scant (Klevens, 2007). Likewise, as stated earlier, research on voluntary IPV/A programming for any population is scant and mandated intervention has mixed reviews of effectiveness, reaching only a small segment of the battering population (Feder & Wilson, 2005; Arias, Arce, & Vilarino, 2013).

Investigating strategies, particularly those that can engage the broader population not involved with law enforcement and are designed to engage Latino men in intervention for IPV/A perpetration has the potential to benefit society in multiple ways. As stated earlier, the estimates of IPV/A within this population suggest a significant need. That need coupled with the growing nature of the population suggests significant future costs, if services are lacking. Effective intervention may also reduce the exposure of the next generation to family violence, serving as a means of primary prevention for the future. Finally, voluntary intervention may reach intimate partners earlier and provide a means to end violent and controlling behaviors before additional poor outcomes occur.

This is especially important when considering the fact that the majority of the men interviewed individually were undocumented and at risk for never accessing social service treatment for IPV/A perpetration. Undocumented Latinx persons face a multitude of barriers in seeking social services in general (Ducklow, 2017). Due to justifiable fears of facing deportation, discrimination, prejudice, being separated from their families, and other factors, undocumented Latina women face many barriers to seeking social service for IPV/A in

particular (O'Neal & Beckman, 2017; Reina & Lohman, 2015) and this may extend to men as well. This qualitative study underscores the potential for voluntary engagement and service of this population. This discussion summarizes the major findings and implications for future study.

Paper #1 explored the implementation of a voluntary group intervention for Latino men, The Men's Group (TMG), using case study methodology. The research findings indicated that TMG was considered a spirituality-based PAIP, despite being operated by a Catholic parish. In other words, neither the participants nor the staff viewed the group as limited to a particular faith tradition.

Spirituality is important in the lives of many men who have acted abusively (Freeman, 2001), as evidenced by the fact that these men often seek help from clergy (Rotunda, Williamson, & Penfold, 2004). Yet, outside of IPV/A survivor populations, spirituality has received little research attention in the field of IPV/A. Several scholars have posited that religion has the capacity to encourage resistance of violence by confronting abuse and facilitating abusers recovery (Hubbert, 2011; Hoeft, 2009), but little is known about how this may occur. Because 60% of Hispanic adults and 47% of young Hispanic adults say religion is very important in their lives (Martinez & Lipka, 2014), this was an ideal population to explore these constructs. While most of the participants and the program leadership identified as Catholic, there was a strong consensus that a person of any faith or persons without religious faith were welcome.

TMG has a strong track record of long term engagement, unusual in this area of practice (Gondolf, 2001). By using grounded theory to analyze focus group and staff responses, themes of respect, social support and perceived benefits all emerged as key factors



explaining why men repeatedly return to group sessions. Staff and program documentation indicated the important role men played in helping to guide group content as well as mentoring of newer participants by those who had been engaged long-term. This latter program component along with participation in service for church and community events as a group were noted as part of the program. This was noteworthy as it is uncommon to encourage socialization of participants outside typical perpetrator group interventions (Corvo & Johnson, 2003). Finally, although the program is free, men are allowed to provide some contribution in an anonymous collection following the group. A participant led effort, these multiple donations were one indicator of the value that TMG provides to its members.

While not a focus of this study, it is also important to note that the TMG is part of a larger focus on ending IPV/A and the parish also provides support and services for survivors. The clergyperson who established the program integrates the topic of IPV/A into homilies and is a known community and church activist in this area. Thus program leadership and staff are often familiar with the family as a whole. Documenting how TMG functions and why participants engage in the program were a necessary first step in on-going program evaluation and implementation research.

The findings in paper #2 provided supportive evidence for the claims that religion and spirituality can serve as both a source of resistance to IPV/A perpetration and a tool used for the purpose of manipulation and control. Some focus group participants discussed how religious abuse (i.e., using scripture or faith traditions to assert dominance or justify behavior, etc.) was sometimes used in conjunction with other forms of IPV/A. A secondary point emerged around turning to religious abuse only as a last resort of control to maintain the relationship, when other tactics were no longer effective. With a richer understanding of

IPV/A related religious abuse and organizations that embrace discussion of the topic, clinicians, researchers, and clergy can work together in developing interventions to address the issue, while modifying existing programs to effectively respond.

On the other hand, the study also documented the existence of religion and spirituality as a source of support for ending IPV/A behaviors. Men discussed turning to prayer as a source of support and also “re-learning” how scripture can be interpreted to support a healthy, respectful relationship with a partner. It may be that the additional integration of IPV/A in parish homilies helped reinforce the ability to alter prior more negative interpretations.

Paper #3 shed light on how men arrive at the decision to seek help. This phenomenon was not described as a one-step venture or signal turning point, but rather a process often containing ebbs and flows. The fact that TMG is affiliated with a parish may be an important factor in terms of seeking help from a trusted source, serving as a safe space for undocumented men needing help with changing (in some cases) criminal behavior. The ongoing messaging and opportunities for engagement from clergy homilies may have provided the motivation needed to participate.

Churches have been a source of support for marginalized communities who have faced difficulty in accessing and trusting mainstream social services agencies (Choi, Elkins, & Disney, 2016). Over 80% of clergy across three mid-size U.S. cities report having counseled people for issues related to domestic violence (Rotunda, Williamson, & Penfold, 2004). A recent survey of 100 clergy members revealed that 16% of their professional time is spent counseling intimate partners (Nason-Clark, 2010), yet clergy typically receive little training on domestic violence and are often ill-equipped to appropriately respond (Brade &

Bent-Goodley, 2009; Nason-Clark, 2010). Churches may hold the most promise in attracting community members for IPV/A treatment services, especially those who otherwise would not seek help for perpetration.

