Pathways to Seeking Help From a Partner Abuse Intervention Program: A Qualitative Study of Voluntary and Non-Court-Mandated Latino Men's Experiences

Maxine Davis, MSW, MBA, PhD,[1] (iD)
Bruno Fernandez, MSW,[2]
Melissa Jonson-Reid, MSW, PhD,[3]
and Stavroula Kyriakakis, MSW, PhD[4]

Abstract

Involvement in treatment for intimate partner violence and abuse (IPV/A) perpetration is often limited to those who are arrested and convicted of domestic violence offenses. Consequently, the majority of research into partner abuse intervention programs (PAIPs; also known as batterer intervention programs [BIPs]) has utilized data from court-mandated participants despite the existence of voluntary programs. Therefore, little is known about the experiences of voluntary and non-court-mandated BIP/PAIP participants. Using an interpretive phenomenological analysis, this study sought to understand how participants perceived their lived experience in seeking help from a voluntary BIP/PAIP serving Latino men.

[1]The University of Texas at Arlington, USA
[2]Dominican University, River Forest, IL, USA
[3]Washington University in St. Louis, MI, USA
[4]Adelphi University, Garden City, NY, USA

Corresponding Author:
Maxine Davis, School of Social Work, The University of Texas at Arlington, 211 South Cooper Street, Arlington, TX 76013, USA.
Email: maxine.davis@uta.edu

Men volunteering for this study participated in semi-structured in-depth interviews (*N* = 16). The findings reveal that the decision to engage in a BIP/PAIP voluntarily is process laden. Participants described the process as involving a breakdown in the health of their intimate relationship, reaching tipping points at which avoiding help was no longer an option, and locating specific information on where to seek treatment. The findings also reveal that once involved, most participants anticipated and desired to engage in the program long term. This study illuminates the many factors that may contribute to decision-making when men who have acted abusively seek help. Strategies for increasing voluntary BIP/PAIP participation may involve enhancing marketing of services or information for accessing services, and personal relationship building between facilitators and potential participants.

Background and Introduction

Intimate partner violence and abuse (IPV/A) perpetration, often referred to as domestic violence (DV), is a serious and worldwide public health problem (World Health Organization [WHO], 2014), with tremendous consequences (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). The U.S. criminal justice system has responded by criminalizing certain forms of IPV/A, such as physical assault, sexual assault, and stalking. Upon conviction, offenders are usually ordered to participate in DV treatment in lieu of incarceration. In the United States, most participants, the vast majority men, then enter treatment because of having this type of court mandate (Cannon, 2016; Dalton, 2007). Given estimates suggesting that the overwhelming majority of men who act abusively against their intimate partners in the United States will never be arrested, convicted, and mandated to enter treatment (Stark, 2007), this approach to addressing IPV/A perpetration is limited. Furthermore, despite the WHO highlighting the urgency of addressing IPV/A through improving efforts in stopping perpetration (Rothman, Butchart, & Cerdá, 2003), these interventions are studied considerably less than other parts of the DV system (Aaron & Beaulaurier, 2017).

Often referred to as batterer intervention programs (BIPs) or partner abuse intervention programs (PAIPs), most treatment provided is group based (97.3%; Cannon, 2016). Although most BIPs/PAIPs accept self-referred and

court-mandated clients into treatment (Bennett & Williams, 2001), on average only 3% to 10% of the clients served in United States by PAIPs are non-court mandated (Cannon, 2016). However, when examining BIPs/PAIPs worldwide, 83% of BIP/PAIP participants attend voluntarily (Rothman et al., 2003). This discrepancy is likely due to varied approaches to addressing IPV/A perpetration across regions (Buzawa & Buzawa, 2017) and the greater reliance on court mandates in the United States (Rothman et al., 2003).

Most studies examining BIPs/PAIPs utilize data from mandated participants (Babcock et al., 2016). Within the scant literature including voluntary participants, some researchers have questioned how alike court-mandated group members are in comparison with those who are self-referred. Dixon and Browne (2003) found significant differences between the two groups in their study. However, nearly 30% of the "self-referred" group had a court mandate to get DV treatment, thus making it difficult to discern whether characteristics of the self-referred group were representative of voluntary PAIP participants.

