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Process Evaluation Of The Batterer Intervention And Prevention Program Of The Center Against Sexual And Family Violence In El Paso, Texas

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PROCESS EVALUATION OF THE BATTERER INTERVENTION AND PREVENTION PROGRAM OF THE CENTER AGAINST SEXUAL AND FAMILY VIOLENCE IN EL PASO, TEXAS

by

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Abstract

Background: Intimate partner violence (IPV) is a significant public health issue. One in five women and one in seven men will experience severe physical violence from an intimate partner in their lifetime in the US; and one in three women globally (Breiding, Basile, Smith, Black, & Mahendra, 2015; World Health Organization, 2017). Notwithstanding such stark statistics, there is a gap in research on batterers and on batterer intervention and prevention programs (BIPP). *Purpose:* Program processes related to follow-up of clients were evaluated at the Center Against Sexual and Family Violence Batterer Intervention and Prevention Program (CASFV BIPP) through a mixed-methods process evaluation. The research incorporated community-based participatory research methods in that the project was co-developed with the community partner (CASFV) and addressed program interests and needs. *Methods:* The process evaluation consisted of examining inputs, activities and outputs related to evaluation questions. Data collection methods include survey research among 110 BIPP program clients, development of a program description and logic model, data gathered through qualitative interviews with program staff, and presentation of data on recidivism rates collected by the program. Qualitative data were analyzed using thematic content analysis. Quantitative data analysis focused on descriptive statistics using the SPSS Data Analysis Package. *Results:* Nearly 60% of clients were between the ages of 25 and 38; 79% were male; 79.1% were Hispanic; and 94.5% felt the program had benefited them. A majority of clients (78.2%) agreed to be contacted by cellphone two years after completing the program as a follow-up measure. The research with clients and staff indicated that follow-up by cellphone two years after completion was the best protocol for following up with clients because the time frame allowed for completion of other obligations such as parole that may affect recidivism rates. In addition, client satisfaction with the program

was the strongest predictor for receptivity to follow-up (p = .004). *Conclusions:* Current follow up protocols were examined to recommend a standardized protocol, and it was recommended that follow-up be conducted by cellphone two years after program completion. Based on data obtained from client and staff, it was further recommended that additional means of contact such as email and social media be explored in the near term.

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Chapter 1: Introduction

This thesis project is a process evaluation of follow-up practices of the Batterer Intervention and Prevention Program of the Center Against Sexual and Family Violence (CASFV) in El Paso, Texas. Co-developed with the community partner, CASFV, the goal of the project was to evaluate tracking and follow-up of graduates of the program and survey client willingness to participate in follow-up processes, with the aim of helping program sustainability through improved, co-developed follow-up strategies.

A process evaluation is a type of research in the health sciences that examines a program currently in place to determine whether the program is fulfilling its own aims and goals (program fidelity). In a process evaluation, the research conducted by an investigator includes developing a complete description of the program on which to base the evaluation by examining program materials and data and by interviewing program stakeholders. Specific issues to be evaluated are investigated in greater depth. Since the research is directed and study participants are specifically stakeholders, participant recruitment is purposive. In a process evaluation, a stakeholder is any person or entity that has a vested interested in program activities. Stakeholders can include program staff, program clients and beneficiaries, funders, and community members: anyone who has a "stake" in the successful functioning of the program (Smith, 2010).

Description of the Paso del Norte US-Mexico border region

El Paso, Texas, the 22nd largest city in the U.S. and the country's third fastest-growing metropolitan area, is situated in the Chihuahuan Desert at an altitude of 3762 feet above sea level. El Paso sits on the US-Mexico border, adjacent to Ciudad Juarez, Mexico. The two cities are separated by only a river, a freeway and several bridges. The cities are not separated

culturally and are merged into a single metropolitan area by many binational families and businesses. Because of the binational nature of the larger metropolitan area, the population of El Paso is predominantly Mexican Hispanic (82.2%). Out of more than 800,000 residents in 2010, of whom more than 49,000 are veterans, other races and ethnicities that comprise the population of El Paso include non-Hispanic White (12.3%), Black (4%), Asian/Pacific Islander (1.5%), two or more races (1.4%), and Native American (1%). Females slightly outnumber males, 50.9% to 49.9%. A quarter of residents are foreign-born; and 29% of all El Paso residents do not have a high school education (Mora & Schultz, 2013). 23% live below the federal poverty line. (United States Census Bureau, 2010). El Paso is a young city: the median age is 32.6 years (city-data.com, 2016).

El Paso and Hudspeth Counties in far west Texas are federally-designated medically underserved areas. Among clients served by University Medical Center of El Paso, 65% are either underfunded or enrolled in Medicaid (University Medical Center of El Paso, 2016). Although violence prevention is one of Healthy People 2020 aims and goals, violence and safety are not mentioned in the UMC Community Health Needs Assessment for 2016-2018. Much of the health budget for El Paso is consumed by diabetes, with a prevalence of 12% of the population in 2010; and overweight and obesity, with a prevalence of 65% of the population; and the associated constellation of chronic illnesses (Mora & Schultz, 2013). The risk for these illnesses is compounded by the fact that 30% of El Paso residents live in food deserts where they have limited access to healthy food. With so many critical health risks in the El Paso region, intimate partner violence and family violence appear not to be high priorities in needs assessments conducted by local health services; and are left to be addressed by non-profits like

the Center Against Family Violence Batterer Intervention and Prevention Program, the subject of this thesis.

Chapter 2: Background and Significance

To illustrate the underlying issue of intimate partner violence and highlight program goals of changing the behavior of batterers, a literature review was conducted in several related areas. First, background and statistics on intimate partner violence (IPV) is provided.

Much of the information on IPV, including batterer intervention programs, or BIPs, is gathered by the criminal justice system. Most statistics come from police, crime and court reports, and the topic is primarily treated as one of criminal justice, de-emphasizing sociocultural factors. In its 2000 report, Department of Justice: National Violence against Women Survey 2000, the United States Department of Justice identified several gaps in research on intimate partner violence (IPV). These include research on minority women; documentation of the effects of childhood and re-victimization on IPV incidence; injuries; and harmful consequences from resources intended to help, such as revictimization during service utilization (Tjaden & Thoennes, 2000).

As a public health issue, some data on IPV is collected by government organizations. The Centers for Disease Control and Prevention conduct at least two national surveillance projects, the CDC-Behavioral Risk Factor Surveillance Survey (CDC-BRFSS) and the National Intimate Partner and Sexual Violence Survey (NISVS). CDC-BRFSS contains incomplete data on intimate partner violence in the US as only a handful of states administer the modules on IPV; additionally, data collection on IPV ceased after 2007. The National Intimate Partner and Sexual Violence Survey (NISVS) replaces the BRFSS and is dedicated to IPV. Based on 2010 data, 24 people per minute are victims of rape, violence or stalking per year, which is approximately 2 million women and men. More than 1 million women are raped and over 6 million people are

victims of stalking per year in the United States. Globally, the World Health Organization reports that one in three women will experience IPV or sexual violence by a non-partner over a lifetime (World Health Organization, 2017).

El Paso local and Texas state statistics on intimate partner violence. Statistics on intimate partner violence in El Paso are sparse and do not appear to have been collected with a consistent methodology. The El Paso Police Department available statistics on domestic violence date from 2006. Data from 2006 show that there were 5549 domestic violence cases in 2006 with 1146 arrests of men; 300 of women and 9 "dual" arrests. In that year there were five domestic violence related deaths. There is no information on ethnicity (http://home.elpasotexas.gov/police-department/dv2006.php). Data from the County Attorney's office from 2010 show that 5512 domestic violence cases were brought before the District Attorney that year (El Paso County Attorney, 2011). Statistics on family violence from 2011 reported by the El Paso Police Department list total family violence incidents at 4,546 (Texas Department of Public Safety, 2011). In 2014, there were also five domestic violence related deaths.

Other available years include 2005. Data for 2005 does not include the gender of the person arrested but there were 5006 cases and 1353 arrests. In 2004, there were 5395 cases with 1698 arrests listed as both total and of men, and 300 arrests of women. The data has flaws such as the reporting in 2004. The incidence seems stable between 2004 and 2006, but the repeated whole number of 300 for female arrests seems curious.

The Institute on Domestic Violence and Sexual Assault, Center for Social Work Research of the School of Social Work at The University of Texas at Austin, 2011 report entitled "Statewide Prevalence of Intimate Partner Violence in Texas," (Busch-Armendariz, Heffron, &

Bohman, 2011) has also assembled recent statistics for the state of Texas. Nearly 50% of adult Texans from a sample of 1200 had themselves or had a family member severely abused in intimate partner violence (the term "severely" is not defined in the report), while 74% reported knowing someone who had been abused (Busch-Armendariz et al., 2011, p. 15). The study collected data from 1074 adults in a telephone survey using landlines, of whom 19.4% were of Hispanic ethnicity. Data were reported by gender. There was no analysis by ethnicity nor data on residence. The lack of analysis by variables such as age, ethnicity, and gender, and the apparently inconsistent methodology in data collection, represent a significant gap in research.

The American Bar Association provides some data on domestic violence by ethnicity, quoting from the Texas Council on Family Violence, including an interesting fact that 50% of Hispanics feel that domestic violence is caused by circumstances beyond the *batterer's* control (American Bar Association Commission on Domestic and Sexual Violence, 2011). In addition, a significant proportion of Hispanics (40%) reported taking no action regarding a violent incident. According to the El Paso County District Attorney's office, 1 out of every 5 Hispanic Texas females (18%) reported being forced to have sex against their will; and 40% of Hispanic Texans who reported experiencing at least one form of domestic violence took no action (El Paso County Attorney & District Attorneys' Domestic Abuse + Teen Dating Awareness Initiative, n.d.). In terms of local services, the Texas Council on Family Violence lauded the El Paso Center Against Sexual and Family Violence programs as providing innovative services to victims of family violence, specifically partnering with Workforce Solutions to increase job skills of victims (Texas Council on Family Violence, 2010), placing El Paso at the statewide forefront of innovation in dealing with this problem of IPV on a community level.

Batterers and batterer intervention program efficacy

Batterers are understudied (Aaron & Beaulaurier, 2016; Arias, Dankwort, Douglas, Dutton, & Stein, 2002; Boal & Mankowski, 2014a; Wuerch, Zorn, Juschka, & Hampton, 2016), and part of the goal of this thesis topic is to address this gap. A review of the literature on batterer research and batterer intervention programs was conducted. Current literature on batterer intervention programs and their efficacy in general, and the program at the Center Against Sexual and Family Violence specifically, is provided here.

Research on batterers

Prior to evaluating a batterer intervention program, it is useful to examine current research on batterers and the batterer profile. The gap in research on batterers makes the problem difficult to address since the phenomenon is poorly understood. Research on IPV provides little understanding of batterer motivation or how the behavior is triggered. Much of the literature reviewed for this project discussed batterer typology; several articles presented categories for defining a batterer (Febres et al., 2012; A. Holtzworth-Munroe & Meehan, 2004; Amy Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2003; Kivisto, Kivisto, Moore, & Rhatigan, 2011; Mauricio & Lopez, 2009). Kivisto et al (2009) found that shame and battering are positively correlated: the greater the shame felt by batterers, who tend to externalize their emotions, the greater the trend toward antisocial behavior. In terms of pre-existing mental health issues, some research suggests that a large proportion of abusers fit the profile of antisocial personality disorder. Mauricio et al (2009) outlined three distinct batterer subgroups. Of the most violent that comprised 40% of the study sample, psychological profiles featured antisocial personality disorder, combined with adult anxious avoidant attachment orientations (Mauricio & Lopez, 2009). This means that the most violent batterers are ambivalent about intimacy and their

intimate partners combined with anxiety over whether their partner really loves them. It is a complex, heterogeneous profile.

Signs of antisocial personality, according to the Mayo Clinic, may include: disregard for right and wrong; persistent lying or deceit to exploit others; using charm or wit to manipulate others for personal gain or for sheer personal pleasure; intense egocentrism, sense of superiority and exhibitionism; recurring difficulties with the law; repeatedly violating the rights of others by the use of intimidation, dishonesty and misrepresentation; child abuse or neglect; hostility, significant irritability, agitation, impulsiveness, aggression or violence; lack of empathy for others and lack of remorse about harming others; unnecessary risk-taking or dangerous behaviors; poor or abusive relationships; irresponsible work behavior; and/or failure to learn from the negative consequences of behavior (Mayo Clinic Staff, 2013). A number of these characteristics correlate with the behavior of some batterers.

Mauricio et al's second most violent group (35% of the study sample) was characterized by adult anxious attachment, which means that the batterer lives in constant fear of being abandoned (Mauricio & Lopez, 2009). Antisocial personality is not present. The third, low-level violent group (25%) reported none of these psychological profiles. This group may correspond to the "family only" batterer group in a study by Klein & Tobin (Klein & Tobin, 2008). Low-level, family only violence may be underreported because it comes to the attention of law enforcement less frequently than more violent behavior in which violence is perpetrated on people outside the family.

An important conclusion from Mauricio et al with regard to batterer intervention program efficacy is that if antisocial personality or sociopathy is present in 40% of batterers, as found in

the study group, an equally significant percentage would be resistant to psychotherapy, have limited insight into the inappropriateness of their behavior, and limited motivation to make changes. This may provide a clue as to the lack of efficacy in batterer intervention programs (BIPs). This research suggests a need for mandatory routine mental health screening of abusers, to identify mood and personality disorders as well as prior trauma such as childhood abuse. In fact, there was agreement in the literature that the level of psychopathology is positively correlated with the level of violence likely to be committed by a batterer, reinforcing the need for routine mental health screening.