Even though this dissertation did not test the effectiveness of the intervention itself, understanding how TMG functions, why men continuously participate, how they view the role of religious faith in IPV/A, and how group members arrive at the decision to join TMG provides an important backdrop for future effectiveness studies. Understanding outcomes without a thorough grounding in the unique context and participant perceptions makes it difficult for others to attempt to replicate such programs. For example, it may be difficult to operate such a program without the strong organizational support of a community-based faith organization. Clearly the parish leadership played a critical role in establishing and sustaining this program. The voluntary nature of the program may also help to overcome barriers for participation by undocumented populations. Finally, as discussed in Paper #1 there was a screening process for participation. While the group was open to all, there was an effort made to assure participation was appropriate and men were not allowed to use participation in TMG in fulfilling court requirements if they were involved with law enforcement. This may be an important factor in maintaining the climate of the group.

## **5.2 Limitations and Study Redesign**

### **5.2.1 Data Collection Challenges Encountered and Strategies Employed**

Self-reflections from researchers on their identity and positionality in CBPR have been published for the value they provide in understanding previously conducted studies and

enhancing the research methods of future studies (Muhammad, et al., 2014; Bourke, 2014), therefore this final portion of the chapter is also presented as a first person account. Additionally, researchers' reflections on conducting research as an insider and outsider member of the population being examined have also yielded fruitful insights (Dwyer & Buckle, 2009; Kerstetter, 2012; Burgess, 2006).

The initial proposal included a plan for both quantitative and qualitative data collection. Initially this also included data from a regional mandated group to be able to perform inferential statistical analyses comparing new participants in TMG to newly court-mandated participants. The survey was developed in partnership with the community collaborative board (CCB) and was pilot tested in person with three men new to TMG. As my team and I proceeded to recruit men to volunteer for participation in taking the survey, we encountered several challenges that we sought to overcome with various remedies. Over the course of 18 months (including the 3 pilot tests), a total of only 10 men new to the TMG completed the quantitative survey. Because there were so few participants from the program with the strongest ties to the study, attempts to recruit from outside TMG were also eventually stopped.

I was intentional about documenting efforts to improve study enrollment and believe that they are important to note for future researchers because they shed light on conducting research on sensitive topics with vulnerable populations and provide valuable lessons. First, I must highlight the preventative steps that were taken to encourage study participation before data collection even began. As mentioned in paper #1, I chose to employ a CBPR approach to conducting this study. One of the reasons this was done was because I was aware of the vulnerabilities of studying Latino men as a visual outsider. Trusting relationships needed to

be built in order to have access to the TMG and one strategy for doing this was to include key and highly respected stakeholders of St. Pius V parish in the design and implementation of the study. I posited that if key stakeholders were aware of and integrated into the research process, they would be more likely to endorse me, my research assistants, and efforts to complete the study. The CCB and I desired to have a member of TMG on the board, with one purpose being that we could have a direct representative voice to speak to any challenges we encountered. However, there was no interest from anyone in TMG to volunteer for this role. The staff notified us that majority of the problem was due to the busy work schedules of group members.

Another pre-study design strategy was to have the CCB hire the Spanish speaking research assistants that I would be supervising. This hiring process went well, supported by unanimous votes and resulted in the hiring of one Latino man and one Latina woman, both un-affiliated with St. Pius V, TMG, or the overarching HOPE program. We considered the idea of hiring people affiliated with the program, but decided that men might be more willing to complete the survey with someone whom they did not know or whom did not know their family. These pre-study strategies were effective for gaining trust, access to TMG, and endorsement, but unfortunately it was not enough to garner high numbers of participation in the survey. Interestingly however, these efforts did facilitate high voluntary participation in the qualitative data collection. The cash incentive of \$60 was the same for survey participation and focus group participation.

During this time, flyers were circulated by group facilitators at the end of TMG meetings. The flyers described the study and how one could become involved. Initially, recruitment for survey participation required that men call a research study specific phone

number, travel to a local university and take the survey on paper with a research assistant. The research assistant was present to consent study participants and also available if they needed help in completing the survey. We were initially not aware of the literacy level of the men we were recruiting and decided that the option of in person assistance might provide comfort to those who were hesitant due to limits in reading ability. Calls to the research study phone were minimal.

I reasoned that because focus group interest was high and there was not an issue with men participating with “me or my research assistants”, that the low survey interest/participation was due to the small numbers of new men joining TMG. In order to improve participation, we widened the enrollment criteria from 3 sessions or less to 10 sessions or less. I also briefed the staff member who had initial contact with men, before they joined group so that men could potentially take the survey before starting the program and placed flyers with him as another point of “study announcement”. Yet, interest in survey participation remained minimal.

Members of CCB and I reasoned that perhaps low survey participation was due to the accessibility of taking the survey. Perhaps driving to the university to complete the survey presented too much of a burden. We considered placing the survey online so that men could access it at their leisure from anywhere. We first consulted with the group facilitator who was able to inform us that “there was no man in group who did not have a smart phone”. It was believed that those who owned smart phones also had access to the internet or could obtain access by tapping into a free wifi service. This led to the most time intensive change to the study design to make the survey available online.