Research indicates that, generally, men have difficulty seeking help from health and counseling professionals, but knowledge about the barriers and facilitators to men's decision to engage in PAIPs is limited (Addis & Mahalik, 2003). Campbell and colleagues (2010) explored the perspectives of PAIP participants and found feelings of embarrassment or not knowing where to seek treatment prevented men from seeking help. On the contrary, being met without judgment and the assurance of confidentiality were identified as factors that could persuade men to enter treatment. This study, however, was conducted outside of the United States and did not contain ethnicity data, making it unclear whether findings can be generalized to diverse populations within the United States. In a systematic review of studies on IPV perpetrators' perspective regarding interventions, participants who enter PAIPs report "a range of motivations, from determination to change who they are, to a determination to avoid a custodial sentence" (McGinn, McColgan, & Taylor, 2017, p. 1). However, all the studies in McGinn and colleagues' review utilized court-mandated samples, leaving the question of how these views compare with voluntary participants' perspectives unanswered.

The Latinx[3] population is the largest ethnic group in the United States (Flores, 2017), and rates of IPV/A perpetration among the population are estimated to be between 17% and 68% (Black, Basile, & Breiding, 2011; Caetano, Cunradi, Clark, & Schafer, 2000; Klevens, 2007; Straus & Smith, 1990). Yet, with the exception of a handful of studies (Celaya-Alston, 2010; Parra-Cardona et al., 2013; Welland & Ribner, 2010), little is known about perpetrator-focused intervention within this population. We were only able to

locate two studies focused on the perspectives of Latino men engaged in a BIP/PAIP. Aguirre (2009) focused on the backgrounds of an entirely court-mandated sample ($n = 15$) and found childhood exposure to IPV/A (primarily father against mother) as a common experience. A study conducted by Parra-Cardona and colleagues (2013) comprised a majority court-mandated sample ($n = 18$; $n = 3$ voluntary) and revealed potential strategies for engaging Latino men once they entered in treatment, such as willingness of facilitators to build close relationships with group members.

This exploratory and descriptive qualitative study of participants in a faith-based, voluntary PAIP asks, "How do Latino men in a voluntary PAIP perceive their experience in seeking help from a PAIP?" It fills gaps in knowledge in two ways. First, this is one of the few studies able to shed light on the help-seeking process for men who voluntarily seek out services for IPV/A perpetration. Second, this study sheds light on how Latino men perceive and seek help for these behaviors.

Method

Research Study Design

The present interpretive phenomenological study (Smith & Osborn, 2003) was set in Chicago, Illinois, and conducted in partnership with a well-established, faith-based voluntary group for male perpetrators of DV, known as The Men's Group (TMG). The study utilizes semi-structured individual interviews with Latino men to examine the context for seeking assistance for engaging in violence or abusive behaviors towards an intimate partner and their perceptions of the PAIP. An interpretive phenomenological approach (IPA) is optimal when seeking to explore a topic in great detail and make sense of the lived experience (Smith & Osborn, 2003). Moreover, IPA research is concerned with an idiographic understanding of the phenomenon being investigated, that is, the study of individual cases or events, rather than a nomothetic approach that aims to draw generalizations about a population of interest (Smith & Osborn, 2003).

Participants

A purposive and homogeneous sample was utilized, which is recommended when attempting to achieve depth (Smith, 2011; Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2003). Participants were recruited from TMG, which is part of a broader DV ministry at St. Pius V parish, known as the HOPE program. The HOPE program provides services to IPV/A survivors, children

affected by DV, and men who have acted abusively. Those aged 18 years and older who attended at least one group session were eligible to participate. The research team made announcements at two consecutive group sessions. Of the approximately 35 men present, 21 men expressed interest in participating and 16 were interviewed. The five remaining men who expressed interest were unable to be interviewed due to conflicting schedules. Although there is hesitation in making rigid recommendations, IPA methodologists suggest that when examining a rarely studied topic, a sample size of three to 15 is adequate for high-quality analysis (Smith, 2011; Smith et al., 2009; Smith & Osborn, 2003), thus making this study sample size sufficient for this method of inquiry.