In two articles, Holtzworth-Munroe et al discussed subtypes of batterers among husbands and found heterogeneity when classifying batterers. In the article, Holtzworth-Munroe classified husbands who batter according to the severity and frequency of husband-to-wife violence; the generality of the husband's violence, whether it was family-only or if it included outsiders; and the husband's psychopathology (A. Holtzworth-Munroe & Meehan, 2004; Amy Holtzworth-Munroe et al., 2003). In addition to the three types of batterers above, these authors found 23 subtypes divided by history of the batterer, such as growing up in a violent home, keeping company with "social deviants," and so forth. These categories were not so much "subtypes" as descriptions of batterer history that may predispose an individual to physical violence against intimates and others. A significant limitation of this study was that the sample was primarily Caucasian with no information on Hispanic/Latinos. In their later article, the authors noted that there is disagreement in the literature on what constitutes lower level violence, and discussed lower level violence as being more dyadic, "common couple violence."

Other research examined animal abuse among female batterers (Febres et al., 2012). Among both male and female batterers, abuse or threats of abuse of animals are positively

associated with higher rates of physical assault of intimate partners. In this research, the study participants were young, poor and white, supporting a structural violence theory but underscoring the gap in knowledge about minority women. How often do minority women, particularly Latinas, batter and/or are reported or referred to law enforcement and intervention programs?

Batterer intervention programs.

Although considerable research exists on intimate partner violence, there is less research on batterers and batterer intervention. There is general agreement in the literature, however, that batterer intervention programs show limited success. Goodman, evaluating current intervention approaches that treat all batterers with a cookie-cutter model, enumerates a number of confounders that might keep a woman from leaving or reporting abuse, thus engaging with the system that would require her partner to enter a BIP. Important among these is immigration status: an immigrant arrested for domestic violence may be deported (Goodman & Epstein, 2005) which represents the definitive termination of life plans in the US, for both partners, as the spouse might lose a primary income source or even be deported herself. Thus female victims who are also undocumented are at significant risk for chronic abuse.

Curwood's article examined pretreatment changes in male batterers, looking at how the experience of being publicly exposed through the justice system, from arrest, arraignment, to trial, affected men's self-perception (Curwood, DeGeer, Hymmen, & Lehmann, 2011). She found that male batterers who were asked to list their strengths saw themselves as good family men with strong interpersonal skills who were proud of their education and work accomplishments. Curwood's findings are suggestive for batterer intervention strategies that

incorporate a strengths approach and concomitant positive reinforcement to behavioral change using grounded theory and narrative collection. Curwood challenged the view that batterers present pathological mental health profiles (Curwood et al., 2011). The main limitation of Curwood is that she did not collect the narratives or data herself and found some difficulties in her interpretation of the narratives.

Curwood is among some who criticize the Duluth model of intervention because of what she perceives as batterers being represented as one-dimensional villains by the feminist approach to IPV used in the Duluth curriculum (Glumac, 2011). The El Paso Batterer Intervention and Prevention Program of the Center Against Sexual and Family Violence uses the Duluth curriculum, which "challenges male authority in relationships and teaches group participants skills that support egalitarian, healthy relationships" (Cameron, 2012) but is thought by some to focus overmuch on males.

The Duluth curriculum has some key differences, mainly in discussion themes, between women's and men's classes. While men's classes focus a great deal on understanding relationships of power and control, how to recognize abusive behavior, and how to defuse tense situations without violence, the women's curriculum adds a special focus on "women who resist violence with violence, and family violence between non-intimate partners" such as extended family members, same-sex family members, and children. In the women's classes facilitators "need to understand that intimidating behaviors from a woman to harm a man are not likely due to size and ability" (personal communication with program director, May 8, 2018).

In classes, facilitators focus on understanding the violence in women's lives and why a woman would use violence, especially against a male, who is likely to be bigger and stronger.

Group discussions analyze the ways women use violence against men and family members. The three main categories of domestic violence among women are coercive controlling violence, responsive violence and non-battering-related violence (Pence, Connelly, & Scacia, 2011, p. 5). It is important to distinguish between these types of violence. Women are likely to face faulty arrests or plead guilty to avoid jail time for responsive violence, such as in cases in which a woman hits back, because police and the justice system do not understand or specify the context. Women are also less likely to engage in a pattern of coercive violence or "relentless, dehumanizing control over men" (Pence et al., 2011).

Klein's ten-year longitudinal study of batterers in Massachusetts provides excellent statistics and a review of studies that examine the efficacy of different intervention programs (Klein & Tobin, 2008). Although there seems to be no consensus on why abusers abuse, Klein shows that many abusers have prior criminal records and are repeat offenders, which provides a potential clue for further research: an examination of correlations between criminal record and IPV. The majority of first instances of IPV are not reported; and family-only violence is also less likely to be reported (Klein & Tobin, 2008).

As mentioned above, the key to reducing or eliminating intimate partner violence is understanding the batterer and his or her motivations. What happens internally, emotionally and cognitively when s/he is abusing his or her intimate partner? What are the triggers? What is the personal history, including mental health assessment and a history of prior childhood abuse? What might be biological variables? Are there commonalities? From the literature, commonalities in the types of linguistic frames and scripts that accompany abusive episodes are notable. These are repetitive to the point of banality, suggesting the possibility of commonalities in motivation, history, habitus (Bourdieu, 1977) that could provide clues as to preventive

strategies. This, in an evaluation of batterer programs, an ethnography of the batterer habitus and social context should be included as a first step.

Several batterer programs that are sanctioned by courts and thus are most exclusively used include: the Duluth model (Glumac, 2011); EMERGE in Massachusetts, in which abusers identify how they have harmed others as a precursor to ending the behavior; AMEND, Abusive Men Exploring New Directions, in Colorado, which focuses on taking responsibility and on conflict resolution with a 58% success rate; The New York Model for Batterer Programs in New York, which does not focus on victim safety but instead on the premise that violence is rooted in sexism and patriarchy, and that, a priori, batterer programs don't usually work.

Clients in most programs are court-ordered to attend, suggesting that they do not seek help of their own accord, which may affect program efficacy. The Texas Council on Family Violence states that by Texas law, offenders must be referred to Battering Intervention and Prevention Programs (BIPP). Thus there are a number of these programs in Texas. The site has a comprehensive list of accredited BIPP programs in the state: http://www.tcfv.org/pdf/resource-center-assets/Accountability%20for%20Family%20Violence%20Offenders.pdf

Batterer program efficacy.

According to Boal & Mankowski, the most successful batterer intervention programs include several elements. First, control issues are identified and reframed. Second, clients are taught to conduct a rigorous and truthful self-examination. From there, accountability is emphasized, and the group is expected to support individual accountability. Fourth, cognitive behavioral strategies are employed in specific areas: identifying anger cues; improving communication with the partner and others; identifying the underlying causes of anger; identifying the underlying cognitive factors of violence; and learning about the costs of violence

and aggression, including cost to relationships and children, economic costs, work, and freedom. Finally, group facilitators include women and men so that constructive and healthy gender relationships can be modeled (Boal & Mankowski, 2014a, 2014b).

As noted above, there is considerable research suggesting that batterer intervention programs (BIPs) suffer from a lack of efficacy. The literature on BIP program effectiveness indicates consensus that BIP programs in general are only minimally effective at reducing IPV (Aaron & Beaulaurier, 2016; Boots, Wareham, Bartula, & Canas, 2016; Curwood et al., 2011; Eckhardt, Murphy, Black, & Suhr, 2006; Febres et al., 2012; Ferrer-Perez & Bosch-Fiol, 2016; Goodman & Epstein, 2005; Haggard, Freij, Danielsson, Wenander, & Langstrom, 2015; Klein & Tobin, 2008; Michaels-Igbokwe et al., 2016; Rhodes et al., 2015). One commonly cited problem is that the heterogeneity of batterer profiles precludes the success of the "one-size-fits-all" approach currently used in intervention (Curwood et al., 2011; Goodman & Epstein, 2005; Klein & Tobin, 2008).

In addition, there is agreement that research on both batterers and batterer intervention programs is thin (Aaron & Beaulaurier, 2016; Eckhardt et al., 2006; Ferrer-Perez & Bosch-Fiol, 2016; Morrison et al., 2016). Although the question of efficacy is crucial to the success of these programs and the ultimate protection of victims, there is very little quality evaluation of programs; as many as 20% of programs conduct no follow-up evaluation (Ferrer-Perez & Bosch-Fiol, 2016). Men are only 5% less likely to re-offend after participating in a BIP program (Eckhardt et al., 2006). A Swedish study showed very little difference between offenders who had participated in a BIP program based on the Duluth model and those who hadn't, with a 19% recidivism rate among both groups after follow-up at 4.6 years (Haggard et al., 2015). In addition, programs have high dropout rates of between 40% and 90% (Ferrer-Perez & Bosch-

Fiol, 2016), which impedes efforts to follow up with program participants, especially those who do not complete the program.

Some of the issues in research on BIP programs are methodological, including uncertainty as to what to measure, whether recidivism or specific rehabilitation goals (Ferrer-Perez & Bosch-Fiol, 2016). Such goals include decrease in aggressive behavior and feelings of hostility. There is evidence that concurrent psychotherapy may increase the effectiveness of BIP programs as well as satisfaction of participants with the program (Boira, del Castillo, Carbajosa, & Marcuello, 2013; Love et al., 2015), but only with therapists who do not make participants feel "judged" (Boira et al., 2013).

Part of the problem of studying batterers and batterer intervention is that the majority of research and public attention concerns victim issues and interventions. According to Ferrer-Perez & Bosch-Fiol (2016), victims' programs garner most of the attention of investigators and evaluators, which may explain the paucity of funding for research on the evaluation of batterer intervention programs. Ferrer-Perez & Bosch-Fiol suggest changes in research goals and methods that include the implementation of experimental or quasi-experimental designs with controls; broadening definitions of abuse; using multiple outcome measures; privileging victim narratives over official reports; measuring victim well-being; longer follow-up intervals and improved follow-up retention rates; and assessment of program implementation by program stakeholders (Ferrer-Perez & Bosch-Fiol, 2016).

Eckhardt et al (2006) call for systematic multidisciplinary research on batterer intervention programs, since current intervention models (Duluth and cognitive behavioral therapy) have not been supported or validated empirically by randomized controlled trials (Eckhardt et al., 2006). According to Haggard et al (2015, several limitations interfere with

adequate evaluation of BIP programs, including the authors' observation that comparison of motivated vs non-motivated offenders in observational studies risks inflating outcomes; official records reflect only a small percentage of actual violent occurrences, so there is a limitation in using court and police records; not distinguishing between low-risk and high-risk clients among whom interventions are more effective; and that offenders who do not complete the programs may be made worse and are at greater risk of reoffending (Haggard et al., 2015). A recent study with veterans, whom the authors argue suffer from particular stressors related to combat experience and need interventions tailored to their particular experiences, used a battery of psychological tests plus a focus group to evaluate the effectiveness of the intervention (Love et al., 2015). Although the investigators obtained promising and suggestive results, the study had too small a sample to arrive at generalizable conclusions, and the study was targeted to veterans and not civilians.

Other population-specific interventions have been attempted, including an unsuccessful intervention in the emergency room (Rhodes et al., 2015); interventions aimed at addressing alcohol abuse and IPV concurrently (Romero-Martinez, Lila, Martinez, Pedron-Rico, & Moya-Albiol, 2016; Satyanarayana et al., 2016); developing facility among bystanders to intervene (Wee, Todd, Oshiro, Greene, & Frye, 2016); and training of medical students (Papadakaki, Petridou, Kogevinas, & Lionis, 2013). Some investigators found that both the type of batterer and the type of intervention mattered in predicting success rates of BIP programs (Aaron & Beaulaurier, 2016; Broidy, Albright, & Denman, 2016). Collaboration with the court system was not found to increase efficacy (Boots et al., 2016). Instead, since the number of programs has burgeoned because the only way to avoid incarceration is to participate in a BIP program, at least

one investigator voiced concerns about the potential for exploitation, since programs depend financially on courts to provide clients (Morrison et al., 2016).

In their study, however, Morrison et al (2016) outline several challenges to BIP programs that impede their effectiveness (Morrison et al., 2016). These include information barriers, safety issues, facilitator retention and training, the need for monitoring, and funding constraints (Morrison et al., 2016). In this study on strategies for follow-up in a BIP program, Morrison's findings will be incorporated into data collection.

As mentioned above, participation in batterer intervention programs (BIPs) is primarily court-ordered, and the legislative or policy requirements inform the content and structure of the programs (Boal & Mankowski, 2014b). Not all BIPs follow the legislative expectations strictly.

In terms of program content and structure, the following have been found to contribute to the success of the programs: (1) community collaboration, including collaboration with domestic violence councils and NGOs, victim advocates, and probation officers; (2) successful adherence to the requirements for program completion, such as attendance and the development of an action plan; (3) program length; and (4) male and female co-facilitation of groups (Boal & Mankowski, 2014b).

The Center Against Sexual and Family Violence (CASFV) in El Paso, Texas

Batterer Intervention and Prevention Program (BIPP)

The accredited and well-regarded BIPP program at The Center Against Sexual and Family Violence (CASFV) Battering Intervention and Prevention Program is located in El Paso County, Texas. CASFV began as an abuse hotline in 1977 and opened an emergency shelter in 1983. According to the program director, the El Paso BIPP program started at approximately the

same time. CASFV BIPP has always been characterized by complete confidentiality. Due to confidentiality concerns and the lack of legislation concerning batterers, the exact origins of the El Paso BIPP program are unclear, according to Director Adrian Chavira. In 2013-2014, the BIPP program served 465 clients of whom 57 were female and 408 were male.

According to information published on the CASFV website and from interviews with the program director, the BIPP program is a group class for batterers that emphasizes accountability and equality and meets over 26 weeks in two-hour weekly sessions. The program accepts clients who come to the classes as a condition of parole, probation, or an order from Child Protective Services or other court-order. Clients also join voluntarily. There is a fee of $675 to participate in the program; however, funding can be worked out in various ways such as a 50% discount for clients who are performing community service.

The program has been in place for approximately 30 years and has been acknowledged as one of the more successful and innovative family violence programs in the state (Texas Council on Family Violence, 2010). The program boasts a well-regarded BIPP program with up to two-thirds success rates, compared to approximately 50% success rates in other programs nationwide. The program gathers outcome data, and several years of data is available to include with this evaluation.

