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## Fire and Firewater: A Co-Occurring Clinical Treatment Model for Domestic Violence, Substance Abuse, and Trauma

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Intimate partner violence (IPV) is considered a major public health concern in the United States and worldwide. Estimates of the incidence of IPV in the United States find that approximately 1 out of 5 couples experience IPV during a one-year period (Schafer, Caetano, & Clark, 1998).

Several studies reveal higher rates of domestic and family violence among Latinos than among non-Hispanic Whites (Ellsberg, 1999; Straus & Smith, 1990), even when the socioeconomic status (SES) is controlled for in the samples (Field & Caetano, 2003). Communities of color such as Latinos and African Americans, and particularly women of color, are especially vulnerable to higher rates of violence for a variety of reasons including socioeconomic disadvantage and a history of oppression, sexism and racism (Field & Caetano, 2003; Sorenson & Telles, 1991; Hampton, Carrillo, & Kim, 1998). As a matter of fact, women of color suffer more severe and lethal rates of violence than Caucasian women, young Black men suffer more homicides than any other group, and the communities of color have the highest rates of incarceration and criminal justice involvement than other groups (Sokoloff & Pratt, 2005; Sokoloff & Dupont, 2005; Richie, 1996, 2000).

An analysis of five states (Arizona, California, Oklahoma, Oregon, and Texas) performed by the Violence Policy Center (2000) show that Hispanic females are killed at rates slightly above those of non-Hispanic

White females, but below those of Black females (this includes all homicides, not just those caused from family violence). Data on intimate partner homicide (IPH) reflect higher rates of fatalities among Latinas and higher rates of IPH perpetrators of Latino ethnicity in New Jersey (New Jersey Department of Community Affairs, 2003). Duncan, Stayton, and Hall (1999) reviewed data on police records and noted that Hispanic women were more likely to be injured during intimate partner violence incidents than non-Hispanic women.

On the other hand, there are studies that reflect no significant differences between Latinos and non-Hispanic Whites (Tjaden & Thoennes, 2000; Renninson & Welchans, 2000), especially when SES and other variables are controlled for in the samples (Kantor, Jasinski, & Aldarondo, 1994; Neff, Holamon, & Schluter, 1995). Despite the existence of contradictory findings of comparative studies, scholars consider that IPV is a serious problem that needs immediate intervention among Latinos.

In spite of the significance and magnitude of the IPV problem among the rapidly increasing Latino population, a paucity of culturally and linguistically relevant intervention and prevention curricula exists. The lack of available literature and scientific studies on program development and evidence-based models for Latino batterers' intervention programs is a clear reflection of the gap in culturally appropriate services nationwide. The National Latino Alliance for the Elimination of Domestic Violence states the following:

- Domestic violence in Latino populations must be understood within the context in which it happens. A legacy of multiple oppressions (some of which began centuries ago) such as poverty, discrimination, racism, colonization, and classism makes it imperative that domestic violence not be viewed as a unidimensional phenomenon. This important social issue requires that research, policy, advocacy, and services be approached with an understanding of the intersecting social forces that are at work in the occurrence of domestic abuse in Latino families and communities.
- In addition, cultural factors such as a strong orientation toward family and community must be central to interventions and programs that attempt to address the problem in a culturally competent, effective, and respectful manner. The most recent approaches to domestic violence research and intervention strategies in Latino and other racial/ethnic communities are beginning to shift their

focus from individual abused woman (or even the batterer or the couple) to the community problem that affects, and is affected by, many elements in the environment in which it occurs.

- Culturally specific batterer intervention programs for Latinos are being developed within the context of a comprehensive family intervention approach. These programs view domestic violence as a violation of human rights and a social malaise that is allowed to take place in many families. The interventions consider that, in a majority of cases, abuse by men against women is a behavior that many males have learned at home and in a society in which violence is an accepted way of resolving differences. For more information, see [www.dvalianza.org/resor/factsheet\\_dv.htm](http://www.dvalianza.org/resor/factsheet_dv.htm).

## CURRENT MODELS WITH LATINO OFFENDERS

Models that currently address Latino offenders fall into three different categories. The first category includes models based on the criminal justice context for mainstream offender populations, with some adaptations for cultural concerns. Safety and accountability are the guiding principles establishing the parameters for their work. The Duluth Abuse Intervention Project in Spanish and the Evolve Program in Connecticut fall into this category. An excellent example of the Spanish Duluth model is the Court Services and Offender Supervision Agency in Washington, DC. This agency uses bilingual and bicultural therapists who have a high success rate of reducing the resistance and using clinical vignettes to increase the cessation of violence with a varied Latino population of male and female offenders. The emphasis of all Duluth-oriented models is the reeducation of patriarchal beliefs that contribute to the oppression of women. The model is based on Freire's (2000) empowerment process for dealing with colonialization. The Evolve model has been evaluated and found to be effective with Latino and African American men (Lyon, 2007), primarily because the program presents a frame for discussing manhood, fatherhood, and the impact of violence on the men's children. The program also addresses issues of coparenting by the partner (victim) and raises awareness of substance abuse and its contribution to domestic violence (Williams, 2007; personal communication).