Research Team and Positionality

IPA involves a double hermeneutic, in which the researcher attempts to get as close as possible to the participant's experience even though the closest place will still ultimately be an interpretation (Shinebourne, 2011; Smith et al., 2009). Although the researchers' identities and experiences are expected to influence their interpretations and what participants share, making the researchers' positionality transparent can help facilitate in-depth self-reflection and illuminate how the research team affects the research process (Chavez, 2008; Milner, 2007; Muhammad et al., 2014; Takeda, 2013; Dwyer & Buckle, 2009; Kerstetter, 2012). To this end, we have elected to describe the positionality of the principal investigator (PI) and her primary research assistant. The PI (M.D.) is a Black woman (African American ancestral heritage), who is a mother and a PhD-level social worker. Her research interests and practice experience has been focused on PAIPs for 8 years. She holds the belief that, given the proper resources, most men who have acted abusively have the ability to change, especially if they desire to do so. She does not speak Spanish but built a strong relationship with the organization housing TMG during a broader longitudinal investigation of the program. Therefore, many participants of this study were familiar with her, prior to recruitment for the interviews. The second author (B.F.) is a Latino man (Mexican heritage) and MSW-level social worker. He served as a graduate student research assistant on the previously mentioned study led by MD and, therefore, many participants of the current study were also familiar with him prior to recruitment for this study. He is native Spanish and English speaking and lived in Mexico for 12 years. His practice experience and interests include youth violence prevention, family and youth services, and school social work. Both MD and BF observed numerous sessions of TMG as part of the broader previously conducted research.

Data Collection

The de-identified, English language interview transcriptions and corresponding reflexive memos comprised the data utilized in the analysis. The second author conducted the 16 in-depth, semi-structured, individual interviews, during which participants were asked their experience of DV and the context for seeking help, their experience of the PAIP, and how the PAIP program has affected their life. The interviews, ranging 16 to 76 min in duration, were conducted in Spanish, audio recorded, transcribed, and then translated into English. All procedures were approved by the Institutional Review Board (IRB) of Washington University in St. Louis (IRB 201607054).

Strategies for Maintaining Trustworthiness

To minimize the threat to trustworthiness that can be associated with cross-linguistic and cross-cultural research, the following methods were employed. The interviewer confirmed that the meaning of participants' words were being captured accurately (as a form of member checking) during each interview, by providing clarifying and summative statements as participants shared their stories. To reduce incidence of lost information and errors in translation by a third party (Cormier, 2017), the interviewer transcribed the interviews verbatim and then translated the interviews into English. The interviewer captured his immediate perception of each interview by writing reflective notes (an effective tool in exposing biases in the researcher as well as cultural differences) after interviews were concluded (Clancy, 2013). A second round of reflective notes were also captured during translation and transcription, whereby BF noted his interpretation of pieces of information that participants themselves may have been unaware of, a practice described as critically questioning the text (Smith & Osborn, 2003). During translation and transcription of each interview, BF also made memo notations and explanations of culturally specific pieces of information that may have been confusing to MD or any person unfamiliar with traditional (specifically Mexican) colloquialisms. This practice was used to ensure that direct translation resulted in transcripts that were meaningful to the PI and not interpreted in isolation of relevant cultural underpinnings (Cormier, 2017).

Data Analysis

M.D. conducted the data analysis, managed by the web-based program Dedoose, according to the recommendation and steps identified in the literature (Biggerstaff & Thompson, 2008; Smith et al., 2009). She further adhered to Smith's (2011) best practices for evaluating the quality of IPA to inform

and strengthen the analysis procedures. A reflective journal was kept by MD throughout the analysis to capture personal reflections and note emerging lines of inquiry. The analysis process and resultant findings were reviewed by the pastor leading the development of TMG, as well as experts in IPV/A, social work practice, research methods, criminology, and religious studies, and their recommendations for improving clarity and the strength of the study were incorporated.

In Step 1, MD read transcripts and corresponding memos multiple times to become familiarized with the data. In Step 2, MD engaged in a process, described as "Initial commenting" (Smith et al., 2009), which is an IPA version of simultaneous coding and memoing. During Step 3, data were labeled and then data with similar or related codes were organized into groups, including "main event story," "reasons for starting group," and "benefits gained from TMG." In Step 4, themes were identified from individual interview transcripts (Smith et al., 2009). A salient participant characteristic in this step of analysis was each participant's report of IPV/A, which researchers defined to include nonphysical and/or physical forms of abuse, and was obtained by asking participants whether their most recent relationships involved "domestic violence" as a follow-up/probing question. Those who responded yes were counted as such. Among participants who reported no, those with an explanatory narrative that clearly depicted that IPV/A had occurred were counted as a yes, those with an explanatory narrative that supported nonabusive/nonviolent relationship distress and conflict were counted as a no, and those with a narrative that was unclear were classified as unclear. As potential themes emerged, they were then compared with the data across transcripts for convergence or divergence. As recommended with IPA (Smith, 2011), major themes present in at least half of the participants were kept for consideration, and MD noted possible connections between themes. This resulted in six emergent themes (*relationship deterioration overtime influenced by external factors; ongoing relationship conflict; breaking points: we need help [I need help]; finding hope [the program]; finding hope that this despair is not the end of my story; benefits: I see in color now instead of black and white; there is no end to learning how to improve yourself: I am committed, I will come here until the day I die because I enjoy it, it is medicine, a necessity*). In Step 5, MD and BF engaged in deep discussion and reflection regarding the name and composition of emergent themes, divergent cases, and their respective interpretation of each participant's understanding of their experience. *Relationship deterioration* was determined to fall within the larger theme of *ongoing relationship conflict*, and *influencing external factors* was removed from the theme names to better capture the range of factors contributing to deterioration. *Finding hope that this despair is not the end of my story* was determined to fall within the larger theme *breaking points*. The theme *finding hope* was refined and renamed to incorporate *trusted sources* and *specific*

