

Proyecto Cambio:
Building the Foundation for Culturally Sensitive
Intimate Partner Violence Services for Latinos

Proposal

Table of Contents

Proposal	p.
Project Summary	2
Introduction	4
Magnitude and severity of intimate partner violence	4
Cultural Factors associated with IPV among Latinos	4
Interventions to reduce IPV	4
Culturally competent services for Latinos	5
Justification for the project	7
Intended/potential use of project findings	7
Project design	8
Objectives	8
IPV/SV Intervention Model	9
Methods/Procedures by objectives	11
Products	16
Timeline	17
References	20
Appendices	
Interview guide for key staff of existing IPV services	
Interview guide for focus groups	
Interview guide for Victims and Perpetrators of IPV	

PROJECT SUMMARY

This proposal is a part of a cooperative agreement to develop, implement and evaluate a culturally competent demonstration project for the early intervention and prevention of sexual violence (SV) and intimate partner violence (IPV) for the Latino community in Oklahoma City. The design, implementation, and evaluation of the project will be guided by formative evaluation and, as such, is being submitted as non-research.

We first propose collecting information on the characteristics of existing IPV services and their use by Latinos in Oklahoma City; beliefs, attitudes, values, and practices related to the occurrence and prevention of domestic violence and help-seeking behavior among Latinos in Oklahoma City; and needs and barriers to services for Latino victims and perpetrators of IPV. This information will be used by a Steering Committee composed of representatives from various local Latino agencies, grassroots organizations and leaders, to identify needed services and develop culturally appropriate services for the prevention and control of IPV/SV among the Latino population. The CDC scientist, along with University of Oklahoma evaluators, will work jointly with the Latino Community Agency Staff and the Steering Committee in the selection of effective programs to reduce IPV/SV, as well as provide scientific and technical assistance in the design and implementation of selected interventions. Bilingual program staff, will adapt existing materials, messages, and procedures for implementation. Focus groups representative of the intended recipient population will review materials and messages to establish readability, meaningfulness, and cultural appropriateness. All plans, strategies, activities, and procedures will be initially piloted on small samples of intended recipients to establish the feasibility and acceptability of the activities (to staff and recipients) and to identify barriers to their success. The collaborators from the University of Oklahoma will develop procedures and measures to evaluate process and quality of implementation as well as client outcomes.

PROJECT STAFF:

Ruth Barajas Mazaheri
Project Director
Director of Programs, Latino Community Development Agency (LCDA),
Oklahoma City, Oklahoma.

Cynthia Tobar-McCoy
IPV/SV Program Coordinator
Latino Community Development Agency (LCDA),
Oklahoma City, Oklahoma.

David D. Barney, MSW, MPH, PhD
Director, Evaluation Team
School of Social Work, University of Oklahoma

Betty Duran, MSW, MPH
Evaluation Team
School of Social Work, University of Oklahoma

Ahmed Saleem Ahmad, MA
Evaluation Team
School of Social Work, University of Oklahoma

Tim Brittingham, MSW
Evaluation Team
School of Social Work, University of Oklahoma

CDC COLLABORATORS

Joanne Klevens, MD, PhD
Science Officer
Epidemiologist, Prevention Development and Evaluation Branch
Division of Violence Prevention
National Center for Injury Prevention and Control

Angela Banks, MPH
Project Officer
Prevention Development and Evaluation Branch
Division of Violence Prevention
National Center for Injury Prevention and Control

FUNDING SOURCE:

Centers for Disease Control and Prevention
Application # US4/CCU619026

INTRODUCTION

Scope of Intimate Partner Violence

Intimate partner violence (IPV), that is, being physically, sexually or emotionally abused by a current or former spouse, dating partner, or boyfriend or girlfriend, is a significant public health problem. Nearly 25 percent of surveyed women and 7.6 percent of surveyed men in the U.S. report being physically and/or sexually assaulted by a current or former partner at some time during their life (Tjaden & Thoennes, 2000). Almost 62% of adult women who are sexually assaulted, have been so by an intimate partner (Tjaden & Thoennes, 2000). The consequences of IPV are multiple and include death, physical injury, increased rates of physical illness, posttraumatic stress, increased psychological distress, depression, substance abuse, and suicide (Panel on Research on Violence Against Women, National Research Council, 1997). Women experiencing IPV use a disproportionate share of health care-services, making more visits to emergency departments, primary care facilities and mental health agencies than non-abused women (Plichta, 1992). Children who witness IPV are at increased risk of many behavioral problems, including aggressive behavior (Fantuzzo & Lindquist, 1989).

Victims of IPV include Hispanics/Latinos¹, the fastest growing minority group in the United States. Although early studies showed IPV to be higher among Hispanics (Strauss & Smith, 1990), more recent surveys report similar rates for physical assault or stalking victimization among Hispanics as compared to non-Hispanic women (Tjaden & Thoennes, 2000).

Cultural Factors associated with IPV among Latinos

Despite the equally high numbers of IPV among Hispanics, there is only a limited amount of research on the factors associated with its occurrence or the context in which it occurs in this subgroup of the population. Perilla (1999) has proposed a set of basic cultural values common to Latinos that may be important in supporting IPV in this community. First is the cultural script of “machismo” which assumes men to be physically, culturally and morally superior to women. Machista ideals include honor, pride, courage, and responsibility to family. However machismo also implies sexual prowess, heavy alcohol consumption, and aggressive behavior. In Latino culture, men are the dominant, authoritarian figures while women are expected to be obedient and self-sacrificing. Latino men regard their wife/partner as their possession, and expect her to attend all his needs, including sexual needs. Perhaps this is why sexual aggression appears as such an integral part of intimate partner violence among Latinos. In addition, Latino children are socialized from early on to show deference and respect for their elders. The father in Latino families is accorded the utmost respect, regardless of his actions. As head of the household he holds power and control over his family. Threats to his power and control are perceived to be threats to his manhood.

The importance of these cultural values for IPV is partially supported empirically. In a study comparing over 100 different cultures around the world, male dominance in the home and the community was found to be associated with IPV (Levinson, 1989). On the other hand, the degree to which a woman ascribes to the traditional feminine role in

¹ The terms Hispanic and Latino will be used interchangeably throughout the document to refer to immigrants from all Spanish speaking countries.

Latino culture appears to be unrelated to IPV among Latinos, however women contributing a greater proportion to the family income appear to be at greater risk for abuse, perhaps because of a perceived threat to male power (Perilla, 1994). Heavy alcohol consumption and family stress have also been associated with IPV among of Latinos (Perilla, 1994; Straus & Smith, 1990).

