Family Violence and Men of Color

Healing the Wounded Male Spirit

RICARDO CARRILLO, PhD
JERRY TELLO, MS
EDITORS
Ricardo Carrillo, PhD, maintains a private practice in Visalia and Fresno, California, as a clinical forensic psychologist. He is currently conducting policy research for the California Endowment on disparities in Latino Mental Health. He is the Director of Training and Technical Assistance for the National Compadres Network, Inc. He is the executive director of Primer Paso Institute, Inc., a Latino behavioral health organization serving rural communities in the areas of substance abuse, mental health, and domestic violence.

He has served as Director of Latino Mental Health for Kaweah Delta Health Care District and is most recognized as an expert witness and international consultant in the areas of family therapy, domestic violence, cross-cultural psychology, forensic psychology, and cultural competence. He has provided leadership in the areas of program development with domestic violence offenders, Latino mental health, and chemical dependency populations. He has 15 years of recovery and stems from several generations of addicts.

Dr. Carrillo enjoys the performing and culinary arts. He is the father of Regina and Reynaldo, and grandfather to David Valenzuela Preciado and Micah Daniel Preciado. He is the co-founder of the Latino Men’s Circle, which is dedicated to living as noble men, and is an advisory board member of the National Latino Compadres network and the National Latino Fatherhood Institute.

Jerry Tello, MS, comes from a family of Mexican and Texan roots and was raised in south central Los Angeles. He is co-founder of the National Compadres Network, founding member of ALIANZA, the National Latino Alliance to Eliminate Domestic Violence, and the Director of the National Latino Fatherhood and Family Institute. He is an internationally recognized expert in the areas of family strengthening, community mobilization, and culturally based violence prevention/intervention issues. He has extensive experience in the treatment of victims and perpetrators of abuse and in addictive behaviors, with a specialization in working with multi-ethnic populations.

Mr. Tello is the author of various curricula including a Male “Rites of Passage,” a Young Fatherhood Curriculum, a bilingual Family Strengthening curriculum, and a bilingual Fatherhood Literacy Curriculum, and he has served as a principal consultant for Scholastic Books on an International Bilingual Literacy curriculum. In addition, Mr. Tello has authored a series of children’s books and co-edited the first edition of this book. He has appeared in Time, Newsweek, and various Hispanic magazines, and in April 1996, Mr. Tello received the Presidential Crime Victims Service award, which was presented to him by President Bill Clinton and Attorney General Janet Reno. In June 1997 he received the Ambassador of Peace award from Rotary International.

Mr. Tello is presently the Director of the Sacred Circles Healing Center in Whittier, California, and is a member of the Sacred Circles performance group, a group dedicated to family/community peace and healing. He is also the proud father of three children: Marcos, Renee, and Emilio.
To my mother, Guadalupe Chavez, the first survivor of domestic violence; mi compañera, Stella Botello; mis hijos, Regina Carrillo Preciado and Reynaldo Antonio Carrillo; my grandchildren, David Valenzuela Preciado and Micha Daniel Preciado; my brother, Arturo Carrillo, who showed me the true meaning of Canalismo (or “I got your back, bro”); to all the men, women, children, grandchildren, and elders who have given us the language, consejos (counsel), and huizo (wisdom) to help men and their families heal from domestic violence, substance abuse, and intergenerational trauma. To the communities around the world that have shared their view of family violence and their particular approaches to healing their communities. To the healers within and around us all, we are grateful for your blessings, lessons, love, and cariño.

Ometeolt, Ricardo Antonio Enrique Carrillo Chavez Santiesteban

To the ancestors, elders, and wisdom carriers for preserving the teachings and medicine that allow us to heal and find balance in our lives.

To CALMECAC, the Circulo de Hombres, and Sacred Circles for their wisdom, ceremony, guidance, and support.

To all those who have come to me seeking counsel and healing, I give thanks to them for their trust and teachings.

To Maestro Jose Montoya, Maestra Adelina Padilla, Ricardo Carrillo, Susanna Armijo, Citlali Arvizu, Atil and Reena, ALIANZA Board members, the brothers and sisters at NLFFI, and all those Joven Noble, Caray Corazon maestros for the leadership, guidance, and dedication, to this work.

To my children, Emilio, Renee, and Marcos; to Gloria, George, Veronica, John, Bobby, and the rest of the familia; to my Dad, Jorge Tello; and finally . . .

I truly dedicate this to my MOM, Maria de Jesus “Jessie” Olague Ramos for all the sacrifice and her example of unconditional love and survival.

With humbleness and gratitude to all the above and everyone who has touched my life I dedicate this work.

Con Dios, Tlazocamati, Jerry Tello
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Contributors

**Etiony Aldarondo** is Associate Dean for Research and Director of the Center for Educational and Community Well-Being in the School of Education at the University of Miami. He is an experienced clinician, researcher, teacher, researcher, and social justice advocate. A recipient of various recognitions for academic excellence, he aims through his scholarship to promote both individual healing and social transformation. His publications include *Advancing Social Justice Through Clinical Practice* (Lawrence Erlbaum Associates) and *Programs for Men Who Batter: Intervention and Prevention Strategies in a Diverse Society* (Civic Research Institute with Fernando Mederos, EdD). Dr. Aldarondo currently serves on the boards of directors for the Council on Contemporary Families, the Melissa Institute for Violence Prevention and Treatment, and the National Latino Alliance for the Elimination of Domestic Violence.

**Michelle Castro-Fernandez** has a Master's degree in Mental Health Counseling and is completing a doctorate in counseling psychology at the University of Miami. Her research and clinical interests are in wellness promotion in ethnic minority children and families.

**Ulester Douglas, MSW,** is Director of Training for Men Stopping Violence. He is also a Certified Imago Relationship Therapist and has specialized training in working with individuals, families, and communities affected by violence. He provides consultation, training, and presentations to organizations, corporations, and governmental groups. He has authored and co-authored articles and curricula on family violence and other issues. Douglas has also been honored a number of times for his work to end violence against women. Among those honors are awards from Lifetime Television for Women and the National Network to End Domestic Violence (NNEDV) in 2003 and the National Black Herstory Task Force Comrade Award in 2004.

**Bonnie Duran, DrPH,** is an Associate Professor in the Department of Health Services, University of Washington School of Public Health and Community Medicine, and is also a Director at the Indigenous Wellness Research Institute. Her research is focused on alcohol, drug, and mental disorder services and prevention and social determinants such as historical trauma, violence, and cultural and spiritual protective factors. Bonnie has worked in public health practice, research, and education for over 30 years.

**Eduardo Duran, PhD,** has worked and continues to work as a clinician, administrator, researcher, and theoretician in Indian country. He has developed and implemented a rural Indian mental health clinic in central California as well as an urban clinic in
Oakland and one in Albuquerque, New Mexico. He has written several articles in the area of mental health theory as well as the recent book *Native American Postcolonial Psychology*, which he co-authored with his wife, Bonnie. Most of the theoretical underpinnings of Duran’s work have to do with the legitimization of non-Western epistemologies as valid methods of clinical and research activity. Presently he is Senior Principal Investigator on a research project that is evaluating some of his theoretical work. Duran is also the director of Behavioral Services at First Nations Community Healthsource in Albuquerque. He lives in Colfax, California.

**Daryl Gregory, BA,** is from New Zealand. His tribal affiliations are Waikato and Hauraki. He is the founder and current Managing Director of He Waka Tapu, an indigenous (Māori) health and social service agency in Christchurch. He has extensive experience in working with Māori men and their families around relationship violence, sexual abuse, and alcohol and other drugs. His approach to these issues is focused on the healing of families through inviting men to look at traditional cultural practices that uplift the mana (prestige) of men, women, and children. Gregory has been married to Rosemary for 22 years, and they have a 14-year-old son, Miharo.

**Sulaiman Nuriddin, MEd,** is Men’s Education Program Manager. He began working with Men Stopping Violence in 1987 after completing the year-long internship program. He currently oversees educational interventions for MSV. He is also a Certified Imago Educator. Nuriddin works intensively with the DeKalb County court system, intervening with men who have been arrested for domestic violence. He co-conducts ongoing classes for men and has been instrumental in planning effective interventions with men of color who batter. He has conducted training for such organizations as the National Council of Churches, the U.S. Department of Justice, the Atlanta Police Department, the Institute on Domestic Violence in the African-American Community, and the National Organization of Black Law Enforcement Executives. He also has led trainings at Clark Atlanta University, and Morehouse and Spelman Colleges.