The second category of models was created by authors who reacted to the cultural limitation of mainstream models. These authors sought

inspiration for their curriculum and program modes from Latin American theorists and feminists, as well as from the voiced needs of Latina victims of domestic violence and Latino men seeking to change their violent and oppressive behavior at home. Although safety and accountability remain the primary goal of these models, gender analysis, deconstruction of masculinity, and re-education for equity in relationships are the guiding principles. The three programs that illustrate this approach are CECVIM (Centro de Capacitación para Erradicar la Violencia Intrafamiliar Masculina/Training Center to Eradicate Masculine Intrafamily Violence) in San Francisco, Caminar Latino in Atlanta, Georgia, and CORIAC (Colectivo de Hombres por Relaciones Igualitarias/The Project of Men for Equal Relationships), a re-educative experience with men in Mexico.

Finally, the third category was created in response to the need for Latino men to heal from colonization, acculturation, witnessing family violence, self-wounding from violence and substance abuse, and suffering abandonment, abuse, and neglect. Safety and accountability remain paramount, but the framework expands to incorporate prevention, inclusion, and restorative justice as critical components for the Latino community's transformation to nonviolence. The National Compadres Network: Fire and Firewater, *El Hombre Noble Buscando Su Palabra* (The Noble Man Searching for His Word) (Alianza, 2003) is the program in this category.

This chapter will concentrate on the National Compadres Network model, which is a comorbidity treatment model for domestic violence and substance abuse with Latino men. The model is based on the assumption that intimate partner violence is a learned behavior that may be unlearned among Latino perpetrators with culturally sensitive interventions that address the most critical risk factors for this specific community.

## THE NATIONAL COMPADRES NETWORK MODEL

The model addresses the following risk factors for IPV among Latinos: (1) a culture of violence learned from the group history, society, and the family; (2) sexist values and sexist social rules: a culture of violence and oppression against women; (3) psychological factors and co-occurring conditions; (4) socioeconomic factors such as poverty, unemployment, and discrimination; (5) acculturation and acculturation stress;

(6) substance abuse; and finally (7) IPV as a private “family” issue, a view that is responsible in part for the perpetuation of violence in the family, Latino-style.

It is beyond the purpose of this chapter to discuss all risk factors related to IPV exhaustively. Therefore, this chapter focuses on only those variables linked to the National Compadres Network program rationale. In the same way, the model does not assume that perpetrators of IPV present all of the risk factors explained in the following sections. On the contrary, it is assumed that IPV may also occur in the absence of many of the factors herein presented. Therefore, a comprehensive evaluation of each participating individual throughout his treatment is necessary to address later his violent behavior and its causes and consequences.

### **Historical, Environmental, and Intergenerational Violence**

The program assumes that violence is a learned behavior and that it therefore can be changed through re-education of alternative, more functional conduct repertoires; without that assumption, any psychoeducational intervention program would be worthless. Batterers’ treatment programs have traditionally held that domestic violence can be changed through cognitive and re-educative approaches, which appear to be the most useful in the cessation of violent behaviors. Our belief is that the man has “learned well” (to be violent).

Domestic violence has its roots historically in child abuse (Miller, 1990), patriarchy (Martin, 1981), colonialization, racism, and oppression (Freire, 2000; Duran & Duran, 1971; Carrillo & Tello, 1998), and authoritarian political regimes (Martín-Baro, 1989). The unlearning of these exploitive and oppressive behaviors needs to be contextualized so that the attending population can understand where and how they learned these behaviors. The Atlanta Men Overcoming Violence program conducts similar classes on the co-learning of patriarchy and racist oppression and its relationship to domestic violence (Douglas & Nuriddin, 2002; Douglas, Nuriddin, & Perry, this volume).

The National Compadres Network program presupposes that violence and substance abuse are indeed learned from generations of violence and substance abuse in the family. It also assumes that historic variables such as centuries of colonization, political oppression, and trauma suffered in wars (such as the civil war in El Salvador and Nicaragua) constitute important variables that may influence the use of future violent behaviors (Freire,

2000; Duran & Duran, 1995; Duran, Duran, Yellow Horse, & Yellow Horse, 1998). Although it is imperative to have the participating individual understand his own personal family history and the intergenerational patterns of behaviors, the learning process is expanded ecologically to political and historical contexts to help people who use violence understand a broader picture of violence and how it is learned and reinforced. This framework is called “Domesticated Violence.”