The study and IRB protocols were revised to place the survey online, using RedCap. RedCap is a web-based data collection portal with strong protections for data security; it is widely used by researchers at hundreds of universities in the U.S. The new strategy included circulating and posting flyers with a weblink that participants could access at their leisure. Research assistants and I were available to deliver the cash incentive to the participant once they finished the survey. I combined this approach with pre-loading the weblink on three tablet devices (borrowed from the HOPE program) and placed them with the staff member doing intakes and the group facilitator. This was done so that men who were interested could take the survey on the spot after meeting with staff and in case men were interested but did not have a device to access to the internet. Yet still, interest and survey participation was virtually non-existent.

One last effort was made to rescue the quantitative component after a suggestion by the group facilitator. A room at the site of TMG was opened and equipped with multiple pre-loaded tablets on the same night as group sessions were held. An announcement was made at the beginning of group notifying men that I was present, that anyone desiring to participate could ask questions and that the tablets were available. This strategy yielded the most interest and participation, albeit still inadequate.

One potential barrier to the onsite data collection was that my research assistant did not show up for translation of the study protocol, however the consent form describing the study, instructions for each section of the survey, and all survey questions were in Spanish on the Redcap weblink. With my limited Spanish speaking ability, the most important point that I wanted to communicate was that participation in taking the questionnaire was voluntary and optional, not mandatory. I said this point in Spanish using lay language and by reading a

portion of the Spanish version consent form. I later also asked a group member who was bilingual to communicate this point in Spanish as a favor to me. I believe this point was communicated effectively because five of the interested persons initially interested went back to the group session and elected not to complete the survey. Three left before starting the survey and two left after starting the survey but before completing it.

Another issue may have been that men did not have additional time outside of the group time to stay. Five men completed the survey that night and chose to miss the majority of the group session in order to take the survey. Three said they wanted to participate but did not want to miss group and committed to completing the survey at home. One man arranged an appointment to complete the survey the next week, meeting an hour before group.

Because the focus of the dissertation was on TMG, all efforts to increase survey recruitment and enrollment went to TMG. I reasoned that without a reasonable sample size from this group, there could be no comparative analyses of the court-mandated men. Further, the court-mandated men did not respond to flyers or announcements either. There was no effort to investigate why this occurred with court-mandated men and therefore it is unclear if more in person or qualitative approaches might have been effective with this population.

Because there had been such strong interest in focus group participation at the beginning of the study, I reasoned that perhaps it was not an issue of the time it took to complete the survey, but rather the mode of data collection itself was problematic. I therefore redesigned the dissertation to include a phenomenological study to individually capture the narrative experiences of men engaged in TMG. I was able to get this revision approved by the IRB in time to make an announcement at group the week following the previously described recruitment session for survey enrollment.



The positive response was immediately evident. Because my research assistant was present for translation, I asked why people were willing to be interviewed but not interested in the survey. The answers from some were simple, straightforward and confirmed by vigorous head nodding from others who did not speak. Several men thought that the survey was too long and boring to do. They felt it was much more appealing to have the option of sharing one's whole story instead of marking boxes. The CCB and I began this effort under the assumption that a 200+ item survey, estimated to be completed in 1.5-2 hours was feasible for the population being studied, especially with an accompanying \$60 gift of appreciation. This assumption was wrong. Indeed, several potential participants mentioned that they did not care about receiving the gift but were deterred by how long it took to complete the survey (a point mentioned on the flyers and in announcements). Conversely, the time spent in having conversations about the same topics of the survey (IPV/A) were viewed as an engaging and meaningful activity.

We were aware of the possibility of several men in TMG being undocumented, but because TMG does not collect any demographic data, we did not know how prevalent this was. After qualitative data collection from the individual interviews, it became apparent that a substantial number of men engaged in TMG fit into this category. Men who were eligible to take the survey may have been leery of completing "forms" that recorded sensitive information about them and may have been fearful of negative consequences if there was a breach in data security. Narrative conversations may have been more interesting to participate in, but also may have been less threatening for those with concerns of data breaches. Prior to any survey recruitment, as an effort to protect research participants completing the survey, I did obtain a Certificate of Confidentiality (CoC). A CoC prevents

any governmental agencies from subpoenaing the research team or data collected from the surveys in legal investigations. No potential participants asked about data security and I did not make an effort to highlight the existence of the CoC or it's meaning during recruitment announcements. It is unclear if this could have positively impacted participation earlier. In retrospect, I did not do this because I feared that if participants knew that research data could be subpoenaed it would deter them from participating in the study. This assumption was unfounded and ultimately the choice to not bring up the CoC to TMG during announcements could have been counterproductive to efforts to recruit participants.

As previously mentioned, I did not have a TMG member on the CCB. Much of the remedies discussed above were implemented after consultation with the CCB member representing the HOPE program/parish, however this was a clergy person and not a staff member. I believe that having a member of TMG on the CCB would have been helpful in recognizing barriers to quantitative data collection. We requested that a direct representative of TMG be on the board, because we knew the value of having an insider perspective, but were unable to recruit anyone. In retrospect I should have offered a consultancy stipend and accounted for this when I built the budget and submitted it for approval to the primary funder. This may have made a difference in attracting a group leader to the CCB, if they knew that they would be paid for their time and expertise.

## **5.3 Lessons Learned Regarding the Impact of Race, Gender, and Language Differences between the Researcher and Population of Interest**

I wrote memos about the discussions presented in this section as they unfolded. In many cases, I provide the essence of particularly relevant conversations in lieu of direct quotes because these discussions were not captured verbatim.