**Phyllis Alesia Perry, BA,** is Communications Coordinator for Men Stopping Violence. She is responsible for producing written materials for a variety of purposes, including education, marketing, and information dissemination. She co-authored the curriculum “Men at Work: Building Safe Communities.” Perry has worked as a writer and editor for more than 25 years, most of that time as a print journalist. She has also written two novels: *Stigmata* (1998) and *A Sunday in June* (2004), and has been anthologized in *Step Into a World: A Global Anthology of New Black Literature* (2001); *Shaking the Tree: A Collection of New Fiction and Memoir by Black Women* (2004); and *The Remembered Gate: Memoirs by Alabama Writers* (2002).

**Benjamin R. Tong, PhD,** is a Professor of Clinical Psychology with the PsyD Program at the California Institute of Integral Studies, San Francisco; Faculty Emeritus of the Asian American Studies Department, San Francisco State University; Executive Director at the Institute for Cross-Cultural Research, San Francisco; psychotherapist and mind/body health consultant in private practice; Director and Head Instructor at the School of Taoist Internal Arts. Among other pursuits, he is currently conducting group therapy/healing retreats for adult survivors of clergy sexual abuse. Further information can be found at his Web site, http://drbenjamintong.com.
Lee Mun Wah is a 49-year-old Chinese American community therapist practicing in Berkeley, California. For the past 10 years he has been the founder and facilitator of an Asian Men’s Group and a Multicultural Men’s Group dealing with racism, intimate anger, and the development of community leadership. He is a poet, filmmaker (*Stolen Ground* and *Color of Fear*), and director of Stir Fry Productions, which deals with the dynamics of developing a multicultural community in social agencies, businesses, and schools.

Oliver J. Williams, PhD, is Executive Director of the Institute on Domestic Violence in the African American Community and a Professor in the School of Social Work at the University of Minnesota in St. Paul. He is also the Director of the Safe Return Initiative, which addresses the issues of prisoner reentry and domestic violence. He has worked in the field of domestic violence for more than 29 years. Dr. Williams has worked in battered women’s shelters, developed curricula for batterers’ intervention programs, and facilitated counseling groups in these programs. He has provided training across the United States and abroad on research and service delivery surrounding partner abuse. Dr. Williams’s extensive research and publications in scholarly journals and books have centered on creating service delivery strategies to reduce violent behavior. Dr. Williams received a bachelor’s degree in social work from Michigan State University; a master’s in social work from Western Michigan University; and a master’s in public health and a PhD in social work, both from the University of Pittsburgh.

Pamela Woodis (Apache), MA, is a therapist/coordinator at First Nations Community Healthsource in Albuquerque. She received her master’s degree from the University of New Mexico and her undergraduate degree from Fort Lewis College in Durango, Colorado. She is a member of the Jicarilla Apache tribe and has worked with the tribe as a counselor. Pam spent her early years living with the Dine’ in Shiprock, New Mexico, and her present work is serving urban Indian families and children who include Indians from many tribes.

Wilbur Woodis, MA, Dine’ (Navajo) Mud Clan (Hasht’ishnii) and born into the Zuni Clan (Naasht’ézhí Dine’é), was the fourth-born of seven sisters and four brothers and was raised in Shiprock, located in Northwest New Mexico in the four corners area on the Navajo Reservation. He is married and has two children. His favorite pastime is reading books on the psychology and psychological treatment of the American Indians. He earned a master of arts degree in counseling and family studies at the University of New Mexico, and received the Outstanding Achievement Award, College of Education.

Wilbur is currently employed with the Office of Clinical and Preventive Services (OCPS) within the Division of Behavioral Health of the Indian Health Service Headquarters East. He has many roles at this national office, located just outside the Washington, DC, metropolitan area. He currently assists with the collaboration, coordination, and management of behavioral health information systems and prevention and treatment improvement activities, and works in partnership with other federal agencies in partnering to address American Indian/Alaska Native behavioral health issues. He was recently detailed to SAMHSA’s CSAP for approximately two years, two days per week. He is most interested in culturally appropriate and sensitive behavioral health prevention, intervention, and treatment outcomes and benefits.
Mr. Woodis has also been project officer or active consultant on many national initiatives covering such topics as domestic violence, suicide, wellness, Headstart, men, gathering of Native Americans, postcolonial psychology, fetal alcohol syndrome, treatment drug courts, community health, and other behavioral health–related topics. He also has co-authored articles for publications.

Mr. Woodis has an extensive background in providing direct clinical services among this nation’s indigenous tribal people. One of his goals is to learn what he can at the national level and return to his first love, which is providing counseling and help services to grassroots native healers and practitioners. He would someday like to write about interventions that involve the use of native healers in combating behavioral health and social illnesses.

He is always willing to help as best he can, and wants to travel around the world with his family as appropriate.

Maria J. Zarza, PhD, obtained her doctoral degree in psychology at the University of Madrid (2001). Dr. Zarza’s pre-doctoral experience was earned at Rutgers, The New Jersey State University, and Womanspace, a nonprofit organization dedicated to support victims of intimate partner violence and sexual abuse. Dr. Zarza’s doctoral dissertation was on treatment and prevention of domestic violence and the study of family violence risk factors such as substance abuse, co-occurring disorders, and trauma. Dr. Zarza has extensive experience providing development/program evaluation; organizational development; and education, prevention, and intervention services to improve minority women’s health. Dr. Zarza has extensive knowledge as a practitioner, educator, and evaluator of minority women’s health issues related to domestic violence, substance abuse, HIV/AIDS/STDs, and mental health. Program evaluation and capacity building experience include projects funded by the United Nations Office on Drugs and Crime, SAMHSA, and the Department of Health and Human Services. Dr. Zarza has received awards and recognition for her services to victims of abuse and for research with minorities. She is a Research Scientist Member of the National Hispanic Science Network on Drug Abuse, funded by NIDA, and a reviewer for a scientific journal. Dr. Zarza worked at the University of California, Los Angeles, with other colleagues on a capacity-building project funded by the United Nations Office on Drugs and Crime (UNODC) to provide training and capacity building on substance abuse treatment to 20 resource centers worldwide. She is currently in Spain working on research and implementing clinical programs on substance abuse and intimate partner violence and is collaborating with the United Nations in capacity building for substance abuse treatment centers.
We begin by giving thanks to the Creator for another day of life, another day of lessons, and another day to be able to serve.

We look to the WEST, the direction of the female spirit, where all life begins . . . those who are the givers of life, they lend us their breath, they give us their blood and their rhythm, our heartbeat in order that we could begin this journey. Our mothers, grandmothers, sisters, daughters, partners, friends, comadres . . . we give thanks and ask for their blessing, pray for their healing, and acknowledge their medicine.

En lak etch, el otro yo, the mirroring direction of the women, the EAST . . . the direction of the male spirit, the reflective spirit that creates life. Our fathers, grandfathers, brothers, sons, partners, friends, compadres . . . those who need these teachings to find balance, those who offer these teachings to promote healing and harmony . . . we give thanks for their blessing, pray for their healing, and acknowledge their medicine.

The direction of the SOUTH, that of the children, which resides between the West and the East . . . recognizing that whatever is created in relationship between the women and the men falls to their young spirits. The babies, those who are crawling, walking, talking, searching, learning; the adolescents who are imitating us and now questioning the lessons. Those in whom our wounds break generational cycles and who become our hope for the future. To the children we ask forgiveness, pray for healing, and dedicate this work.

And to the direction of the NORTH, where the elders sit. The ancestors and ancient ones carry the memories of who we really are when we are in balance . . . the medicine traditions and customs that guide us and offer us a way to heal . . . the carriers of all wisdom, the slow walkers, storytellers, medicine keepers, vision seekers . . . of them we ask for permission to offer this book, in hopes that it will further carry on their teachings.
As we look ABOVE, we give thanks to the sky elements of grandfather sun, grandmother moon, our wind creatures, and the elements that sustain our life . . . BELOW we give thanks to mother earth and sister ocean, who holds us, heals us, and feeds us on a daily basis. We give thanks finally to the seventh cardinal direction in the CENTER, where we all come together as one. The interconnected place where all people of all roots, all races come together . . . the center, heart filled with love, honor, and respect for all our relations, because if one of us hurts, we all hurt, but if one of us heals, we all heal.