A study comparing attitudes of Hispanic battered women to Anglo-American battered women found differences in their perceptions as to what constitutes abuse (Torres, 1991). For Hispanics, verbal abuse had to occur more frequently to be considered abusive and they were generally, more tolerant of emotional abuse. Hispanic women tend to stay longer in the relationship before seeking assistance and returned more often than Anglo American women “for the sake of the children”. A higher percentage of Hispanics sought assistance from religious organizations before going to a shelter.

Interventions to reduce IPV

Preventive interventions to reduce IPV generally consist of school based programs or mass media campaigns to increase awareness of IPV and its consequences, challenge gender roles and expectations, and promote cultural norms that reduce social tolerance of and provide sanctions for violent behavior. Evaluations of these programs tend to find positive changes in knowledge and attitudes but it is unknown if these programs have any long-term impact on violent behavior among intimate partners (Chalk & King, 1998).

The majority of interventions for IPV are oriented towards its victims. These interventions tend to be crisis-oriented and include a variety of services such as hotlines, temporary shelters, group and individual counseling, advocacy services, financial assistance, services for children of abused women, transitional housing, child care, and job training (Panel on Research on Violence Against Women, 1997). Although experts agree that services for victims of IPV should be comprehensive and provided over a long time period, there is little research on their effectiveness in reducing its reoccurrence.

Many community based IPV services also offer counseling and group interventions for batterers. Batterers’ programs vary in length of time, content, and conditions for participation. Research on the effectiveness of treatment suggests that it does improve knowledge among participants but there is inadequate evidence as to its long-term impact on behavior or its relative effectiveness in comparison to other alternatives (Chalk & King, 1998).

Culturally competent services for Latinos

Cultural competence is defined as the ability to function effectively in the context of cultural differences (Gupta, 2001). It implies being aware and appreciative of cultural diversity, being cognizant of one’s own cultural biases and assumptions, acquiring knowledge and understanding of the dynamics of cultural differences and their impact on the problems we deal with, and adapting to this diversity.

Culture and language have a considerable impact on how people gain access, utilize and respond to services. To ensure equal access and quality health care for all populations, the Office of Minority Health of the Department of Health and Human

Services has formulated various recommendations for assuring cultural competence in health care services (Office of Minority Health, 2001). Among these recommendations is the need to recruit, retain and promote staff reflective of the diversity in the community it serves as well as provide ongoing training and support for the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with clients and each other in a culturally diverse work environment. They also recommend providing access to bilingual staff or interpretation services as well as translating signage, notices, and commonly used written materials to facilitate their use for clients with limited English proficiency.

Anecdotal reports suggest that IPV services are insufficient to meet the needs of all the victims who seek them. In addition, even among women who initially seek services there are multiple barriers to their utilization (Gondolf, 2002). Latinos may be at a special disadvantage for accessing and utilizing services. In addition to the language barriers, many Latinos are recent immigrants, often illegal, with low levels of education and income, and poor knowledge of existing services or how to use them.

There are few published efforts to tailor services to the Latino community. In Atlanta, an abused Latino women's support group suggested the need for providing a family focused intervention (Perilla & Perez, 2001). In addition to the women's group, the program now works with the victim's partner and her children based on the premise that, given the cultural mandate for Latino women to be responsive to their family, they would be more likely to attend on a regular basis if her family's needs were addressed. The program capitalizes on the importance of religion for Latinos by conducting the sessions in and collaborating with a Catholic mission serving this immigrant population. The batterers' intervention incorporates elements of two existing models- CECEVIM (Ramirez, 1999) and Stopping the Violence (Decker, 1999)- but has been adapted to address the specific needs and realities of the Latino immigrants in Atlanta. Interventions for both victims and batterers are conducted in Spanish and are based on Freire's insights and techniques used to raise critical consciousness (see Freire, 1997), an approach widely and successfully used throughout Latin America in popular education. To address the limited reading ability among Latino participants, the program makes use of repetition and discussion of basic concepts. Given the importance of alcohol abuse in this community, the batterer's group has a substance abuse component in addition to the structured violence reduction curriculum. In lieu of a fee, program participants are required to give 50 hours of community work to specific projects of the Mission, so that batterers assume responsibility without affecting the family's limited resources. The children's intervention, which began as a babysitting service for mothers attending the support group has involved into a structured curriculum that provides children (in three age similar groups) an opportunity to explore their experience with family violence through a series of exercises, games, discussions, and role play while referring children requiring additional help to other community services.

Preliminary results of the program (Perilla, 1998) indicate that batterers stop physical violence against their partners one or two weeks into the program (based on participants' reports corroborated by their partners). This effect appears to endure even six months after completion. Recidivism appears to be low and many of the men have stopped or reduced their use of alcohol. To maintain these results, participants have requested an extension of the program to include other issues, such as parenting concerns.

Proyecto Cambio [Project Change], in California, is another effort to reduce the risk of IPV among the Latino population (National Center for Injury Prevention and Control). It promotes change on three levels: individual, by providing knowledge and skills in a school-based curriculum that also uses Paulo Freire's problem-posing techniques; the household, by providing similar information to various members of the family that will reinforce the messages given to individuals; and the community, by using culturally appropriate rituals and groups that help create social structures to reduce isolation and create networks of support.

La Vida [Life] is another program developed to address IPV among Latinos in Detroit (Maciak, Guzman, Santiago, Villalobos & Israel, 1999). LA VIDA evolved from a community-academic partnership and has used a participatory research approach to mobilize existing organizations, conduct a community diagnosis and needs assessment, and investigate causes and consequences of IPV, risk and protective factors, help-seeking strategies, and barriers to services to identify possible prevention and intervention strategies.

JUSTIFICATION FOR THE PROJECT

Intimate partner violence is considered one of our nation's major health problems (U.S. DHHS, 2000). It currently affects over 2.3 million adults and has serious consequences and costs for its victims, their families, community, and society.

Hispanics are currently the second largest and fastest growing minority group in the United States and they will become the largest minority group in the country in 2010. Hispanics experience IPV as frequently as non-Hispanics and require appropriate services. However, there is very little empirical research on the cultural similarities and differences of the occurrence and control of IPV among Latinos upon which to develop culturally competent services.