1. It takes a nation to raise children to become violent men; thus, it takes a nation to stop the violence by raising children not to become violent men.
2. Violence is a learned behavior that has been reinforced nationally, economically, politically, and socially. Nationally, we must remove the reinforcements and teach nonviolent conflict resolution by example.
3. There is a historical correlation between oppression and the domestication of violence, replicating among the oppressed-oppressor relations. There has been a historical resistance to oppressive ways, exposing the oppressor.
4. *La cultura cura* (the culture cures) vs. a culture of oppressive violence.
5. Oppression is a spirit-breaking process of objectifying others.
6. Oppression has an inherent pathology of addiction.
7. The end goal must be honoring all our sacred relationships as we heal generations of oppressive pain and harmful ways.

## Gender Power Imbalance

Numerous scholars have explained the critical role of traditional patriarchal values that place Latino women at a heightened risk of IPV (Perilla, Bareman, & Norris, 1994; Perilla, 1999; Torres, 1991; Zarza & Froján, 2004; Zarza, Adler, & Martínez, 2004). The culture of violence and socio-economic oppression against women reduces women’s role to marital obligations, household chores, and childbearing.

This suffocation of women’s rights prevents them from having opportunities, choosing their future, and enjoying independence from fathers and husbands. For instance, Latina immigrants in abusive relationships who are dependent on men for their socioeconomic power and residential status face clear impediments to leave, which creates a vicious cycle of abuse and oppression (Zarza et al., 2004; Zarza & Adler, 2007). This

oppressive environment preserves an imbalance of power in gender relationships and therefore plays a critical role in the maintenance of violence in intimate relationships and within the family. Once violence is reinforced and employed to obtain desired outcomes, it becomes a destructive behavioral pattern (Zarza & Froján, 2004).

The culture of violence against women in Latin America is reflected in the traditional Spanish *dichos* or *refranes* (proverbs) such as “*La mujer como la escopeta siempre cargada y en la esquina*” [women and guns always loaded (pregnant) and at home] and “*La mujer en la casa y el hombre en la Plaza*” [the man out in the street and the woman at home]. Many Mexican songs attribute blame and pain to women. Examples of misogynous songs include “Usted” (music by Gabriel Ruíz, words by Jose Antonio Zorillo) and “El Rey” (words and music by José Alfredo Jiménez).

A society that tolerates and even rewards violence against women constitutes a high-risk environment where intimate partner violence is part of the natural social and family life. The right of men to punish their wives emotionally or physically in many Latin American countries is socially acceptable, making it less likely that abused women even self-identify as abused (Heise, Raikes, Watts, & Zwi, 1994; Torres, 1991). Social tolerance to violence and oppression against women influence men toward using abusive behaviors against their wives.

## Co-Occurring Conditions

Although IPV can occur in the absence of emotional distress and mental health problems, multiple studies explain the role of psychological dysfunctions and mental health problems on IPV occurrence likelihood, as well as its frequency and severity. Impulsivity, stress, and frustration are only a few of the many psychological and emotional problems identified by different scholars as directly influencing violent behavior among perpetrators (Dutton, 2002; Gelles & Straus, 1979; Hamberger, Lohr, Bonge, & Tolin, 1997). Zarza and Froján (2004) identified also that jealousy and the need to control the victim were common factors of initiation of fights and violent incidents against immigrant Latino women. However, violence against women can start for no apparent reason or previous discussions or disagreements.

Childhood trauma and a history of violence in childhood were also identified by the literature as common to many perpetrators (Sonkin, Martin, & Walker, 1985). Child abuse and the experience of violence in

the family (e.g., a child who witnessed a father abusing his mother) may be related both to trauma and to the learning of violent behaviors as an acceptable way to solve conflicts in the family. In addition, many immigrant men come from war-torn situations in Latin America, especially in Central America and Mexico. Posttraumatic stress disorder is an undiagnosed problem for this population (Carrillo & Goubaud-Reyna, 1998). This model assumes that a “co-occurring condition exists” and continual assessment of the trauma and of mood and thought disorders are part of the ongoing observations of the client’s progress through treatment.

## Attachment Theory

Recent developments in neurobiology and attachment theory have significant relevance for domestic violence offenders. Research in domestic violence suggests that male batterers represent all three insecure attachment classes: avoidant, preoccupied, and disorganized or fearful (Sonkin & Dutton, 2003).

Each form of insecure attachment has particular defense mechanisms as a method of coping with attachment anxiety. Batterers with an avoidant style present as disconnected emotionally, lacking empathy, cold and uninterested in intimate relationships. They can vacillate between being distant and cut off emotionally and being critical and controlling. These clients need to incorporate an “emotional soundtrack,” as one client put it, into their life.