To all our relations, in a very humble way, we ask for permission to offer these teachings and share these reflections as one element in the journey for all of us to be able to live in peace and harmony with ourselves and each other.

Aho, Con Dios, All Our Relations
Family Violence and Men of Color was conceived because the family violence literature was absent of color, and the question continues to arise: To what extent does culture contribute to domestic violence? What contributes to the violence in men of color specifically? We have found that race matters—historical roots of colonization have contributed significantly to the learning of violence as an accepted form of power, control, and learned oppression. Men of color continue to be ignored and institutionally discriminated against, and more barriers exist for the successful engagement and retention of men of color in treatment and prevention efforts. It is not enough to send men of color to traditional batterer intervention programs, jails, or institutions. It is necessary to address the social, political, psychological, and anthropological institutional factors that constitute the culture of domestic violence, and to change the culture itself—the culture from which those men stem, the culture that is designed to assist them in change, and the cultures that contribute to the use of violence as socially acceptable.

Our first endeavor was not complete. We did not have a theoretical or application chapter for each major community of color. In this second edition we have accomplished that goal. The research chapter, written by Etiony Aldorondo and Michelle Castro-Fernandez, views domestic violence from an international perspective, addresses the successes and failures of current methodologies for research and treatment of batterers, and ends with a cry for social justice.

Each and every one of the contributors has a special relationship to their respective communities: poets, musicians, actors/actresses, researchers, clinicians, theoreticians, and filmmakers. This is an attempt to bring the best to the reader. Domestic violence does cut across communities and is an equal opportunist; however, culturally competent approaches have taken time and effort to develop, and we showcase them here.
The Latino section has a rock-solid foundation in the pre-Columbian theory of childhood development, the impact of colonialization in the Americas, and the integration of Cara y Corazon (Face & Heart) for teaching about balance, rhythm, and harmony by Jerry Tello. The application section is an integrated model for co-occurring conditions of substance abuse and trauma, as well as for the cessation of domestic and community violence. The national Compadres model, El Hombre Noble Buscando Su Palabra (the noble man searching for his word), advocates for men to stand up against violence and mentor youth to prevent it.

The African American section is powerful, based on theory and practice principles as advocated by Oliver Williams. It takes a very political and social justice–oriented viewpoint on how ineffective criminal justice approaches have been for African American men, as discussed by the Atlanta, Georgia, group, Men Stopping Violence, represented by Ulester Douglas, Sulaiman Nuriddin, and Phyllis Alesia Perry. This chapter also traces the effects of slavery and freedom on domestic violence in the African American community.

The Native American section, spearheaded by Eduardo Duran, Bonnie Duran, Wilbur Woodis, and Pamela Woodis, views domestic violence from a postcolonial position. The applications chapter is new and comes from New Zealand. Daryl Gregory posits the Māori perspective of rebuilding a nation with the entire community involved, as in the building of the sacred canoe, preparing for the journey of life. The metaphor of traveling long distances and planning what type of life one will lead is the foundation for healing from violent colonization.

Finally, the Asian American section, mentored by scholar Benjamin Tong, gives us his view of the philosophies of oppression, migration, adaptation difficulties, racist oppression, and repressive heritage that contribute to domestic violence in the Asian community. Filmmaker Lee Mun Wah, through the lenses of his own experience, gives us practical clinical interventions that are as useful for all treatment providers today as they were then.

We embark on this journey, as Daryl Gregory states:

He Waka Tapu, literally translated, means “a sacred vessel.” Whānau (families) are invited to come on a journey of exploration, to discover new pathways, and to reach for horizons that have only been a far-off dream. The wero, or challenge, laid before men and their whānau is to consider what our tūpuna (ancestors) had to do in preparing to cross the vast Pacific Ocean, Te Moana nui a Kiwa, and reach Aotearoa safely, equipped to begin a new life.
We invite participants to consider that the *waka* that will carry them and their *tamariki* (children) into the future is the *whānau*. To ensure that they will reach that far-off horizon, to ensure that the dreams and visions of *tūpuna* for their *mokopuna* (grandchildren) are realized, *whānau* must ensure that the *waka* they build are seaworthy enough to face the challenges that lie before them."

We invite you to join us in our journey to help men heal, to stand up against the learned oppression in their respective four directions, pray to the ancestors for guidance, and finally to ask forgiveness for the pain we have caused the women, children, elders, and ourselves.
This book as a whole considers the dynamic nature of the relationship between culturally based clinical practices and the promotion of healing and change in men who batter their intimate partners, highlighting the often neglected oppressive social structures and cultural needs that link intimate relationships and violence against women. In this chapter we attempt to provide a context within which this relationship can be appreciated, reviewing research on the incidence and prevalence of intimate partner violence (IPV) by men against their female partners and evaluating the efficacy of interventions with men who batter.

When it comes to the relationship between culture and IPV, the news from practitioners and scientist is mixed. The good news, as the authors of this book herald, is that cultural practices and ways of being hold out a legitimate promise for generating non-violent and healthy relationships. The bad news is that IPV is not confined to specific cultures, countries, or ethnic groups. Moreover, there is considerable lack of clarity about how best to intervene to protect women, promote family well-being, and redirect the men into pathways of healing and change. In addressing some of these issues, we are less interested here in articulating a comprehensive cultural framework for domestic violence than in examining it as a phenomenon reflective of the complex issues faced by providers of service to men of color who batter their
intimate female partners and for whose resolution we all share some responsibility.

We have divided this chapter in three main sections. In the first, we present international and national statistics on the incidence and prevalence of IPV against women by men. In the second section we present an assessment of the literature on interventions with men who batter. We conclude the chapter by discussing the role of culture in IPV, how culture-based strategies and models can enhance the efficacy of existing intervention programs for men who batter, and the various roles that practitioners working with men of color who batter must assume if they are to heal the men and redress the social inequities fueling their violence.

DEFINITIONS

Intimate partner violence includes physical violence, psychological or emotional violence, sexual violence, and stalking by a current or former partner or spouse. It may include behaviors such as intimidation, harassment and persecution, verbal aggression, denial of access to resources, sexual coercion and assault, or physical assault and torture. Intimate partner violence occurs in both heterosexual and same-sex relationships and is arguably the dominant context in which violence against women takes place in our society.

Before we go ahead, two caveats should be mentioned. First, the IPV literature to date has focused primarily on “presumably” heterosexual men’s physical violence toward their female partners. We put the term “presumably” within quotation marks because, even while a growing number of researchers are now focusing on domestic violence in same-gender relationships (Cameron, 2003; McClennen, 2005), most researchers and service agencies do not collect sexual orientation data from men and their partners. Second, although other manifestations of IPV such as sexual and psychological violence are emerging as important areas of study, the integration of these works with the literature on physical violence in intimate relationships remains a work in progress (Tolan, Gorman-Smith, & Henry, 2006). Thus, the information we share here favors studies on physical violence by men against their female partners. By no means do we wish to perpetuate the myth that IPV is exclusively a heterosexual phenomenon or that other forms of IPV do not have devastating effects on victims.
PREVALENCE OF PHYSICAL VIOLENCE BY MEN AGAINST THEIR FEMALE PARTNERS

Intimate Partner Physical Violence by Men Against Women Across the World

Intimate partner violence typically occurs under a veil of secrecy that makes it difficult to develop accurate estimates of its prevalence. This situation is true in the United States and arguably more so in countries with little or no history of promoting and protecting equal rights for women and men. In order to evaluate the extent and seriousness of IPV, researchers and government officials turn to national surveys, community samples, and official records. In the past 15 years at least one survey on IPV has been conducted in 71 countries. Moreover, we now have national IPV survey data for more than 40 countries. These data provide abundant evidence that violence against women by their male partners is a common and devastating reality for large numbers of women around the world.

The main sources of information on the incidence and prevalence of violence against women by their male partners across the world are the WHO Multi-Country Study on Women’s Health and Domestic Violence Against Women (World Health Organization [WHO], 2005), the in-depth study on all forms of violence against women presented in 2006 to the General Assembly by the United Nations Secretary General’s Office (United Nations [UN], 2006), and the report by the Economic Commission for Latin America and the Caribbean on gender violence against women in Latin American and the Caribbean (ECLAC, 2007). The UN and ECLAC reports summarize knowledge on domestic violence at the national, regional, and community level. These reports include information obtained through different formats and methods by government agencies, community groups, and non-government research organizations. The WHO study, on the other hand, was designed to generate reliable and comparable information on domestic violence across countries.