### **5.4.1 Race & Gender: Confirming & Disconfirming Initial Assumptions and Beliefs**

When beginning this project, I assumed that both my identity and inability to speak Spanish would play distinctive roles in whether or not I was able to build strong relationships with key stakeholders of the HOPE program. I also thought that these would be ongoing issues that would take time to work through. I was both right and wrong. I learned that open discussion on race, gender, and language barriers would be a necessary factor in overcoming skepticism regarding my ability to successfully conduct this research.

Fortunately, I entered the project as a person who is comfortable discussing race and gender. This is in part because I am a Black woman who has been trained in the field of social work, a discipline that regularly integrates these topics in graduate studies and training. Therefore, I had the experience of talking about race and gender as a graduate student and I had the experience of giving numerous lectures on these topics as a teaching assistant and independent instructor. Both of these experiences were amongst majority white persons and even though there can be a great deal of risk when people of color discuss race and gender amongst majority white groups, the more I did it, the more comfortable it became. I was also comfortable discussing these topics because of my personal and family background in social

activism for Black-Americans. All of these experiences prepared me, albeit in different ways, for the conversations that took place during this study. Because my personal, family and community experiences taught me the value of protecting marginalized people, I anticipated the possibility of encountering reservations about my motives as an outsider. I was sensitive to the rationale for such skepticism, did not take it personally, and was welcoming of discussions on difference.

Open acknowledgement of difference regarding race and gender occurred during the first focus group, before the recording began.

Participant #1: I first just want to know...why, what do you care. You are a black woman, why do you care about Latino families?

My response: I am interested in TMG because it seems to be very different from regular domestic violence programs and I think there is a lot to learn from it. I'm not sure, but I think if we knew more about TMG, then it would help us make other programs like this one and reach even more families. I'm not Latina, but I think Black and Latino people often share similar struggles due to living in a racist society and I would like to see more men of color get the help that they need.

This man seemed to display some hesitancy in asking the question, but arrived at the point of his question fairly quickly. I assumed that he may have been concerned with whether or not I would be offended, but there was no follow up discussion, so I cannot be sure whether or not this assumption is accurate. Nonetheless, my response was considered acceptable. The man who asked the question replied with an "Ok" and a head nod that seemed to imply that my reasons for doing this work were justifiable. Other members of the focus group gave affirmative body language and my team and I were granted permission to continue on with the focus group.

After this focus group was finished, participants were welcomed to ask me questions. This was either related to topics discussed during the focus group or anything in a broader sense. A different person than the one who asked the previous question began the following conversation:

Participant #2: What is it about Black and Brown men that makes us deal with this problem of domestic violence more than White men? What do you think about this?

My response: It's not that Black and Brown men are more engaged in violence because they are people of color, but it's that people of color are more vulnerable to risk factors that increase violence--like higher poverty, higher stress levels due to racism. White men engage in just as much violence when you take these things into account. I think it's amazing that so many of you have chosen to be part of a program like TMG and I am so inspired by that.

Participant #3: I just want to say that race is something made by man. There is only one race, the human one.

My response: *[with an emphatic voice]* That is absolutely true, with lots of scientific data to support that fact!

*There is some immediate laughter, amongst us all, regarding my emphatic voice and mention of academic science.*

I learned that honesty, willingness to discuss shared experience and open discussion were valuable and powerful tools in addressing concerns regarding racial and gender differences. I also realized the importance of being prepared to engage in these conversations from a well-informed perspective. It is impossible to know how I would have been received if I had been uncomfortable in having such conversations, but I imagine that it would have been a barrier to relationship building.

#### **5.4.2 Language: Confirming and Disconfirming Initial Assumptions and Beliefs**

Compared to issues of race and gender, language was not a comfortable topic for me to openly discuss initially. I was often embarrassed and apologetic for my limitation in this area, but I had no choice but to be forthright about the fact that I did not speak Spanish. My decision to live in the Pilsen neighborhood for the first 12 months of the study was largely driven by a strategy to immerse myself as much as possible in the community. This was especially important given my language limitation. When I arrived in Chicago to begin the study, I was aware that TMG primarily served Latino men but I was not aware that TMG sessions were exclusively

conducted in Spanish. Although, I had a few phone conversations with Fr. Chuck (the founder of the program and a leader of the parish) prior to my arrival about the program services and how I would potentially go about conducting the evaluation, language was not a topic we discussed. Since we had not met in person I also do not believe he knew I was African-American. My first meeting with him was at the Kermes street festival he invited me to (described in paper #1). Amidst all of the loud festivities, after some small talk, the following conversation occurred.

Fr. Chuck: Wait, so do you speak Spanish?

My response: No, not at all.

Fr. Chuck: What?! So, how are you going to be able to do this?

My response: I am committed to making this happen. We will find a way.

Fr. Chuck: OK...(with suspicion)

My response: I think I'm going to have to hire some research assistants and we're just going to have to translate.

There was a break in the conversation in which Fr. Chuck walked away to casually engage with event attendees and have a beverage. The preceding conversation with Fr. Chuck raised the most anxiety for me during the entire project. I had just told the program founder that I could not speak the language in which the program was administered, but yet I intended to conduct a thorough evaluation. There was a real possibility that he might reject partnership with me based on this significant limitation.

I could not have predicted the following conversation, but I later learned that it would become indicative of our relationship going forward. Fr. Chuck returned from his break and sat with me at a picnic bench, the both of us eating traditional Mexican soup.

Fr. Chuck: Ok, so how are we going to do this--what do you need from me? How can I help?