This proposal is a part of a cooperative agreement to develop, implement and evaluate a culturally competent demonstration project for the early intervention and prevention of sexual violence and intimate partner violence for the Latino community in Oklahoma City. A culturally competent intervention should be based on an understanding of the specifics and diversity of the community it targets. The first goal of this proposal is to identify the cultural elements that underlie the problem of IPV and its prevention and treatment in this Hispanic community as a basis for developing a culturally appropriate intervention for this community. A second goal is to evaluate the process and outcome of the intervention selected.

INTENDED/POTENTIAL USE OF STUDY FINDINGS

The primary intent of this proposal is to understand the cultural elements that underlie the problem of IPV/SV and its control as well as barriers to IPV services among the Latino community in Oklahoma City. This information will be used to develop a culturally appropriate intervention to reduce IPV/SV for the local Latino community. Although the project may help improve our overall understanding of the specifics and diversities of IPV among Latinos and serve as a basis for developing culturally competent services for this minority group elsewhere its main intention is to improve these services in Oklahoma City.

Evaluating the process and impact of the intervention will provide valuable information to the Latino community in Oklahoma City as to the utility of their program and aspects of it that may need improvement.

PROJECT DESIGN

In this project we intend to design, implement, and evaluate an intervention to reduce IPV that incorporates the dominant beliefs and concerns of the Latino community in Oklahoma City.

The design of the intervention will be based on participatory and formative evaluation. This process will provide information on existing interventions to reduce IPV and the cultural specifics of the Latino community, as well as information that will guide improvement of the program once implementation begins.

Evaluation of the impact of intervention will be based on changes in availability and utilization of services by Latinos compared to baseline (system-level), as well as client-level outcomes.

GENERAL OBJECTIVE

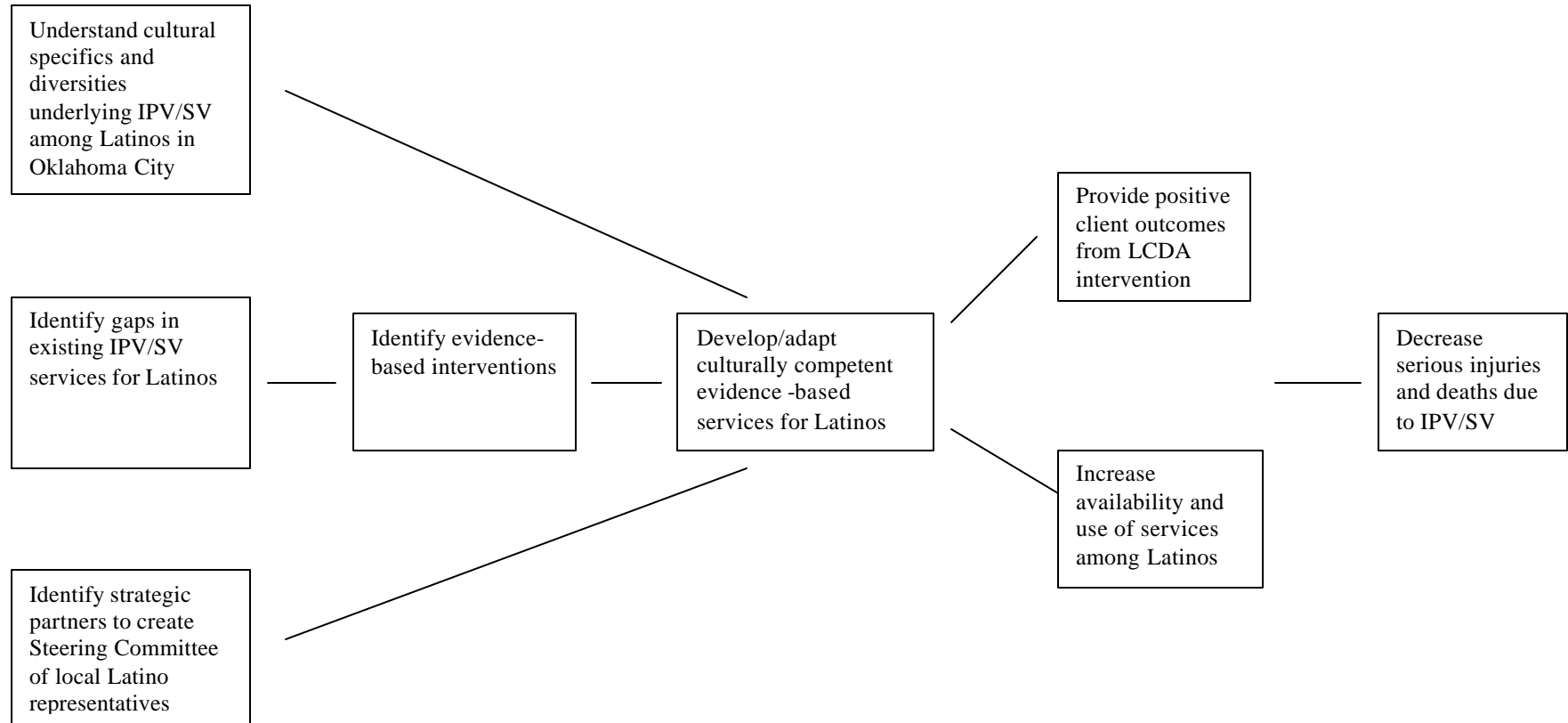
Decrease the occurrence of serious injuries and deaths attributed to IPV/SV among the Latino community in Oklahoma City.

SPECIFIC OBJECTIVES

1. Consolidate a working partnership among Latino leaders, agencies and organizations in Oklahoma City to address problems in the community.
2. Identify cultural specifics of IPV among Latinos in Oklahoma City and gaps in the existing services.
3. Develop and implement culturally competent services to increase utilization and satisfaction with IPV services among this community.
4. Evaluate the process and impact of the IPV services provided at the Latino Community Development Agency.

CDC IPV/SV Demonstration Project: Building the Foundation for Culturally Sensitive Intimate Partner Violence Services for Latinos

IPV/SV INTERVENTION MODEL



METHODS/PROCEDURES BY OBJECTIVE

Objective 1. Consolidate a working partnership among Latino leaders, agencies and organizations in Oklahoma City to address problems in the Latino community.

This project targets the Latino community in Oklahoma City. Historically, Hispanic/Latinos have been immigrating into Oklahoma since 1900. The early immigrants were primarily from Mexico who came in search of improved living standards through enhanced employment opportunities (Smith, 1981). During the last decade, the Hispanic population has increased 108% in the state of Oklahoma, with the majority concentrating in Oklahoma and Tulsa Counties (U.S. Census Bureau, 2000). According to the last census in 2000 there were 57, 336 Hispanic/Latinos in Oklahoma County or 8.7% of the total population (U.S. Census Bureau, 2000).