Table 1.1 shows the incidence and lifetime prevalence rates of physical violence against women by their male partners in 45 countries for which national estimates were found. The data show that between 8% and 67% of women around the world are physically assaulted by their intimate male partners at some point in their lives. More than half of the countries report lifetime IPV prevalence rates of at least 20%. In all but four countries (Albania, Canada, France, and Germany), 10% or more
<table>
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<td>13</td>
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<td>COUNTRY BY CONTINENT OR REGION</td>
<td>YEAR OF STUDY</td>
<td>SAMPLE SIZE</td>
<td>1-YEAR INCIDENCE OF PHYSICAL VIOLENCE AGAINST WOMEN BY THEIR INTIMATE MALE PARTNERS</td>
<td>LIFETIME PREVALENCE OF PHYSICAL VIOLENCE AGAINST WOMEN BY THEIR INTIMATE MALE PARTNERS</td>
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<td>989</td>
<td>NR</td>
<td>21</td>
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<tr>
<td>Switzerland</td>
<td>2003</td>
<td>1,882</td>
<td>NR</td>
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NR = Rates not reported by data sources.
Data sources: ECLAC, 2007; UN, 2006; INEGI, 2007
of the women have been victimized by their male intimate partners. No region of the world assessed to date has an average lifetime physical IPV prevalence rate of less than 13%. The percentage of women physically assaulted by their male partners over a 12-month period of time ranges from a low of 2% of women in Germany to a high of 27% in Zambia.

While the foregoing data help us see domestic violence as a cultural phenomenon and a human rights issue, we must be cautious about drawing fine inferences from data obtained using diverse methodologies and definitions of IPV. The WHO Multi-Country Study was designed to overcome some of these limitations, relying on standardized assessment instruments and procedures to obtain information from 24,097 women from 15 sites in 10 countries representing diverse cultural settings (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). The study relied on women’s reports of violent acts perpetrated by male partners against them to generate prevalence estimates for intimate physical and sexual violence.

Figure 1.1 presents the lifetime prevalence of intimate partner physical violence (IPPV) by level of violence severity for all 15 sites in the WHO study. The severity of a physical violent act was defined

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**Figure 1.1** Lifetime prevalence of intimate partner physical violence by level of violence severity in the WHO Multi-Country Study on Women’s Health and Domestic Violence Against Women.
in this study as the likelihood that the act would cause physical injury. Thus, slapping, pushing, and shoving were defined as moderate physical violence, while hitting with a fist, kicking, dragging, threatening with a weapon, and using a weapon were defined as severe physical violence. The lifetime prevalence rate of intimate partner physical violence ranged from 13% of women in urban Japan to 61% in provincial Peru, with most countries falling between 23% and 49%. Only three sites (urban Thailand, Serbia-Montenegro, and urban Japan) reported prevalence rates of less than 25%, while seven reported prevalence rates of at least 40%. Note also that in 12 of the 15 sites surveyed, more women reported experiencing severe forms of violence than moderate violence.

International and cross-cultural studies of patterns of physical violence against women by male partners suggest not only that women across cultures are victimized by their male partners at very high levels but that cultural factors may account for the variable rates in the occurrence of IPV across the world. In line with the main thrust of this volume, these studies suggest that domestic violence is not inevitable and that a critical evaluation and transformation of cultural practices that promote violence against women is needed to protect women and reduce their victimization by male partners.

**Intimate Partner Physical Violence by Men Against Women in the United States**

The main sources of national data on the occurrence of physical violence against women by their male partners in the United States are the National Violence Against Women Survey (NVAW) conducted in 1995 (Tjaden & Thoennes, 2000) and the National Family Violence Survey and National Family Violence Resurvey (NFVS I, NFVS II) conducted by the Family Research Laboratory in 1975 and 1985 (Straus & Gelles, 1990). These surveys used similar sampling strategies and relied on the Conflict Tactics Scale to measure acts of intimate partner physical violence. Figure 1.2 shows the incidence and lifetime prevalence rates of physical violence against women by their male partners obtained through these surveys. According to these data, approximately a quarter of the women in the United States are physically assaulted by their male partners as some point in their lives. National estimates of the annual rate of IPV indicate that somewhere between 1.3 million (Tjaden & Thoennes, 2000) and more than 8 million (Straus & Gelles, 1990) women are physically assaulted by their male partners each year.
Family Violence and Men of Color

With respect to comparisons among diverse cultural groups, the data show that different American groups report significantly different rates of IPPV. Data from the NVAW (Tjaden & Thoennes, 2000) suggest that American Indian/Alaskan Native (30.7%) and Asian/Pacific Islander (12.8%) women experience the highest and lowest lifetime prevalence rates of IPPV among specific cultural groups, respectively. The lifetime prevalence rates for African American, Hispanic, and White groups were 26.3 percent, 21.3 percent, and 22.1 percent, in that order. The differences between these three groups were not statistically significant. In terms of annual incidence, data from the second NFVS shows that both African American (17.4 %) and Hispanic (17.3%) women experience significantly higher rates of IPPV than white women and women of other cultural backgrounds (Hampton & Gelles, 1994; Straus & Smith, 1990). Another national survey of IPV, including an oversample of African American and Hispanic respondents, found the annual prevalence rate in Black couples (23%) to be twice that of white couples (11.5%) and 1.3 times the rate for Hispanic couples (17.0%) (Caetano, 2001; Field & Caetano, 2004).

There are important methodological reasons to be prudent not to reach categorical conclusions about the differential rates of IPPV in diverse cultural groups on the basis of data obtained from the national surveys discussed so far. Some of these limitations include language barriers, lack of demonstrated validity of IPV measures for specific cultural groups, and reliance on telephone interviews as the main format for data collection. Moreover, all the aforementioned surveys are designed to
ignore the diversity within specific cultural groups. This is particularly relevant when considering grouping together responses from ethnic groups with very different histories of colonization, religious traditions, cultural identity, and gender role expectations into pan-ethnic categories such as the Asian/Pacific Islander and Hispanic groups, and when Black people are treated as a homogenous group with little or no attention paid to regional differences within the United States as well as to and other differences between African-Americans, African-Caribbean, and Africans.

To date, the National Alcohol and Family Life Survey is the only national survey that has been designed to overcome some of these limitations with respect to the study of IPPV among Hispanics in the United States (Kaufman Kantor, Jasinski, & Aldarondo, 1994; Aldarondo, Kaufman Kantor, & Jasinski, 2002). Data from the NAFLS found annual rates of IPPV in Puerto Rican, Mexican American, Mexican, Cuban American, and white couples of 20.4%, 17.9%, 10.5%, 2.5%, and 9.9%, respectively. These findings underscore the need for culture specific research on IPPV and serve as a warning that combining data on different cultural groups is likely to conceal large differences between groups while overstating the differences between whites and other cultural groups.

The Role of Culture of Intimate Partner Violence

Given the sources of data reviewed so far, one may assume that much is known about men who abuse their female intimate partners and the role played by culture in the violence against women. However, a perusal of the research literature reveals a tenuous understanding of violent partners and many inconsistent findings on issues of theoretical and practical importance such as sex role attitudes, alcohol use, psychopathology, and (more pertinently to the purpose of this chapter) issues related to culture and ethnicity. To be sure some of these inconsistencies are the result of methodological deficiencies such as reliance on self-selected samples, lack of appropriate control groups, and different definitions of violence and culture, that will improve as intimate partner violence research continues. However, there is reason to believe that many discontinuities in the literature are also the consequence of our failure to recognize the multiple oppressions affecting the life of men and women of color in the United States and to modify our understanding of intimate violence accordingly. As a result to date, the research literature has very little to say about the role of culture-specific dynamics and factors in the occurrence and resolution of IPV. Instead, social factors
such as socioeconomic inequities, relationship factors such as high levels of conflict in intimate relationships, and individual factors such as excessive alcohol consumption by men and childhood experience of IPV, have emerged among the most consistent predictors of IPV against women in the literature (Aldarondo et al., 2002; Bennett & Goodman, 2005; Field & Caetano, 2004; Kafuman Kantor et al., 1994; UN, 2006; Van Wyk, Benson, Fox, & DeMaris, 2003).