information, which were pertinent in locating TMG. *Benefits* was combined with "*I'll come here until the day I die*," and the title was refined to better reflect the collapsed theme category. During Step 6, the writing of findings and final stages of the analysis were conducted simultaneously, whereby emergent themes in the analysis were expounded upon by incorporating analytic commentary and selected verbatim illustrations for evidentiary support. A summary table of the qualitative results is presented in Table 1.

Results

Participant Backgrounds

The participants were between 31 and 70 years old (M = 44 years, SD = 9.7 years) and identified their ethnicity as Mexican/Mexican American (n = 9), U.S. Hispanic (n = 4), and Latino (n = 3). All participants reported their sexual orientation as heterosexual. Nine of the participants identified that they were married and together with their spouse, four identified as married and separated, two as single (one of whom desired but could not obtain a legal divorce), and one as divorced. Religious identity was primarily Catholic (n = 14). One person identified as Christian, and another identified as Evangelical. All the men interviewed were fathers with children ranging in age between prebirth (expectant father) and 36 years old. Twelve were employed for wages, three were self-employed, and one was retired. Six participants reported having trouble paying their bills. Three participants were U.S. citizens, two held valid temporary or permanent documentation for residency in the United States, 10 participants reported not holding valid documentation for residency in the United States, and one did not report his status.

The participants' range of time participating in TMG was the completion of three group sessions to 20+ years. Ten participants had been in TMG for a year or less, five participated for 2 to 8 years, and one engaged in TMG on and off for approximately 20 years. Based on the classification scheme, 10 participants described IPV/A perpetration, two participants described nonabusive/nonviolent relationship distress and conflict, and for four, it was not clear whether abuse was present.

Theme 1—Relationship Deterioration Overtime: "We Had a Lot of Problems"

Participants described their experience in joining TMG as being preceded by a journey, influenced by numerous factors. The most commonly discussed theme was identified as relationship deterioration overtime and present in 13

Table 1. Results Summary Table.

Theme	Meaning	Sample Evidence From the Data
1. Relationship deterioration overtime: "We had a lot of problems"	Most participants viewed a series of co-occurring or succeeding factors negatively affecting their intimate relationship. Participants viewed external, intrapersonal, and interpersonal factors as main contributors to a breakdown within communication, connectedness, with mutual respect diminishing overtime.	"It [was] a work in progress . . . we had a lot of problems adjusting to the married life and we had problems that kept piling up and making more things complicated until we got here [the U.S.] and then things got more complicated" (Participant 16).
2. Breaking points: "We need help . . . I need help"	All participants experienced themselves or their partners reaching a critical moment in the relationship that moved them closer to taking action in getting help. This was often viewed as a crossroads, in which a decision was made to begin the process of finding help.	"We were both over our heads and couldn't deal with each other . . . Things got to the point that I didn't see any solutions to the situation. I couldn't handle the situation I was living in and I needed to find help because of that" (Participant 6).
3. Trusted sources and specific information: Finding Hope	Most participants recounted direct actions that led them toward seeking service from TMG. These were most often instances in which specific people suggested participation in TMG and provided necessary information to locate the service.	"I had a really good relationship with the priest of the parish, Father Chuck . . . I told him I needed help because I was having problems with my wife and he told me to go to the reception and ask for Ms. Aida. I went and asked and that's how I started coming here" (Participant 5).
4. Intentions of indefinite continued engagement: "I'll come here until the day I die"	Most participants perceived their experience in seeking help from the PAIP as one that would be never ending.	"I go consistently and will continue to go because I enjoy it. I learn something new and you always reflect on the advice of others" (Participant 1).