The first and only needs assessment, conducted in 1993 in Oklahoma City, provides some understanding of the local Hispanic/Latino community. A total of 212 households selected by multistage random sampling methods took part in this survey. The results indicated that this population is mainly composed of recent immigrants. About half are still in the process of acquiring legal resident status. The majority report being of Mexican origin, while many others come from Puerto Rico, Cuba, and a variety of Central and South American countries. (Curiel, Baker, Mata, Medina, & Trapp, 1993). Their level of education is low: 74% of those surveyed reported six or less years of education and about half claim low English proficiency. They appear to be highly mobile: 42% reported being at their present residence less than one year while only 13% reported a length of residence of greater than five years.

The catchment area of the Latino Agency consists primarily of the metropolitan Oklahoma City area. This includes nearby suburban communities such as Edmond, OK and Norman, OK. Individuals residing in other areas would not be excluded, but it would be unlikely that individuals living far away from Oklahoma City would seek services in Oklahoma City.

The Latino Community Development Agency (LCDA) is the local agency responsible for project implementation. In 1989, a United Way Task Force addressed the needs of the Latino Community in Oklahoma County, including the development of a pool of leadership to represent Latino interest on boards and commissions. At the end of 1990, the task force facilitated the development of a new program. Every agency in the United Way system was invited to submit a proposal to develop a Latino program, which would later become an autonomous agency. The Neighborhood Services Organization (NSO) and the Community Council of Central Oklahoma's joint proposal was accepted and the Latino Community Development Agency was established in March 1991 as a program of Neighborhood Services Organization. The LCDA was set up to operate under the auspices of NSO for two to three years before becoming a separate agency. It had its own Board of Directors and budget, while operating under NSO bylaws and 501(c)(3) certification.

The LCDA philosophy is to create bridges between existing services and community needs, fostering independence rather than dependence on assistance programs. This philosophy is reflected in LCDA's Riverside Community Center. LCDA also creates programs and services to fill gaps left by the local health and human service

system, targeting the needs of Latinos in central Oklahoma, particularly those who face language and cultural barriers in accessing resources and services.

The existing interventions among Latinos described in the first section have used a participatory approach to developing the intervention based on Paulo Freire's work. An essential component of Paulo Freire's work on critical awareness is the importance of recognizing others as thinking and creative people with the capacity for taking the steps necessary to change their lives. In his approach, the participants themselves identify the problems and their possible causes, and work out practical ways in which they can set about changing the situation. This approach was found to be essential in creating and maintaining community ownership and control of the project within the Latino community in the *La Vida* project (Maciak et al., 1999). In that project, they first approached local agencies with Latino Leadership or experience with women to engage them as partners. Their interactions with these and their external partners were governed by the following set of operating principles:

- (1) mutual respect and equal participation,
- (2) recognition that all partners have knowledge and expertise to share,
- (3) recognition that community-based efforts to prevent IPV require a collaborative process that is mutually beneficial.

Freire's postulates as well as *La Vida*'s experience will guide the development of this project's intervention.

Based on the LCDA's knowledge and experience in the community, the following Latino agencies have been identified as potential partners in this initiative: a local Latino community advocate, respiratory care therapist housed in the Southwest Medical Center, lawyer, director of Farmworker Law at the Center for Legal Aide of Western Oklahoma, director of Minority Health with Oklahoma State Department of Public Health, three pastors of different religious backgrounds with large Latino congregations, the Archdiocese of Oklahoma, a Latin medical doctor, a social worker, a representative from La Puerta de Ora Salvation Army Senior Citizen Center, the child development director housed in the Latino community, and a victim survivor of IPV. Those agencies interested in participating will constitute the Steering Committee for this demonstration project. We will also try to engage an IPV recovered batterer to participate in the Steering Committee.

Given the complexity of IPV and its control, we realize the necessity of engaging resources and partners from outside the Latino community. We have made initial contacts with: the Oklahoma Coalition Against Domestic Violence, City County Health Department, Department of Mental Health and Substance Abuse Services, Attorney General's Office, Oklahoma State Department of Health, Oklahoma County District Attorney's Office, YWCA, Even Start Program, and Domestic Violence Division of the Oklahoma Police Task Force. However, to maintain leadership within the Latino community, the Latino Steering Committee will decide when and how to bring these potential partners to the table.

Formative evaluation will be used to provide the information necessary for developing a culturally competent intervention. The aim of formative evaluation is to help "form" or shape a program for a specific group of people within a specific setting (Scriven, 1991). There is no intention in formative evaluation to generalize the findings

beyond the setting in which it is done (Patton, 1990). Formative evaluation involves the systematic assessment of the target group, its attitudes, norms, and beliefs that will inform the design of a new intervention prior to its initiation. It is also used to test existing or newly developed plans, messages, materials, and strategies *before* they are put into effect to ensure that each aspect of the program is feasible, appropriate, meaningful, and acceptable for the target population (Thompson & McClintock, 1998). Once implementation begins, formative evaluation can also furnish the information needed to guide program improvement.

Formative evaluation relies heavily on qualitative methods. In this project, various qualitative techniques will be used. Focus group interviews, in-depth interviews, discussion groups, field notes, and minutes from meetings.

Staff from LCDA with scientific and technical support from the University of Oklahoma and the CDC scientist, will be responsible for data collection, synthesis, and interpretation. The findings will be presented to the members of the Steering Committee so that they can decide what new services are required and how to make existing services culturally competent. The CDC scientist, along with University of Oklahoma evaluators will work jointly with the Latino Community Agency Staff and the Steering Committee to select effective programs to reduce IPV/SV, as well as provide scientific and technical assistance in the design and implementation of selected interventions. Bilingual program staff will adapt existing materials, messages, and procedures for implementation. Focus group discussions or interviews with a small number of individuals representative of the intended recipient population will review materials and messages to establish readability, meaningfulness, and cultural appropriateness. Plans, strategies, activities, and procedures will be piloted to establish the quality of implementation, the feasibility and acceptability of the activities (to staff and recipients), and to identify barriers to their success. Information collected in the formative evaluation will be presented to the Steering Committee that will meet twice a month, to inform decision-making on adjustments needed in program implementation.

Objective 2. Identify cultural specifics of IPV among Latinos in Oklahoma City and gaps in the existing services.