Batterers with a preoccupied style try to please others in order to receive approval. They can present as extremely self-controlled, except when experiencing loss anxiety, when they can become extremely clingy and angry.

Disorganized clients are also known as “borderline” (Dutton, 2002). Many batterers exhibit significant impairment in their early attachments, which places them in the borderline or disorganized group (Van der Kolk, McFarlane, & Weisaeth, 1996). This is a group of individuals who have experienced terror in their interpersonal relations, and they may have sustained neurochemical damage in various aspects of their cortical functioning.

Sonkin and Dutton (2003) advocate for a “safe and secure base” to work with batterers. They also advocate for an attuned approach to deal with the possibility of lethal behavior in batterers. A safe and secure approach allows for the maintaining of the clinical relationship with potentially lethal offenders by helping clients manage their anxiety. An attachment

approach is essential to the client who suffers from co-occurring conditions. The impact of trauma, direct abuse, or the witnessing of abuse sets the stage for the use of substances. The attempt to block out or self-medicate contributes to the impairment of attachments. Therefore, a precursor to learning about the sacredness of attachments requires that the men learn about *palabra* (word). The facilitator of a *palabra* program models how to use it. The counselor, facilitator, therapist, or other professional working with the man must be the “one”—the one who will be securely attached to the wounded man until he can rely on himself and others for support. This is not just clinical alliance. The “one” has given his or her *palabra*—a commitment to being present for the man and his *familia*.

### Poverty, Unemployment, and Related Stressors

Recent findings identify the importance of poverty as a strong predictor of violence among different groups, including Latinos (Cunradi, Caetano, & Schafer, 2002). Latinos are disproportionately affected by poverty, unemployment, low-paid jobs, and low education levels (Ramirez & De la Cruz, 2003). Stressful living conditions such as these may influence IPV. According to the social structural theory of Gelles and Straus (1979), those with lower SES might be more affected emotionally by negative life events and may have greater exposure to childhood violence, substance abuse, and depression, as well as poorer coping mechanisms, than upper SES-individuals (Straus, 1990). Current studies also support the idea that poverty is a strong predictor of IPV along all ethnicities in the U.S. (Cunradi et al., 2002).

In addition, Latinos are disproportionately affected by other factors such as crime, violence, and institutionalization (Amaro, Messinger, & Cervantes, 1996; Rice & Dolgin, 2002), lack of health insurance (Newacheck & McManus, 1989; Brindis, Driscoll, Biggs, & Valderrama, 2002), increasing health problems (Freid, Prager, MacKay, & Xia, 2003), STDs (Buzi, Weinman, & Smith, 1998), and HIV/STD infections (Brindis et al., 2002; Centers for Disease Control and Prevention, 2002; Berger & Rivera, 1993). These conditions are at the base of increasing mental health problems among Latinos in the United States related to acculturation stress, trauma, racism, and marginalization. All these factors combined might be playing an important role to the increasing rates of male-to-female intimate partner violence (MFIPV) among long-term Latino immigrants and new generations of U.S.-born Latinos.

## The Role of Acculturation

Different studies emphasize the increasing rates of IPV among Latinas who immigrate to the United States (Dutton, Orloff, & Aguilar Hass, 2000) and U.S.-born Latinas (Lown & Vega, 2001a; Sorenson & Telles, 1991). Some studies focus on the influence of acculturation. Violence seems to rise when women are more acculturated such that men perceive a loss of control over their spouses (Kantor et al., 1994; Perilla et al., 1994; Sorenson & Telles, 1991). According to Walker (1999), the adaptation to a new culture, which results in exposure to new social roles between men and women, can lead to acts of violence on the part of men toward women, in order to gain control over them.

In addition, findings on epidemiology among Latinos show that Latinas born in the United States report suffering more IPV than Latino immigrant women (Kantor et al., 1994; Sorenson & Telles, 1991). Sorenson and Telles (1991) found that Mexican-Americans born in the United States reported a rate of violence 2.4 times higher than immigrants born in Mexico. They explain these results in part by conflicts between two cultures. A more recent study with 1,155 women of Mexican origin (Lown & Vega, 2001a) also reflected higher rates of IPV among U.S.-born Mexicans than among immigrants from Mexico. Aguilar-Gaxiola et al. (2002) found mental illness, alcoholism, and domestic violence to be prevalent in Mexican immigrants after 13 years of living in the United States. In essence, the longer the migrant stays in the United States, the more impaired he or she becomes. It appears that the significance in prevalence rates becomes similar to the general population on these variables.

Carrillo and Tello (1998) suggest that there exists a degree of resistance toward cultural change and a propensity to maintain certain aspects of the Latino culture, so that as people assimilate into U.S. society and culture, rigid gender roles and patriarchal leadership of the family pass down from generation to generation. Flores-Ortiz, Esteban, and Carrillo (1994) have described the rigid patterns of sex role identification, use of violence, substance abuse, and indirect, dysfunctional communication as "*la cultura congelada*" (frozen culture).

