

HHMI GRANTEE IMPLEMENTATION EVALUATION

Addressing Domestic Violence in Hispanic Healthy Relationship Programs

OPRE Report 2012-35

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Addressing Domestic Violence in Hispanic Healthy Relationship Programs



The Hispanic Healthy Marriage Initiative (HHMI) is a focused strategy to address the unique cultural, linguistic, demographic, and socioeconomic needs of a growing population of Hispanic children and families in the United States. The Administration for Children and Families (ACF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), within the Department of Health and Human Services (HHS), funded the Hispanic Healthy Marriage Initiative Grantee Implementation Evaluation to examine ways in which federally-funded healthy marriage grantees have developed, adapted and implemented culturally relevant and appropriate programs to strengthen Hispanic marital and family relationships. This brief, fourth in a series of six, describes how study sites addressed domestic violence in the family strengthening and relationship education services they provided.

Introduction

Domestic violence is a serious and frequent occurrence in some families. Neither Hispanic families nor potential participants in healthy relationship programs are immune from domestic violence. This brief describes the ways in which selected federally-funded grantees that participated in the Hispanic Healthy Marriage Initiative (HHMI) Implementation Evaluation educated participants and staff about domestic violence, established and executed partnerships with domestic violence expert organizations, and screened participants for domestic violence.

This brief also discusses the procedures and programs developed to try to protect and support participants who disclosed experiences of domestic violence.

The HHMI Implementation Evaluation documented how programs adapted marriage and relationship education programming to reflect the cultural values and norms of their Hispanic program participants.

Nine programs participated in the HHMI Implementation Evaluation. These programs reflect the diversity of the Hispanic population, serving participants that vary on such characteristics as countries of ancestry, generational statuses and acculturation levels. All of the programs undertook special efforts to ensure their services and supports were culturally competent and responsive to Hispanic cultural norms, including *familismo*, *marianismo* and *machismo*.¹

It is important to note, however, that the strategies discussed in this brief were not evaluated for effectiveness, so they should not be viewed as recommended, promising, or evidence-based

¹ Not all Hispanics believe in or subscribe to these traditional values, which are documented in the literature as connected to both positive and negative outcomes. *Familismo* is an extension of the collectivism valued by traditional communities and refers to a strong sense of identification and loyalty to family, protection of family honor, respect, and cooperation (Gonzales-Castro et al., 2006; Perez & Cruess, 2011). *Machismo* and *marianismo* refer to traditional gender roles. *Machismo* has been described in both negative and positive terms. Negative connotations encompass womanizing, domination, and abusive masculinity; positive connotations include manliness, courage, and independence (Cuellar, Arnold, & Gonzalez, 1995). *Marianismo*, the female counterpart of machismo, has its roots in Catholic beliefs about the Virgin Mary and encompasses the view that Hispanic women represent virginity, spiritual virtue, obedience, and the capacity to endure emotional and physical pain for their families above and beyond that of men. Within the context of *marianismo*, sexuality is defined and controlled by men, should only occur in marriage and be for procreation, not pleasure, as motherhood is highly valued and respected (Child Welfare League of America, 2003; Delgado, 2007).

practices. Some strategies described may not meet standards that domestic violence experts would recommend. More empirical evaluation of programs using these and other strategies is a critical next step for the field.

Domestic Violence among Hispanic Populations

The data presented in this section refer to physical and sexual violence, but for the purposes of this brief, domestic violence encapsulates all types of abuse, including physical, emotional and verbal. The programs in this brief used this same inclusive definition.

In nationally representative samples, Hispanic men and women report experiencing domestic violence at rates similar to those found in non-Hispanic, White populations (Hyra 2011). As shown in Figure 1, about one in five Hispanic and White women report being victims of physical assaults from a cohabiting or married partner at some point in their lifetime (Tjaden & Thoennes, 2000). About five percent said they were stalked. A little less than six percent of White women say they were raped by an intimate partner, compared with eight percent of Hispanic women (a statistically significant difference). Overall, men are less likely to report being victims of domestic violence than women. Approximately seven percent of men (Hispanic and White) report having been physically assaulted by a cohabiting partner or spouse.

Figure 1. Prevalence of Domestic Violence in the US, for Whites and Hispanics

Women		
Act of Violence	Hispanic	White
Rape	7.9%	5.7%
Physical Assault	21.2%	22.1%
Stalking	4.8%	4.8%
Any violence	23.4%	25.6%

Men		
Act of Violence	Hispanic	White
Rape	Not Available	0.3
Physical Assault	6.5%	7.5%
Stalking	Not Available	0.7%
Any violence	7.4%	8.0%

Source: Tjaden & Thoennes, 2000

The data about domestic violence rates among Hispanics by country of origin are limited. One study of lower-income Hispanic women found that mainland Puerto Ricans were less likely to report being a victim of domestic violence in the previous 12 months than Hispanics of other ancestries (Frias & Angel, 2005). Another study reported that Cuban-American men were less likely to report being assaulted by their partners than Mexican-American men (Jasinski, 1998).