A. Existing services (key informant interviews of service providers)

To obtain information on existing IPV services: key staff members of existing local service providers will be interviewed to learn about existing programs and services and the problems they have encountered in providing services to the Latino population. The interview guide will include: the types of services each agency provides, source of funding, current demand for services, proportion of the demand generated by Latinos, problems encountered in attending the Latino population, observed differences in IPV, its determinants and management among Latinos as compared to non-Latinos and the existing information and data sources on Latinos or IPV in Oklahoma City. The information collected will be used solely for the purpose of program development and is not considered research. The interview guide is presented in Appendix A.

B. Latino community attitudes (focus groups)

To obtain information on beliefs, attitudes, norms, and practices related to IPV, seven focus groups (two male groups, two female groups, one of elderly women (under 65), and two of youth (ages 18-24) will be conducted to obtain information on prevailing beliefs, attitudes, norms and practices related to IPV among this Latino population. LCDA will identify and recruit 8-10 participants from local commercial and public health services for each focus group. Participants will be recruited in proportions that reflect the general distribution by country of origin and will be paid for their participation. Topics explored in these interviews will include:

- 1) definitions and acceptability of different types of intimate partner violence;
- 2) perceived importance;
- 3) perceived causes and consequences;
- 4) the context in which it occurs and its subjective meanings to those involved;
- 5) perceived solutions, popular responses and practices related to help-seeking behavior;
- 6) perceived need for services and acceptability of different types of services, modes of delivery and settings.

Based on experiences in Mexico (Fawcett, Heise, Isita-Espeje & Pick, 1999) and Nicaragua (Ellsberg, Winkvist & Liljestrand, 1997) on eliciting cultural norms, we will use stories to encourage spontaneous and more truthful discussion of this sensitive issue (See Appendix B for interview guide). Focus group facilitators will be Latino or bilingual and gender concordant with participants. Sessions will be conducted in Spanish or English as appropriate and their content will be tape-recorded. Notes will also be taken to document process related issues of the focus groups.

Focus groups were chosen because they allow collection of in-depth qualitative data about people's experiences with IPV as well as their feelings and meanings associated with these experiences. This helps ground our theories on IPV occurrence in the personal experiences of the perpetrators and victims, and may further our understanding of the psychological, social, and cultural context in which it occurs. Thematic analysis (Boyatzis, 1998) will be used to identify themes from focus group interviews with Latino women and men.

C. Service needs for IPV victims and perpetrators (key informant interviews)

Information on perceived needs and barriers to services among Latino victims and perpetrators will be obtained with in-depth interviews will also be conducted with ten Latino victims and ten perpetrators of IPV who have used existing IPV services to explore help-seeking behavior. These data will be analyzed within a theoretical framework such as, but not limited to the Transtheoretical Model of Behavior Change (Prochaska & Velicer, 1997), the Health Belief Model (Bandura, 1977; Becker, 1974; Janz & Becker, 1984), the Theory of Reasoned Action (Fishbein, 1967; Fishbein & Ajzen, 1975) or Transactional Model of Stress and Coping (Cohen, 1984; Cohen & McKay, 1984). The interview guide is presented in Appendix C1 and C2.

Information to establish the relevance in this community of known risk factors for IPV will also be obtained in the in-depth interviews with victims and perpetrators of IPV. The literature has identified the following factors as consistently associated with the

perpetration of violence against women in intimate relationships: witnessing parental violence as a child, using violence towards children, alcohol usage, lower levels of education and income, use of violence against nonfamily members, marital conflict, social isolation, situational stress, and anger arousal (Tolman & Bennett, 1990). These factors will be explored in the in-depth interviews as well as victims' and perpetrators' beliefs about causes of IPV.

Items from the interview guides will be reviewed by the Steering Committee to provide feedback on content and cultural sensitivity.

Objective 3. Develop and implement culturally competent services.

The findings generated in the previous step will be presented to the members of the Steering Committee so that they can prioritize (given their limited resources) what new services are required and how to make existing services culturally competent. The CDC scientist along with the evaluation team from the University of Oklahoma will work jointly with LCDA staff and the Steering Committee to select evidence-based programs that meet the identified needs.

Activities required for adapting or developing new programs will depend on the type of program selected. In general, we foresee bilingual program staff translating and adapting existing materials, messages, and procedures for implementation; focus group interviews or interviews with individuals representative of intended recipients to establish readability, acceptability, and cultural sensitivity of new or adapted materials or messages; in depth interviews with Hispanics utilizing existing services or new services provided to obtain information on their experiences with these services and how to improve them; in-depth interviews with staff of newly created or adapted services to obtain their input on the feasibility and acceptability of the content and procedures to them and the recipients as well as any unanticipated obstacles or problems in implementing the services.

Objective 4. Evaluate process and impact of the program.

Process evaluation

The project evaluator from the University of Oklahoma and the CDC scientist will assist program staff in developing procedures and measures for process evaluation. A sample of activities/procedures will be periodically observed or documented with these criteria for quality assurance.

Information collected at each step in the formative evaluation will be presented to the Steering Committee, which will meet twice a month, to inform decision making on adjustments needed in program development and implementation. Periodic group discussions will be held with members of the Steering Committee and additional partners involved in the proposed initiative to obtain their input on the process. Notes will be taken to document these discussions as well as minutes of all administrative meetings. Minutes of the Steering Committee will be posted on the project's website.

Increase in IPV services for Latinos/ Increase in Latino use of IPV services

Information on newly created services/activities as well as modifications in those existing will be collected to establish the date initiated, the content or type of activity/service, the number implemented, and the number and characteristics of the population attended. Increase will be measured as compared to baseline measures of number and types of existing IPV services and Latinos served in them.

Client outcomes

The project evaluator from the University of Oklahoma will assist program staff in selecting measures and developing procedures to document client outcomes which will depend on the type of services selected. Measures that have been considered to document client outcomes include the Conflict Tactics Scale II, the Michigan Alcoholism Inventory, the Hispanic Stress Inventory, risk assessment, acculturation, and quality of life. Furthermore, information on Latino victims/perpetrators will be collected to document how they navigate through the IPV services provided by LCDA. Efforts will be made to participate in the State Health Department's IPV fatality review team meetings when Hispanic fatality cases occur as a mechanism for gaining insight into cases that appear to have "fallen through the cracks".

Prevalence and occurrence of IPV

The project will study the potential utility of surveillance data on injuries and deaths and the periodic random digit dial survey collected by the Oklahoma State Health Department to establish the possible impact of the program among Latinos in Oklahoma City.