**RECIDIVISM FOLLOWING INTERVENTIONS WITH MEN WHO BATTER**

Having documented considerable variability in rates of physical violence against women by their male partners across cultures around the world and within the United States, we now turn our attention to the evaluation of interventions with men who batter their female partners. A fair assessment of effectiveness of these interventions is necessary to avoid reducing proposals for culture-based practices into ideological speculation. Knowing how well more traditional interventions work gives us a point of reference against which the effectiveness of culture-based interventions for men of color who batter their female partners, such as those proposed in this volume, could be compared. This knowledge can also help elucidate specific ways culture-based practices can improve upon existing services. If non-culture-specific interventions with men who batter are demonstrated to be effective, then the challenge for proponents of culture-specific approaches to working with men who batter is to demonstrate that these approaches are as effective or that at the very least they allow access to services for targeted groups of men for whom the existing models may not work. If non-culture-based interventions with men who batter are not effective, or if they do more harm than good, then the case remains to be made as to how culture-specific models may be better at protecting women and guiding men of color into eliminating violence from their intimate relationships.

In this section we review data from studies on the effectiveness of court orders of protection for abuse victims, pro-arrest policies, “no-drop” prosecution policies, educational programs for men who batter, and coordinated community response initiatives.1 We present a broad view on the effectiveness of interventions for men who batter as an antidote to

1 Updated version of Aldarondo, 2002
what we consider to be a misguided preference by IPV researchers to approach interventions with men who batter as discrete medical procedures rather than as social policies and practices intended to respond to individual and social needs.

**Legal Sanctions Against Men Who Batter**

To date, no single statutory code on domestic violence has been adopted through the United States. Instead, “the states have adopted widely variant statutory models that in some instances reflect strong legislative intent to protect domestic violence victims, while other states’ laws perhaps reflect more compromise than fervor” (Miller, 1997, p. 2). The most commonly used legal interventions with men who batter are court order protection against domestic violence and mandated arrest and pro-arrest policies. Both types of interventions are based on the assumption that domestic violence can be stopped through legal sanctions and that legal sanctions are effective in reducing violence.

**Court Protection Orders as a Deterrent**

Prior to the adoption of Pennsylvania’s 1976 Protection from Abuse Act, only two states had protective order legislation specifically for domestic violence victims. Since then all fifty states, the District of Columbia, and Puerto Rico have enacted protective order laws. These laws grant the courts authority to use a wide range of injunctions against perpetrators of domestic violence, such as staying away from the abuse victim’s residence or place of employment, not committing additional acts of violence, not harassing or threatening family members, and enrolling in counseling and educational programs.

Orders of shorter duration are called temporary restraining orders. Typically, on completion of a temporary order, the person requesting the order has to attend a court hearing in which the judge decides whether to issue a permanent order. This order remains active until the person who requested the order asks for it to be cancelled. Violation of a protective order is punishable by contempt of court. In most states, violation of a restraining order is now punishable by arrest and incarceration (Miller, 1997; Buzawa & Buzawa, 1996).

Several studies (Carlson, Harris, & Holden, 1999; Grau, Fagan, & Wexler, 1985; Harrell & Smith, 1996; Holt, Kernick, Lurnley, Wolf, & Rivara, 2002; Klein, 1996; Macfarlane et al., 2004) have examined the
effects of protective orders in the reoccurrence of violence. These studies rely on a combination of reports by female victims and court and criminal records. The follow-up times range from four months to two years. The rates of recidivism range from 20% to 60%. Approximately one man out of four is found to reassault his female partner within four months of the protective order. The sample size, data source, follow-up time, and recidivism rate of these studies are shown in Figure 1.3. In the ensuing two years, this figure may increase to approximately two out of five men.

In comparing men who received temporary orders and men who received permanent orders, both Harrell and Smith (1996) and Keilitz, Hannaford, and Efkeman (1997) failed to find significant differences in violence recidivism between these groups, while Carlson et al. (1999) found that a significantly lower proportion of men who received permanent orders reassaulted their partners within a year. According to Carlson et al.’s (1999) data, the deterrent effect of permanent orders was most noticeable among men with limited socioeconomic resources.

Few victim characteristics have been related to IPV recidivism by men after a protective order. Carlson et al. (1999) found that Black women and those with low socioeconomic status (SES) were more likely to report reassault than were Hispanic women and those with higher SES, respectively. Carlson et al. (1999) and Herrell and Smith (1996) found that victims who were mothers were more likely to report reabuse than women without children.

Reassault following a protective order does appear to be strongly associated with the man’s history of violent and contentious behavior. Compared to men who cease or interrupt the violence, men who reabuse their partners tend to be younger (Klein, 1996), have prior criminal records
(Keilitz et al., 1997; Klein, 1996), have a history of persistent and severe violence against their female partners, and to have voiced strong objections to restraining orders at the time hearing (Harrell & Smith, 1996).

Concerning factors associated with the success of protective orders in stopping or reducing reabuse, Harrell and Smith found that arresting the abuser during the incident that led to the protective order significantly reduced the likelihood of severe violence but not other types of abuse. Carlson et al. found that arresting men before a protective order was issued significantly reduced reabuse for low-SES women. On the other hand, Klein failed to find a significant effect of arrest at the time of the protective order in the reabuse rate.

Female victims report that protective orders are helpful in documenting the abuse (Harrell & Smith, 1996) and in promoting a greater sense of security and safety in their life (Keilitz et al., 1997). Consistent with women’s experiences, these studies suggest that protective orders are an effective form of violence deterrence for many men. In particular, it seems that these orders work better for men without criminal records. However, regardless of prior history of violence and crime, research shows that a very large number—30% to 40%—of men violate their restraining orders and reabuse their partners (Harrell & Smith, 1996; Klein, 1996; Keilitz et al., 1997). Although arresting men who batter their female partners appears to enhance the deterrent effect of protective orders in some cases, the data on this issue is far from conclusive.

**Arrest as a Deterrent**

One of the most substantial changes in the criminal justice response to men who batter in the last three years has been the change from “arrest as a last resort” to mandatory arrest laws and pro-arrest state policies. These laws and policies either mandate or authorize police officers to arrest domestic violence offenders based solely on a probable cause determination that an offense has occurred and that the person arrested committed the offense. In this section we review both quasi-experimental and experimental studies about the effects of arrest in the behavior of men who batter.

**Quasi-Experimental Arrest Studies**

Quasi-experimental designs are used to tell us how domestic violence arrest policies and procedures work within the realities of particular
Family Violence and Men of Color

communities. Jaffe, Wolfe, Telford, and Austin (1986) did just this when they evaluated the experiences of female victims before and after the implementation of a domestic violence arrest policy in London, Ontario. Women whose partners had been arrested reported significantly lower levels of reassault than women whose partners were not arrested; they reported reductions of 66% of the prearrest total. Similarly another study of 270 women seeking domestic violence services in Florida, North Carolina, Ohio, and Vermont and found that those whose male partners had been arrested reported lower recidivism rates than women whose partners were not arrested (Fagan, 1996).

**Domestic Violence Arrest Experiments**

Experimental designs are considered to be an improvement over quasi-experimental designs because they afford investigators better control over the effects of unspecified contextual factors and potential selection bias in the construction of groups. Seven social experiments have been conducted to test the effectiveness of arrest in reducing domestic violence.

In the early 1980s, Sherman and Berk (1984) completed the first domestic violence arrest experiment in Minneapolis, Minnesota. They found that

[Arrest was the most effective of three standard methods police use to reduce domestic violence. The other police methods—attempting to counsel both parties or sending the assailants away from home for several hours—were found to be considerably less effective in deterring future violence. (Sherman et al., 1992a, p. 269)]

And while expressing the need for “other experiments in other settings,” they stated that “the preponderance of evidence in the Minneapolis study strongly suggests that the police should use arrest in most domestic violence cases” (Sherman et al., 1992a, p. 269).

In the mid-1980s and early 1990s, the National Institute of Justice sponsored six domestic violence experiments to evaluate and elaborate on the findings of the Minneapolis experiment. Collectively, these experiments came to be known as the Spousal Assault Replication Program, or SARP. Unfortunately, the published reports of these experiments vary in their analytical approaches and choices of comparisons (Garner, Fagan, &
Maxwell, 1995). Not surprisingly, the authors also varied in their conclusions. Both Hirschel, Hutchison, and Dean (1992) and Dunford, Huizinga, and Elliot (1990) concluded that arrest was not more effective in reducing reabuse of victims than nonarrest practices. Berk, Campbell, Klap, and Western (1992) indicated that arrest was effective according to abuse victims’ reports but not according to official records. For Sherman et al. (1991) there were short-term gains to arrest, which over time dissipated and gave way to violence escalation. Pate and Hamilton (1992) reported that arrest significantly reduced the prevalence of violence and increased the time it took for repeat offenders to reabuse their female partners.