Research suggests immigration may place women at increased risk of domestic violence (Dutton, Orloff, & Hass, 2000). Newly migrated Hispanic women experiencing domestic violence said there was increased cultural and financial stress associated with moving to the United States (Bauer, Rodriguez, & Quiroga, 2000). Additionally, they felt cut off from their family and friends who remained in their countries of origin and were socially isolated in the U.S. These increased stressors coupled with isolation and limited knowledge of the host culture or language may contribute to the augmented risk for domestic violence. In addition, perpetrators may purposely isolate and withhold financial resources from victims as acts of abuse and control.²

Although data show that immigration may exacerbate domestic violence in some families, other studies suggest that foreign-born Hispanic women are less likely to report being victims of domestic violence than US-born Hispanic women (Aldarondo, Kantor, & Jasinski, 2002).

² The Duluth Model: Power and Control Wheel. Retrieved from: <http://www.theduluthmodel.org/pdf/PowerandControl.pdf>

Traditional Hispanic cultural norms likely protect some people from domestic violence. For example, because of the strong intergenerational family ties (familismo), fathers may be able to protect their married adult daughters. These same values, though, may exacerbate domestic violence. For example, familismo also places family coherence over individual needs, and might encourage victims to stay with their abusers for the sake of family stability (Adames & Campbell, 2005). Additionally, traditional gender norms (i.e., machismo and marianismo) can perpetuate a power imbalance within the family and may validate abuse (Adames & Campbell, 2005). While these norms are present throughout Latin America, Hispanics adhere to these values to various degrees.

Domestic Violence and the Healthy Marriage Initiative

Since the beginning of the Healthy Marriage Initiative in 2002, many stakeholders have been concerned that couples dealing with domestic violence might sign up for healthy marriage and relationship education programming thinking the services would address their violence issues. Additionally, some stakeholders worried that violence could be exacerbated if program staff believed communication and conflict resolution skills could improve a violent relationship or that even a violent couple should focus on staying together (Catlett & Artis, 2004). The Administration for Children and Families (ACF) focused the initiative on healthy relationships and instituted requirements and supports to ensure grantees included procedures to protect families and participants from domestic violence. The grantees in this study were required to work with domestic violence organizations to ensure experts informed programming and that participant safety was paramount. ACF also funded the National Healthy Marriage Resource Center and various technical assistance providers to support grantees and provide domestic violence education to healthy marriage programs.

The concern that couples experiencing violence of any type might be attracted to healthy marriage programming as a strategy to address violence in

their relationship has some empirical support. One study probed domestic violence exposure among people expressing interest in enrolling in a federally and state-funded healthy relationship program. About 10 percent of this sample of almost exclusively White, married couples was judged to be at risk of moderate to severe domestic violence. Another 30 percent of couples reported having at least one “minor” incident of domestic violence in their relationship ³(Bradford, Skogrand, & Higginbotham, 2011).

There is no consistent evidence or expert consensus on whether couples with low levels of violence should be excluded from participation in healthy marriage programming. There is evidence that what some experts term “situational couple violence” (characterized by arguments that turn physical, e.g., hitting, slapping, punching, rather than a pattern of anger, control and domination) is not exacerbated by marriage and relationship education participation (Wilde & Doherty, 2011) and that these couples may even benefit from the program (Bradley, Friend, & Gottman, 2011). A recent rigorous evaluation of federally-funded healthy marriage education services to low-income married couples with children found no evidence that the programs increased violence (Hsueh, et al, 2012). Within that study, about 40 percent of the sample was Hispanic. In a similar evaluation of a federally-funded healthy marriage and relationship education program provided to low-income, unmarried, new parents, seven of eight programs in a random assignment evaluation showed no differences in rates of violence, but there was an increase in reports of violence towards women in one program site. At that site, less than two percent of participants were Hispanic (Wood, McConnell, Moore, Clarkwest, & Hsueh, 2010). These mixed research findings leave programs with no clear guidance on which types of couples should be excluded from marriage and relationship education and which might benefit.

³ Unfortunately, this data cannot be compared to national prevalence rates. Most surveys capture lifetime exposure to domestic violence or time limited information not specific to a partner (e.g., any incidence in past 12 months). In contrast this study asked about presence of violence anytime in current relationship.

Unfortunately, no instrument exists to determine whether the level or type of violence a couple is experiencing may be compatible with participation in healthy marriage and relationship education (Derrington et al., 2010). Consequently, federally-funded healthy marriage and relationship education programs take a wide variety of approaches to identifying and addressing domestic violence. For example, the eight healthy marriage programs serving low-income, unmarried couples worked with local domestic violence organizations, trained staff on disclosure and assessment procedures, and screened only women (so as to not alert a male perpetrator that his partner may be disclosing). The sites differed in the tools and procedures they used to screen, however. Some sites used proprietary screening tools, such as the one developed by Gottman, Babcock, Stith and McCollum (2004), while others developed a tool in house, and still others engaged clients in informal conversations as a way to probe domestic violence exposure (Dion, Hershey, Zaveri, Avellar, Strong, Silman, & Moore, 2008). These screeners were not, by and large, developed with a specific culture in mind. Moreover, there is little data available about the psychometric properties of these tools.