PRODUCTS

- Description of existing IPV services in the Oklahoma City area, current demand for services, proportion of the demand generated by Latinos, problems encountered in attending the Latino population, efforts to tailor services to this subgroup, and perceived needs and barriers to services for IPV victims and perpetrators;
- Description of cultural specifics of IPV among Latinos in the Oklahoma City area (determinants, context, and management);
- Implement a pilot test of a culturally competent intervention program for Latinos in the Oklahoma City area;
- Manual, measures and codebook for process evaluation and evaluation of client outcomes.

CDC IPV/SV Demonstration Project: Building the Foundation for Culturally Sensitive Intimate Partner Violence Services for Latinos

Timeline

Proposal design	Refinement		September, 2000-February, 2002
	IRB approval		August, 2001- March, 2002
Consolidate a working partnership: Steering Committee	Convene		January, 2002
	Train		March, 2002- June, 2002
	Identify needs & strategies		July-October, 2002
	Develop interventions		September, 2002-December, 2002
	Oversee implementation		January, 2003-end
Describe existing services	Identify key informants		March-April, 2002
	Schedule visits		April-May, 2002
	Train staff		April, 2002
	Interview		May-June, 2002
	Follow--up		
Identify cultural specifics of Latinos-IPV/SV	Focus groups	Recruit	March – April 2002
		Conduct	April, 2002
		Transcribe	May – June, 2002
		Translate	June, 2002
		Code	July – August, 2002
		Analyze	September – October, 2002
	IPV/SV Victims and Perpetrators	Train interviewer	April, 2002
		Recruit and schedule	May, 2002

		Interview	June- July, 2002
Evaluate process	Develop and validate measures		January – February, 2003
	Data Collection		March, 2003-
	Analysis		March, 2003-
Evaluate impact	Develop and validate measures		January – February, 2003
	Data Collection		TBD
	Analysis		TBD

REFERENCES

Bandura, A. Self-efficacy: Toward a unifying theory of behavior change. *Psychological Review* 1977; 84: 191-215.

Becker, MH. (ed.). *The health belief model and personal health behavior*. Health Education Monographs 1974; 2: (entire issue).

Boyatzis, RE. *Transforming Qualitative Information. Thematic Analysis and Code Development*. Thousand Oaks, CA: Sage, 1998.

Chalk, R. & King, PA (Eds.); Committee on the Assessment of Family Violence Interventions, Board on Children, Youth and Families, National Research Council and Institute of Medicine. *Violence in families. Assessing Prevention and Treatment Programs*. Washington, D.C.: National Academy Press, 1998.

Cohen, F. "Coping." In J. D. Matarazzo and others (eds.), *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention*. New York, Wiley, 1984.

Cohen, S., and McKay, G. "Social support, stress and the buffering hypothesis: A theoretical analysis." In A. Baum, J. E. Singer, and S. E. Taylor (eds.), *Handbook of Psychology and Health*, Vol 4, Hillsdale, NJ: Erlbaum, 1984.

Curiel, Herman., Baker, Donald., Mata, Jonas., Medina, Larry., & Trapp, Maria del Carmen. (1993). *A Needs Assessment of Hispanic Oklahoma City Residents in High Density Area*, Latino Community Development Agency.

Decker, DJ. *Stopping the Violence: A Group Model to Change Men's Abusive Attitudes and Behaviors*. New York: Haworth Maltreatment and Trauma Press, 1999.

Ellsberg, M, Winkvist, A, Liljestrang, J. The Nicaraguan network of women against violence: Using research and action for change. *Reproductive Health Matters* 1997; 10:82-92.

Fantuzzo, JW & Lindquist, CU. The Effects of Observing Conjugal Violence on Children: A Review and Analysis of Research Methodology. *Journal of Family Violence* 1989; 4: 77-94.

Fawcett, GM, Heise, LL, Isita-Espeje, L & Pick, S. Changing Community Responses to Wife Abuse. A Research and Demonstration Project in Iztacalco, Mexico. *American Psychologist* 1999; 54: 41-49.

Fishbein, M. (ed.) *Readings in Attitude Theory and Measurement*. New York: Wiley, 1967.

Fishbein, M & Ajzen, I. *Belief, Attitude, Intention and Behavior: An Introduction to Theory and Research*. Reading, MA: Addison-Wesley, 1975.

Freire, P. *Pedagogy of the Oppressed*. New York: Continuum, 1997.

Gondolf, E.W. Service Barriers for Battered Women with Male Partners in Batterer Programs. *Journal of Interpersonal Violence* 2002; 17: 217-227.

Gupta, S. Building culturally competent individual and community partnerships. Cross-Cultural Health Care Program Seminar, Atlanta, July 24-25, 2001.

Janz, NK, & Becker, MH. The health belief model: A decade later. *Health Education Quarterly* 1984; 11: 1-47.

Levinson, D. *Family Violence in Cross-Cultural Perspective*. Newbury Park: Sage, 1989.

Nicklas, Janice. & Palacios, Maria Carlota.,(2001). *Tulsa Hispanic Study 2001*, Community Service Council of Greater Tulsa.

Office of Minority Health, U.S. Department for Health and human Services. *Assuring Cultural Competence in Health Care. Recommendations for National Standards and Outcomes –Focused Research Agenda*. [Online] Available from: <http://www.omhrc.gov/CLAS/ds.htm>.

Panel on Research on Violence Against Women, National Research Council. *Understanding Violence Against Women*. Washington, DC: National Academy of Science, 1997.

Perilla, J., Bakeman, R. & Norris, FH. Culture and Domestic Violence: The Ecology of Abused Latinas. *Violence and Victims* 1994; 9: 325-339.

Perilla, J. & Perez, F. A Program for Immigrant Latino Men Who Batter Within the Context of a Comprehensive Family Intervention. In: E. Aldarondo & F. Mederos. *Working with Men Who Batter: Intervention and Prevention Strategies in a Diverse Society*. New York: Civil Research Institute Inc., 2001.

Perilla, J. Domestic Violence as a Human Rights Issue: The Case of Immigrant Latinos. *Hispanic Journal of Behavioral Sciences* 1999; 21: 107-133.

Plitcha, S. The effects of woman abuse on health care utilization and health status: A literature review. *Women's Health issues* 1992; 2: 154-163.

Prochaska, JO & Velicer, WF. The Transtheoretical Model of Behavior Change. *American Journal of Health Promotion* 1997; 12: 38-48.