Garner et al. (1995) reported the raw data of these experiments in order to provide a more consistent form of comparison. Figure 1.4 includes the six-month recidivism rates and outcome for the evaluations according to official police records and abuse victims’ reports. Considering the evaluation of official records, the six-month recidivism rate across experiments ranged from 6.5% to 25.8% and from 14.8% to 25.2% for arrested and nonarrested men, respectively. The average reabuse rate for arrested men across experiments was 17.2%. In other words, according to official records, approximately one out of six men arrested for domestic violence reoffended within six months of the initial arrest. Closer to one out of five men (19.1%) who were not arrested reassaulted within the same time period. Only the Minneapolis experiment found statistically significant differences in the rates of reabuse among arrested and nonarrested men. Looking beyond the criteria

![Figure 1.4 Six-month recidivism rates in arrest studies by source of data.](image-url)
of statistical significance, the remaining experiments were evenly split between reduction and escalation of violence following arrests (Aldarondo, 2002).

With respect to violence recidivism data obtained from women’s reports, Figure 1.4 shows that, in all but one of the experiments, women whose partners were arrested reported lower recidivism rates than women whose partners were not arrested. However, this difference was statistically significant only for women in the Minneapolis and Dade experiments. The rates of reabuse ranged from 17.3% to 58.9% and from 30.4% to 62.8% for arrested and nonarrested men, respectively. The average six-month recidivism rate reported by abuse victims across experiments was 34.3% and 42.1% for arrested and nonarrested men, in that order.

**Significance for Female Victims of Domestic Violence**

There are no theoretical or empirical estimates on the deterrent effects of arrest in men who batter that can be used as benchmarks in the evaluation of the findings presented above. In the absence of such criteria, prudence dictates that we take into account the clinical and human significance of these findings for victims of domestic violence. According to both official records and abuse victims’ reports a smaller number of men who were arrested than of nonarrested men reassaulted their partner in the ensuing six months. Specifically, women’s report a reduction of almost 8% in the recidivism rate for arrested men compared with men who are not arrested. This means that without arresting men who batter, 180 additional women of the 2,245 included in Table 3.3 would have been reassaulted by their partners. Having said this, however, it is important to recognize that approximately one-third of all women whose male partner is arrested will be reassaulted within six months. Thus, although the positive effects of arrest should not be trivialized, the limitations of arrest as the primary way to change the behavior of men who batter should be obvious.

**Effect of Employment and Marital Status**

Although arrest is associated with important reductions in violence recidivism, the effects of arrest are known to vary with the men’s employment status (Berk et al., 1992; Sherman et al., 1992a; Pate & Hamilton, 1992) and marital status (Sherman et al., 1992b). Arrested
men who are employed and married appear to be less likely to reabuse than their counterparts who are not arrested. On the other hand, among men who lack a “stake in conformity” or commitment, arrest is associated with higher rates of violence recidivism. Thus, the effectiveness of arrest in reducing domestic violence appears to be associated with the presence of informal social controls in the life of men who batter.

**Batterer Intervention Programs**

Intervention programs for men who batter, commonly known as batterer intervention programs (BIPs), are now a standard sanction for the criminal justice system in cases involving domestic violence. Legitimized and supported by the courts, BIPs have proliferated at a remarkably high rate across the country (Mederos, 2002).

There is a great deal of variability among BIPs in terms of theoretical orientation, duration of program, number and structure of sessions, counselors’ training experiences, sponsoring agency, referral sources, sources of funding, and ethnic composition of the men in the program. Typically, men attending a BIP are asked to join other men in orientation and psychoeducational groups led by one or more group counselors. From a pragmatic point of view, groups are an affordable form of intervention for poor or financially strapped men and are a cost-effective operation for agencies relying on a small number of trained professionals to serve a large number of men needing intervention. From a clinical point of view, groups are also presumed to reduce men’s social isolation, provide a safe environment in which they can deal with potentially volatile issues and challenge fellow groups members who directly or indirectly engage in abusive behavior, and expose men to alternative, nonviolent coping models and strategies.

Many BIPs are informed both by pro-feminist values and concerns and by social learning theory principles of behavior. From a social learning perspective, violence is viewed as a pattern of behavior familiar to men in part because they have witnessed such behaviors in their families of origin. Moreover, the men’s use of violence against their female partners is presumed to have a functional significance for the men and becomes a regular part of their interpersonal relationships. In accordance with feminists’ ideas about the social construction of gender and power in intimate relationships, many education programs for men who batter also understand violence against women as one of several forms of controlling behaviors men use against women, which
is learned during childhood and is maintained into adulthood through a myriad of cultural messages and practices that legitimize male violence against women.

This conceptualization of men’s violence against women as learned, functional, and maintained by interpersonal and cultural dynamics has favored the development of highly structured educational intervention strategies focused on the cessation of violent behaviors in contrast to unstructured, growth-oriented approaches. These programs try to educate men about the causes, dynamics, and consequences of violence; teach them how to recognize and deal with anger without resorting to violence; reduce their general level of arousal through relaxation and self-control techniques; teach them to use time-out techniques to avoid emotionally arousing situations and promote rational problem solving; change views and attitudes about intimate relationships that men have used to justify their abusive behaviors, including sexist attitudes; and teach them appropriate conflict resolution skills.

Despite these multiple goals, the effectiveness of education programs for men who batter is typically judged by the reduction in the number of men who reassault their partners following program completion. However, accurate estimates of IPV recidivism are difficult to obtain. Moral reproach for violent behavior and possible negative social and legal consequences of disclosure can heighten men’s tendency to underreport violence. Official records, although not affected by the men’s self-report biases, have their own limitations and are thought to produce much lower recidivism figures than evaluations using partner reports (Bennett & Williams, 2001).

Unfortunately, outcome studies have shown follow-up contact with abuse victims to be problematic (e.g., Taylor, Davis, & Maxwell, 2001) and that women may underreport their abuse out of shame, fear, or repression of traumatic events (Saunders, 1996). Other reasons why unbiased estimates of recidivism are difficult to obtain include that outcome studies tend to report data only for men who complete intervention programs and are available at follow-up time; that there is a low response rate to all follow-up data gathering techniques; that respondents to follow-up assessments often compare favorably with those who do not in important risk markers for IPV such as economic resources, alcohol problems, violence in the family of origin, and severity of violence against women; and that many BIPs include men with different psychological and social needs in the same groups while excluding the most difficult or inappropriate men. For all these reasons, we think it is
prudent to assume that the available data may underestimate the rate of violence recidivism following group intervention.

**Evaluations of BIPs**

Evaluations of BIPs have consistently appeared in the literature since the early 1980s. Today there are close to 40 published evaluations of BIPs in professional journals, most of which assess recidivism following participation in a specific intervention program (individual outcome studies). Others compare men who complete the intervention program with either dropouts or a matched group of men (i.e., quasi-experimental studies). A third group of studies compares violence rates among men who are randomly assigned to different intervention conditions (i.e., BIP experiments).

**Individual Outcome Studies**

In the typical BIP, violent behavior is assessed before and after the provision of services. Some programs also conduct follow-up assessments months and even years after termination. This information provides a rough measure of how intervention programs affect the violent behavior of their participants.

Feazell, Mayers, and Deschner’s (1984) survey of 90 intervention programs for men who batter revealed that between 25% and 34% of men reabused their partners within a year. Another survey of sixteen intervention programs (Pirog-Good & Stets-Kealey, 1985) found a four-month average recidivism rate of 16%. However, as Edleson (1990) points out, neither of these studies indicates how the follow-up data were collected, who provided the information, and how the programs computed reassault.

Davis and Taylor (1999) identified 22 individual batterer intervention evaluations. Two-thirds of the follow-up assessments relied exclusively on reports given by men. Four evaluations were based on reports by men and their abuse victims. Three evaluations used only victims’ reports. One evaluation presented data obtained from men and police records. The follow-up time ranged from seven weeks to three years, with two-thirds of the programs completing follow-up assessments of at least six months. Recidivism rates ranged from 7% to 47%, with an average of 26% across evaluations. Abuse victims and men who batter reported average recidivism rates of 24% and 24%, respectively. One evaluation including police records reported 15% recidivism. Considering follow-up
time, the combined average recidivism rate for follow-up evaluations of up to five months was 14%, while recidivism for evaluations with follow-up time of six months was more than 32%.