Prior to 2006, ACF required grantees providing these services through existing funding streams to develop and submit the protocol they would use to screen for domestic violence and guide staff in addressing disclosure processes. The Deficit Reduction Act of 2005 (DRA), which appropriated \$150 million in discretionary grants each year from 2006 through 2010 for Grants for Healthy Marriage Promotion and Responsible Fatherhood,⁴ included specific requirements related to domestic violence. Grantees were required to consult with experts in domestic violence and describe in their applications how programs would address issues of domestic violence.⁵ The grantees were not, however, mandated to have a

⁴ In 2006, HHS awarded a total of 229 grants, of which 216 were Healthy Marriage and Responsible Fatherhood demonstration grants that provided direct services to clients.

⁵ Administration for Children and Families. "What HMI is." <http://acf.gov/healthymarriage/about/mission.html>

domestic violence protocol as had been previously required.

According to a study conducted by the General Accountability Office (GAO), 93 percent of healthy marriage grantees provided some form of information to participants about domestic violence. This ranged from distributing pamphlets on recognizing signs of domestic violence to devoting units in curricula to the topic. The GAO study does not provide information on how many grantees used a formal protocol, but indicates that most grantees did attempt to determine participants' risk for or experience with domestic violence and had established guidelines for responding, which typically involved a referral to a local domestic violence agency or service provider.⁶ The qualitative findings of this implementation study showed that the HHMI grantees engaged in similar activities related to domestic violence. The implementation study did not examine whether protocols were culturally competent or validated.

Screening and Disclosure

Programs in the HHMI Evaluation that employed screeners for domestic violence generally used one of two approaches. The first was to ask upfront, explicit questions about domestic violence, such as, "Does your partner ever hit you?" The second approach was more passive. The staff member described the program, what kinds of problems it was designed to address, and what issues, like substance abuse or domestic violence, were beyond the scope of marriage education. The staff member then asked whether the potential participant thought the program would be a good fit for their needs. Often the rationale for using one approach or the other was couched in terms of recognition of cultural taboos about discussing these issues or concerns that the direct approach might turn Hispanic participants away from the program, thus missing an opportunity

⁶ Healthy Marriage and Responsible Fatherhood Initiative: Further Progress Is Needed in Developing a Risk- Based Monitoring Approach to Help HHS Improve Program Oversight, September 2008, GAO-08-1002, <http://www.gao.gov/new.items/d081002.pdf>.

to further assess and provide assistance. Programs screened in Spanish and English, depending on participant preference. The Appendix of this brief displays some of the domestic violence screening questions or descriptions the programs used.

Domestic violence screenings were conducted at various points of program participation. Some programs screened during enrollment or intake phone calls, while others screened during on-site registration. One program screened during the first session. In-person screenings varied across programs as well. Some sites conducted individual-level discussions with a trained staff member or a third party domestic violence service provider. Other sites used a written screening tool, similar to a survey where participants marked their responses to questions, rather than soliciting a verbal response.

When participants disclosed incidents of domestic violence, most sites followed up with a more in-depth probe of the issue. In some sites, more in-depth probing was triggered by any positive response on their domestic violence screener. Other programs used a cutoff level (e.g., answering “occasionally” rather than “rarely” on the screener) to initiate additional questions. When a disclosure occurred, staff brought the couple to the attention of a senior staff member to determine how to proceed. In some cases the couple was allowed to participate in the program and a referral was made to the domestic violence service partner for assessment and further services. In these cases, program staff closely monitored the couples. In more severe cases, the couples were referred to the domestic violence service partner for other, more appropriate domestic violence interventions and asked to either defer or end participation in the program. One grantee’s protocol called for separation of the victim from the partner so disclosure and next steps could be developed in a safe environment without alerting the perpetrator. Victims in immediate danger were asked whether they wanted transportation to a shelter or to call the police. Programs that did not conduct more in-depth probes usually provided the identified participants with referral resources and advice in a private setting, and worked with participants to decide whether they wanted to continue program

participation. When available, referrals were made to culturally competent services.

Domestic Violence Partners and Training

Federal guidance did not specify the details of what a relationship between a grantee and a domestic violence service partner should entail, and as a result, grantees employed various approaches. This study provides important information about how the selected grantees serving Hispanic families implemented and maintained relationships with domestic violence service partners.