Note. TMG = The Men's Group; PAIP = partner abuse intervention program.

of the 16 participant interviews. Several participants initially expressed this as "we had a lot of problems" and went on to explain a series of co-occurring or succeeding factors that they perceived to affect their intimate relationship. Some of these factors were viewed as being external (i.e., financial issues,

in-laws' interferences, transitions to the United States), whereas others were viewed as intrapersonal (i.e., self-control, mistrust, addiction) and interpersonal (i.e., reduced intimacy, infidelity).

Regardless of the factors leading to the problem, the relationship breakdown was perceived as being due to a loss in communication, unhealthy conflict management, disconnectedness, and/or failing mutual respect. For example, one participant described a loss in communication as a contributing factor in the declining quality of the relationship, but attributed the disconnection from his wife to infrequent time spent together, which was caused by passing work schedules. He shared,

> I feel slowly we lost communication . . . [and] we didn't have a sex life because we rarely saw each other. I worked and she slept, I came home she was leaving for work . . . our life as a couple was deteriorating over the time . . . Was it worth it to work more and be financially comfortable? No . . . I would've loved to save our relationship—over 22 years together thrown in the garbage, sad, and I don't wish it on anybody . . . My marriage had trouble for a whole year before we split up, and that is ugly, how did one year of trouble [trump] a whole lifetime together? (Participant 1)

These sentiments were echoed by another participant who also described the influence of his work schedule as an external factor contributing to reduced attention provided toward his partner. He explained it by saying,

> It was my job that failed and that's what happened, our relationship began having problems, and I had to work in the afternoons and during the weekends and little by little I began neglecting my home. I was working more than I had to and taking more hours than I had to and was growing away from my wife, and those things build up until one day the gunpowder lights up and problems come seemingly out of nowhere and either things get worked out or the relationship breaks, that's why I'm here. (Participant 12)

Several participants viewed external, intrapersonal, and interpersonal factors as contributing to a breakdown within the relationship overtime. As one man shared,

> It [was] a work in progress . . . we had a lot of problems adjusting to the married life and we had problems that kept piling up and making more things complicated until we got here [the U.S.] and then things got more complicated. (Participant 16)

In this sense, he believed that there was no one particular incident or problem that contributed to relationship failure, rather it was the collective impact of several different relationship stressors.

Another participant viewed the incident of his infidelity as being the product of multiple other issues, within himself and with his wife. He shared,

> As the years passed I began to feel that I didn't satisfy her and she didn't value me as a man because she didn't look for me (sexually) and that is a heavy toll that it takes on your ego as a man. You know how the mind work, focusing more on the negative aspects. As the years passed I began to resent that . . . and those problems built up over the years until it exploded . . . [I had] unfaithfulness, and we split up for more than a year. During that time, I found out about this place. (Participant 9)

Some men not only understood the problems in their relationship as being multifaceted but also recognized that these problems and the decay of the relationship were exacerbated by escalating unhealthy conflict, maladaptive/poor strategies for dealing with crises, controlling tendencies, and later violence.

Participant 11 viewed the combined impact of various individual-level issues, such as drug addiction and desire to control his wife as problematic to the health of his marriage. These issues were seen as causing "friction" within the relationship, which was then intensified by personality characteristics. He explained,

> I think the biggest problem in my relationship was that I was weak and gave in to those addictions, my wife would beg me to leave the drugs but I never listened, I was deep in them and never listened to her pleas. Another problem was that I had a problem with the way I talked, I would try to order her around and that caused a lot of friction in our relationship. And because we were both reactive by nature, small disagreements turned into huge fights you know? I think she kept a lot bottled and that just grew as grudges towards me . . . all these [things] were slowly deteriorating my relationship with her, because she was losing that trust. (Participant 11)

As Participant 3 explained,

> We were having problems, we had a hard time agreeing about things, we wouldn't get along and [then] we constantly had arguments, screaming, harsh words and threats that one of us was going to leave, me or her, all those things.