## Acculturation Stress

The migration experience may be extremely stressful (acculturation stress) and even contribute to the onset of posttraumatic stress disorder

(PTSD) (Cordova & Kury, 2001). Posttraumatic stress has been found in many Central American immigrants and now gang-involved Latinos (Rodríguez, 2001; Carrillo, 2005). Furthermore, extended exposure to chaotic, violent environments causes a number of psychoneurological impairments, including impaired attachments, uncontrolled impulsive behavior, increase in substance abuse, and an overactive cingulate gyrus, which results in obsessive/angry negative thoughts, jealousy, anxiety, and depression. As previously discussed, stress, including acculturation stress and PTSD, may also contribute to the onset of IPV and other violent behaviors.

## **THE ROLE OF SUBSTANCE ABUSE**

Substance abuse, and specifically the use of alcohol, has been identified as one of the most powerful predictors of domestic violence (Cunradi et al., 2002; Schafer, Caetano, & Cunradi, 2004). In addition, alcohol problems have been found among victims of IPV in various studies (Lown & Vega, 2001b). Gondolf (1998) has identified a high correlation of reoffense with alcohol and substance abuse in his evaluative study of batterer treatment programs.

Latinos have high rates of substance abuse (e.g., alcohol, cocaine, and metamphetamine) in the United States (de la Rosa, 2002; Kandel, 1995). The impact of being raised in a chaotic, chemically dependent, and violent environment significantly impairs the ability for safe, secure adult attachments. Modeling of substance abuse and family violence contributes to chronic chaos. The correlation of love and pain paired together is the most difficult experience to unlearn in recovery (Carrillo, 2005). Substance abuse appears to contribute to increases in lethality, emotional abuse, physical abuse, impulsivity, and criminal behavior (Sonkin & Dutton, 2003). The combination of substance abuse and domestic violence requires a dual-disorder approach or comorbid treatment, such as the integrated model used by the National Compadres Network.

## **VIOLENCE AS A PRIVATE FAMILY ISSUE**

According to the findings of the literature about prevalence of MFIPV, data based on self-reporting greatly underestimate the prevalence of violence against Latina women in the United States (Carrillo & Tello, 1998;

Perilla et al., 1994; Tjaden & Thoennes, 1998; Walker, 1999). One of the main reasons for this underreporting is that violence is traditionally perceived as a private family matter within the Latino family (Perilla et al., 1994). Therefore, the perpetrator never receives social and legal punishment for his actions. On the contrary, when violence results in positive consequences such as power and control over the others, the likelihood of its occurrence increases. In this way, the perpetrator will repeat his behavior to control the victim and obtain a desired outcome.

Latina women are reticent to report the abuse because of this perception of IPV as a “private matter,” but also out of feelings of shame, guilt, loyalty to their partners, and fear. Latina immigrant women, principally because of social or economic pressures, lack of legal residence status, language and cultural barriers, isolation, and mothering responsibilities, find it extremely difficult and unsafe to report the abuse and seek help. There also exist a multitude of impediments such as language barriers; social isolation; fear of deportation, discrimination, or change; and cultural stigma against divorced/separated women that prevents Latina immigrant women from talking about their abuse, much less reporting it to authorities (Bauer, Rodriguez, Skupinski-Quiroga, & Flores-Ortiz, 2000). Furthermore, reporting the abuse can lead to negative socio-economic, legal, and familial consequences that make their lives worse, including the risk of more severe violence as retaliation. In fact, the majority of homicides occur when victims separate or intend to separate from their abusers (Zahn & Cazenave, 1986).

## **EL HOMBRE NOBLE BUSCANDO SU PALABRA**

The main goal of this intervention model is to prevent or reduce the rate of domestic and community violence and its consequences in Latino communities in the United States and in Latin America. The intent is to train offenders to become safe and secure men (*Hombres Nobles*, or Noble Men), standing up against domestic violence and becoming “peace keepers” or “keepers of the culture” in their respective communities, providing the mentorship and role modeling to other men and youth in their respective communities.

The Compadres Network has over 20 men’s *circulos* (circles) throughout the nation, providing a variety of mentorship, fatherhood, and community building efforts from California to Washington, D.C. Our emphasis has been in the states of California and Texas to develop

domestic violence programs, rites of passage programs, and fatherhood centers to assist in the development of safe and secure communities. Our goals are to make the men safe, help them make amends, and model how to become a “man who knows” (*maztla*), not a man who batters or offends. The National Compadres Network shares the vision of other international groups such as CORIAC in Mexico and *Hombres Contra la Violencia* in Nicaragua, to make the men responsible and accountable for their behavior and to make communities safe from domestic and community violence.