My response: It might be helpful to hire someone who is affiliated with the church, someone who the men might already trust

Fr. Chuck: Hmmm...I have someone, you should interview her right now, let me go get her. She's a great student. [*He then proceeded to tell me about her background*]

After telling him that I would love to meet the person he suggested, he went to find the woman, returned with her and introduced us. The woman and I had a casual conversation about her current endeavors, and other non-pertinent pleasantries and we exchanged contact information. This was the only conversation that I would have where my limited language ability was questioned as a hindrance in conducting the study. Once Fr. Chuck realized that we could construct a plan to combat this issue, his reservations about my language limitation appeared eased.

I assumed that my inability to speak Spanish would prevent me from building meaningful relationships with group members. However, this proved to be false, even for men who did not speak any English. The men of the first focus group invited me to come to TMG and see for myself how TMG functions. They were proud of the work they were doing and welcomed me into a very intimate space, the group sessions. As men became familiar with my presence at various events and my presence in observing TMG sessions, they met me with smiles, handshakes and greeted me with commonly used short-lined Spanish phrases (that I was able to understand on most occasions). I was not always able to understand what men said when they approached me, but we laughed together through the fact that we were trying to communicate with limited language abilities. During the time I lived in Pilsen, I ran into men from TMG at the local grocery store and at our children's schools. These casual encounters also involved big smiles and exchanging pleasantries.

The group facilitator told me that the men had developed a great deal of respect for me and they enjoyed when I attended group sessions or whenever I saw them on other occasions.

Despite the language barrier, I was able to build some level of trust and relationship with members of TMG. I discussed this in part with a staff member, who attributed this to my personal qualities by saying that regardless of language, “sometimes interactions are just human ones”. As part of this discussion, the staff member shared a story of a Spanish speaking white woman being hired to co-facilitate TMG, but the hire failing because of a lack in connection with participants. The staff member implied that I was able to build connection with members of TMG without having the language skill. The lesson I learned, was that even though there are practical solutions (i.e. good translators/research assistants) to facilitate data collection, establishing strong human connections are invaluable in this type of work.

### **5.3.3 Stakeholder Engagement**

The process of CBPR project development and implementation is a long one. Building trust is only half of the challenge, maintaining trust is the key to meaningful and long-lasting relationships that will withstand challenges as they arise. Keeping stakeholders in the loop at all stages as changes occurred was helpful in building trust across multiple relationships. There were several occasions when I was called on to provide advice and support about matters that were not directly connected to the research study. I realized that I was called on because I was viewed as a trusted and valuable resource. Every time I was called upon, I made it a priority to serve the HOPE program and its staff as best as I could. I found that such willingness to serve beyond the capacity of a researcher on a single project, strengthened individual relationships and ultimately the quality of the study. The more commitment I displayed to the sustainability of the organization, the more my partners desired to support the success of the study. This was displayed by staff creatively and independently thinking about how they could increase study enrollment and staff making sure that I knew they were available to support the work in whatever



ways were necessary. We were in it together, for the long haul and that was able to happen because neither of us were stuck in rigid roles.

## **5.4 Implications and Future Study**

Although this dissertation focused on a spiritually based program, secular BIPs/PAIPs also encounter men who have strong religious and spiritual ties. It is vitally important that group facilitators are equipped to recognize the importance of these ties and how they may impact a man's process of change towards peaceful living. Social work has long drawn on the ecological framework to understand phenomena like IPV/A, but outside of literature on faith among survivors, this dimension, in the context of IPV/A has largely been ignored. Currently, there is no evidence-based curriculum to prepare group facilitators to understand the potential positive and negative impact of faith in IPV/A. More work is needed to integrate this information into coursework and facilitator training.

Secondly, all three studies included within this dissertation provided supporting evidence that men who act abusively seek help from clergy. It has been long recommended that clergy be trained to respond appropriately to topics on IPV/A, yet this training has not been widely implemented. One national DV organization, Catholics For Family Peace, suggests that clergy need to be able to recognize IPV/A when it presents itself, respond to it appropriately, and refer people to proper services. Regardless of ethnicity and denomination, Christian clergy report feeling ill-equipped regarding IPV/A (Brade & Bent-Goodley, 2009; Nason-Clark N. , 2010). Designing and evaluating curricula and on-going supports for faith-based leaders across various faith-traditions and denominations is another area for further research.

When community-based programs are developed by faith-based providers, it is important that they build relationships with secular social service providers and perhaps even court systems. As revealed in paper #3, one reason some men were able to locate and enroll in TMG was because local agencies had knowledge of the TMG service and endorsed it enough to suggest it as a credible source of treatment to men seeking help. It is therefore important that secular and faith-related agencies (including churches) connect and develop lasting relationships in order to keep each other informed of the types of services provided and the populations being served.

While this study adds important information about the implementation and participant perceptions of a voluntary PAIP, it remains a single study of a single program. It is not clear how many other voluntary PAIPs (secular or faith-based) operate, nor what their experiences are with engagement and retention. Clearly more work is needed in this area.

Although the parish also provided supports to survivors, the present study focused only on TMG. A future study capturing the lived experiences of women whose partners were engaged in TMG would enrich our understanding of if/how they perceive the impact of the program on men. Additionally, it is not known how or if partners who have ended their relationship remain with the same program and parish navigate service provision and safety issues. Nor is it known how children may be impacted by program participation. These issues are also unknown for when relationships remain intact. Future research should explore the perspectives of those engaged in the couple's group program, and women and children engaged in the HOPE program services.

The present study helped shed light on an understudied population in the IPV/A literature. There is, however, much more work to be done in regard to understanding this

phenomenon across ethnic and/ or immigrant groups. Increasing our understanding of both IPV/A itself, intervention and prevention approaches among different ethnic and immigrant groups is critical.