The success of the CASFV BIPP program is attributed to its implementation of the Duluth Model in its curriculum, This model shifts responsibility from the victim to the perpetrator, and responsibility for victim safety to the community (Glumac, 2011). This model engages several policies that are frequently cited in the literature as contributing to success. First among these are high integration with other community agencies and organizations, including but not limited to the judicial system; the schools; local low cost clinics; local universities; the

military presence at Ft Bliss; and Workforce Solutions. Secondly, CASFV's BIPP program does not engage with anger management as anger issues are viewed as symptomatic of larger aggression problems more effectively addressed elsewhere. The BIPP program is concerned specifically with intimate partner violence, which is usually limited to the partner and family, rather than general problems with anger that might be directed at strangers. Third, the program focuses on peer intervention, particularly peer-administered accountability in which clients are accountable to their peers in the program rather than to an authority figure. Accountability ensures that abusers will not be allowed to engage in minimizing or excusing self-talk that permits them to rationalize their abusing behavior, and they will be called to account by their peers. Fourth, the program is relatively long, with two-hour weekly meetings over six months. Research has shown that longer programs are more effective at reducing recidivism than shorter programs. Fifth, clients have to pay a fee to participate in the program, which adds perceived value to the program and may reduce dropout rates by increasing commitment.

Goals of the project

The goal of the project was to evaluate program processes related to implementation of tracking and follow-up of graduates of the program, with the aim of helping program sustainability through improved, co-developed follow-up strategies.

Study aims

Through client surveys, qualitative interviews with program staff, and recidivism data gathered by the program director, this process evaluation examined the past five years of program implementation. The research focused on program fidelity to follow-up practices and policies. The thesis document provides a description of best practices obtained through mixed methods data collection.

Chapter 3: Methods

Work parameters were agreed upon with the community partner (G. F. Moore et al., 2015) that focused almost exclusively on the preservation of confidentiality of the program clients. Parameters included good and open communication between investigator and primary stakeholder, to minimize duplication and conflict and to promote close observation and independence for the investigator; agreement about the role in communication of findings by the investigator; and a clear description of the current intervention. It was agreed that the investigator would work through facilitators to conduct the study and not directly with program clients due to the importance placed on confidentiality by the program and its stakeholders.

IRB

Application was made to the UTEP IRB for permission to work with human subjects. The project was determined to be exempt.

Study Population

The population under study reflects the demographics of the larger El Paso region and was majority Hispanic: According to US Census data, El Paso city residents are 82.2% Mexican Hispanic, and 78.4% of study participants reported their ethnicity to be Hispanic (United States Census Bureau, 2010; US Census, 2015).

Study location

The research was conducted at the site and offices of the Batterer Intervention and Prevention Program of the Center Against Family Violence in El Paso, Texas.

Study Participants

The study was conducted among staff and clients of the batterer intervention and prevention program at the Center Against Sexual and Family Violence. The sample size was 115

adults. "Clients" is the term used by the program to refer to program participants taking classes for the prevention of intimate partner violence, and will be used in this report to refer to same; "participants" will refer to staff participating in semi-structured interviews as well as to refer to study participants in general. All five staff members participated in interviews. Data on recidivism between 2013 and 2015 were provided by the program.

Study Design

Mixed methods research was conducted at the El Paso facility of the Center Against Sexual and Family Violence Batterer Intervention and Prevention Program (CASFV BIPP). The research consisted of survey research among program clients (n=110); qualitative interviews with program staff (n=5), and presentation of quantitative data on recidivism rates collected by the program between 2013 and 2015. As a process evaluation of follow-up practices, qualitative data was gathered about the program and current follow-up practices and policies from program staff. Survey research was conducted among program clients to determine how many were amenable to follow-up after two years, best method for follow-up, where they were in the program (how many sessions they had completed), referral source, sex, and ethnicity. Additional mixed methods data were collected assessing participant satisfaction with the program: had they been helped and why or why not; what were the most and least successful aspects of the program; and what they would add or change to improve the program. Clients were able to write in narrative answers to the satisfaction questions.

The project incorporated elements of community-based participatory research methods in that the study design and surveys were co-developed with the program director and prioritized the community partner's stated interests and needs.

Procedures for data collection

Semi-structured interviews were conducted with program staff at their convenience at the CASFV facility. Interviews were conducted with four facilitators, one of whom is also the program director, and the client services specialist. Interview questions included stakeholder perception of efficacy and participant satisfaction, program description, and best practices for to follow-up. Interviews were audiorecorded with express permission to ensure accuracy. Consent forms were provided to staff, explained and signed by both participant and interviewer. A copy signed by the investigator was given to each interview participant. Specific permission to audiorecord was obtained. Only one person declined to be recorded; the interview was carefully documented through note-taking and transcribed subsequently.

Program clients completed surveys in their classes. Clients signed internal consent forms agreeing to participate in research. Surveys were administered in English and Spanish, per the language used in respective classes. Clients (n=110) completed the surveys at the start of their classes. The surveys were distributed by class facilitators and given to the investigator immediately afterwards to input into a database.

The quantitative portion of the surveys included Likert scales, yes/no questions, and open-ended fill-in-the-blank responses. The survey is included in Appendix 2. Qualitative survey questions included the following:

"Has the program benefited you? Why or why not?"

"What part of BIPP has been most helpful?"

"What part of BIPP has been least helpful?"

"What would you like to see added to the program?"

Surveys and signed consent forms remained in the program facility for confidentiality reasons. A record was made in investigator notes that each person had been properly consented. Completed surveys and the signed consent forms will remain in the locked office of the program director until May 31, 2018, when they will be shredded.

Data Analysis

Qualitative data were analyzed using thematic content analysis. Quantitative data were analyzed using the SPSS Data Analysis Package.

Quantitative data analysis included presentation of descriptive statistics regarding the study population; and correlation analysis regarding likelihood of clients to agree to follow-up based on other variables such as time spent in the program, sex, and gender.

Steps in process evaluation

Program activities were described and evaluated to assess fidelity to existing practices for follow-up (Sekhobo et al., 2017); whether they were implemented as intended; the quantity and quality of what was implemented in practice was assessed (G. Moore et al., 2014); and existing best practices or new strategies were identified (Centers for Disease Control and Prevention, 2012).

The process evaluation also provided descriptive qualitative and quantitative information on fidelity and efficacy of existing strategies for follow-up; considered variations between clients such as ethnicity, sex, or time spent in the program; identified existing follow-up practices; disseminated findings to the primary stakeholder (CASFV); and emphasized contributions to intervention theory, methods development, and program successes (G. F. Moore et al., 2015).

Recidivism rates from public records

Data obtained from public records by the stakeholder on participant recidivism rates for the past five years will be presented.

Chapter 4: Results

A description of the program including stated policies and practices for follow-up was generated through this research and a logic model was created. A list of suggested strategies for tracking of program graduates was generated based on data collected from program stakeholders and clients and included in the Conclusion.

Quantitative data analysis

Data were analyzed using SPSS statistical analysis software. Continuous variables were tested for normality using Shapiro-Wilks test because the sample contained fewer than 2000. The test was significant for "Sessions completed" ($p < .001$), thus the data for that variable were not normally distributed. Normality was not calculated for the categorical variables.

Descriptive statistics

Frequencies were calculated using SPSS Statistical Package Version 25. Demographic data are reported in Table 1 (n=110). Survey data showed that clients were between 18 and 72 years old with more than 75% under the age of 40. Approximately 20% of clients were female and 80% male in the sample studied. Regarding self-reported ethnicity, more than 79% self-identified as Hispanic, 3.6% as African American and 1% as Native American; and almost 10% self-identified as white. These figures approximate the distribution of ethnicities in the larger population of El Paso (United States Census Bureau, 2010), suggesting that there is no association between ethnicity, family violence and participation in a batterer intervention program.

When asked if they would permit follow-up contact, 79.6% of BIPP clients agreed to be contacted two years after completing the program, and 20.4% did not agree to be contacted (Table 2). A significant majority of respondents (93.7%) felt the program had benefited them or

would benefit them (Table 3). With 22 not responding, 68.5% of respondents reported that a cellphone call was the best way to get in touch, with a few suggesting email (Table 4). Most clients had been referred to the BIPP program by court order (86.4%, Table 4). The number of sessions respondents had completed at the time of the survey were calculated in two ways: as continuous variables between 1 and 24; and recoded as 1 – 6 sessions; 7- 12 sessions; 13-18 sessions; and 19-24 sessions, which is shown in Table 4. Time spent in the program according to number of sessions completed was fairly evenly spread through the sample, with a slight majority of respondents, 58.2%, still in the first half of the program. Results of a Chi-square test indicated that there was a significant association between feeling the classes have benefit and willingness to be contacted after two years (χ^2 (1) = 7.970, p = .005).

Tables

Table 1. Demographics of study participants (N=110)

	Frequency	Percent
Gender		
Male	87	79.1
Female	23	20.9
Age		
18-24	20	18.2
25-31	34	30.9
32-38	29	26.4
39-45	12	10.9
46-72	9	8.2
Missing	6	5.5
Race/Ethnicity		
Hispanic	87	79.1
White, non-Hispanic	11	10
Black	4	3.6
Native American	1	0.9
Missing	7	6.4

Table 2. Willingness to participate in follow-up by sex (N= 110)

			Participant sex		
			Male	Female	Total
Is it okay to contact you after 2 years?	No	Count	19	3	22
		% within Participant sex	22.4%	13.0%	20.4%
		% of Total	17.6%	2.8%	20.4%
	Yes	Count	66	20	86
		% within Participant sex	77.6%	87.0%	79.6%
		% of Total	61.1%	18.5%	79.6%

Table 3. Perception of benefit of the program by sex (N= 110)

			Participant sex		
			Male	Female	Total
Have the BIPP classes benefited you or do you expect them to benefit you?	No	Count	2	2	4
		% within Participant sex	2.4%	8.7%	3.7%
		% of Total	1.9%	1.9%	3.7%
	Yes	Count	83	21	104
		% within Participant sex	97.6%	91.3%	96.3%
		% of Total	76.9%	19.4%	96.3%

Table 4. Participant Feedback on Program implementation-related variables		
	Frequency	Percent
What brought you to BIPP?		
Family	1	0.9
Court order	95	86.4
Personal interest	3	2.7
Other	2	1.8
Parole	5	4.5
CPS	3	2.7
Missing	1	0.9
Total	110	100
How many sessions have you completed?		
1 to 6 sessions	33	30
7 to 12 sessions	31	28.2
13 to 18 sessions	21	19.1
19 to 24 sessions	25	22.7
Best way to contact you?		
Cell	71	64.5
Landline	6	5.5
Email	7	6.4
Regular mail	4	3.6
Missing	22	20
Total	110	100

Qualitative data analysis

Semi-structured interviews were conducted with the five staff members of the CASFV BIPP. In all, four class facilitators and the Client Services Specialist were interviewed along with the Program Director (who doubles as a class facilitator). Staff were interviewed all on one morning at their convenience in a self-selected order, and were allowed to speak as long as they wished. Coincidentally, all had worked at CASFV and/or BIPP for eight or nine years, with the director there the longest at ten years. Facilitators are responsible for leading the classes, which are conducted as themed group discussions. Facilitators undergo 48 hours of in-class training plus internship hours in order to be certified to conduct classes. Facilitators can be trained at the BIPP program and certified by the program director, who is an accredited trainer.

The semi-structured interviews with staff lasted between fifteen and forty minutes. Permission was requested to audiotape; one interview was documented in notes and not audiotaped. Thematic analysis of the semi-structured interviews produced eight general content areas, discussed below.

CASFV does not require an advanced degree or social work degree for their facilitators and workers but rather onsite training and certification with regularly scheduled continuing training and periodic recertification. This allows the organization to fill a significant community need with trained and qualified social service workers more nimbly than organizations that require specialized degrees at the masters and doctoral level. For advocates of peer and community-based counseling, the BIPP is a good example of how well peer and community-run services can work.

Program description

Program activities were described and evaluated to assess fidelity to existing practices for follow-up (Sekhobo et al., 2017); whether they were implemented as intended; the quantity and quality of what was implemented in practice was assessed (G. Moore et al., 2014); and existing best practices or new strategies were identified (Centers for Disease Control and Prevention, 2012).

The process evaluation also provided descriptive qualitative and quantitative information on fidelity and efficacy of existing strategies for follow-up; considered variations between clients such as ethnicity, sex, or time spent in the program; identified existing reporting practices; disseminated findings to the primary stakeholder (CASFV); and emphasized contributions to intervention theory, methods development, and program successes (G. F. Moore et al., 2015).

Recidivism rates from public records

Data obtained from public records by the stakeholder on participant recidivism rates for the past five years are presented.

A description of the program was developed based on information gathered from the program's website and from interviews with the director and program staff. According to the program director, the CASFV BIPP has been in existence since approximately 1987. The program has always been assiduously, rigorously confidential, and in the beginning few records were kept to preserve the confidentiality of clients. Clients were referred through word of mouth. Laws against domestic violence did not exist at the time the program was initiated, but only began to be conceived of, developed and enacted during the women's movement in the 1960s, and passed legislatively in the 1990s. Thus there was no system of referral through the

criminal justice system when the program was initiated. According to the program director, at the time the program began

> "…police had to see the assault take place in order to arrest the perpetrator. So nobody would ever see the assault, they would see just blood and say I can't arrest you. And that's how it came about where they were encouraging the aggressor, the batterer, to come into classes that were specialized…to prevent it in the future. Because they were [already] showing that anger management wasn't working in the late 70's."

The space in which the BIPP is housed is an old stone building of uncertain date, but which has served CASFV through the years in different functions and was originally part of Residential Services. The sturdy, plain building is a metaphor for CASFV efforts to reduce intimate partner violence: solid and supportive, it conveys a sense of history and is a fixture in the community.