Generally, programs received support from their domestic violence service partners in multiple ways. Most sites sought help from their domestic violence service partners when developing their screening and disclosure procedures. One program reported they did not initially have a screening tool, but added one to their enrollment process at the suggestion of their domestic violence service partner. Most sites utilized their domestic violence service partner as a referral source for participants who disclosed domestic violence. Several programs asked their domestic violence service partners to train program staff on domestic violence and a few had domestic violence service partners provide direct instruction on domestic violence to program participants. When available, grantees partnered with domestic violence service providers with experience and cultural expertise working with Hispanic families.

Trainings for program staff focused on different aspects of domestic violence. One program provided training around possible signs of domestic violence among participants, while another focused on how staff should respond to domestic violence disclosures. Another program trained staff on appropriate ways to educate participants about domestic violence while a different program concentrated their trainings on anger management and how to end an abusive relationship.

Staff trainings also varied widely in their depth and frequency. One program required that every facilitator complete an eight-hour training before teaching any classes and a four-hour refresher course annually. Others held trainings at the start of the

grant period but did not repeat the course for new hires.

Curriculum Instruction on Domestic Violence

Programs approached discussion and instruction on domestic violence in several different ways. The rationale for these different approaches were varied and included: the recognition of cultural taboos about discussing sensitive topics in general and violence specifically; concerns that an at-risk couple would not return and an opportunity to provide assistance would be lost; and programs' experiences and expertise in addressing domestic violence issues. Some programs chose not to address or discuss domestic violence directly as part of the curriculum. Rather, these programs focused on teaching about the characteristics of healthy and unhealthy relationships, ways to develop a balance of power in relationships and how to maintain a healthy relationship.

A second approach employed by some programs was to provide a brief introduction to domestic violence, such as descriptions of signs of domestic violence, but provide the bulk of instruction on healthy and unhealthy relationship characteristics. One program that used this approach spoke about the need for carefully selected vocabulary. This staff used words like mistreated, rather than violence, and safety and respect, rather than power and control. They felt the chosen words were less likely to offend participants and affect retention rates.

A third approach to domestic violence focused on providing direct education. Programs adopting this approach recognized this topic was sensitive, but felt that any concerns of offending participants were outweighed by the need to attempt to reduce domestic violence. One program in this category said they used strong, direct domestic violence vocabulary because they were concerned euphemisms might not resonate with participants. Two other programs focused on discussing the wide variety of ways domestic violence may manifest. One intended to help participants identify and label less extreme cases of domestic violence while another encouraged

participants to expand their definitions of violence and see that although their partners may not be physically violent, they may be "abusive in other ways."

Domestic Violence, Gender, and other Sensitivities among Hispanic Couples

Programs grappled with how to discuss domestic violence with both men and women in a couple's environment.⁷ One program had serious concerns about addressing domestic violence with men, for fear that men would feel they were being viewed as perpetrators. This program believed that Hispanic men are often pre-judged and that service providers make many assumptions about Hispanic men. Program staff did not want to risk making their male participants feel judged or accused. Research suggests that such concerns are empirically validated (Zayas & Torres, 2009). Ultimately, the program chose not to include any explicit discussion of domestic violence in their curriculum to avoid this perception. Another program initially separated men and women during the session on domestic violence but later decided the separation implied that only (or all) men were perpetrators and only (or all) women were victims. They provided domestic violence instruction to the mixed gender group instead.

One program explicitly wrapped gender issues into domestic violence discussions. This program presented domestic violence as if it might affect the participants' daughters. The program felt this framing allowed for a fuller discussion of domestic violence, by making the presentation less accusatory (suggesting the couples themselves were not violent but that friends or family members may encounter domestic violence) and more acceptable to male participants. This approach also tapped into the positive aspects of familismo and machismo, that is, caring for and protecting your family.

Several sites reported that male gender roles and norms, and specifically certain aspects of *machismo*, made domestic violence instruction more difficult.

⁷ All couples in the HHMI evaluation were heterosexual couples so this discussion may not be applicable to same-sex Hispanic couples.

Two programs reported that Hispanic men were less likely to discuss domestic violence due to adherence to machismo. Males who adhere to these traditional views on masculinity may see themselves as “in charge” or “in control” of the family, and may view non-physical instances of domestic violence as benign or in the best interests of their family. They would argue that they are protecting their “weaker” female partner from a hostile, dangerous world. In extreme cases, they might even feel justified in using violence to exert this control. Immigration, financial stressors, and substance abuse can exacerbate the situation. Even when men are aware of these issues, they may be hesitant to discuss them. Another program that provided marriage education to men reported they felt male participants underreported domestic violence victimization. According to *machismo*, it is inconceivable that a man would allow his female partner to abuse him.