Another man described how verbal aggression eventually escalated into physical violence within his relationship. He shared,

> We began having a lot more arguments about every little thing, at this time we didn't have any physical violence, it was just yelling, insults, slamming doors, we hadn't reached physical altercations, afterwards it began escalating, we began

shoving, holding arms and the situation was just horrible, we couldn't talk, we would ignore each other for days, and my daughter was seeing all of this and my daughter starts asking me questions that made me realize I need to seek help. Then things got even worse, the situations got worse, we couldn't even see each other. In different occasions we had to call the cops because either one of us was out of control, we stopped caring that our daughter was there, we just wanted to prove a point until the police would show up. (Participant 6)

Major Theme 2—Breaking Points: "We Need Help . . . I Need Help"

For many, there was a specific point identified that led to deciding to seek help. Five men experienced a separation or threat of a separation as being directly connected to their decision to seek service from TMG. Two men described the decision to seek help as a mutual one made with their partners. Two other participants cited a specific DV incident facilitating the decision. One participant viewed the strong suggestion of a social worker as a semi-mandate (to improve chances of obtaining joint custody of his children) as the primary reason for joining TMG. For some men, breaking points were described as occurring within their partner. Their partners' breaking point served as an impactful nudge, moving them closer toward taking action in seeking help, but were usually not enough in itself for them to take immediate action. Some participants described major decisions of their partner as playing a role in them reaching their own threshold for dealing with these difficult issues alone. Whether partner or self-focused, the theme of reaching a breaking point was identified in all the 16 participant interviews.

For Participant 10, the separation from his wife affected his ability to be near his family. He experienced the absence of his family as a major factor in depression, which he saw as driving him to look for help. He shared,

well what pushed me to seek out these services was the separation from my wife . . . I had a marriage of 14 years, which began crumbling . . . we started having really big problems . . . and in March everything went out of control and we decided that we had to split up . . . I was down, I missed my wife, I missed my children. It was the fact that I would leave work and I would come to an empty house, not hearing the children making noise, laying in an empty bed and everything was slowly pushing me into a deep depression . . . So that pushed me to browse the internet looking for help and I ended up finding this place on my own. (Participant 10)

A similar experience demonstrating the impact of family absence after separation was echoed by another man, who explained,

> I would get home to an empty house and to see the empty rooms where my kids were—it was horrible, sad, ugly, I don't wish it upon anyone . . . I started reflecting on my life and how it was going to be [without my family], that's when I started seeking help. (Participant 1)

Four men described a link between internal motivation and personal frustration with the dynamics of the relationship as a catalyst in deciding to seek help. One man shared his experience of reaching a personal threshold after both he and his partner could no longer go forward with the relationship as it was. He shared,

> The situation with my wife, in my house, the situation with my family, it was not something manageable anymore, we were both over our heads and couldn't deal with each other . . . Things got to the point that I didn't see any solutions to the situation, I couldn't handle the situation I was living in and I needed to find help. (Participant 6)

Four men described their wives' request for them to seek help as a major facilitator leading them to join TMG. One man shared his perception of his wife reaching a personal threshold in dealing with relationship distress and the impact it had on his decision. He said, "It came to the point that she couldn't take it anymore [the arguments, screaming] and she started coming here [to the HOPE program] and [eventually] I did too" (Participant 3). Even though she reached a breaking point, sought help for herself, and requested him to do the same, this request did not result in immediate help seeking. His decision was delayed for some time. He went on to say,

> She [my wife] would tell me to come with her and get help, at the time I would say she was the crazy one and I didn't need to go anywhere, I was set on me not needing any (emotional) help. (Participant 3)

Another participant described his wife's requests being overshadowed by an ego that did not value help-seeking behaviors. He shared,

> When I had those problems with my wife, we split up [from] the violence and all that. She would always tell me, let's find some groups for help. But like I told you before, being a man, who believed that I could do everything and I know everything (well this was the bigger mistake) [I didn't go]. (Participant 7)

He later described the separation from his wife and the suggestion of another person on where to specifically go as factors that led him to make a decision to seek out help.

One participant expressed that his pivotal turning point was related to first seeking help for his drug addiction. The decision to get help with DV was not made until he was free from addiction:

> One of the biggest turning points in my life . . . I put up my soul to God and begged for help and within a month I was already clean . . . I dedicated my life to improve myself. So in March when I arrived to the men's group I did it to find help to keep moving forward and fix the problems in my personality . . . I started looking for these services was because I have a really bad temper, I explode too quick and I have hurt my wife verbally, I guess I can say that I don't know how to control myself when I get mad and that's the reason why I found the group. (Participant 11)

Theme 3—Trusted Sources and Specific Information: Finding Hope

Most participants recounted direct actions of others that led them toward seeking service from TMG. These were perceived as distinguishable moments in which, most often, specific people (a family member, current group member, priest, or social service provider) suggested participation in TMG and provided accompanying concrete information on how to get involved. This theme was identified in nine of the 16 participant interviews. For example, one man shared,