Finally, while qualitative and phenomenological study are critical components of the knowledge base that suggest that many men experienced help and change through TMG, there was no effectiveness evaluation conducted. While the HOPE program and parish was eager to participate in such an evaluation, the barriers discussed earlier made this impossible for the present study. A larger more heavily resourced effort might have made it possible to accomplish a quantitative study. The reaction of the men to the length and “boring” nature of the survey, suggests that perhaps shorter, in-person or phone interviews might be more acceptable. Although typically thought of as more invasive and therefore less desirable, it may be that among men who have sought or been mandated to intervention, it is a more trusted approach. The literature on effectiveness of PAIPs has been largely critical, but almost entirely focused on programs serving mandated populations. It is critical that we gain understanding of whether or not these voluntary programs, given their ability to reach populations not encountering law enforcement, are effective in ending IPV/A behaviors.

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# Appendix A

## Context1: Evidence of strong community and parish relationship



Photo credits: Jeffrey "Hitch" Hitchens--Obtained from: www.thegatenewspaper.com

# Appendix B

## Context2: Parish leadership bold stance against intimate partner violence and abuse

### Pilsen priest crisscrosses archdiocese to talk about domestic violence

Written By Mitch Dudek, Chicago Sun-Times, Posted: 02/20/2016



The Rev. Chuck Dahm talks at churches throughout the Chicago archdiocese about domestic violence. | Lou Foglia / Sun-Times

### Fr. Chuck Dahm - Homily on Domestic Violence



Catholic Bishops' Position ([Link](#))