Programs addressed other sensitivities in teaching about domestic violence. One believed their participants had a high threshold of tolerance for domestic violence and that it was imperative program staff taught about domestic violence in a way that showed (and convinced participants) that all types of domestic abuse, even those that involve no or minor physical violence, are wrong. Another program expressed concerns about confidentiality regarding such a sensitive topic within a group setting. Many of their participants resided in small towns or were members of the same small networks and had friends or acquaintances in common. This program used post-it notes rather than oral responses as a way to facilitate a safe, anonymous dialog about domestic violence. Participants anonymously wrote responses and thoughts on the notes, which were then posted on a board. Facilitators could then select from these anonymous posts and use them to start discussions.

Issues to Consider When Addressing Domestic Violence with Hispanics

Traditional Hispanic culture serves as both a protective and risk factor for domestic violence. Additional complications include women’s employment and documentation status.

- ▶ Hispanic cultural values, such as *familismo*, place more importance on nuclear and extended family than individuals. Such values might make it more difficult for victims to seek outside help and/or safety, either because of their own adherence to traditional values, or because their family and friends are encouraging family maintenance.
- ▶ Those same cultural values can also serve as protective factors. For example, machismo also encourages men to be protectors of their families (Arciniega, Anderson, Tovar-Blank & Tracey, 2008). Programs can emphasize the positive aspects of Hispanic cultural values and demonstrate how adherence to these values is inconsistent with domestic violence.
- ▶ A large percentage of Hispanics are affiliated with Christian denominations that forbid or discourage divorce (e.g., Catholicism, evangelical Protestantism) (Pew Hispanic Center, 2007); such individuals might see efforts to deal with domestic violence as potentially leading to separation or divorce.
- ▶ The effect of Hispanic women’s employment patterns work in several directions. In Latin America, about half of women do not work outside of the home (International Labour Organization and United Nations Development Programme, 2009). After coming to the United States, many immigrant women will work outside the home, which means they will be exposed to new challenges in the workplace and strains on their role at home. On the other hand, 40 percent of Hispanic women do not work outside the home (Kochlar, 2008). When there is domestic violence, such women may be more isolated than employed women since they are economically bound to their husbands and less likely to have a different social network than their spouse. In the U.S., many immigrant women will work outside of the home, which means they will be exposed to new challenges in the work place as well as strains on their role at home.

- ▶ Immigration and documentation status are important. Perpetrators of domestic violence may isolate and control their victims based on documentation status. Undocumented victims may be reluctant to disclose for fear of deportation or being separated from their children (Bauer, Rodriguez, & Quiroga, 2000). Hispanic female survivors report that immigration status is often used as a control mechanism to ensure that they do not leave the abusive situation (Pan et al., 2006). The Violence Against Women Act (VAWA) includes special immigration remedies for victims married to abusers who are U.S. citizens or legal permanent residents, known as the VAWA self-petition, as well as the U visa for victims of crime. Many immigrant victims of violence may be unaware of these remedies.
- ▶ Language is a concern, because in Spanish all nouns have a gender. The use of male nouns might give the impression perpetrators are always male, although survey data indicates that approximately 15 percent of intimate partner violence victims are men.⁸ A conscious effort to use both male and female nouns indicates that some men are victims of domestic violence.
- ▶ Different levels of acculturation, differences in immigration status, and differences in language proficiency (in Spanish and English) can impact help seeking behaviors. Hispanic victims report seeking access to shelters less frequently than women from other racial/ethnic groups; this is especially true for immigrant Hispanic survivors (Ingram, 2007). Hispanic victims are only half as likely to report abuse to authorities as survivors from other ethnic/racial groups (Zarza & Adler, 2008). This makes it even more important to locate culturally and linguistically appropriate resources and service providers.
- ▶ There are an insufficient number of domestic violence service providers that speak Spanish and/or provide culturally competent services. A third of domestic violence shelters do not have any Spanish-speaking staff (Lyon, Lane & Menard, 2009). Marriage and relationship education programs in Hispanic serving organizations should assess possible referral organizations for their ability to effectively serve Hispanic clientele. National professional associations (for example, the American Psychological Association, the National Association of Social Workers, and the National Association of Marriage and Family Therapists) have state and local chapters and

affiliates that maintain referral locator services. Clients can also be referred to organizations, such as Casa de Esperanza⁹, that provide culturally appropriate domestic violence resources and be given the 24-hour domestic violence hotline number 1-800-799-SAFE (7233) to obtain information about services available in local communities.

Summary and Implications

Domestic abuse affects many Americans of all races, ages, genders and social class. Hispanics are no exception.

In this study, programs treated domestic violence with requisite seriousness and expressed concern about the prevalence and effects of domestic violence in their communities. They differed in their approaches to addressing detection and disclosure of domestic violence, educating staff and participants about domestic violence, and determining whether participants experiencing various levels of domestic violence were appropriate candidates for healthy relationship education. This variety and difference in approaches to domestic violence are very similar to those documented in a 2008 study of federally-funded healthy marriage programs authorized by the Deficit Reduction Act of 2005 (Lyon and Menard, 2008). Moreover, many programs' practices, such as working with domestic violence experts and teaching about domestic violence, mirror recent recommendations from marriage and relationship education and domestic violence experts (Derrington et al., 2010; La Hoz, 2011). Future programs could strengthen their screening and disclosure procedures by ensuring that they follow expert recommendations such as separating genders during screenings and providing clients with an opportunity to disclose and plan in a safe environment without alerting their partner.