The BIPP program lasts 26 weeks including intake and orientation, with 2-hour weekly classes. The client services specialist is the first interaction with clients. He takes their information when they first come in, and schedules intake and orientation assessments. The client services specialist also manages the front desk including phone calls and scheduling; provides new employee training every four months; orders supplies; coordinates with community service; troubleshoots payment issues; answers the hotline; and schedules divorce classes where children are involved, among other duties. The current client services specialist has worked at nearly all the other CASFV departments over the past decade.

When clients first come in, the client services specialist asks them for a short written description of why they came to the BIPP. They are provided with a contract for program

participation that sets out expectations of the program and of the participant and outlines the grievance procedure; and their information is entered into the BIPP database. They learn about all the services available to them through CASFV.

After that, facilitators conduct an intake appointment that includes an assessment of childhood trauma, drug abuse, and client likelihood of abusing again. After that, clients have an orientation appointment with a facilitator, then start their classes. Orientation, intake assessments and classes are all conducted by facilitators. Clients are given assessments at three time points in the 26 weeks: at intake, midterm and exit.

Classes are run in primarily discussion format with facilitators. BIPP currently has four facilitators and a client services specialist. Clients are referred by probation departments, the parole board, individual judges, the district attorney, and through protective orders from the county attorney. In addition, Child Protective Services refers clients. Clients can also self-refer, although there was agreement among the stakeholders that none of the clients really refer themselves but are encouraged to attend by others such as concerned family.

The fee for the program is $675 for 24 classes although if the cost is an issue for clients, the client services specialist can help work out a reduction of fees on an individual basis although the program aims for clients to pay at least $25 a week. One of the ways clients can reduce the cost is to perform community service which can reduce the cost up to 50%.

Classes are available for men and women in both Spanish and English. Class times are outside work hours, Monday through Saturday. Classes mostly take place at the BIPP facility; however, there are satellite locations on the East side for client convenience. Tardiness is not permitted; the facility door is locked at 6:00 pm sharp to discourage latecomers.

Several staff members mentioned that Spanish-language enrollment dropped precipitously after the presidential election and subsequent hardening of immigration policies. Although beyond the scope of this report, their observations illustrate a significant public health concern related to immigration.

Clients must attend all of the sessions. Only two excused absences are permitted or they must withdraw and star the program over. According to one facilitator:

> "[Absenteeism can be a problem]. Let's say they work two jobs and it's difficult for them to get here, and they get two absences and the last one, they get terminated on their third one. We're very flexible: if you're at work, bring me a letter and I'll work with you, but I think sometimes they give up and instead of just finishing they restart. That's mainly the only reason that they don't [complete the program.]"

Approximately 75% of funding for the program comes from participant fees, and an additional 25% from a grant from the Texas Department of Criminal Justice Community Justice Assistance Division for non-profit programs.

The program is accredited by the Texas Department of Criminal Justice Community Justice Assistance Division. Part of the accreditation requirements is to use a curriculum that is established and that has been shown to be at least 50% effective through evidence-based research. CSFV BIPP uses the well-known and widely used Duluth Curriculum. Among other features, Duluth uses a set of visual aids called wheels that show the relationships between power and control, and inequality in relationships. Several facilitators and clients specifically mentioned the Power/Control wheel as being particularly helpful in understanding why abuse occurs. One facilitator mentioned eight tactics used to control people, and that clients were

surprised when they learned about their own behavior using these tools. This understanding and analysis is one of the goals of the Duluth Curriculum, which, according to another program administrator, "is founded on victim information and survivor information on how the abuse occurred in order for people to understand why the abuse happened and how it evolved into this….that curriculum is used because it's victim-centered, it shows a lot of the validity and proof of how everything happened or how it evolved into domestic abuse."

Classes are not based on shame as are some curricula but instead based on self-reflection; learning what a healthy relationship looks like; and measuring one's relationship against a healthy one.

Contact is maintained with victims, and victims are welcomed to call the program any time with feedback or new information about clients. This is kept completely confidential: clients are informed that victims are permitted to call any time; however, clients are not informed when victims call or what they say. According to a facilitator:

> "We try to contact [victims] a lot and check on them while the men are here in case there's anything we can focus on a little bit more in group. The participant never knows that we did it. They know we contact them but they don't know what the victim says. We bring it up in an organic way. We want to maintain the contact and also to show that we're trustworthy and that we are an advocate for them."

Themes

The semi-structured interviews were reviewed and grouped into themes for analysis. Three general information categories were coded as Program Description (D), Service Network (N), and Relationship with Justice System (J). These described the program and class structure

(D); its location within a larger comprehensive network of services offered by CASFV aimed at assisting victims of violence and prevention of violence (N); and overall relationship with the justice system (J). Affective categories that illustrated stakeholder opinion about the program included belief/pride in the program (B); enthusiasm (E); sense that something good is being accomplished by the program (G); perception of positive changes are apparent in clients (PC); and compassion for clients (C).

Class structure.

The program has four points: intake and orientation, described above; 24 class sessions, and exit assessment.

Classes follow a strict, uniform structure. Clients are expected to refrain from coarse language; to focus on behavior and accountability; and learn and use one another's names. The first activity in class is a breathing exercise, to relax and ground clients coming in from the stress of the street. The second activity is called "Check In." In this activity, each client says his or her name and recites the four types of abuse and how they used each in their relationships. Clients are expected to reflect on how their behavior affects others and how they have made others feel. One facilitator reported that each week, the sharing becomes more detailed, which helped her see progress being made. Some clients complain that this is repetitive, but clearly the repetition has a purpose in relearning problematic behavior and learning to unpack the meaning of behavior that had become rote.

After check-in, classes progressed to the question of the day, a topic for group discussion. The Duluth program has eight themes, and three classes are spent on each theme. An example provided by facilitators was "Give examples of how you showed respect to your partner" under

the theme of power and control. Discussion is open and clients are encouraged to share how they improved in a particular area.

The last portions of class is "Check Out," in which clients share what they learned during the class.

Service and Support Network

The BIPP program is only one program in the parent non-profit 501(c)3 organization, the Center Against Sexual and Family Violence (CASFV). CASFV is what stakeholders called a "one-stop shop" in the intervention and prevention of sexual and family violence. CASFV offers an array of free services for families and individuals in need of assistance. When clients enroll in the BIPP program, victim/survivors are contacted, referred to the CASFV support services, and provided with a safety plan in the first phone call. The same services are offered for children and adolescents. According to the director,

> "[The BIPP is] basically a department in the main company. At the CASFV, we have the Family Resource Center, Victim Survivors which are victims' advocates which are referrals to support groups, individualized counseling, children's advocacy and counseling and help with any legal services that they may need which can include immigration services. That's our Family Resource Center. Our other program is our emergency shelter, domestic violence emergency shelter. That's another department that's 24/7. Within those we're another department, which is the BIPP program. Another program we have is our Teen Intervention and Prevention Program, our TIPP program, which is our Youth Services. It's for violence. We work well with the juvenile probation department, the El Paso

> Center for Children, where they've had incidents of abuse toward parents and siblings.
>
> "The agency has evolved into a one-stop shop of trying to make sure the victim survivors are safe and that they get the support they need to continue to be safe and to overcome situations of longtime abuse or dating violence or abuse. We have very good collaborations with state agencies, which are TASA, Texas Association Against Sexual Assault, Texas Council Against Family Violence and our local partners [within] the judicial system."

Relationship with Justice System

In addition to partial funding, the BIPP program is fully accredited by the Texas Department of Criminal Justice Community Justice Assistance Division, the entity in charge of parole and probation. The program is also audited by the Texas Council for Family Violence, the leading agency of the state on domestic violence and on child intervention and abuse. The director elaborated:

> "They audit our program at least every 2 years to make sure there's no ethical violations, no complaints, and we're providing the services focused on intervention of family violence and intervention of any type of domestic violence. There's numerous programs in the state of Texas – Texas has been very good about focusing on family violence and domestic violence compared to other states. I called New York 2 weeks ago and they said here they don't enforce any domestic violence classes for aggressors. I was trying to refer a client moving to NY, and I called several shelters and they said we don't know, usually they just do jail time. It was a shock to me, knowing that NY is so advanced compared to

other states. We are pioneers in making sure everybody is safe, children, victims, in those domestic violence cases. A lot of programs come to Texas to train."

Current program follow-up strategies

Currently, the program follows up with clients within two years of completing the program. Frequency is determined subsequent to a risk assessment that is based on a public records search to determine the client's arrest record and potential for re-offending. Since victim safety is paramount, staff follow up more often with clients who are at high risk. Clients check a box on the exit interview form to indicate they are willing to be contacted for follow-up but no specific time frame is indicated on the form. As part of current follow-up practices, the program keeps track of recidivism rates through an examination of public records. The period of time analyzed is annual, from January through December. Within a year, the program data showed that 90% successfully do not reoffend.

Recidivism rates collected by the program in the last five years indicated that in 2015, there was a 5% recidivism rate; in 2014, 10% recidivism; and in 2013, a 7% recidivism rate. Averaging those rates over three years, the program boasts approximately a 7.3% recidivism rate over the three years. There is no data available yet for 2016 and 2017; most clients from those years are still on probation or parole.

Data is collected by the program on completion rates as a condition of accreditation. For the year preceding this evaluation (2017), 69% of clients who began the program during that year completed the program with that year. State standards for accreditation are 50% minimum completion rate; thus the program easily meets expectations and state goals.

Some clients start the program and drop out because of a variety of reasons such as losing a job, moving, family issues, or other requirements. One facilitator reported an approximate

20% dropout rate in any one class. Many of the clients indicated that the cost of the program was an issue especially when other court and legal fees are factored in. The client services specialist works with clients who have trouble affording the program, and the fees should not prevent a client from participating in the program. Clients can be connected with community service as well. Performing community service provides a program fee reduction of up to 50%. In any case, the expectation is that clients will finish the 6-month program within a year.

According on one staff member, the program engages in several follow-up strategies:

1) Facilitators call clients; however, a protocol for frequency and intervals is not formally established.

2) The program contacts victims at specified intervals. Victims are contacted at the beginning, when the client begins the program; in the middle at about three months; and at the end when the client completes the program. Feedback and information from victims was generally agreed to be very useful in evaluating the success of the program.

3) The program researches criminal records to find out about recidivism rates among former clients.

4) The program maintains contacts with referrals such as parole officers.

5) The program follows up by phone with clients. This usually occurs in 6 months or a year; however, the program currently has no set time frame for follow-up.

It was generally agreed by staff that since clients are on their best behavior and unlikely to reoffend while on parole or probation, the best time for an initial follow-up call would be after two years when, on average, clients are most likely to have completed their terms of probation and parole. Staff shared that civil offenders such as those with a protective order or a referral

from Child Protective Services are most likely to reoffend, at which point their cases move from civil to criminal. The greater the consequences the less likely clients will reoffend.

Some facilitators shared that they felt new follow-up strategies beyond a phone call were called for, particularly the use of social media and electronic means of contact. Suggestions included text messages and emailed surveys. Others believed a phone call is best.

Thematic analysis

Several themes emerged from the interview with stakeholders. Most of the staff themes had to do with pride and enthusiasm about the program and the work they are doing with clients. Although the themes gleaned from program staff were different from those that emerged in the client surveys, there was some interesting overlap.

In the following section, themes from program staff interviews are discussed. The subsequent section will show themes that emerged from the client surveys. A final discussion compares and contrasts client and staff observations about the program.

Emergent themes from staff interviews

Staff belief and pride in the program

The notion of "belief in the program" originated from the staff interviews; it was not a variable that was part of the study initially, or developed by the investigator. Several of the facilitators volunteered how much they believe in the program. Their pride in the program was palpable. Thus, these categories were included in the analysis. One facilitator articulated the following:

> "Our mission is to stop violence in any form in our community, and it's to really help change the idea of what a family could be and the idea of, maybe our cultural roles that we grew up with being in a Hispanic community, just giving them the

idea that it could change, and that it's gonna benefit them in the long run; I think that that's our vision: the idea that they have the power to change and for us to encourage that."

Another shared a narrative of efficacy:

"They remember the information when they are in the middle of a situation that in the past they would have done something different. For example, I do a lot of role-playing in my groups and years ago this one man said, "I thought the role-play was a bunch of BS and I hated it. Then I was working with my co-worker and we're roofers, and the co-worker almost knocked me down off the roof and in the past I would have done and said a lot of things to [my] co-worker and I was able to think back and say hey this guy obviously didn't mean to do that, and I need to take a step back and calm down, right now on the roof is not the time to hash this out. And I thought this BS roleplay that we had practiced, it came back to me and I can't believe it worked." So that moment was big for me. I'm getting emotional over it! It's exciting."

A third expressed belief in the program's efficacy in creating positive change:

"It does work. I do believe in the program; I think people do change, people can change."

Enthusiasm

Without exception, the staff expressed great enthusiasm for their work. Their commitment is apparent by the length of time – nearly a decade – each has spent working for CASFV BIPP.

Some were particularly effusive:

"It's awesome! I love it here! I really believe in the program."

"I love it."

Accomplishing something worthwhile

Facilitators were enthusiastic about the progress their clients made in the program:

"It's an accountability program so it does take some time; it's a process. The skills they seem like they're so simple, like imagine the idea if you started to feel something for you to take a moment…I came into the program and I was thinking "well yeah, of course." But then when you are in the heat of the moment and you are feeling emotional, to remember that you know these skills is so helpful. I've seen such progress in the people who have come through the program. So I think it's great."

One facilitator pioneered a strategy to foster a sense of positive leadership in her clients:

"Lately what I've been trying to do is help the men become leaders within the class itself. So if I choose a few of the men that have been there a little bit longer, I'll pair them up with someone that's having a difficult time so that they can be like their advocating group and say "Maybe you're having a hard time because of this, or I had a hard time in the beginning because of this" and it's been working really well. It's not part of the Duluth program but it's been working. Sometimes I think maybe they're embarrassed to tell me they don't understand what I'm talking about at that moment, or that example is foreign to them, and the buddy can help, oh well she means this and he can be the expert. You can tell [the veteran participant] feels excited that someone is coming to ask him for help, and suddenly he feels he's moved up a little bit. It's something that lately I've been

trying to make sure them men feel comfortable in the group, and they share more. And it helps them be leaders in a small group and they've already practiced it and can show their partners what they learned."