> I was coming to a group for parents . . . I started seeing Dolores because I was looking for counseling . . . she agreed, so I show up with my wife . . . I wanted a referee between me and my wife . . . [I told Dolores] that me and my wife wanted to dialogue, we wanted to talk but we can't, we end up arguing and we need someone to help us with that . . . then later on Dolores told me about the men's group. (Participant 14)

Two men shared experiences of being referred to TMG by a priest from whom they sought help for marital problems. One man explained,

> I had a really good relationship with the priest of the parish, Father Chuck, and I asked, I told him I needed help because I was having problems with my wife and he told me to go to the reception and ask for Ms. Aida and I went and asked and that's how I started coming here. (Participant 5)

For one participant, although his wife had been encouraging him to seek service and he knew the details necessary for becoming involved with TMG, he still experienced resistance in wanting to join. His discomfort was slowly

eased by the group facilitator who sought to build a casual rapport and establish a trusting relationship with him outside of group. These small, yet intentional, steps by the group leader eventually made a difference in him deciding to join TMG. He described this by sharing,

> [I didn't want to go, then one day I spoke to Carlos [TMG facilitator], who is now my counselsor and through his patience, little by little he won me over and I started coming in more to have talks with him. One specific time, I remember, we had a normal chat . . . everyday things and I enjoyed the conversation. I felt understood, I felt a connection with him and that's how I began coming to the men's group. (Participant 3)

Two participants reported finding TMG through social service providers who were not affiliated with the program, but knew of the group service. One man shared,

> one day I decided to look for help in a place down by the southside. However, they didn't offer any help for men so they referred me to this place, so I came and asked, I got the information from the group and started coming here. (Participant 6)

Two men shared that they located TMG through searching the Internet as a strategy for finding help. One man shared,

> I found this place in google, I searched something like "help for people after a divorce" or something like that . . . and at the top of the search there was the information for St Pius . . . I called the number and that's how I came to the men's group. (Participant 10)

Another man (Participant 13) said that he searched the phrase "helping the family."

Theme 4—"I'll Come Here Until the Day I Die": Intentions of Indefinite Continued Engagement

All 16 men perceived TMG to be useful and beneficial in their lives. Regardless of length of time participating in TMG, most men ($n = 10$) perceived their past decision of joining TMG as one that would continue indefinitely, without an end in sight. Participants described learning from TMG sessions as part of a lifelong journey toward self-improvement and perceived TMG as an enjoyable, necessary tool that had become a routine part of their lives.

One participant described group sessions and the necessity thereof in terms of a medicine that provided him with vital energy. He shared,

> I think this is like my aspirin you know? Like my medicine, I feel it right away if I miss a session . . . participating in TMG is my fountain of energy, cause sometimes I feel too good and I think I am incredible but sometimes I fall down and say what is happening, but one of the good things about it is that thanks to the group, I can get back up on my feet that much quicker. (Participant 3)

Another man described his intentions for continued engagement in swift and simple terms, by stating "I'll come here [to TMG] until the day I die" (Participant 14).

The reasons for anticipating continued involvement were all related to the perceived benefits of learning from the program. As one man explained, "I go consistently and will continue to go because I enjoy it. I learn something new and you always reflect on the advice of others" (Participant 1). Another man shared that he experienced TMG as a source of strength by saying,

> I think I will never stop learning there, the day I miss, it's the day I'm going to be weaker, I feel like the group is like my daily prayer, it makes me stronger the same way that attending the group makes me stronger . . . because there are a lot of topics that I didn't know about and I feel like I am learning a lot to never make those mistakes. (Participant 11)

One participant described plans for continued participation as being integrated into the routine of his normal life activities, as a meaningful ritual that would always bring opportunities for learning. He shared,

> I have never thought about not coming here, because this is how I see it, like older people who in the morning go to a bingo or a breakfast and that's not how I see the group, here it's a new experience and a place where I can learn new things. (Participant 14)

Discussion and Conclusion

This study found that participants' experiences in voluntarily seeking help from a PAIP were diverse but shared some commonalities. Most men identified a myriad of problems in their intimate relationships and perceived those issues as increasing distress in the partnership that eventually led to some sort of tipping or crisis point within themselves, their partner, or within the family. Participants shared accounts of dealing with relationship conflict in unhealthy ways prior to joining TMG. Several men described the availability of specific

information on where to go to get help as an integral part of the decision-making process for joining TMG.