According to data from individual outcome studies, most men cease or interrupt the use of violence following completion of a BIP; however, about one-third of program completers go on to reabuse their female partners. Consistent with both protective orders and arrest studies, women report considerably higher rates of reabuse than police records and men’s reports.

**Quasi-Experimental Studies**

In judging the effectiveness of BIPs, it is important to know not just that program completers reduce their use of violence, but also the extent to which they are more likely to do so than men who either drop out of programs or do not attend them. This is what quasi-experimental studies are designed to do.

Several quasi-experimental evaluations of BIPs based on police records have been published in professional journals (Babcock & Steiner, 1999; Chen et al., 1989; Dobash, Dobash, Cavanagh, & Lewis, 1996; Dutton, 1986; Dutton, Bodnarchuk, Kropp, & Hart, 1997; Gondolf, 1998; Waldo, 1988). Violence recidivism and outcome results from these

![Figure 1.5 Quasi-experiments of BIP recidivism based on police records.](image)
studies are shown in Figure 1.5. All seven studies report lower recidivism rates among men following BIP completion than for men who did not complete a program. Three studies report this difference to be statistically significant. Recidivism rates for program completers ranged from 0 to 18%. Recidivism rates for dropouts ranged from 10% to 40%. Considering follow-up time, evaluations of up to one year's duration showed combined reabuse rates of 4% and 13% for men who completed BIPs and men who did not, respectively. The combined average recidivism rates for follow-up evaluations of more than one year was 9% and 26% for program completers and dropouts, in that order.

Recidivism data obtained from abuse victims in quasi-experimental evaluations of BIPs (Dobash et al., 1996; Edleson & Gruszinski, 1988; Gondolf, 2000, 2001b, Hamberger & Hastings, 1988) are shown in Figure 1.6. Again, all six studies found that men who complete BIPs were reported to reabuse their female partners less than men who did not. In four studies, the differences between groups were statistically significant. Women whose partners completed BIPs reported recidivism rates from 26% to 41% (mean 32%). In contrast, between 40% percent and 62% (mean 46%) of women whose partners did not complete BIPs indicated that they had been reassaulted.

Quasi-experimental evaluations of intervention programs for men who batter indicate that men who complete the programs reassault their partners considerably less than those who do not. Consistent with data obtained from individual outcome studies, close to one-third of female
partners of program completers reported being reassaulted by their partners. Again, recidivism rates based on police reports were approximately one-half the rate obtained from women’s reports.

Keep in mind that program completers and dropouts have both experienced the same type of legal sanctions for abusing their partners. Thus, the lower recidivism rates among program completers suggest that there is a program effect beyond the effect of legal sanctions such as protection orders and arrest. In an analysis of BIP program effect, Gondolf (2001b) argues that completing a program reduces the likelihood of reassault by 44% to 64%. To put this in perspective, treatment completion by all dropouts included in Figure 1.6 would reduce the average recidivism rate as reported by abuse victims from 46% to a minimum of 17% and a maximum of 26%. Also keep in mind that difference in recidivism rates between program completers and dropouts may be accounted for by other contextual and individual differences between these groups. Studies of attrition in BIP completers suggest that they are more likely than program dropouts to be employed, be married, have children, be more educated, perceive the program as important, and admit violence at intake (Daly & Pelowski, 2000). They also tend to be less likely than dropouts to have criminal records and substance abuse problems. Thus, like arrest, BIPs appear to be more effective with men who have a stake in conformity.

**BIP Experiments**

Although the effect of pre-existing differences between program completers and dropouts in recidivism rates can be assessed through various statistical procedures, it cannot be completely eliminated. In theory, unbiased estimates of violence recidivism can be achieved only through random assignment of participants to experimental and control groups.

Four batterer intervention program experiments have been published in professional journals. The recidivism rates, data source, and direction of outcome reported in the first three experiments (Dunford, 2000; Palmer, Brown, & Barrera, 1992; Taylor et al., 2001) are presented in Figure 1.7. The most recent experiment conducted by Feder and her colleagues (Feder & Wilson, 2005) is not included here because methodological limitations make comparison with the remaining studies difficult. Evaluation of police records show one-year recidivism rates for men assigned to BIPs ranging from 4% to 18%,
with an average of 11% across experiments. Further, both Taylor et al. (2001) and Palmer et al. (1992) found men assigned to BIPs to have significantly lower levels of reassault in their police records than men assigned to other experimental conditions.

In terms of abuse victims’ reports, both Taylor et al. (2001) and Dunford (2000) report lower levels of reassault among men assigned to BIPs than among men assigned to other experimental conditions; however, this difference was not statistically significant. Overall, BIP experiments suggest that men assigned to group programs have lower rates of reassault than men assigned to control conditions. That this is the case is somewhat surprising given that, for methodological and practical reasons, experiments calculate recidivism rates based on the number of men assigned to conditions and not on actual number of men completing programs (Gondolf, 2001a). Thus, there is evidence of a program effect even after data from program completers, dropouts, and untreated men in the same group are mixed together.

**Coordinated Community Responses**

Coordinated community responses have been heralded by some as “the best hope for improving the social responses to domestic violence” (Worden, 2000, p. 246) and as “the guiding principle shaping policy for the [year] 2000 and beyond” (Ford, Reichard, Goldsmith, & Regoli, 1996,
This type of response involves integrating the activities of multiple organizations and services such as BIPs, the criminal justice system, shelters for battered women, social service agencies, and health services into a communitywide violence intervention and prevention network. These initiatives are, by definition, shaped by the characteristics and resources of each community and are thus unique.

Although the specific form of these responses may vary across communities, all coordinated community responses assume that each part of the community network of interventions contributes something to the reduction of violence; that coordination of activities enhances the efficacy of the separate parts; and that the combined effects of coordinated community responses are greater than the individual effects of their parts. Our review of criminal justice interventions and BIPs provides evidence in support of the first of these assumptions. Evaluations of coordinated community responses are beginning to document the effects of these initiatives in other parts of the network and in violence recidivism.

Gamache, Edleson, and Schock (1988) used a multiple baseline design to evaluate the impact of three community intervention projects created by the Domestic Abuse Project (DAP) of Minneapolis. These initiatives included the participation of police, volunteer women, and men advocates to support and advise female victims and assailants, city attorneys, probation officers, judges, and BIPs. The DAP’s staff maintained communication between the agencies, kept track of the cases, collected outcome evaluation data, provided community education and training, and recruited and supervised volunteer advocates. The researchers found that each community experienced significant increases in the number of arrests, successful prosecutions, and referrals to BIPs following the implementation of the community intervention projects. The authors concluded that the community responses “had a significant impact upon both the police and judicial responses to woman battering” (Gamache et al., 1988, p. 205).

Babcock and Steiner (1999) examined recidivism of domestic violence following a coordinated community response involving the courts, probation officers, and BIPs in Seattle (n = 387). In this system, individuals who are found guilty or receive a deferred sentence can be court-mandated to attend a BIP and are assigned a probation officer with whom they meet once a month for two years. Babcock and Steiner (1999) found significantly lower rates of rearrest during a two-year follow-up period among men who completed court-mandated intervention
programs (8%) than among men who were court-ordered into the programs but who did not complete them (40%). Among the men in the programs, 14% completed treatment only after one or more bench warrants for their arrest had been issued, suggesting that court and probation involvement increases compliance with domestic violence treatment. The coordinated legal response appears to be a significant component in the intervention of domestic violence.

Tolman and Weisz (1995) evaluated the effectiveness of the pro-arrest and prosecution aspects of a coordinated community response in DuPage County, Illinois (n = 341). This system includes procedures for law enforcement, prosecutors, and advocates that are designed to ensure that most domestic violence cases are not dismissed. It also provides sentencing disposition guidelines for men who plead guilty or are found guilty, taking into consideration the men’s history of domestic violence offenses. Following the evaluation of police reports for an 18-month period, these authors found lower rates of recidivism (25%) when the intervention prescribed by the protocol was exercised than when it was not (35%), and they concluded that this system “appears to be an effective strategy for deterring subsequent domestic violence” (p. 491).