Positive changes in clients (informal evaluation of success)

According to one facilitator, success can be seen in increased accountability and the stories shared in check-in. She said she looks for the development of empathy, which shows in participant faces. Tears are one example of empathy. In addition, successful clients develop the ability to come up with other options for handling situations without violence. Another facilitator elaborated on how she assessed progress in her clients:

> "I ask for personal examples: how exactly are you using this? So it's not just like they're just parroting information back. I try to use a lot of different scenario questions. Activities are really helpful [in assessing client success."
>
> "I do see changes in clients – especially the way they come in the first time; the first time they come in 99% of them are mad, they're mad, they don't want to be here, they're negative about everything, but throughout the program you see them change. You see the way they talk to you, the way they respond, the way they participate and even the way they were thinking, the ideas they had when they came in, the beliefs, and now towards the end of the program you see how they're like "Oh no, miss, now I understand, I think it was wrong what I did." We give them the benefit of the doubt, some of them - I'm not going to say they're not gonna play the part - but others you can tell [it's genuine]. You can see how they confront other clients, especially the ones, they're new, that come in like new, and

they're denying and minimizing or blaming what they did, and that's how I get, 'okay yes, he's really changing.'"

Emergent themes from client survey responses (N= 110)

In addition to the staff interviews qualitative data was also collected from clients. Several questions on the client survey allowed clients to provide personal opinions and feedback about program efficacy. Themes that emerged were grouped around three content areas: most helpful, least helpful, and suggestions for what could be added to the program to improve it. Responses are summarized below.

In general, client responses were positive, such as this typical comment: "All of BIPP has been helpful, from support and trust, accountability and honesty, to negotiation and fairness." Several themes emerged in the responses that fell into two larger categories: what was helpful or beneficial, which were two separate questions in the survey but have been combined here; and what clients would like to see added to the program. Under the helpful or beneficial category, clients reported the following: learning what constitutes abuse; types of abuse; how abuse affects others; accountability; communication; change in thinking; sharing with others in similar situations; and learning to recognize one's own feelings.

With regard to what clients would like to see added to the program, the respondents offered more variation. Poignantly, many expressed a desire to involve the partner in the classes. Many also expressed the need for updated materials, particularly the videos. The cost of the class was another suggested change as were the meeting times.

In response to a third larger category, aspects of the program that were least helpful, most clients responded with some variation on "nothing – it was all helpful." The majority of the responses shared a general theme that the program is fine the way it is. The videos were

mentioned by several respondents as being outdated. Other responses indicated individuals' opinions about components of the program. Individual responses included not liking check-in, introductions, the breathing exercises, the games, the length of the program, that there is only one class a week, the two-absence policy, and the fees. Two commented on issues beyond the BIPP programs purview, specifically that situations still come up that they find difficult to deal with, and breaking up with a girlfriend.

Two clients shared comments that may indicate they had not yet taken responsibility for the actions that brought them to the program. One commented that "Seems like it's focused just one the man's actions and not the women's actions. Some of the information is not fair towards men." Another stated: "I have only been in a few sessions but the class seems to be off-topic to my situation."

Client thematic content analysis I: Most helpful or of benefit

Gendered responses

Themes found by Cameron (2012) among women in batterer intervention programs included self-esteem, emotional aspects, reclaiming self, and the importance of fairness (Cameron, 2012). A quote from a client in the current study illustrates the importance to women of exploring their behavior and reclaiming who they are: "BIPP has been most helpful with helping me to understand how to recognize my primary feelings and know the difference between being angry. They helped me learn that anger is not my first emotion when upset." This was a key theme among women in Cameron's thesis (Cameron, 2012).

Key themes among men found by Cameron include managing anger in a stressful context, reported by 9% of men in the current study; letting go of power and control, reported by

5% of men in the current study; and understanding how children are affected, which was reported by 3% of men in the current study (Cameron, 2012).

In the current study, other themes emerged as more important than those found by Cameron. When asked what benefited clients the most, the key themes among both women and men were learning the course materials, gaining new skills and tools for negotiating relationships, and talking. These were reported as being of the most benefit to clients. The greatest difference between women and men was in the perception that what was learned in class was of the greatest benefit. Nearly half of women but only a quarter of men reported that what they were learning in the classes was the most beneficial to them. More than a quarter of women and nearly a quarter of men (26% and 23% respectively) reported new tools and skills that they learned in class were of the greatest benefit. Talking, such as the sharing and the group discussions, was the third most beneficial aspect of the classes, reported by 22% of women and 18% of men.

Theme: Learning

Learning what constitutes abuse

To someone unfamiliar with the phenomenon of intimate partner violence or verbal abuse, it may seem odd to think that the partners involved may not necessarily realize that their patterns of learned behavior are in fact abusive and harmful. For this reason, one of the more enlightening aspects of the BIPP classes is learning what constitutes the many aspects of abusive behavior. Clients who reported that the BIPP program was most helpful in teaching them about abuse mentioned the following:

"Learning to take accountability for my actions without denying, minimizing."

"The no minimizing."

“There is a lot of feedback that has been helpful like distinguishing a healthy or unhealthy relationship.”

“Defining what abuse looks like.”

“The many examples given for better understanding of family violence.”

“I realized my abuse goes far beyond the incident in which I was brought for.”

“It has helped me see the abuse I was causing without realizing it's abuse.”

“It has defined what abuse looks like. Often, the Army teaches some forms of abuse without realizing it. It has given new tools for calming situations.”

Learning the types of abuse

Following the above, it came as a surprise to many clients that there are a number of different types of abuse. The Duluth curriculum provides instruction on identifying the different types of abuse. Clients shared that the program was most helpful in learning about the different types of abuse:

“Each week I learn something new. Examples: cheating, looking at other women, objectifying. Ignoring someone when they want to express themselves to me. Yelling, threatening, makes anyone scared…to continue a relationship with me.”

“Learning the different types of abuse, because if it wasn't for learning that in BIPP I would have never realized my abuse.”

“Helping in identifying different kinds of abuse and how to avoid them.”

“Partnership, sexual respect, non-threatening behavior.”

“The part about when they teach you about economic abuse and your triggers.”

“I'm learning not to objectify women; working on gender roles more positively.”

"Most helpful was the participation exercise, when we had to stand up and tell classmates the four types of abuse we used against our partners."

Learning how abuse affects others

One of the tools the BIPP program teaches clients is an awareness of how their behavior affects others in their lives, which again may come as a surprise. This was most often verbalized as a new self-awareness rather than real expressions of empathy for others:

"I've learned to talk with my partner, understand and listened. I have more respect for her and her thoughts."

"I've been a better father."

"There was a lot of behavior on my part that I took for granted, that's not healthy to any relationship I wish to have."

"I have learned different things and how to be patient."

"Me and my partner don't argue as much as we used to."

Learning accountability

Accountability was mentioned most often as something of benefit or helpful that clients learned during the program. However, clients did not elaborate on what being accountable means. The repetition of the word began to raise questions about whether they were repeating what amounted to a buzzword without true comprehension, or whether they really had internalized the concept of accountability:

"It has helped me understand the importance of accountability. In this short time I understand my fault and will no longer try and justify my actions that occurred."

"To be accountable for my actions."

“I've learned to be accountable, and have assertive communications with a partner and or future partners.”

“It helped me to be accountable.”

“All the accountability and respect being forced upon you.”

“Learning about accountability.”

“Accountability.”

Theme: Tools and skills

Communication

A number of clients shared that they were helped in the classes with improved communication skills:

“Learning how to cope with relationships. And learning proper language when engaging with someone.”

“Partnership, because I learned how to talk to my wife better and not pop off.”

“How to better de-escalate a situation; better communication.”

“Having more communication techniques.”

Theme: Talking

Sharing with others in similar situations

Quite a few of the clients found that sharing in a group setting was very helpful. They learned from each other and found support knowing that others were going through similar situations. The clients showed a great deal of generosity toward one another with regard to sharing, and appreciation for what they could learn from each other.

“I believe being in a group and discussing our situations; also our instructor has taught us valuable lessons.”

“Sharing each other’s relationship issues.”

“Cuando otro personas hablan sobre sus experiencias” (*when other people speak about their experiences*).

“Las historias de todos” (*Everyone’s stories*).

“Hearing different stories which help you learn tools you didn't have, to be a better person.”

“Cuando habla la gente” (*When everyone talks*).

“The listening to everyone's problems; what they do and what they did to fix it or how they’re working on it. And the class itself is a lot of help.”

“Hearing other people that are in the same boat.”

“The out loud discussions.”

“Talking in a group setting with other people who are in similar situations in life.”

“Las juntas con mis companeras, conversar, discutir” (*The meetings with my companions, to talk, to discuss…*).

“Las forma de expresion el platicar y convivir, al ser honesto y mirar las cosas de diferente manera al aprender cosas que yo desconocia” (*The way of expressing oneself in conversation and being together [in a group], to be honest and to look at things in a different way to learn things I didn’t know*).

“When we stand and have to talk.”

Theme: Self-knowledge

Change in thinking

Several clients mentioned that they noticed a change in their own way of thinking that improved their relationships as a result of taking the BIPP classes:

“Yes, it has benefited me; made me look at things in a different way.”

"It opened up my perceptions and helped me realize my faults and how to prevent them."

"Yes it has been helpful because it helps me calm down and rethink my problems."

"Ha cambiado la manera que pienso" (*it changed the way I think).*

"Me ayudan a pensar mejor de otra forma las cosas antes de accionar impulsivamente - ser mas positivo y mejor persona moral" (*They help me to think better and in a different way before acting impulsively - to be more positive and a better, more moral person).*

"Espero y beneficien en manera para controlar mis acciones, pensar antes de actuar" (*I hope [to benefit] in a way to control my actions, think before acting*).

Learning to recognize one's own feelings

A few clients identified an existential problem often at the root of abusive behavior: not knowing in the moment how they really feel.

"BIPP has been most helpful with helping me to understand how to recognize my primary feelings and know the difference between being angry. They helped me learn that anger is not my first emotion when upset."

"The whole taking a timeout."

"There was a lot of behavior on my part that I took for granted, that's not healthy to any relationship I wish to have."

"Controlando mis emociones" (*controlling my emotions).*

"They open your eyes to things you don't notice."

Client thematic content analysis II: What would you add to the program to improve it?

In terms of what could be added to improve the program, responses were diverse overall. More men (40%) than women (26%) reported that they thought there was nothing that needed to be added to improve the class, or had no response. More men (15%) than women (9%) wanted

classes with their partner. Twice as many men than women (18% and 9% respectively) recommended that the materials and videos be updated. More women (17%) than men (10%) wanted more classes per week, or fewer classes to finish the program more quickly. Men did not mention the class structure or rules; however, 26% of women had suggestions such as more group activities, one-on-one work with the facilitator, and a five-minute grace period for tardiness. More women than men suggested changes or more flexibility in the schedule of course hours (9% and 1% respectively). Women and men equally suggested lower fees (4% each). Interestingly, 3% of men but no women suggested adding spirituality to the curriculum; and 2% of men and no women suggested offering IPV courses for youth and teens.

Desire to involve the partner in the classes

In the question about what to add to the program to improve it, in addition to updating the videos, several male clients expressed a wish to include their partners in the classes. There are reasons why partners are not included, although the inclination to share learning with one's partner is understandable.

"Some classes with my wife."

"I would like there to be classes for women affected by the abuse, and a program to reconcile."

"That both couples come so that they're both on the same page."

"The spouse or girlfriend being briefed on what we are going through so they understand what we are going to try and propose."

"I would like to have our partners briefed or explain what we are doing here and the objectives of each class."

"I would like to see maybe a couple of co-ed classes so that both men and women can get a concept on each other's opinions on domestic violence."

“Probably bringing couples that are in the same situation to come to group and so that both can learn and hear of one another.”

“I would like there to be classes for women affected by the abuse and a program to reconcile.”

“Our partners need to participate also because they need to see what we are learning; that way we’re both on the same page.”

“Participar de la Pareja en el mismo programa” (*The partner participates in the same program*).

“Traer a la pareja para estar en la misma pagina y podernos entender mejor” (*Bring the partner to be on the same page and we will be able to understand each other better*).

“Maybe some classes where our partner can be in to learn something too but doesn't have to be mandatory.”

Class materials

Many of the clients stated that the class materials were outdated, especially the videos. Clients frequently mentioned wanting more videos to supplement class discussions. Facilitators had already mentioned this issue and blamed the fiscal exigencies of a non-profit organization. The program may want to investigate the possibility of streaming relevant commercial films or purchasing low cost DVDs of more recent films.

“More videos on abuse and how to treat women and life.”

“Si, videos” (*yes, videos*).

“Videos de ejemplos” (*videos of examples*).

“More domestic violence movies.”

Cost of class

The class costs $675 for 24 sessions but this is prohibitive for some clients. Even though the program works with clients who find the cost a hardship, the cost was still mentioned by a number of clients as something that could be changed to improve the class:

"No payments, free classes!"

"A little more time to be able to pay."

Duration of class sessions

There was a variety of suggestions on the length of individual classes, the length of the program, choice of class days and times, and the absence and tardy policies. These suggestions were sufficiently heterogenous as to suggest that the class is fine the way it is since no class schedule or structure will ever please everyone:

"A shorter class."

"Pues mas horas para aprender mas cosas" (*A longer class to learn more things*).

"More times to attend since we all have busy schedules."

"Extra days to miss cause even when you are not just cutting or have proof it still counts against you and u cannot return to where you left."

"More class for free."

"Mas clases" (*More classes*).

"Mas dias de clases, mas corto el curso" (*More days of classes, the shorter the course*).