The theoretical framework of this model is the view that violence is a learned behavior that is transferred from generations and societies where violence is reinforced and taught as an acceptable way to control others. This behavior is described as “Domesticated Violence” because it is based on the societal history of violence and oppression used to control people and ultimately used in the family to control its members. Since violence is a learned behavior, people can relearn alternative ways to solve conflicts with their intimate partners and other family members. The model is sensitive to the history of sociopolitical situations: the history of colonization, religion, language, and culture of Latino men.

## Comprehensive Assessment

Prior to implementing the intervention stage of this model, it is critical to complete a thorough assessment of the offender that includes information on his violent behavior toward an intimate partner and other family members, the history of child abuse and witnessed violence, substance abuse, stressors related to work, economic problems, family issues, involvement of children in violent incidents (child abuse and children witnessing violence in the family), and other dysfunctional behaviors. In addition, it is critical to conduct a mental health assessment of the offender in order to rule out conditions that may contribute to lethal, dangerous situations, as well as to assess his amenability to treatment.

The differential diagnostic assessment also includes a lethality assessment checklist of 12 items (Campbell, 1995), designed to be completed by the therapist, including increase in severity and frequency of violence, obsession with the victim, use and accessibility of weapons, threats to commit suicide, a history of substance abuse, death rituals, PTSD, and other indicators of risk of lethality.

A new addition to the assessment section is the evaluation of the acculturation level and acculturation stress experienced by the client.

As discussed earlier in the chapter, a higher acculturation level has been identified by the literature as a risk factor for the employment of violence in U.S.-born Latinos and Latino immigrants with longer residence time in the United States. The assessment of acculturation level and acculturation stress should be conducted regardless of the offender status as immigrant of first, second, or more generations (Aguilar-Gaxiola et al., 2002).

It is critical in the initial phase to assess the degree of the *cargas y regalos* (wounds and strengths) the participant carries. Since the focus of this work is on developing and maintaining “sacred relationships,” thus maintaining the safety and security of those persons interconnected with the participant, it is imperative that we assess where he is in terms of his relationships, thus determining his ability and willingness to continue with the healing and learning process. Some participants come with generations of internalized trauma complicated by active substance abuse, which does not allow them to be open or ready to receive an intervention of this type. For this reason the overall assessment, the lethality assessment, and clinical rule-outs are all essential at the beginning of the treatment program.

## Curriculum

Once a thorough assessment is conducted, the offender starts the program, which consists of 52 sessions, held once per week. This ethnocultural model design attends to four phases of the process of cognitive and behavioral change:

1. Knowledge (*conocimiento*) of the person: Who is he? What is the best approach to new learning? What is his motivation for change? What is his level of attachment?
2. Comprehension (*comprensión*) of the causes and risk factors related to the employment of violence.
3. Integration (*integración*) of tools, knowledge, and resources to stop the violent behavior and start alternative, well-adapted conduct.
4. Movement (*movimiento*), or display of alternative behaviors and resolution of conflicts.

Lessons address risk factors identified as directly or indirectly responsible for the use of violence by Latino males. The goal is to reduce

negative attitudes and irrational cognitions (i.e., sexism, control, jealousy) and the use of any negligent, emotional, physical and sexual abuse against family members and their intimate partner. The approach to substance abuse is abstinence oriented (with simultaneous referral to a detoxification program if necessary), including 12-step referral, mandatory drug screen administered randomly, and a motivational interviewing orientation that fits nicely with the humanistic cultural perspective.

### *Phase I: Knowledge (Conocimiento)*

New participants go through the *Conocimiento* sessions, which introduce them to a definition of violence and oppression and further determine if they are ready for the *círculo* (support group) treatment process and ready to work on their own relationship development. This initial phase is critical in maintaining the men's attendance to the program, reducing the dropout level by promoting an environment of mutual respect and understanding between therapists and participants. Self-respect and respecting each other in the group is always encouraged, positively reinforced, and modeled through the entire program.

This phase focuses also on encouraging the men to look into their own personal *cargas y regalos* (wounds and strengths) and violent behavior rather than blaming, accusing, or punishing them for their conduct. Participants are instructed to understand that violence is a learned behavior and therefore it can be changed. They are instructed that they will be presented with tools and techniques to change irrational cognitions, such as sexism, and the need to establish power and control, and solve conflicts in a peaceful and fair way in intimate and family relationships.

This phase is composed of 10 lessons with the main goal of making the men aware of their attitudes and fears; the violent techniques they employ to control and maintain power in their relationships; the consequences of abuse for their victims and themselves; the mechanisms of denial, minimization, and blaming others for their behaviors; and their rage as well as mechanisms or tools to control these and guide the anger toward alternative behaviors and conflict resolution techniques.