Ramirez, A. *Violencia Masculina en el hogar: Alternativas y Soluciones*. [Masculine Violence in the Home: Alternatives and Solutions]. Mexico: Editorial Pax, Mexico, 1999.

Rossi, PH, Freeman, HE, Lipey, MW. *Evaluation: A Systematic Approach*. Thousand Oaks, CA: Sage, 1999.

Scriven, M. *Evaluation Thesaurus* (4th ed.) Newbury Park, CA: Sage, 1991.

Saltzman, LE, Fanslow, JL, McMahon, PM, Shelley, GE. *Intimate partner violence surveillance: uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 1999.

Straus, MA & Smith, C. Violence in Hispanic families in the United States: Incidence rates and structural interpretations, in Straus MA & Gelles RJ (eds.) *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ, Transaction, 1990, (pp.241-367).

Teutsch, SM & Churchill, RE. *Principles and Practice of Public Health Surveillance*. New York: Oxford University Press, 1994.

Thompson, NJ & McClintock, HO. *Demonstrating Your Programs' Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1998.

Tjaden, P. & Thoennes, N. *Extent, Nature, and Consequences of intimate Partner Violence. Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice, 2000.

Tolman, RM & Bennett, LW. A Review of Quantitative Research on Men Who Batter. *Journal of interpersonal Violence* 1990; 5: 87-117.

U.S. Census Bureau, 2000 [Online] Available from www.quickfacts.census.gov

U. S. Department of Health and Human Services. *Healthy People 2010*. Washington, DC:, 2000

Appendix A : Interview guide for key staff from existing IPV services.

Hello, I'm _____ and I work with the Latino Community Development Agency. The Latino Community Development Agency is a Neighborhood Services Organization established since 1991. LCDA creates programs and services to fill gaps left by the local health and human service system, targeting the needs of Latinos in central Oklahoma, particularly those who face language and cultural barriers in accessing resources and services. The LCDA with the support of the University of Oklahoma and the Centers for Disease Control and Prevention in Atlanta is developing a program to address the problem of intimate partner violence among Latinos. As a first step we are interested in knowing what services exist so that we can identify the possible gaps. We appreciate your collaboration.

Explore:

1. What term is preferred – “intimate partner violence” or "domestic violence"?
2. What kinds of behaviors are included/excluded in their definition (probe for emotional, physical and sexual)? Among whom?
3. How frequent is IPV/DV among Latinos? What percentage of families are affected?
4. How important is it for Latinos compared to other competing problems (what are the other competing problems?)
5. Why does it occur? Have they noticed specific causes among Latinos different from other groups?
6. What services does the agency/organization provide to address IPV/DV? Describe the content of the services/program (what do they do?), volume of services/month, does this satisfy the demand for services (do they turn people away? How many a month?) characteristics (race/ ethnicity, SES) of the population served, proportion that are Latino.
7. Have they done anything to make the services culturally accessible/ competent for the Latino community. What proportion of staff are bilingual?, are materials/signage translated?, has staff received training on cultural specifics and diversities among Latinos as related to IPV/DV? Would they be interested in participating as partners with the LCDA in making services culturally appropriate for the Latino community?
8. What might prevent a Latino needing the service at this agency from knowing about it, accessing it and effectively using it?
9. Do they know of other agencies in Oklahoma City that provide services or programs that address the problem of IPV? Get name, address and telephone.
10. Do they know of any existing information or data sources on Latinos (characteristics of the community) or IPV in Oklahoma City.

Appendix B. Interview Guide for Focus Group Interviews of Latino Community.

Introduction: You are being asked to participate in a discussion group with other women/men from the Latino community. The purpose of this discussion is to get your opinions on violence between couples, married, living together, or just dating. This discussion group is part of a project being conducted by the Latino Community Development Agency, with the support of the University of Oklahoma and the Centers for Disease Control and Prevention in Atlanta.

The information you provide us will be used to plan services to prevent or control partner violence. Families experiencing partner violence will benefit from your help in planning this program.

The group discussion will last about an hour and you will be paid \$## for your participation. You will not be asked to give us your name nor will we ask you personal questions or to discuss your personal experiences. We are mainly interested in your opinions. What you say in the group will be kept confidential. Your participation is voluntary and you may leave at any time during the discussion if you wish. Feel free to ask the group leader any questions.

Read the following vignette:

Rosita lives with her husband Victor and their two young children. She frequently fights with Victor because he doesn't give her enough housekeeping money and won't let her work because he gets jealous. He *often insults her* (he says she's a bad cook and rotten mother) and has slapped her a few times when dinner's late or isn't to his liking.

1. Do Rosita and Victor have a problem? What behaviors make you think there is a problem (probe perception of behaviors underlined not mentioned by group)? What other behaviors (not described here) would also be considered a part of this problem? What is the problem called?
2. How frequent is (*use their term*)? Is it more or less frequent among Latinos?
3. How serious is (*use their term*)? What problems might they have that would be more serious than (*use their term*)?
4. What do their neighbors think about Rosita and Victor's problem? And Rosita's family? And Victor's family?
5. What might happen if a neighbor or family member intervenes?
6. What might happen to Rosita if nothing is done to stop the problem?
7. What might happen to her children?
8. What reasons does Victor give for treating Rosita this way?
9. What are the causes of Victor's problem?
10. What reasons does Rosita give for staying with Victor?
11. What can Rosita or Victor do to solve the problem?
12. What would make Rosita decide to get help?
13. What kind of help does Rosita need?
14. Where would Rosita go to get help?
15. What can we do to prevent our children from ever having this problem?

Appendix C1: Interview Guide for Victims of IPV/SV

INTRODUCTION

Violence between couples causes a lot of injury, death, and disability. The Latino Development Agency, with the support of the University of Oklahoma and the Centers for Disease Control and Prevention in Atlanta is developing a program to reduce this kind of violence. We are asking you to participate in an interview about the experiences women/men have when they need help to stop the violence with their partner. We will be talking to men who have been violent towards their current or former wives, girlfriends, or other intimate partners and we will also be talking to women who have been victims of violence by their current or former husbands, boyfriends or other intimate partners. We would like to talk to you because you've had experience with intimate partner violence. The purpose of this interview is to talk about your experiences and to advise us in creating better ways to help other women/men who have problems like your own.

In this interview we will ask you some things about yourself and the violence in your past. We will ask you about the kind of help you wished you had had and the help you actually got. We want your opinions about the best ways that the Latino Development Agency can help women/men who have a history of partner violence. We would like to improve the services available and need your ideas to help us develop a program that women/men who have a history of partner violence will find helpful and will use.