Although study programs looked similar to general healthy marriage and relationship education programs in many respects, several differences exist.

⁸ According to the Bureau of Justice Statistics Crime Data Brief, Intimate Partner Violence, 1993-2001, February 2003. Data on the breakout between Hispanic men and women is not available.

⁹ www.casadeesperanza.org or its 24-hour crisis line: 651.772.1611



All study programs screened, trained and educated in Spanish and English. Some programs felt that cultural values, such as familismo, prohibited explicit discussions of domestic violence, and chose instead to focus on aspects of healthy relationships. Additionally, study programs sometimes found it difficult to find referral organizations capable of delivering domestic violence support in Spanish.

Finally, legal issues like documentation status and cultural values like machismo might have suppressed disclosures, so programs made special efforts to encourage victims to step forward and receive support.

Despite some early concerns that marriage and relationship education programs and domestic violence organizations “speak different languages” (Ooms et al., 2006), none of the study sites described difficult or acrimonious relationships with their domestic violence partners. On the contrary, most developed strong, ongoing connections and could articulate specific ways their partners improved the programs.

This study finds that it is important for healthy marriage and relationship programs serving Hispanics to take into account the influence of culture and

norms when addressing domestic violence. Familismo may exert strong pressure to keep families together, while adherence to traditional gender roles (i.e., *machismo* and *marianismo*) may encourage abuse (Dutton & Golant, 2005; Welland & Ribner, 2010). The degree to which program participants adhere to traditional gender roles and family-centered norms must be assessed, since they could make participants hesitant to talk about domestic violence.

Healthy marriage education programs, and human service programs in general, can provide opportunities to educate people about domestic abuse and may serve as disclosure points for victims of domestic violence. The partnerships between these marriage and relationship education programs and domestic violence organizations were critical for the developing strategies and procedures to identify and address the issue of domestic violence between potential and actual program participants. These partnerships should be encouraged. Additionally, marriage and relationship education programs serving Hispanic clients would benefit from additional technical assistance in the design of domestic violence screeners, disclosure protocols, and instructions that resonate and are effective with Hispanic populations.

Appendix: Sample Domestic Violence Screeners

Below we provide five examples of screeners used by study sites. These have not been validated or tested for cultural competency or validity. They are not meant to be copied or used indiscriminately, but rather are provided so readers can understand what questions or information sites used to understand incidence of domestic violence in their service population. Some experts recommend that only women be screened, in a private setting that does not alert possible perpetrators to their victims' disclosure opportunity.¹⁰

Example 1

This screener is read over the phone in English or Spanish to potential program participants.

"One more thing that we like to say to all participants at one point or another is that all relationships run into challenges. This class provides communication and problem solving tools for marriages to help participants address those challenges. However some relationships may need more than communication and problem solving. For example, if you or someone you know feels unsafe, controlled, or if there is violence in the relationship, this class will not address those concerns. Therefore, we offer the National Domestic Violence Hotline number as an alternative and a resource for anyone interested in our classes. The number is 1-800-799-SAFE. Okay, so now, shall I sign you up for the class or are there additional questions I can answer for you?"

"Una cosa más, nos gustaría decirle a todos nuestros participantes que en algún momento u otro, todas las relaciones tienen problemas. Estas clases les darán habilidades de relación, habilidades de comunicación, y herramientas para resolver problemas en sus relaciones. También les ayudarán a abordar esos problemas. Sin embargo, algunas relaciones necesitan más comunicación y habilidades para resolver problemas. Por ejemplo, si usted o alguien que usted conoce se siente inseguro (a), controlado (a), o si hay violencia al interior de la relación, está clase no abordara esos problemas. Por tanto, nosotros ofrecemos el número del Centro Nacional de Violencia Doméstica como una alternativa y como un recurso para cualquier persona interesada en nuestras clases. El número es 1-800-799-SAFE. Muy bien, ¿puedo ahora registrarlo (a) para la clase o existen preguntas adicionales que pueda responder?"

Example 2

This screener is employed over the phone to potential program participants. This program only serves Spanish speakers, so the HHMI evaluation team translated the screener for this brief.

*Is there violence or aggression in your home?
Who is involved?
How severe is it?
What type of violence is taking place? (Probes: physical, emotional, verbal)
How long has it been going on?
Have you sought help before?*

*¿Hay violencia o agresiones en su hogar?
¿Quiénes?
¿Qué tan severo?
¿Qué tipo de violencia esta ocurriendo? (Probe: emocional; verbal; físico)
¿Por cuánto tiempo ha estado ocurriendo?
¿Ha buscado ayuda antes?*

10 Rosie Hidalgo, J.D., Director of Public Policy, Casa de Esperanza: National Latin@ Network for Healthy Families and Communities, Personal Communication, April 30, 2012.