### St. Pius V Parish in Chicago, IL





Photo Credit: www.stpiusvparish.org

### HOPE Program Staff at "Domestic Violence Benefit Gala 2017 on the occasion of Fr. Charles Dahm's 80th birthday"



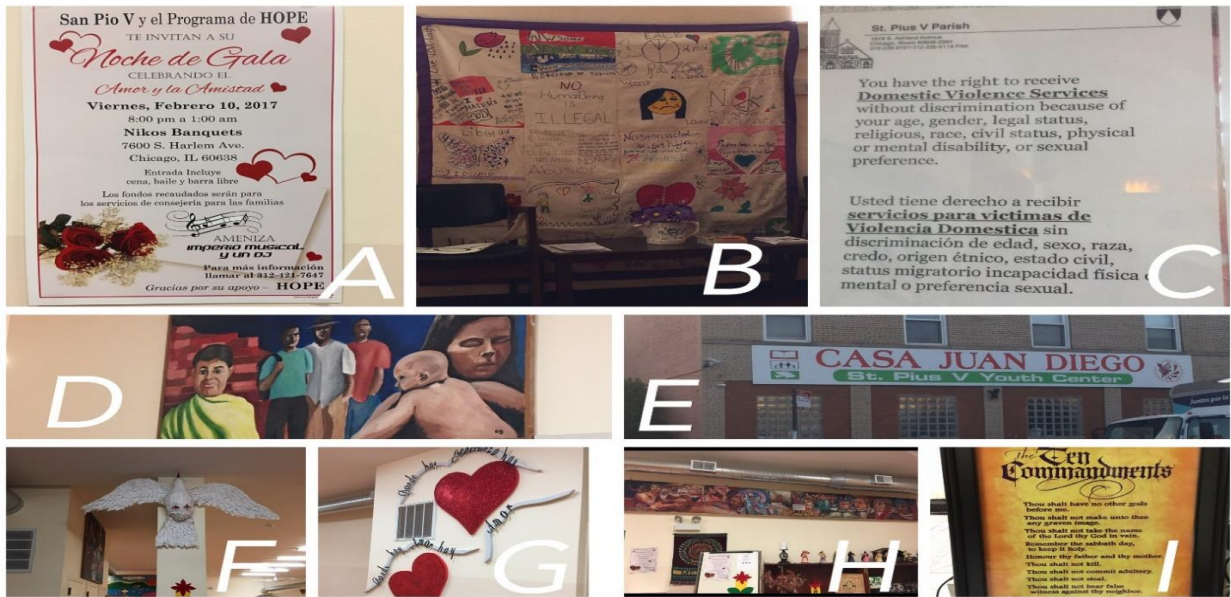
# Appendix C

## Brief Study Report

<p style="text-align: center;">2017 REPORTE BREVE</p> <p style="text-align: center;"><b>El Grupo de Hombres en St. Pio V: Un Estudio de un Programa de Intervención Voluntaria para el Abuso entre Parejas.</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Hecho #1: La violencia doméstica puede ser física, emocional, sexual, económica, psicológica y más...</p> <p>Hecho #2: Solamente 1% de los hombres que cometen violencia doméstica contra su pareja estará arrestado o convicto y buscará ayuda a través de consejería (Straik, 2007). Por eso, casi todos los hombres que actúan abusivamente nunca consiguen la ayuda que necesitan para cambiarse.</p> <p>El Grupo de Hombres de San Pio V llega a hombres que quieren cambiarse.</p> </div> <div style="width: 45%; text-align: center;">  <div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;">Resultados del Estudio</div> </div> </div> <p>Más de <b>400</b> hombres han buscado <i>voluntariamente</i> ayuda para su perpetración de violencia doméstica a través de "El Grupo de Hombres" en San Pio V sin ser obligados por la corte. Este programa les ofrece esperanza de cambio.</p> <p><b>Pregunta #1: ¿Cómo funciona El Grupo de Hombres?</b></p> <ul style="list-style-type: none"> <li>El Grupo de Hombres es co-facilitado por un hombre y una mujer</li> <li>Actualmente se ofrece solamente en español</li> <li>Se reúne semanalmente y discute temas como:             <ul style="list-style-type: none"> <li>Comunicación de relación saludable</li> <li>Formas económicas, emocionales, psicológicas de abuso</li> <li>Habilidades necesarias para una vida pacífica</li> </ul> </li> <li>Ofrece asesoramiento individualizado como necesario</li> <li>Los compañeros se apoyan durante la semana</li> <li>Se basa en la espiritualidad y cultura</li> <li>No se proporciona documentación del tratamiento a la corte</li> </ul> <p><b>Pregunta #2: ¿Por qué los hombres buscan ayuda en El Grupo de Hombres?</b></p> <ul style="list-style-type: none"> <li>Pérdida o miedo de pérdida de su pareja o familia debido a su abuso</li> <li>Deseo de cambiar para los niños, personalmente o para los demás</li> <li>Deseo de conseguir la paz interior.</li> </ul> <p><b>Pregunta #3: ¿Por qué los hombres continúan participando voluntariamente en El Grupo de Hombres?</b></p> <p style="text-align: center;"><b>El equipo los trata con RESPETO Y DIGNIDAD</b></p> <p>"[Usted] no es solamente un número—[Usted] está tratado como la persona que usted es. Se siente apreciado, aceptado y bienvenido. El calor del grupo es lo que ayuda a superar ciertos problemas en la vida" – Participante con Señoría</p> <p style="text-align: center;"><b>Los miembros del grupo se convierten en FAMILIA</b></p> <p>Camadería: "Al entrar al grupo, uno no encuentra amigos—uno encuentra una familia con la que puede contar durante los momentos más difíciles"– Participante con Señoría</p> <p style="text-align: center;"><b>Accesibilidad: "El grupo no está solamente cada miércoles. Son 24 horas al día, siete días a la semana" – Empleado/Administrador</b></p> <p style="text-align: center;"><b>Todos ganan BENEFICIOS Y APRENDEN</b></p> <p>"Yo sigo yendo al grupo porque la verdad es que ha cambiado nuestras vidas". Participante Nueve</p> <p>"Si yo no hubiera ido a ese lugar, tendría [peores] problemas. Lo que he aprendido en ese lugar es que uno tiene que hablar y razonar las cosas con palabras y no con golpes" – Participante con Señoría</p> <p><small>El Grupo de Hombres es una entidad de HOPE Family Services de la Parroquia de San Pio V en Chicago. Para más información, llame al 312-421-7647 o visite <a href="http://stpiusparish.org/hope-at-st-pius-v/">http://stpiusparish.org/hope-at-st-pius-v/</a>. El reporte completo será publicado pronto. Investigador Principal: Maxine Davis MSW, MBA, PhD Candidate. Para más preguntas acerca de este estudio, por favor contactar al email: <a href="mailto:maedavis@stpius.edu">maedavis@stpius.edu</a>. Este estudio presentado en este reporte fue fundado con el apoyo de los Catholicos For Family Peace Education and Research Initiative a Catholic University of America / Dominican University. Conducido con la colaboración de:</small></p>	<p style="text-align: center;">2017 BRIEF REPORT</p> <p style="text-align: center;"><b>The Men's Group at St. Pius V Parish: A Case Study of a Voluntary Partner Abuse Intervention Program</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Fact #1: Domestic violence can be physical, emotional, sexual, financial, psychological and more....</p> <p>Fact #2: Only 1% of men who commit domestic violence against an intimate partner will be arrested, convicted, and get help through court mandated counseling (Straik, 2007). Therefore, most men who act abusively never get the help they need to change.</p> <p>St. Pius V Men's Group reaches men who want to change.</p> </div> <div style="width: 45%; text-align: center;">  <div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;">Study Results</div> </div> </div> <p>Over <b>400</b> men have <i>voluntarily</i> sought help for domestic violence perpetration through "The Men's Group" at St. Pius V without being court-mandated to participate. This program gives HOPE for change.</p> <p><b>Question #1: How does "The Men's Group" work?</b></p> <ul style="list-style-type: none"> <li>Group of men co-facilitated by man and woman team</li> <li>Currently offered in Spanish language only</li> <li>Meets weekly and discusses topics like:             <ul style="list-style-type: none"> <li>Healthy Relationship Communication</li> <li>Financial, Emotional, Psychological forms of abuse</li> <li>Skills for peaceful living</li> </ul> </li> <li>One-on-one counseling as needed</li> <li>Strong peer support throughout the week</li> <li>Spirituality-based and culturally sensitive</li> <li>Does NOT supply documentation of treatment to the court</li> </ul> <p><b>Question #2: Why do men seek help from The Men's Group?</b></p> <ul style="list-style-type: none"> <li>Loss or fear of losing partner and/or family due to abusive actions</li> <li>Desire to change for children, self, and others</li> <li>Desire to reach inner peace</li> </ul> <p><b>Question #3: Why do men continue voluntary participation in The Men's Group?</b></p> <p style="text-align: center;"><b>Staff treats them with RESPECT &amp; DIGNITY</b></p> <p>"[You] are not just a number—[You] are treated like the person you are... You feel loved. You feel welcome. The warmth of group is what makes you overcome certain problems in life" – Senior Participant</p> <p style="text-align: center;"><b>Group members become FAMILY</b></p> <p>Brotherhood: "When you enter there, you don't find friends—you find a family with one that you know that you can count on in your worst times." – Senior Participant</p> <p style="text-align: center;"><b>Men gain BENEFITS &amp; LEARN</b></p> <p>"I keep going to the group classes because the truth is...it changes our lives" – New Participant</p> <p>"If I hadn't gone to that place, I would have [worse] problems... what I have learned in this place is that you [must] try to talk and to reason things with words and not with blows" – Senior Participant</p> <p><small>The Men's Group is an entity of the HOPE Family Services at St. Pius V parish in Chicago. For more information call 312-421-7647 or visit <a href="http://stpiusparish.org/hope-at-st-pius-v/">http://stpiusparish.org/hope-at-st-pius-v/</a>. The full report will be published soon. Principal Investigator: Maxine Davis MSW, MBA, PhD candidate. For questions about the research study email: <a href="mailto:maedavis@stpius.edu">maedavis@stpius.edu</a>. The research presented in this report was funded by the Catholicos For Family Peace Education and Research Initiative at Catholic University of America and Dominican University. Conducted in partnership with:</small></p>
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# Appendix D