The interview will last about one hour and you will be paid \$## for your participation. You will not be asked to give us your name and you will not be asked to write your answers. The interviewer will take notes while you are talking. To help us in remembering your answers we would like to tape record the interview. If you do not wish this to be done, tell us and we will not record anything. Your participation is voluntary, and you may refuse to answer any question or leave at any time during the interview if you wish. Your participation or what you say in the interview will not affect your services at the Latino Development Agency or elsewhere.

RISKS

The risks for you if you participate are small. Some of the questions may be upsetting and may make you feel uncomfortable. If this happens, we will refer you to someone who can provide counseling if you wish. In addition, if you would like more information, we can give you a list of helpful resources.

BENEFITS

Many people find it helps to talk about their experiences with violence. This may be true for you. In addition, the information you give us can be used to help plan better ways of providing services for women and men involved in partner violence. You will also receive \$# for your time and inconvenience.

CONFIDENTIALITY

What you talk about will be kept secret. In fact, your name will not appear on any of our notes. You will be assigned a number for this project and that number will be the way we keep your ideas separate from everybody else's. As soon as the information you give us is put into the computer, any papers we take notes on will be destroyed as well as all tapes, if we record your responses.

If you have any questions about the program, please feel free to ask now or you can call CONTACT PERSON. Do you have any questions? Would you like to participate?

1. When and how did you first become aware that you had a problem?
2. When did it begin (how long after meeting him or getting married)? What was the first sign? What other things did your partner do to you? How often did these things occur? Why do you think it occurred?
3. When did you decide to get help for yourself?
4. What made you decide to get help?
5. What problems did you encounter in trying to get help?
6. Where did you get information on your possible options for receiving help?
7. What made you decide to use the services at (X agency)?
8. What problem did you find in trying make use of the services?
9. How could we get more people like you to come?
10. What services has the Agency provided for you?
11. Of these services, what did you find most helpful? Why?
12. (If participated in a support or educational program) What sessions did you like the most? The least? Why? Any sessions feel demeaning? Irrelevant?
13. Was anything missing from the services that you would have liked to have received?
14. What problems have you encountered in this process?
15. Has anything changed since you've been in the program and if so, in what ways?

Demographics

Age:

Level of education:

Years living in the U.S.

Country of origin:

Number of children:

Appendix C2: Interview Guide for Perpetrators of IPV/SV

INTRODUCTION

Violence between couples causes a lot of injury, death, and disability. The Latino Development Agency, with the support of the University of Oklahoma and the Centers for Disease Control and Prevention in Atlanta is developing a program to reduce this kind of violence. We are asking you to participate in an interview about the experiences women/men have when they need help to stop the violence with their partner. We will be talking to men who have been violent towards their current or former wives, girlfriends, or other intimate partners and we will also be talking to women who have been victims of violence by their current or former husbands, boyfriends or other intimate partners. We would like to talk to you because you've had experience with intimate partner violence. The purpose of this interview is to talk about your experiences and to advise us in creating better ways to help other women/men who have problems like your own.

In this interview we will ask you some things about yourself and the violence in your past. We will ask you about the kind of help you wished you had had and the help you actually got. We want your opinions about the best ways that the Latino Development Agency can help women/men who have a history of partner violence. We would like to improve the services available and need your ideas to help us develop a program that women/men who have a history of partner violence will find helpful and will use.

The interview will last about one hour and you will be paid \$## for your participation. You will not be asked to give us your name and you will not be asked to write your answers. The interviewer will take notes while you are talking. To help us in remembering your answers we would like to tape record the interview. If you do not wish this to be done, tell us and we will not record anything. Your participation is voluntary, and you may refuse to answer any question or leave at any time during the interview if you wish. Your participation or what you say in the interview will not affect your services at the Latino Development Agency or elsewhere.

RISKS

The risks for you if you participate are small. Some of the questions may be upsetting and may make you feel uncomfortable. If this happens, we will refer you to someone who can provide counseling if you wish. In addition, if you would like more information, we can give you a list of helpful resources.

BENEFITS

Many people find it helps to talk about their experiences with violence. This may be true for you. In addition, the information you give us can be used to help plan better ways of providing services for women and men involved in partner violence. You will also receive \$# for your time and inconvenience.

CONFIDENTIALITY

What you talk about will be kept secret. In fact, your name will not appear on any of our notes. You will be assigned a number for this project and that number will be the way we keep your ideas separate from everybody else's. As soon as the information you give us is put into the computer, any papers we take notes on will be destroyed as well as all tapes, if we record your responses.

If you have any questions about this program, please feel free to ask now or you can call CONTACT PERSON. Do you have any questions? Would you like to participate?

Questions:

1. First, I'd like to know a little about your background. Where were you born? Where did you grow up? Did you live with both of your parents? What were they like? How well did they get along? Did you ever hear or see them fighting? (IF no) do you know if/ (IF yes,) what was that like -did they scream at each other? insult each other ? hit each other?
2. Please describe the last time you hit, slapped, pushed or physically injured your wife/partner. What seems to trigger these episodes? Describe events leading to it, what you did, what your partner did. What do you think causes these behaviors? How do you think they can be prevented? How probable is it to occur again?
3. How long have you had this problem? How did it begin? What other things did you do to your partner? How often did these things occur? Why do you think it occurred?
4. Have you ever hit, punched or physically injured another person different from your partner? Have you ever hit your children so hard they were bruised or had to get medical attention?
5. When and how did you first become aware that you needed help?
6. What made you decide to get help?
7. What problems did you have in trying to find help?
8. Where did you get information on your possible options for receiving help?
9. What made you decide to use the services at (X agency)?
10. What problem did you find in trying to make use of the services?
11. How could we get more people like you to come to this program?
12. What services has X Agency provided for you?
13. Of these services, what did you find most helpful? Why?
14. (If participated in the curriculum) What sessions did you like the most? The least? Why? Any sessions feel demeaning? Irrelevant?
15. Was anything missing from the services that you would have liked to have received?
16. What problems have you encountered?
17. Has anything changed since you've been in the program and if so, in what ways?

Demographics

Age:

Level of education:

Years living in the U.S.

Country of origin:

Number of children:

Appendix D: Questions for testing new/adapted materials/methods

1. Are the proposed methods and materials used in the program appropriate for the target population? Are they barrier-free (literacy level, cultural, including beliefs that might work against the program), culturally sensitive, timely, relevant to the outcomes desired?