Example 3

This screener is provided as a written form to men in a fatherhood program. A caseworker immediately reviews it.

Are you ever afraid of your partner?

In the last year, has your partner hit, kicked, punched or otherwise hurt you?

In the last year, has your partner put you down, humiliated you or tried to control what you do?

In the last year, has your partner threatened to hurt you?

If yes, would you like help with any of this now?

¿Alguna vez le ha tenido miedo a su pareja?

¿Durante el último año su pareja le ha golpeado, pateado, pegado o lastimado de alguna manera?

¿Durante el último año su pareja le ha menospreciado, humillado, o a tratado de controlar sus acciones?

¿Durante el último año su pareja le ha amenazado con lastimarle?

¿Le gustaría recibir ayuda en este momento?

Example 4

This screener is read over the phone with possible responses provided for the potential program participants. Note that the Spanish and English are not direct translations of each other.

"In your relationship, what happens when you and your partner disagree?

In your current relationship, have you ever felt threatened by your partner?

In your relationship, does your partner swear at you, insult you or put you down?

Has your partner ever hit, slap or hurt you?

If so, how recently? (within the past week; within the past month; within the past year; a long time ago)

How often? (every day; once a week; monthly; once or twice a year; other)

¿En su relación, que ocurre cuando usted y su pareja están en desacuerdo?

¿En su relación, alguna vez usted se ha sentido intimidado por su pareja?

¿En tu relación, tu pareja te ha insultado, te ha dicho palabras groseras, o te ha puesto por debajo menospreciándote?

¿Alguna vez tu pareja te ha golpeado, dado cachetada, o lastimado?

¿Que tipo de abuso has experimentado en tu relación? (emocionalmente; físicamente; sexual; espiritualmente)

Example 5

This screener is read over the phone to program participants during the intake process.

Are you currently in a relationship involving domestic violence?

¿Esta usted actualmente en una relación que implica violencia en el hogar?

References

- Adames, S.B., & Campbell, R. (2005). *Immigrant Latinas' conceptualizations of intimate partner violence*. *Violence Against Women, 11*:1341-1364.
- Aldarondo, E., Kantor, G.K., & Jasinski, J.L. (2002). *A risk marker analysis of wife assault in Latino families*. *Violence Against Women, 8*(4):429-454.
- Arciniega, G.M., Anderson, T.C., Tovar-Blank, Z.G., & Tracey, T.J.G. (2008). *Toward a fuller conception of machismo: Development of a traditional machismo and caballerismo scale*. *Journal of Counseling Psychology, 55*(1): 19-33.
- Bauer, H.M., Rodriguez, M.A., & Quiroga, S.S. (2000). *Barriers to health care for abused Latina and Asian immigrant women*. *Journal of Health Care for the Poor and Underserved, 11*(1): 33-44.
- Bradford, K., Skogrand, L., & Higginbotham, B. (2011). *Intimate partner violence in a statewide couple and relationship education initiative*. *Journal of Couple and Relationship Therapy: Innovations in Clinical and Educational Interventions, 10*(2): 169-184.
- Bradley, R.P.C., Friend, D.J., & Gottman, J.M. (2011). *Supporting healthy relationships in low-income, violent couples: Reducing conflict and strengthening relationship skills and satisfaction*. *Journal of Couple and Relationship Therapy: Innovations in Clinical and Educational Interventions, 10*(2): 97-116.
- Catlett, B.S., & Artis, J.E. (2004). *Critiquing the case for marriage promotion: How the promarriage movement misrepresents domestic violence*. *Violence Against Women, 10*:1226-1244.
- Child Welfare League of America. (2003). *Preventing Latin Teen Pregnancy*. Washington, DC: Child Welfare League of America.
- Cuèllar, I., Arnold, B., & Gonzalez, G. (1995). *Cognitive referants of acculturation: Assessment of cultural constructs in Mexican Americans*. *Journal of Community Psychology, 23*(10):339-356.
- Delgado, M. (2007). *Social Work with Latinos: A Cultural Assets Paradigm*. New York: Oxford University Press.
- Derrington, R., Johnson, M., Menard, A., Ooms, T. & Stanley, S. (2010). *Making Distinctions Among Different Types of Intimate Partner Violence*. National Healthy Marriage Resource Center. Retrieved from www.healthymarriageinfo.org.
- Dutton, D.G., & Golant, S. (1995). *The Batterer: A Psychological Profile*. New York: Basic Books.
- Dion, M.R., Hershey, A.M., Zaveri, H.H., Avellar, S.A., Strong, D.A., Silman, T., & Moore, R. (2008). *Implementation of the Building Strong Families Program*. Washington, DC: Mathematica Policy Research.
- Dutton, M., Orloff, L., & Hass, G.A. (2000). *Characteristics of help-seeking behaviors, resources, and service needs of battered immigrant Latinas: Legal and policy implications*. *Georgetown Journal on Poverty Law and Policy, 7*(2): 245-305.
- Frias, S.M., & Angel, R.J. (2005). *The risk of partner violence among low-income Hispanic subgroups*. *Journal of Marriage and the Family, 67*: 552-564.
- Gonzalez-Castro, F., Barrera, J.M., Pantin, H., Martinez, C., Felix-Ortiz, M., Rios, R., Lopez, V.A., & Lopez, C. (2006). *Substance abuse prevention intervention research with Hispanic populations*. *Drug and Alcohol Dependence, 84*(Supplement 1):S29-S42.
- Gottman, J., Babcock, J., Stith, S., & McCollum, E. (2004). *Manual for Screening Out Domestic Violence and Suicidality*. Seattle, WA: Relationship Research Institute.
- Hyra, A. (2011). *Intimate Partner Violence among Latinos: Research Brief*. Oklahoma City, OK: National Healthy Marriage Resource Center. Retrieved from www.healthymarriageinfo.org.
- International Labour Organization and United Nation Development Programme. (2009). *Work and Family: Towards new forms of reconciliation with social co-responsibility*. Santiago, Chile. Retrieved from http://web.undp.org/publications/pdf/undp_ilo.pdf
- Jasinski, J.L. (1998). *The role of acculturation in wife assault*. *Hispanic Journal of Behavioral Sciences, 20*: 175-191.
- La Hoz, A. (2011). *Discussing Family Violence with Recently Immigrated Hispanics*. National Healthy Marriage Resource Center. Retrieved from <http://www.healthymarriageinfo.org/download.aspx?id=2692>.
- Lyon, E., Lane, S., & Menard, A. (2009). *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experience, Summary of Findings (No. 225046)*. Washington, DC: National Institute of Justice.
- Lyon, E., & Menard, A. (2008). *Informing and Enhancing Response to Domestic Violence within Federally-funded Healthy Marriage Projects: A Summary Report Prepared for the Anne E. Casey Foundation*. Harrisburg, PA: National Resource Center on Domestic Violence.
- Ooms, T., Boggess, J., Menard, A., Myrick, M., Roberts, P., Tweedie, J., & Wilson, P. (2006). *Building Bridges Between Healthy Marriage, Responsible Fatherhood and Domestic Violence Programs: A Preliminary Guide*. Washington, DC: The Center for Law and Social Policy
- Pan, A., Daley, S., Rivera, L.M., Williams, K., Lingle, D., & Reznick, V. (2006). *Understanding the role of culture in*