## Selected HOPE Program Displays/Artifacts/Pictures 2016-2017



## **Appendix E**

### Informed Consent Short Quiz (English)

1. Participation in this research study is voluntary.....True False
2. I can withdraw from this study at any time without loss of services at the men's group or any other negative consequences.....True False
3. Any information I provide to the study staff can be shared with anyone who may ask for it.....True False
4. All study publications will mention me by name.....True False
5. If I refuse to answer a question I will be penalized.....True False
6. I may contact the study Principal Investigator, the Human Investigations Committee, or other members of the research team if I have questions about the study or my rights as a participant.....True False

Adapted from (Crane, Hawes, Mandel, & Easton, 2013)

## **Appendix F**

### Focus Group Questions/Script (English)

#### I. Introduction

Note—as participants are entering the room, the facilitator will:

- Ask the participant to make a name tag with any first name the participant wants to use for today's group

Thank you all for coming to participate in this focus group. My name is \_\_\_\_\_. I will be facilitating this session. Next to me is \_\_\_\_\_. S/he will be helping me take notes for this session.

#### II. Ground Rules

Before we start, I wanted to review some basic group rules. We will be talking about some topics that may feel very personal. And so:

- Please remember that you do not need to answer any questions that make you feel uncomfortable. If you become upset during the discussion, it is OK to step out of the room. Please try to stay nearby so that \_\_\_\_ or I can go check to make sure you are OK.
- Please try to respect others confidentiality. Please address people by the name they use today and have on their name tags. Although every precaution will be taken to safeguard your confidentiality, it cannot be guaranteed in a group setting.
- Please respect that others may have different opinions and experiences than you. We are interested in hearing about ALL of your opinions. Feel free to express your disagreement with what others may say, but please try to do so in a respectful manner without putting down or discounting anyone.



- You'll notice we have tape recorders here. We are audio taping the discussions. This helps us to catch all that you say. You might find that at some point I need to ask one person to speak at a time, so that we can catch everything.
- Are there any ground rules that you would like to add or is there anything else we can do as a group to make you feel safe and comfortable during the focus group?

Before we begin, does anyone have any questions about the focus group process?

### III. Focus group questions:

Let's go around the room. Please tell us either your first name or a pseudo name for today, and an estimate of how many St. Pius "Men's Group" sessions you have attended, or how long you have been going to The Men's Group.

[Signal non-verbally where you'd like the responses to start]

- 1) Why did you start going to the group?
- 2) What were the reasons you went to a church for this type of help?
- 3) You were not court mandated to attend the Men's group, so what influenced you to keep returning?
- 4) What would need to occur to motivate more men to attend other groups like "The Men's" Group"?
- 5) Is culture and faith incorporated into the Men's Group? If so, how?
- 6) What are the things you like best about the program?
- 7) What would you change about the program?

OK, we're going to switch gears and little

- 1) What factors do you think can lead to a man to be abusive toward his partner?
- 2) Has faith or religion influenced you to stop abusive treatment of your partner?—If so how?
- 3) Were there times that you used faith or religion to control your partner?—If so how?
- 4) What are other important things about domestic violence would you like to talk about?

We are getting close to the end of our discussion. I'm going to ask \_\_\_\_\_ to give us a summary of the key issues you've talked about. Then we need to know from you---

- Did we hear you right?
- Did we leave anything out that you think we should put in?

### IV. Wrap up:

Thank you again very much for participating in this group (this evening). If you have any questions for me or the researcher, feel free to contact us, using the information provided on your consent form. Additionally, we recognize that we have discussed some very sensitive topics today. If there is something that you need to discuss further please see your group facilitator. We also have a list of resources that may be helpful if desired. If there was anything else you wanted to share, but more privately, you may write it on a notecard and place it in this box.

Thank you.

Adapted from (Celaya-Alston, 2010)

# Appendix G

## Interview Guide

1. What have you experienced in terms of the HOPE program services?
2. What context or situations influenced your experience in initially seeking services from the HOPE program?
3. What significant things have happened throughout your life that you see as being related to your experiences with domestic violence?
4. If the HOPE program has had any impact on your life, what has that been?
5. If there is anything that could be different in the HOPE program—what would you change?
6. Is there anything else that you would like to share?

\*It should be noted that participants were asked about the HOPE program because it is the broader service provider, that houses the men's group. The investigator was aware that participants may have sought a variety of services at any point (i.e. parenting classes). However, most participants reported only being involved with the men's group and therefore discussed experiences related to joining that group. The interviewer used a demographic sheet to collect basic personal information. Majority of the data from this form was reported in the participant background section. The demographic sheet is available upon request.