During this phase, offenders will establish a plan to change violent behavior that will be constantly reviewed during the entire program. This personal plan engages the offender, who gives his *palabra* (word) to accomplish the agreement. The plan includes the offender's list of behaviors and commitments that he can change. It also includes

things that he cannot change and therefore will accept with serenity. It also includes problems that he will have to solve instead of accepting and the barriers that he will encounter in order to complete these tasks.

**Manuel:** Mira, the bitch, does not understand me. She was born here and does not know how to serve and take care of her man. She is always at her mother's house, and complains that we don't own our own home. *No me respeta*. [She does not respect me.]

**Group:** Hombre, primero, she is not a "bitch," she is your companera, your partner, your lover, the mother of your children. That's the way your father talked to your mother, que no? You have shared that it was painful to you to hear that from your Papi to your mom. She is not in group, brother, but you are, and we are listening to your *carga*, about not providing for your *familia*. You appear conflicted about not owning your own home, but not conflicted about spending money on booze or other women? What's up with that?

### *Phase II: Comprehension (Comprensión)*

The second phase of the intervention process brings an understanding or critical analysis of how it is "we" have come to integrate violence as a part of our relationships. To some extent, this is the beginning of a re-*conocimiento* (reframing) of how the participants see themselves, their family, their culture, and their situation. Differentiating "true" culture and manhood, true *machismo* from false culture and false *machismo* is the basis of this group of teachings. This is the phase where participants are pushed to see their actions interconnected with that of the group, meaning that their actions affect more than just themselves. This begins to assist the participants to redevelop a positive group consciousness, *El circulo* (as reflected in the Spanish saying "*Dime con quien andas y te diré quien eres*"—"tell me who you run with and I will tell you who you are"). It is important for the facilitator, in this phase, to guide the group to share as much cross-reflection with each other as possible and to "teach" participants how to do this in a good way. It is suggested that the facilitator be as creative as possible in integrating storytelling, music, video clips, real-life situations, and so forth as part of the teaching process to make this phase very experiential, and push the participants to look within for a deeper understanding of who they are.

**Group Facilitator:** (*plays Tony Touclf's "Sofrito Mama": "Mira quien entro, Conio, El Dominicano mas Malo; Yo, . . . mano de pierda, te saco la . . ."*) . . . . . If your wife, *compañera*, girlfriend wants to work, *do you let her*; or does it not matter to you?

(*The group discusses this and the majority agreement is that the group allows her to work, or not, but the emphasis is that they give her permission. "Yo la deajo trabajar. No la deajo trabajar. [I let her work, I don't let her work.]"*)

**Group Facilitator:** *Que interesante.* [How interesting]. Is that not what the *hacendando*/plantation owner does to the *peon*/slave? *He lets him work?*

**Group's Response:** *Hay Doctor*, you know, that's from *El Machismo*.

**Facilitator:** What is *Machismo*?

The group then engages in a discussion of *machismo*, and it is highlighted that the men's understanding of being womanizers, drunks, addicts, loyal to their friends is a distorted view of manhood. *El hombre macho* is actually a man of his word, faithful and loyal to his wife and children and respectful of his elders. The work, then, is to elicit from the group where on a continuum of distorted *macho* vs. *hombre noble* they want to be. Most group participants want to learn how to be *hombres de palabra* (men of their word). We have successfully engaged them in the clinical process at that point, and we can develop an individual treatment plan.

This phase is composed of 13 sessions with the main goals of giving Latino offenders a framework on the genesis of violence in society, the history of violence and dominance in Latin America, the oppression suffered through centuries, and the power and control of conquerors and society. The history of the oppression in the Latino offenders' countries is provided as a reflection of the violence in the family with the purpose of reframing violence. This phase of comprehension (*entendimiento*) discusses the historical genesis of sexist attitudes (e.g., *machismo*, *marianismo*, *hembrismo*), provides a new definition of manhood (*ser hombre* [being a man] implies being dignified, protective, responsible, nurturing, spiritual, faithful, respectful, friendly, caring, sensitive, trustful, and a provider), and encourages offenders to demolish the myth of *machismo* as entitlement and superiority over women. Several lessons also discuss offender's personal conducts and attitudes related to patriarchy, male dominance and male privilege, roots of power, control, and violence. The goal is to make offenders aware of their dominance toward their partners in order to change attitudes and dysfunctional cognitions and

behaviors. This phase also stresses that blaming their culture for their violent behavior is only part of the denial and minimization of their violent behavior. This phase also discusses the erosion of cultural values as a consequence of the use of violence. The assumption of this model, that *la cultura cura* (culture cures), is based on the recuperative values of the Latino culture such as *familismo* (family loyalty), *respeto* (respect), *confianza* (trust), *dignidad* (dignity), *cariño* (love), and *coraje* (courage) and helps toward the elimination of domestic violence (i.e., a man who hits his wife is considered a coward in the Latino culture). Other cultural values and sayings such as *el rey de la casa* (the king of the house) or *ser muy macho* (being very macho) are discussed and reframed again as a song of patriarchy and male dominance/privilege, not as an indication of respect for a father/husband figure. This is the foundation for helping the men develop the understanding of the *Sacredness of Relationships*. Since many of the men in treatment have not observed or lived this value, it is a difficult concept to grasp. They always ask, “Do you have a movie or something where I can see a healthy relationship?”