"El horario, que las clases sean mas flexibles, que haga mas clases por semana" (*the schedule, that the classes be more flexible, that they do more classes each week).*

"There should be a five minute late period. Also more than 1 class per week and an option of 2 class days to make it more convenient."

"Online courses and faster classes."

Client thematic content analysis III: Least helpful aspects of program

When asked what aspect of the program was of the least benefit to clients, half of both men and women had no response or nothing to share regarding what they felt was the least helpful aspect of the program (48% and 50% respectively). Women (27%) were significantly more dissatisfied with the course schedule (days and times) than men (8%). Women had no comment on the fees although 6% of men thought the fees were too high. Women were less satisfied with the program rules (5%) than men (1%) although men and women were equally dissatisfied with the class structure (9% each). Women had no comment on the materials, spirituality in the discussions, nor concerns about individual personal outcomes, while 6% of men thought the materials could be improved and 16% reported an unsatisfactory individual personal outcome, such as the failure of a relationship to improve. Three men mentioned spirituality in group discussions as being unsatisfactory (3%); however, it was not possible to discern from the written comments whether these men would have liked more or less spirituality. Interestingly, the men who mentioned spirituality were all in the Spanish-language classes: neither women nor English speakers talked about spirituality.

Class structure

In one of the emergent themes that did overlap with the staff interviews, some of the elements of the classes were cited as not being helpful. Most were individual client personal preferences about the Duluth curriculum, which is a set structure not easily changed or modified. In addition, clients who disliked a feature of the classes were balanced by clients who liked the same feature of the classes. Thus, it would be difficult to draw conclusions about the least

helpful aspects with regard to making any changes to the structure or curriculum. Some of the comments follow:

"The breathing technique. I already use it but I guess it's good for those who never used this technique."

"Talking about things - on my part it brings back bad memories."

"The repetitive check in."

"Usar gran parte de la clase en compartir como cada uno de nosotros uso las diferentes formas de abuso. Deben de limitar el tiempo para abrir mas tiempo en el tema de dia" (*Using a large part of the class in sharing how each one of us use the different types of abuse. Should limit the time to open up more time for the theme of the day.)*

"Least helpful has been some of the games played like building a paper tower and checking in with same old thing."

Class schedule: times and days

"El horario" (*the class time).*

"The length - I would prefer 4 months instead of 6 due to feeling like a dead horse was being beat."

"Maybe the length of time."

"El horario y los dias" (*the time and the days*).

"El horario que puedas venir mas de una vez que solo viernes una vez por semana" (*the time- that you could come more than once instead of only Fridays once a week*).

"El horario me gusteria por lo menos otra hora mas ahi mucha inforacion en poco tiempo" (*the hours – I would like at least another hour because it's a lot of information in a short amount of time*).

“El horario, dos clases por semana” (*the time, two clases per week*)

“Que solo es una clase a la semana” (*that it’s only one class a week).*

The rules

“When I don't show up to class.” Perhaps this comment was ironic?

“The way they kick you out for two absences or being 1 minute late. They don't even consider your situation of if you have receipts to show.”

The videos

“The videos. Outdated.”

“We don't watch enough movies”

“Videos- too old (ie the quality was poor) and I believe a waste of time. We can do other more helpful activities.”

“I'm not sure there is a least helpful. It's such a strong course the Army should require it. Though, some of the movies could be done away with and shorten them to prevalent scenes.”

The cost

“Paying for it is not that bad but it would be a little easier if you weren't forced.”

“It's all been helpful - just the financial portion is hard due to all court probation and fees you have to pay and especially if you're not financially stable.”

“Paying the payment fees and the 2 absences you can only miss but they have been flexible with that to an extreme.”

“The rules about the money, sometimes I am broke.”

“El cobro!” (*The cost!).*

Class topics

“Economic partnership – I’m having problems.”

“Negotiation and fairness.”

“I honestly think the least helpful for me would be the definitions of the physical abuses. I'm aware and educated on them.”

“Hablar de lo spiritual” (*to talk about the spiritual*).

“Al no compartir lo spiritual” (*by not sharing the spiritual*).

“Sexually transmitted disease.”

Time with the facilitators

“Not having a one to one.”

Individual personal outcomes from the program that were not helpful

“The stress the program adds to your personal life.”

“That I am to blame because I am the one that got arrested when there are actually individuals that are really going through domestic violence.”

“Seems like it's focused just on the man's actions and not the women's actions. Some of the information is not fair towards men.”

“I have only been in a few sessions but the class seems to be off-topic to my situation.”

Overlapping observations between clients and staff

The greatest overlap between the observations of the clients and the staff occurred in the themes of enthusiasm; class structure and the rules; and positive changes manifested in clients during the program.

Staff and clients all expressed considerable enthusiasm for the program and belief in its efficacy. According to a correlation analysis, belief in the program’s ability to help was the significantly correlated with client willingness to be contacted for follow-up after completing the

program (p = .004). Thus, staff enthusiasm and client belief that the program is helpful combined to promote program goals of successful follow-up after two years.

Class structure, activities, format, rules and topics were the most frequently mentioned by clients as both helpful, not helpful, and items that clients would change or add to. Particularly mentioned are check-in, which is an exercise designed to firmly establish in clients' minds the types of abuse, how abuse is used against others, and the harm abuse causes; and the repetition is intentional. Clients may become impatient with the repetition; but the exercise is a necessary one.

The theme of class structure overlapped with staff descriptions in that the class structure is part of the Duluth curriculum, and is not particularly amenable to change or deviation from the accredited curriculum without changing the curriculum itself, something that would jeopardize the efficacy and accreditation of the program. Therefore, the client comments are likely to be interesting and valuable to staff; however, unlikely to result in substantial changes to the program.

Both staff and clients reflected on the positive changes that were observable among clients, their behavior, their ability to change the outcome of a tense situation, and their ability to change the way they think. Both groups spoke with pride and satisfaction about the changes they observed in themselves and in their clients.

Chapter 5: Discussion

The goal of this evaluation was to evaluate strategies for follow-up currently in place at the CASFV BIPP in El Paso, Texas. To achieve this goal, mixed methods data were collected from stakeholders, include staff and clients. Staff participated in semi-structured qualitative interviews. Program clients completed surveys that contained a combination of quantitative and qualitative items that assessed willingness to be contacted two years after completing the program and best means of contact. The surveys also requested data on client satisfaction with the program, including personal benefit obtained; most and least helpful aspects; and suggestions for additions to the program. Demographic data were also collected among clients on sex, ethnicity, and number of program sessions completed.

Clients ranged in age from 18 to 72, and self-reported their ethnicity as Hispanic, non-Hispanic white, African American and native American. Clients were majority Hispanic; this reflects the demographics of the larger population of El Paso and is not meant to be understood as a demographic profile of intimate partner abusers. In terms of number of sessions completed, clients were fairly evenly distributed throughout the stages of the program. Clients overwhelmingly found the program helpful. The comments were condensed and included in the Results section.

The most relevant finding of the process evaluation is that clients of the BIPP program were overwhelmingly receptive to follow-up contact two years after completion of the program. A second finding is that most preferred a cellphone call as a means of contact. The findings are significant for public health because they shed light on best practices for follow-up of a hard-to-reach and vulnerable population; that is, persons judged to have committed intimate partner violence who had been referred to a batterer intervention program. The majority expressed

willingness to be contacted for follow-up and provided important information about best means of contact.

In terms of methods of contact, most clients prefer to be contacted through cellphone. However, an interesting finding from the staff interviews was that many clients are open or even prefer electronic means of communication. From this result, it is suggested that electronic communication, including email, text message, and social media, be explored in the medium to long term as a means of follow-up, with some caveats. The recent exposure of Facebook as having allowed big data companies to vacuum up consumer contact and profile information indicates that social media may not be sufficiently confidential for the purposes of a batterer intervention program; thus staff members suggested that social media as a means of follow-up be revisited over the long term, after the laws regulating social media companies have been revised to better protect consumer information. In addition, text messages and email can be subpoenaed and would not be confidential under those circumstances. This should be kept in mind as electronic means of follow-up are considered over the medium to long term, given the confidential nature of a BIPP program.

Comparison of findings to literature

The CASFV BIPP program has strong connections with criminal justice system, a feature of batterer intervention that is strongly indicated in the literature. The literature describes a gap in data on intimate partner violence. In this respect, the assiduous confidentiality of the CASFV BIPP program and the care taken not to reveal anything about clients, while a positive aspect of the program, may in fact be one of the barriers to collecting data on batterers and also on program efficacy. The program itself contains a wealth of important information about batterers: for example, group discussions could yield a great deal of qualitative information on how the

behavior is triggered. The class context would be an excellent research venue, if the confidentiality issue could be satisfactorily addressed.

No mental health screening was conducted in this study. Some research suggests that as many as 40% of batterers suffer from antisocial personality disorder and/or attachment disorder (Mauricio & Lopez, 2009); diagnoses that are very difficult to treat. Sufferers of these disorders never think they are doing anything wrong (nor do they think they are suffering). Since mental health screening was beyond the scope of the study, this finding from the literature could not be tested.

Other literature suggests significant heterogeneity among batterer profiles (A. Holtzworth-Munroe & Meehan, 2004; Amy Holtzworth-Munroe et al., 2003). Based on the client comments collected in the study and the variations in tone among clients for their written comments, this finding seems to better describe the population at the CASFV BIPP. However, client narratives collected by the program describing what brought them to BIPP were beyond the scope of the project; thus this finding from the literature cannot be evaluated with regard to the CASFV BIPP program.

According to the literature, BIPPs are not particularly effective (Aaron & Beaulaurier, 2016; Boots et al., 2016; Curwood et al., 2011; Eckhardt et al., 2006; Febres et al., 2012; Ferrer-Perez & Bosch-Fiol, 2016; Goodman & Epstein, 2005; Haggard et al., 2015; Klein & Tobin, 2008; Michaels-Igbokwe et al., 2016; Rhodes et al., 2015). One commonly cited problem is that the heterogeneity of batterer profiles precludes the success of the "one-size-fits-all" approach currently used in intervention (Curwood et al., 2011; Goodman & Epstein, 2005; Klein & Tobin, 2008). It would seem that the group discussion class format and the peer-to-peer nature of this

format would preclude a sense of cookie-cutter intervention, and in fact the CASFV BIPP boasts above-average success according to Texas state standards for accreditation.

Goodman and Epstein discuss the increased risk of harm to women of harsh immigration policies that keep them from reporting abuse (Goodman & Epstein, 2005). In the study interviews, facilitators reported that immigration policies were causing a sharp decrease in Spanish language participants because they are afraid to leave their homes, in agreement with the findings in the literature. Thus women in the immigrant communities of El Paso are at increased risk for violence because of current immigration policies.

Curwood suggests incorporating a strengths approach that her research shows has better success (Curwood et al., 2011). Curwood's research supports the facilitator who has implemented a buddy system in her classes to empower her clients and provide them with the confidence to achieve success in the BIPP training.

Klein and Tobin found that prior criminal records can indicate risk for abuse (Klein & Tobin, 2008). Since the CASFV BIPP conducts research into public records, they may consider expanding the focus of their research to help determine risk of reoffending. Haggard et al report recidivism rates of 19% at 4.6 years (Haggard et al., 2015). However, CASFV reports very low recidivism rates at five years post-completion of 7% according to public records research, a phenomenal success rate. Some programs have high dropout rates of 40-90% (Ferrer-Perez & Bosch-Fiol, 2016). CASFV BIPP has an annual completion rate of 69%, which represents a much lower dropout rate of 31%. However, this rate does not include people who start and stop and take longer than a year to complete thus the real completion rate for CASFV may be somewhat higher.

According to Boal and Mankowski, CASFV BIPP has the necessary components of the most successful curricula (Boal & Mankowski, 2014a, 2014b). The program reflects the findings of Ferrer-Perez and Bosch-Fiol in that the CASFV BIPP program puts equal attention on victims and abusers, rather than attending to victims at the exclusion of batterers (Ferrer-Perez & Bosch-Fiol, 2016).

Strengths and limitations. The strengths of the study included the use of community-based participatory research methods. The study was co-developed with the community partner, the Center Against Sexual and Family Violence Batterer Intervention and Prevention Program. For this reason, the investigator had the full support and cooperation of the study stakeholders, which expedited data collection and made the research experience extremely smooth and problem-free. The program director and client services specialist were completely accessible for questions or clarifications during the research process. In addition, the focus of the study was of interest to the community partner, and for this reason the resulting study report is more likely to be helpful.

Limitations includes the small sample size of stakeholders; however, the sample included all of the staff of the program. Data saturation was reached quickly. The sample size for the survey research portion was adequate. The main limitation was the narrow scope of the project in two respects, both beyond the scope of the study: 1) due to confidentiality concerns, data from clients was obtained from surveys and not semi-structured interviews that may have yielded results unforeseen by investigator; and 2) no data on prior client participation in follow-up was collected but only on current client willingness to participate in follow-up processes. Since so little is understood about what makes batterers behave the way they do, any additional information collected on the clients would have been useful. Conducting semi-structured

interviews with clients may have provided more nuanced data on follow-up preferences. A compromise was struck between more in-depth data collection and the preservation of the rigorous confidentiality practiced by the BIPP program. In any case, sufficient data was gathered through the surveys and interviews to inform the process evaluation at this given point in time. Future evaluation of this program will benefit from obtaining feedback from clients who participated in follow-up. That the scope of the study was co-developed between investigator and community partner represents a strength.

Other strengths of the project are that this research will shed light on an understudied subgroup and add to knowledge about the medically underserved Paso del Norte region. In addition, this research will contribute to the sustainability of the program by providing data about best practices for follow-up.

Implications of findings for public health

Since intimate partner violence is a significant public health issue the more information on batterers and how to reach them that can be obtained through research, the greater the efficacy of interventions. As there is a significant gap in the literature on batterers, the results of this study add in a small but practical way to the literature on batterer intervention programs and the development and improvement of these programs. In addition, qualitative data collected from BIPP clients provides a window into the most and least efficacious aspects of the program itself in relation to the current implementation and potential for follow-up.