Shepard, Falk, and Elliot (2002) evaluated the effects of an enhanced coordinated community response in Duluth, Minnesota. The “enhanced” model included methods for criminal justice practitioners and advocates to collect and share risk assessment data used to determine the level of legal sanctions recommended for men who batter. They found significantly lower 6- and 12-month recidivism rates during the second (28% and 39%) and third intervention years than during the pilot year (36% and 46%), suggesting “that improved coordination through the sharing of risk assessment information among criminal justice professionals can reduce recidivism among men who abuse their partners” (p. 568).

Murphy, Musser, and Maton (1998) examined the effects of a coordinated community response in Baltimore, Maryland (n = 235). Using official criminal justice data for a period of 12 to 18 months, they found that men who had been court-ordered to BIPs were 56% less likely than other men to generate a new charge. In addition, the combined effects of successful prosecution, probation monitoring, and participation in a BIP were associated with significant reductions in violence recidivism. To illustrate this point, the recidivism rates of men not successfully prosecuted, men found guilty, men also ordered to attend BIPs, and
CONCLUSION

This chapter reviews data from studies on the incidence and prevalence of IPV against women by male partners around the world and in the United States as well as from studies on efficacy of protective orders, arrest policies, BIPs, and coordinated community responses in this country. National and cross-cultural IPV studies tell us that the victimization of women by their male partners is a serious problem for women around the world. Women on all continents experience reprehensibly high levels of IPV. Moreover, there is considerable variation between countries in the rates of IPV, suggesting that important cultural dynamics and factors may contribute to the observed differences. Consistent with these findings, differential rates of IPV have also been found across cultural groups within the United States, with particularly high rates of IPV found in families of African American, Native American, and Hispanic descent. Having said this, however, we questioned the validity of IPV prevalence data collected under the assumption that people of color can be adequately studied as homogenous groups. To date, the research literature offers limited information about culture-specific dynamics or factors associated with IPV. Instead, there is a growing consensus that socioeconomic factors, relationship conflict, and alcohol abuse are important determinants of IPV among ethnic minority groups in the United States.

In terms of studies on recidivism following interventions with men who batter, the data show that each level of intervention is making modest and important contributions to stopping and reducing violent behavior by men against their female partners. Protective orders are an effective form of violence deterrence for more than one-half of the men. Approximately two-thirds of all men arrested for domestic violence offenses do not reassault within six months. About the same number of men (66%) who complete BIPs remain nonviolent following treatment. There is evidence that coordinated community response networks can significantly enhance the efficacy of various interventions and further reduce IPV recidivism.

On the other hand, the evidence clearly suggests that much more remains to be done to improve upon existing interventions. Protective orders, arrests, and BIPs are most inadequate in reducing reassault among
men with weak social and intimate bonds. This is not surprising given that existing domestic violence interventions are not designed to deal with the many social and psychological shortcomings of this population. These men are more likely to violate protective orders, drop out of BIPs, and engage in criminal behavior outside the home. We must endeavor to improve our ability to engage men who batter in the process of change.

The data suggest that the higher the stakes are for men to conform to nonviolent social norms, the more likely they are to comply with intervention programs and to remain nonviolent following the interventions. Herein lies an area where culture-based batterer intervention programs and practitioners interested in culture-based practices could make important contributions to the field. The challenge here for proponents of culturally sensitive models and practices is to link the experiences of low-income and racially or ethnically diverse men in BIPs and the cultural competence of service providers with increased program completion rates and reduced IPV recidivism. This is particularly important, given that experts in the field agree that the majority of existing programs are not culturally competent (Aldarondo & Mederos, 2002; Carrillo & Tello, 1998; Gondolf, 2002; Williams & Becker, 1994). Initial efforts to evaluate the effects of culture sensitive interventions are now beginning to emerge and have produced mixed results (Gondolf, 2004; Perilla & Perez, 2002; Rothman, Gupta, Pavlos, Dang, & Coutinho, 2007). As we move forward with these efforts, we would do well as a field to expand our knowledge base and explore culturally sensitive models now being successfully used in the field of health promotion to enhance the quality of services, increase treatment adherence by ethnic minorities, and reduce health disparities (Tucker et al., 2007).

Another challenge for proponents of services for men of color who batter is how to devise ways to integrate their efforts effectively with coordinated community response networks. The emerging data on the effectiveness of coordinated community response initiatives suggest that when it comes to protecting women and increasing the likelihood that men with histories of IPV do not recidivate, this is a winning strategy. Moreover, the research literature makes it abundantly clear that partnership with alcohol treatment services should become the standard of practice in the field. When working with men of color who batter, however, the potential benefits of coordinated community responses need to be tempered by the reality that the U.S. criminal justice system is a multilayered, confusing and “racist system to those who come from marginalized communities” (Erwin & Vidales, 2001, p. 13). Knowing that men of
color are arrested more often and charged with more serious crimes and with a greater number of crimes than their White counterparts makes it imperative for service providers to men of color who batter to enter into these coordinated community response networks as intentional agents of social control, individual healing, and social change.

The aforementioned considerations about the broader social context in which service for men of color who batter are provided brings to mind the words of the eminent community psychologist George Albee, who, while commenting on the unity of clinical practice, mental health, and social justice, wrote,

As one steeped in the culture and values of public health, I must note the long-held public health dictum: No pathological condition has ever been eliminated by intervention with individuals one at a time. In other words no disease or disorder has ever been treated out of existence. The benefit of working with individuals damaged by the exploitative system is that we learn the nature and causes of injustice that produce the toxic social stresses. Then, we must move beyond treating individuals to unified efforts to change the system. (Aldarondo, 2007, p. xvii)

With respect to working with men of color who batter, Albee would ask: What does it mean to want to promote individual healing when you know that the men you serve tend to live in communities where ethnic and minority groups are more likely to lack medical insurance, to receive lower quality of care, to have trouble paying their bills, to go without needed health care, to have poor transportation systems, to have witnessed community violence, to die younger, to live in inadequate housing, to have limited access to high-quality nutritional products, and so on than other segments of society?2

We agree with a growing number of domestic violence experts who propose that to heal men of color who batter, we must also intentionally aim to transform the communities in which they live (e.g., Almeida & Hudak, 2002; Sinclair, 2002; Perilla, Lavizzo, & Ibanez, 2007; Williams, 2002). We believe that the current state of the knowledge about determinants of IPV and the efficacy of interventions with men who batter presents an opportunity for providers of services to men of color to remain true to the commitments to social change and social justice that gave rise to the domestic violence field. Moreover, we believe that progress

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2See Agency for Health Care Research Quality (2005); Hofrichter (2003).
can be made by expanding the roles for providers of services to men of color who batter beyond the role of healer and agent of social control to include the role of agent of social change. In this role, providers of services of men of color can use their understanding of the oppressive effects of unequal power, their honed sensitivity to process of denial and minimization, their knowledge of culture-specific practices and preferred modes of communication, their familiarity with the organization and functioning of the criminal justice system, and their understanding and connection with men of color to cross disciplinary boundaries and foster the development of culturally sensitive and competent partnerships and reform initiatives with other stakeholders in the legal, community, business, and professional systems.

Culturally sensitive, broad-based partnerships are needed to promote healing and change in men who batter. There are diverse players in the nonprofit, governmental, business, and higher education communities with commitment and expertise with social justice and social change practices. We must indentify these individuals in our communities and enlist them in our efforts to put an end to IPV. In doing so, however, we should take note of Audre Lorde’s (1984) dictum: “The master’s tools will never dismantle the master’s house.” Men of color who batter not only need to learn how to live free of violence but must also be our allies in the transformation of the toxic social conditions fueling their violence. It is through the participation of men who batter in this process that individual healing and lasting social change is most likely to take place. The words of another eminent community psychologist, Julian Rappaport (1981), now come to mind: “If the antidote for arrogance is the ecological view of man, the medicine for mediocrity is the pursuit of paradox” (p. 8). As currently conceived, the roles of the provider of services to men of color who batter are inherently paradoxical. Uncovering these paradoxes at a time when service for men who batter are under increased scrutiny is likely to give a new found sense of direction and urgency to the field.

REFERENCES
Family Violence and Men of Color

prevention strategies in a diverse society (pp. 3.1–3.20). New York: Civic Research Institute.


Economic Commission for Latin America and the Caribbean. (2007). *No more! The right of women to live free of violence in Latin America and the Caribbean.* (LC/L/2808), Santiago, Chile, October.