Pre-Columbian cultures emphasized the teaching of *cara* (face) and *corazón* (heart) for well-educated and cultured individuals (Tello, 1998). Both concepts are employed in this phase of the program. “Face” reflects the values of respect and dignity. “Heart” indicates that the individual has affection and warmth and is trustworthy. Many offenders of domestic violence who also are chemically dependent have not had the life experience of being raised in an environment of safety, security, or attunement with *cara y corazón*. Therefore, an approach that teaches this developmental process is beneficial to learning new behaviors and teaching them about parenting and marital relationships (Carrillo, Goubaud-Reyna, Martinez, & Tello, 2000). In turn, this teaches a foundation for effective parenting. The men father the other men in the group, while they learn how to parent their own children with *cara y corazón*.

A new curriculum has been added to for this phase specifically. It is called *Padres Nobles*, in which the men listen to their children describe how the violence has affected them. The men learn to take responsibility and become accountable for the intergenerational impact of passing violence onto the next generation. They can “arrest” it. In addition they learn specific parenting skills that are nonviolent and worthy of an “elder, with *cara y corazón*.”

**Padres Nobles Lesson:** I love my Papi. But sometimes he turns into a monster, his eyes are red, and he has smoke coming out of his ears.

I'm scared that he will hit my mommy again or leave and never come back (*feedback from one of the children of the men in group*).  
(*The group responds to the fear of the child and they share the shame and familiarity of being raised in the violent home.*)

**Manuel:** *Madre*, that's how I felt when I was little too. My father drank, beat my mother almost to death, then beat my uncle up, and we always thought we would be next. When he was murdered and never came back, I had a hole inside of me. I want to be a better father, *ayúdame* [help me, please].

### *Phase III: Integration (Integración)*

This is the process of assimilation of a new philosophy of life as *hombre noble* (noble man). Integration involves the incorporation of learned skills and resources such as adjusting behavioral repertoire, techniques to control emotional distress and anger, and knowledge of risk situations learned through the program into practice. The 11 sessions in this phase of the process challenge participants to refocus their lives and commit themselves to nonviolent intimate relationships.

If the program has an ongoing *círculo de hombres* (support group), it is important that the participants begin attending on a regular basis to assist them in developing a positive support system. This is the phase where participants are also encouraged to become involved in community service activities and/or positive volunteer activities allowing them to “give back” to their community and become a positive example to others. At the same time, the teachings in this phase of the program will continue to challenge participants' *cargas* while developing their *regalos*.

### *Phase IV: Action (Movimiento)*

This final phase of the intervention process attempts to ensure that functional behavior, cognitions, attitudes, and skills learned during the entire program become habits. During this phase of the program, participants should become aware of the consequences of their violent behavior, denial, and minimization. Once participants have integrated this knowledge and become aware and understanding of IPV, then they should be ready to ask for forgiveness from all those they hurt. At this stage, it is imperative that participants are well integrated in a *círculo de hombres* to establish an ongoing support and reinforcement of these teachings. Finally, if at all possible, programs should attempt to reintegrate successful participants

as cofacilitators or presenters in the community as examples of *hombres* who have healed and are examples of *hombres nobles*.

## SUMMARY AND CONCLUSIONS

In sum, the intervention model of *El Hombre Noble Buscando Su Palabra* addresses risk factors linked to the use of violence against an intimate partner by Latino men recently revealed by the scientific community. The risk factors addressed include a culture of violence and sexism, psychological and emotional factors, socioeconomic problems, immigration and acculturation issues, substance abuse, and the perception of IPV as a private matter. This culturally sensitive model assumes that violence is a learned behavior that can be modified with alternative conducts to solve conflicts and cope with negative emotions.

The main components of the intervention include a comprehensive assessment, cognitive and behavioral strategies and coping skills, which are delivered both in individual and support groups. The desired outcomes are changing the offender's sexist and positive attitudes towards violence, making the offender aware of the consequences of his violent behavior, and causing the offender to understand the roots of violence and develop the necessary coping skills and social support to deal with the everyday frustrations and stress. Ultimately, the goal is to prevent further incidents of emotional, physical, or sexual abuse and help offenders to solve conflicts peacefully with their intimate partner and other family members.

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