Relevance of findings to strategic frameworks

The Healthy People 2020 Goals and Objectives addressed in the study include the goal of increasing *"the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life."* Specifically, the study goal was to increase the quality and effectiveness of a community-based program, the CASFV Batterer Intervention and Prevention Program, that is designed to prevent injury, improve health and enhance quality of life through prevention of intimate partner violence. The study accomplished this goal by evaluating follow-up practices in place in the CASFV BIPP program and by surveying preferences for follow-up among the target population, persons who had committed acts of abusive behavior toward intimate partners and had been referred to a batterer intervention program by the justice system.

The study also addressed the following Healthy People 2020 Objective: *"Establish an evidence base for community health and education policy interventions to determine their impact and effectiveness."* In conducting an evaluation of follow-up practices and mixed methods research into client satisfaction and preference for follow-up, the study contributed to the evidence base on batterers and intimate partner violence and the effectiveness of this community health intervention.

This study also addressed the following strategic framework from Healthy People 2020:

HP2020 Goal ECBP-10.

Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in the following areas:

ECBP-10.2

Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services [addressing] violence.

Since the CASFV BIPP addresses intimate partner violence, and is a community-based organization, the study assisted with this strategic framework by reinforcing the program goals of preventing intimate partner violence through increased knowledge of how to reach clients and thus assess program efficacy. With this information, the program can be strengthened. Since the CASFV BIPP is already considered a model program that receives visitors for training to establish and/or improve other batterer intervention and prevention programs, the strategic framework of increasing services is addressed.

Chapter 6: Conclusions

The CASFV BIPP program currently engages in follow-up with its clients in a very engaged and compassionate manner, motivated by the interest of facilitators and the director, and with a welcoming and caring attitude toward both clients and victim/survivors. Clients appear to feel that they are learning healthy behavioral and interpersonal skills in a caring and non-judgmental environment. The program currently has an informal protocol for follow-up, although follow-up is certainly conducted with all clients graduating from the program. The main proposal resulting from this study is that follow-up practices be formalized into a protocol that is then included in employee training, program manuals, and client materials and contracts.

Suggestions for practice

1. Based on data collection, there is general agreement between stakeholders, including program participant/clients and staff, that follow-up at two years is warranted and acceptable to clients. A schedule might be drawn up so ensure that program graduates are contacted two years after graduating to check on progress and whether the training was "cemented in their brains," to use the words of a staff member.
2. Based on data collection, a cellphone call is the preferred means of contact with clients.
3. There is, however, a substantial minority among stakeholders including clients and staff, who believe electronic communication, such as email and text, hold promise as means of contact.
4. The development of electronic communication tools is recommended in the medium to long term.

5. Based on feedback from clients, some updating of class materials may be warranted as budget permits. Audiovisual materials such as films and videos were specifically emphasized by clients, who expressed an interest in commercial films with appropriate, relevant subject matter.

6. It is suggested that the program conduct additional studies in the medium to long term to assess actual follow-up processes. This may include a satisfaction survey administered to clients who have participated in follow-up, and gathering feedback from facilitators conducting follow-up.

7. The program enjoys a high level of satisfaction on the part of clients, and can boast significant enthusiasm and commitment on the part of staff and facilitators. It is therefore not surprising that the CASFV BIPP program is highly respected locally and nationwide.

References

Aaron, S. M., & Beaulaurier, R. L. (2016). The Need for New Emphasis on Batterers Intervention Programs. *Trauma Violence Abuse*. doi:10.1177/1524838015622440

American Bar Association Commission on Domestic and Sexual Violence. (2011). *Domestic Violence Statistics: Survey of Recent Statistics*. Retrieved from Chicago:

Arias, I., Dankwort, J., Douglas, U., Dutton, M. A., & Stein, K. (2002). Violence against women: the state of batterer prevention programs. *J Law Med Ethics, 30*(3 Suppl), 157-165.

Boal, A. L., & Mankowski, E. S. (2014a). Barriers to compliance with Oregon batterer intervention program standards. *Violence Vict, 29*(4), 607-619.

Boal, A. L., & Mankowski, E. S. (2014b). The impact of legislative standards on batterer intervention program practices and characteristics. *Am J Community Psychol, 53*(1-2), 218-230. doi:10.1007/s10464-014-9637-3

Boira, S., del Castillo, M. F., Carbajosa, P., & Marcuello, C. (2013). Context of treatment and therapeutic alliance: critical factors in court-mandated batterer intervention programs. *Span J Psychol, 16*, E40. doi:10.1017/sjp.2013.43

Boots, D. P., Wareham, J., Bartula, A., & Canas, R. (2016). A Comparison of the Batterer Intervention and Prevention Program With Alternative Court Dispositions on 12-Month Recidivism. *Violence Against Women, 22*(9), 1134-1157. doi:10.1177/1077801215618806

Bourdieu, P. (1977). *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.

Breiding, M., Basile, K., Smith, S., Black, M., & Mahendra, R. (2015). *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0.* . Atlanta: Center for Disease Control and Prevention.

Broidy, L., Albright, D., & Denman, K. (2016). Deterring Future Incidents of Intimate Partner Violence: Does Type of Formal Intervention Matter? *Violence Against Women, 22*(9), 1113-1133. doi:10.1177/1077801215617552

Busch-Armendariz, N. B., Heffron, L. C., & Bohman, T. (2011). *Statewide Prevalence of Intimate Partner Violence in Texas*. Retrieved from Austin TX:

Cameron, C. (2012). *Gender Matters in Batterer Intervention Program Settings: Curriculum Topics Are Most Helpful in Fostering Positive Change in Domestic Violence Behavior.* (MS), University of New Mexico, Albuquerque, NM. Retrieved from http://digitalrepository.unm.edu/educ_hess_etds/51

Centers for Disease Control and Prevention. (2012). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. *Program Performance and Evaluation Office (PPEO) - Program Evaluation.* Retrieved from https://www.cdc.gov/std/Program/pupestd/Types of Evaluation.pdf

city-data.com. (2016). El Paso, Texas. *City-data.com.* Retrieved from http://www.city-data.com/city/El-Paso-Texas.html

Curwood, S. E., DeGeer, I., Hymmen, P., & Lehmann, P. (2011). Using strength-based approaches to explore pretreatment change in men who abuse their partners. *J Interpers Violence, 26*(13), 2698-2715. doi:10.1177/0886260510388283

Eckhardt, C. I., Murphy, C., Black, D., & Suhr, L. (2006). Intervention programs for perpetrators of intimate partner violence: conclusions from a clinical research perspective. *Public Health Rep, 121*(4), 369-381.

El Paso County Attorney. (2011). Don't let yourself be abused: Facts and statistics. *EL PASO COUNTY ATTORNEY & DISTRICT ATTORNEYS' DOMESTIC ABUSE + TEEN*

DATING AWARENESS INITIATIVE. Retrieved from http://dontletyourself.org/get-educated/facts-and-statistics.html

El Paso County Attorney & District Attorneys' Domestic Abuse + Teen Dating Awareness Initiative. (n.d.). No te dejes! In E. P. C. D. Attorney (Ed.). El Paso, TX.

Febres, J., Shorey, R. C., Brasfield, H., Zucosky, H. C., Ninnemann, A., Elmquist, J., . . . Stuart, G. L. (2012). Adulthood animal abuse among women court-referred to batterer intervention programs. *J Interpers Violence, 27*(15), 3115-3126. doi:10.1177/0886260512441080

Ferrer-Perez, V. A., & Bosch-Fiol, E. (2016). Batterer Intervention Programs in Spain: An Analysis of Their Effectiveness. *Int J Offender Ther Comp Criminol*. doi:10.1177/0306624x16672455

Glumac, A. (2011). Home of the Duluth Model. *Domestic Abuse Intervention Programs.* Retrieved from http://www.theduluthmodel.org/

Goodman, L., & Epstein, D. (2005). Refocusing on women: a new direction for policy and research on intimate partner violence. *J Interpers Violence, 20*(4), 479-487. doi:10.1177/0886260504267838

Haggard, U., Freij, I., Danielsson, M., Wenander, D., & Langstrom, N. (2015). Effectiveness of the IDAP Treatment Program for Male Perpetrators of Intimate Partner Violence: A Controlled Study of Criminal Recidivism. *J Interpers Violence*. doi:10.1177/0886260515586377

Holtzworth-Munroe, A., & Meehan, J. C. (2004). Typologies of men who are maritally violent: scientific and clinical implications. *J Interpers Violence, 19*(12), 1369-1389. doi:10.1177/0886260504269693

Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2003). Do subtypes of maritally violent men continue to differ over time? *J Consult Clin Psychol, 71*(4), 728-740. doi:10.1037/0022-006x.71.4.728

Kivisto, A. J., Kivisto, K. L., Moore, T. M., & Rhatigan, D. L. (2011). Antisociality and intimate partner violence: the facilitating role of shame. *Violence Vict, 26*(6), 758-773.

Klein, A. R., & Tobin, T. (2008). A longitudinal study of arrested batterers, 1995-2005: career criminals. *Violence Against Women, 14*(2), 136-157. doi:10.1177/1077801207312396

Love, A. R., Morland, L. A., Menez, U., Taft, C., MacDonald, A., & Mackintosh, M. A. (2015). "Strength at Home" Intervention for Male Veterans Perpetrating Intimate Partner Aggression: Perceived Needs Survey of Therapists and Pilot Effectiveness Study. *J Interpers Violence, 30*(13), 2344-2362. doi:10.1177/0886260514552445

Mauricio, A. M., & Lopez, F. G. (2009). A latent classification of male batterers. *Violence Vict, 24*(4), 419-438.

Mayo Clinic Staff. (2013). Antisocial Personality. Retrieved from http://www.mayoclinic.com/health/antisocial-personality-disorder/DS00829/DSECTION=symptoms

Michaels-Igbokwe, C., Abramsky, T., Devries, K., Michau, L., Musuya, T., & Watts, C. (2016). Cost and cost-effectiveness analysis of a community mobilisation intervention to reduce intimate partner violence in Kampala, Uganda. *BMC Public Health, 16*, 196. doi:10.1186/s12889-016-2883-6

Moore, G., Audrey, S., Barker, M., Bond, L., Bonell, C., Cooper, C., . . . Baird, J. (2014). Process evaluation in complex public health intervention studies: the need for guidance. *J Epidemiol Community Health, 68*(2), 101-102. doi:10.1136/jech-2013-202869

Moore, G. F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., . . . Baird, J. (2015). Process evaluation of complex interventions: Medical Research Council guidance. *BMJ, 350*, h1258. doi:10.1136/bmj.h1258

Mora, A., & Schultz, L. (2013). *Community Heath Assessment and Improvement Plan*. Retrieved from El Paso, Texas: https://www.elpasotexas.gov/~/media/files/coep/publichealth/community health assessment final report.ashx?la=en

Morrison, P. K., Hawker, L., Miller, E. P., Cluss, P. A., George, D., Fleming, R., . . . Chang, J. C. (2016). The Operational Challenges for Batterer Intervention Programs: Results From a 2-Year Study. *J Interpers Violence*. doi:10.1177/0886260516662307

Papadakaki, M., Petridou, E., Kogevinas, M., & Lionis, C. (2013). Measuring the effectiveness of an intensive IPV training program offered to Greek general practitioners and residents of general practice. *BMC Med Educ, 13*, 46. doi:10.1186/1472-6920-13-46

Pence, E., Connelly, L., & Scacia, M. (2011). Introduction *Turning Points : A Non-Violence Curriculum for Women* (pp. 20). Grand Rapids, MN: Domestic Violence Turning Points Training Program.

Rhodes, K. V., Rodgers, M., Sommers, M., Hanlon, A., Chittams, J., Doyle, A., . . . Crits-Christoph, P. (2015). Brief Motivational Intervention for Intimate Partner Violence and Heavy Drinking in the Emergency Department: A Randomized Clinical Trial. *JAMA, 314*(5), 466-477. doi:10.1001/jama.2015.8369

Romero-Martinez, A., Lila, M., Martinez, M., Pedron-Rico, V., & Moya-Albiol, L. (2016). Improvements in Empathy and Cognitive Flexibility after Court-Mandated Intervention Program in Intimate Partner Violence Perpetrators: The Role of Alcohol Abuse. *Int J Environ Res Public Health, 13*(4), 394. doi:10.3390/ijerph13040394

Satyanarayana, V. A., Nattala, P., Selvam, S., Pradeep, J., Hebbani, S., Hegde, S., & Srinivasan, K. (2016). Integrated Cognitive Behavioral Intervention Reduces Intimate Partner Violence Among Alcohol Dependent Men, and Improves Mental Health Outcomes in their Spouses: A Clinic Based Randomized Controlled Trial from South India. *J Subst Abuse Treat, 64*, 29-34. doi:10.1016/j.jsat.2016.02.005

Sekhobo, J. P., Peck, S. R., Byun, Y., Allsopp, M. A. K., Holbrook, M. K., Edmunds, L. S., & Yu, C. (2017). Use of a Mixed-Method Approach to Evaluate the Implementation of Retention Promotion Strategies in the New York State WIC Program. *Evaluation and Program Planning, Accepted MS 3/3/2017*. doi:10.1016/j.evalprogplan.2017.03.002

Smith, M. J. (2010). *Handbook of Program Evaluation for Social Work and Health Professionals*. New York: Oxford University Press.

Texas Council on Family Violence. (2010). *El Paso in spotlight for providing innovative solutions helping victims of deomstic violence combat homelessness and poverty*.

Texas Department of Public Safety. (2011). 2011 Crime in Texas: Family Violence. *Crime in Texas.* Retrieved from https://www.dps.texas.gov/crimereports/11/citCh5.pdf

Tjaden, P., & Thoennes, N. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence*. (NCJ 181867).

United States Census Bureau. (2010). *United States Census Bureau Quick Facts: El Paso County, Texas*. Washington DC: United States Government Retrieved from https://www.census.gov/quickfacts/fact/table/elpasocountytexas/PST045216.