domestic violence: *The Ahisma Project for Safe Families. Journal of Immigrant and Minority Health, 8(1):35-43.*

Perez, G.K., & Cruess, D. (2011). *The impact of familismo on physical and mental health among Hispanics in the United States. Health Psychology Review, 1-33.*

Pew Hispanic Center. (2007). *Changing Faiths: Latinos and the Transformation of American Religion. Pew Research Center: Washington, DC.*

Tjaden, P., & Thoennes, N. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey. US Department of Justice, Office of Justice Programs: Washington, DC.*

Welland, C., & Ribner, N. (2010). *Culturally specific treatment for partner-abusive Latino men: A qualitative study to identify and implement program components. Violence and Victims, 25(6): 799-813.*

Wilde, J.L. & Doherty, W.J. (2011). *Intimate partner violence between unmarried parents before and during participation in a couple and relationship education program. Journal of Couple and Relationship Therapy: Innovations in Clinical and Educational Interventions, 10(2): 135-151.*

Wood, R.G., McConnell, S., Moore, Q., Clarkwest, A., & Hsueh, J. (2010, May). *Strengthening Unmarried Parents' Relationships: The Early Impacts of Building Strong Families. Mathematica Policy Research: Washington, DC.*

Zayas, L.H., & Torres, L.R. (2009). *Culture and masculinity: When therapist and patient are Latino men. Journal of Clinical Social Work, 37:294-302.*

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Please visit www.casadeesperanza.org for more information and domestic violence resources.

For additional information about the *HHMI Grantee Implementation Evaluation* and other Briefs in this project series, please visit: http://www.acf.hhs.gov/programs/opre/strengthen/hispanic_healthy/index.html

- ▶ Brief No. 1 of HHMI Project Series: Providing Culturally Relevant Services: Programs in the Hispanic Healthy Marriage Initiative Implementation Evaluation; (June, 2010).
- ▶ Brief No. 2 of HHMI Project Series: Marketing, Recruitment and Retention Strategies, (April, 2012).
- ▶ Brief No. 3 of HHMI Project Series: Understanding Hispanic Diversity: A “One Size Approach” to Service Delivery May Not Fit All (January, 2013)

Or, contact the Federal Task Order Officers or the evaluation team.

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