University Medical Center of El Paso. (2016). *Community Health Needs Assessments & Implementation Plans 2016 – 2018*. Retrieved from El Paso, Texas: https://www.umcelpaso.org/files/html/501%28r%29 Report 09272016.pdf

US Census. (2015, Apr 19, 2015). Race and Ethnicity in El Paso, Texas. *statisticalatlas.com* v1.0.9324:9326. Retrieved from https://statisticalatlas.com/place/Texas/El-Paso/Race-and-Ethnicity

Wee, S., Todd, M. J., Oshiro, M., Greene, E., & Frye, V. (2016). Modifiers of Neighbors' Bystander Intervention in Intimate Partner Violence: A Concept Mapping Study. *Violence Gend*, *3*(1), 55-63. doi:10.1089/vio.2015.0012

World Health Organization. (2017, November 2016). Violence against women: Intimate partner and sexual violence against women. Retrieved from http://www.who.int/mediacentre/factsheets/fs239/en/

Wuerch, M. A., Zorn, K. G., Juschka, D., & Hampton, M. R. (2016). Responding to Intimate Partner Violence: Challenges Faced Among Service Providers in Northern Communities. *J Interpers Violence*. doi:10.1177/0886260516645573

Appendices

Appendix 1. Semi-Structured Interview Questions

What is your position at CASFV BIPP?

How long have you worked here?

For Logic Model:

What can you tell me about the BIPP?

What is its mission and vision?

Who are the stakeholders? Management structure? Facilitators?

For Follow-up practices:

Tell me about the program and classes. How does it work?

How many of the participants graduate/finish the program?

How do you determine how successful the program is, in your personal, informal assessment?

What kinds of ways does the program follow up with or track graduates of the program?

What do you think might be the best way to follow up with program graduates?

Appendix 2. Participant Survey

BIPP ID #_____ # OF SESSIONS COMPLETED_____

Greetings!

To help CASFV evaluate our program effectiveness, we are conducting a study to find out if you would agree to follow up and the best way of reaching you after you graduate from the CASFV BIPP program. We would be grateful if you would take a few minutes and fill out this survey.

The survey is just for our information. Completed surveys will be stored in the program office and shredded after analysis, within six months.

Please circle your responses.

May the BIPP Program contact you at the two-year mark after you graduate from the program?			Yes		No	
What is the best way for us to contact you? Circle all that apply.	Cell	Landline	Email	Regular Mail	Social Media (specify)	Home visit

What brought you to BIPP? Please circle all that apply.

Family member encouraged me to take classes	Court order	Personal interest	Other:

Have the BIPP classes benefited you or do you expect them to benefit you, in your opinion?

Yes	No	Why or why not?

TURN THE PAGE…

What part of BIPP has been most helpful?

What part of BIPP has been least helpful?

What would you like to see added to the program?

Thank you so much for your input.

Appendix 3. MPH core competencies achieved through the research project

The thesis addressed the following core competencies of the Master of Public Health degree:

Biostatistics

- Apply descriptive techniques commonly used to summarize public health data.
- Apply common statistical methods for inference.
- Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.

Health Policy and Management

- Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
- Describe the legal and ethical bases for public health and health services.
- Explain methods of ensuring community health safety and preparedness.
- Discuss the policy process for improving the health status of populations.
- Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
- Apply quality and performance improvement concepts to address organizational performance issues.
- Demonstrate leadership skills for building partnerships.

Social and Behavioral Sciences

- Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
- Identify the causes of social and behavioral factors that affect health of individuals and populations.

- Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.
- Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.
- Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.
- Describe the role of social and community factors in both the onset and solution of public health problems.
- Describe the merits of social and behavioral science interventions and policies.
- Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.
- Apply ethical principles to public health program planning, implementation and evaluation.
- Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.

Hispanic/Border Health Competencies

- Describe the historical, cultural, social, economic, political and other similarities and differences among Hispanic and border groups and how these affect health equity and health disparities
- Describe the roles of history, power, privilege, economics and other structural inequalities that restrict health equity and produce health disparities in Hispanic and border communities.

- Identify the major chronic, infectious, and other public health challenges that face Hispanic and border communities.
- Develop public health strategies and interventions that are responsive to the unique needs and cultural values/traditions of Hispanic and border communities.
- Recognize and apply the social justice perspective in public health practice as it relates to community capacity building and empowerment.
- Know how to plan, implement, administer, and evaluate public health programs to Hispanic and border communities.
- Act as an effective resource person for Hispanic and border residents, organizations, and communities.
- Identify and access the major sources of public health data that pertain to Hispanic and border communities (e.g., vital statistics and disease registries, health and nutrition surveillance databases, census data, national surveys).
- Effectively communicate information to the public and policy makers regarding the special public health challenges and needs of Hispanic and border communities.
- Act as an effective resource person for Hispanic and border residents, organizations, and communities.

Appendix 4. Strategic Frameworks

Healthy People 2020 Goals and Objectives addressed in the study include:

- Increasing *"the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life."* The study goal was to increase the quality and effectiveness of a community-based program, the CASFV Batterer Intervention and Prevention Program, which was "designed to prevent injury, improve health, and enhance quality of life."
- Objective: Establish an evidence base for community health and education policy interventions to determine their impact and effectiveness.
- HP2020 Goal ECBP-10.

Increase the number of community-based organizations providing population-based primary prevention services in the following areas

- ECBP-10.2

Increase the number of community-based organizations providing population-based primary prevention services addressing violence.

Appendix 5. Logic Model

CASFV BIPP LOGIC MODEL

NAME OF PROGRAM/PROJECT:
PROCESS EVALUATION OF THE BATTERER INTERVENTION AND PREVENTION PROGRAM CENTER AGAINST SEXUAL AND FAMILY VIOLENCE IN EL PASO, TEXAS Kathleen O'Connor, PhD University of Texas at El Paso Public Health Program

SITUATION:
Evaluation of program follow-up practices

PRIORITIES:
Evaluating participant willingness to be contacted after two years

INPUTS	OUTPUT	OUTCOMES		
	Activities	Short-term	Medium-term	Long-term
Parent organization CASFV, a 501(c)3 Program staff: Director Facilitators Client Services Specialist Board of Directors Executive Director Program participants Victims/Survivors Victim Contacts Spouses/Partners Funding: grants and participant fees $675 for the course	Safety plan/packet for victims Plan for clients Enrollment Orientation Classes Exit Interview Follow-up through public records Follow-up with victims through phone calls at beginning, midpoint and end Continued follow-up through examination of court records, no contact Accreditation	26-week course Communication with victims Client satisfaction Behavior change Success evaluated subjectively by	Follow-up phone call after six months to one year	Proposed follow-up after two years Longterm follow-up through court records Prevent violence Reduce recidivism Investigate electronic/social

INPUTS	OUTPUT	OUTCOMES		
	Activities	Short-term	Medium-term	Long-term
Criminal Justice system: Courts Probation Parole Texas Council for Family Violence Texas Association Against Sexual Assault Physical space: Historic building,including offices, classrooms Texas Department of Criminal Justice Community Justice Assistance Division Child Protective Services Unusual umbrella of services: CASFV Program services: Family Resource Center offering comprehensive “one-stop shop” to prevent sexual and family violence and provide free support including counseling, shelter, childcare for shelter guests, support groups Duluth Curriculum: Power/Control Wheel Equality Wheel Class features: Accountability, structure, check-in and check-out, tardiness not allowed, group sharing, breathing exercises; learning 4 types of abuse and apply to own behavior; roleplay exercises Classes for men, women, English and Spanish High enthusiasm and commitment among staff Engaged, caring, committed staff Open-door policy for clients to return to group discussion after graduating Collaboration with Community Service, defrays 50% of program cost Contract Grievance procedure	Include victim in follow-up Pair up clients, experienced with newcomer in buddy system Program contract with clients New employee training Coordination with government agencies, community service, courts and referral agencies such as parole, probation and CPS	individual personal examples of how program lessons were applied Positive change in client attitude		media/email as potential means of follow-up Investigate texting for follow-up

ASSUMPTIONS	EXTERNAL FACTORS
1. Follow-up at two years best because average length of time to complete probation/parole 2. Clients are most vulnerable for reoffending when they complete probation/parole 3. Confidentiality will be preserved 4. Contact with victims 5. Phone calls best practice 6. 20% estimated dropout rate 7. 69% completion rate 8. CPS cases more likely to reoffend	1. Probation/parole 2. Court 3. CPS 4. Potential to reoffend 5. Information provided by spouse/partner 6. Frequent phone number changes 7.Absenteeism greatest challenge to completion 8. Significant dip in Spanish-language enrollment since January 2017 due to new administration's harsh immigration policies 9. Expense of keeping up with technology challenging for a non-profit

EVALUATION PLAN OBJECTIVES AND CONCLUSIONS:

Objective 1: Collect qualitative data from program stakeholders about current follow-up practices and proposed best practices
1.1 Semi-structured interviews conducted with 5 program staff
1.2 Qualitative data about current follow-up practices collected and analyzed.
1.3 Develop set of best practices based on evidence.

Objective 2: Collect survey data from program clients regarding willingness to be contacted two years after completing the program
2.1 Mixed methods surveys administered with 110 program clients.
2.2 Quantitative data analyzed for demographic variables.
2.3 Quantitative data analyzed for client willingness to participate in follow-up.
2.4 Qualitative data analyzed for client satisfaction with program.
2.5 Data analyzed by sex.

Objective 3: Present secondary data collected from public records by program regarding recidivism rates (current follow-up practice)
3.1 Recidivism rates were supplied by program for 2013-2015 and presented in evaluation document

Objective 4: Conclusions: Based on evidence, develop and provide suggestions for best practices.
4.1 Include formal written policy of follow-up with clients at two years post-completion of program while preserving practice of facilitator-initiated follow-up as needed.
4.2 Continue practice of increased follow-up among more at-risk clients and among victim/survivors.
4.3 Conduct survey research about satisfaction with follow-up with clients who have already participated in follow-up.
4.3.1 Measure success of follow-up by number of successful contacts.
4.3.2 Evaluate success of program using client satisfaction, self-reflection and recidivism data collected during follow-up with clients and victim/survivors as measures of success.

Vita

Kathleen O'Connor, PhD, MPH, received her doctorate in Anthropology from Harvard University in 2005. Her dissertation research concerned mental health among underserved, very low income urban Afro-Brazilians in Salvador, Brazil. After obtaining her doctorate, Dr. O'Connor worked as the local field research coordinator on an epidemiological study of 900 Mexican and Central American farmworkers in rural California for the University of California at Davis Department of Public Health Sciences. In 2008, Dr. O'Connor accepted a tenure track position in the School of Nursing at the University of Texas at El Paso, where she taught cultural competence in nursing, medical ethics, grant writing, and anthropology. Dr. O'Connor's research while at UTEP focused on mental health effects of narcotrafficking violence and mental health among Central America refugees in immigrant detention.

Dr. O'Connor's awards and honors include a Fulbright Scholarship to Brazil; a two-year Individual National Research Service Award from the NIH National Center for Complementary and Alternative Medicine for her research in Brazil; two years of an Institutional National Research Service Award from the National Institute of Mental Health; a Boren/NSEP Fellowship for Portuguese language study in Brazil; and a Hogg Foundation for Mental Health grant.

Dr. O'Connor also holds graduate degrees from UCLA (Masters Degree in Latin American Studies) and the University of Southern California (Masters of Music in Vocal Performance), and an undergraduate degree in music composition from UCLA.

Dr. O'Connor's peer-reviewed publications include: 1) O'Connor, K. (2015). Nursing Ethics and the 21st-Century Armed Conflict: The Example of Ciudad Juarez. *J Transcult Nurs*. doi:10.1177/1043659615620657; 2) O'Connor, K., M. Stoecklin-Marois, and M. B. Schenker. "Examining Nervios among Immigrant Male Farmworkers in the Micasa Study:

Sociodemographics, Housing Conditions and Psychosocial Factors." *J Immigr Minor Health* 17.1 (2015): 198-207; 3) O'Connor, K., Vizcaino, M., & Benavides, N. A. (2015). Mental health outcomes of drug conflict among university students at the U.S.–Mexico border. *Traumatology*, 21(2), 90-97. doi:10.1037/trm0000029; 4) O'Connor, K., Vizcaino, M., Ibarra, J. M., Balcazar, H., Perez, E., Flores-Padilla, L., & Anders, R. L. (2015). Multimorbidity in a Mexican community: Secondary analysis of chronic illness and depression outcomes. *International Journal of Nursing*, 2(1). doi:10.15640/ijn.v2n1a4; 5) O'Connor, K. (2014). Narco-Trauma: The Phenomenology of the Mexican Drug War among Binational Students at the Border. *Middle Ground Journal*; 6) O'Connor, K., Vizcaino, M., & Benavides, N. A. (2013). Mental health outcomes of Mexico's drug war in Ciudad Juárez: A pilot study among university students. *Traumatology* http://tmt.sagepub.com/content/early/2013/07/29/1534765613496647 doi:10.1177/1534765613496647; 7) O'Connor, K., Anders, R. L., Balcazar, H., Ibarra, J., Perez, E., Flores, L., . . . Bean, N. H. (2008). Prevalence of Mental Health Issues in the Borderlands: A Comparative Perspective. *Hisp Health Care Int*, 6(3), 140-149. doi:10.1891/1540-4153.6.3.140; 8) O'Connor, K., Nuñez-Mchiri, G. G., & Thomas-Duckwitz, C. (2015). Dilley Family Residential Center Project. Retrieved from El Paso TX: https://www.researchgate.net/publication/283014890_Dilley_Family_Residential_Center_Project_Report; and 9) O'Connor, K., Nuñez-Mchiri, G. G., & Thomas-Duckwitz, C. (2015). No Safe Haven Here: Mental Health Assessment of Women and Children Held in U.S. Immigration Detention. Retrieved from Cambridge, MA: http://www.uusc.org/sites/default/files/mental_health_assessment_of_women_and_children_u.s._immigration_detention.pdf