Group members often perceived their experience in seeking help from the PAIP as one that would be never ending. As the themes surfaced during data analysis, it was apparent that the emerging themes fit together chronologically and that participants experienced a journey leading up to their initial involvement in TMG, which then led to ongoing engagement. Consistent with prior literature that PAIP engagement is not a spontaneous act, but constructed over-time (Roy, Châteauvert, Drouin, & Richard, 2014), the findings in this study reveal that the decision of engaging in a PAIP voluntarily is process laden.

Although there have been campaigns designed to reach nonadjudicated partner-abusive men in the United States (Mbilinyi et al., 2008) and abroad (Donovan, Paterson, & Francas, 1999), research indicates that the most common reason men do not seek treatment for DV perpetration is because they do not know where to find it (Campbell, Neil, Jaffe, & Kelly, 2010). To some degree, the participant experiences examined in this study echo this point, as the search terms men reported using to find help online ("help for people after a divorce" or "helping the family") reflected their understanding of a distressed relationship but did not match language specific to a PAIP. Most other participants found the group based on suggestions from family/friends, encounters with program staff, or referrals from other agencies that were knowledgeable about the services and able to make a connection with the men so that they trusted the referral. Reflective of the concept of *personalismo*[1] and the need for *confianza*[2] in Latinx cultures, the findings within this study support previous research indicating that having a relationship with a service provider increases willingness to seek help, particularly among Latino men.

The findings of this study underscore previous research indicating that many men who have acted abusively or who are at risk of IPV perpetration are interested and willing to receive help (Campbell et al., 2010). However, the findings of this study indicate that locating resources often occurs through a personally known broker, instead of men drawing on widely circulated resources such as a 24/7 hotline promoted through social marketing. The process of help seeking could be accelerated if services were widely advertised and expanded. If men in this study knew about the availability of TMG at earlier stages, then it is possible that some men may have sought help sooner. It is important that such campaigns incorporate strategies for reaching ethnic minorities and the unique needs of diverse communities, such as their primary language. Even if some men are not at the stage in which they want to engage in services, availability of a helpline for men who have acted abusively may be able to provide brief resources that may facilitate a caller in moving from one stage of readiness to change to another.

Because suggestions to apply motivational interviewing (MI) strategies were suggested to be implemented in PAIPs over 20 years ago (Murphy & Baxter, 1997), a number of scholars have discussed and tested the usefulness of incorporating MI in PAIPs (Taft, Murphy, Elliott, & Morrel, 2001). Scholars and practitioners have suggested that potential participants' stage of change should be considered in assigning appropriate treatment (Begun, Shelley, Strodthoff, & Short, 2001). Interest into this line of inquiry has especially grown within the last 10 years, since Neighbors, Walker, Roffman, Mbilinyi, and Edleson (2008) provided a strong theoretical case for MI within the PAIP treatment process. Several studies introducing MI, with the goal of improving BIP/PAIP engagement and outcomes have found promising results (Alexander, Morris, Tracey, & Frye, 2010; Cunha & Gonçalves, 2015; Kistenmecher & Weiss, 2008). Likewise, the use of a helpline that is staffed with personnel trained in MI techniques could prove to be a fruitful use of resources if it increases motivation for help seeking and provides specific knowledge on where people can seek help (Mbilinyi, Neighbors, Walker, & Roffman, 2011; Mbilinyi et al., 2008).

We need to actively recruit/direct people, particularly men, into intervention for IPV perpetration (Campbell et al., 2010), instead of relying on the criminal justice system to supply participants to BIPs by court mandate (Roffman, Edleson, Neighbors, Mbilinyi, & Walker, 2008). One option for addressing the main problem of men not knowing where to seek help is by expanding the branding of the National Domestic Violence Hotline (NDVH). The NDVH is currently able to connect people who act abusively with intervention programs, but this is not widely advertised as a service of the NDVH. The hotline is targeted to survivors seeking help, but it could also be targeted to people who have acted abusively or are at risk of engaging in abusive behavior to connect them to local services. Presumably, hotline advocates would need more training (Donovan & Griffiths, 2013) than they currently have, and this could be costly. However, hotline advocates already frequently speak with callers needing these unique services and help guide them through evaluating their actions. In 2010, hotline advocates made nearly 1,000 referrals to BIPs. Offering a "confidential and impartial ear," the hotline website emphasizes that they speak to all callers with respect and dignity (NDVH, 2019), a particularly important factor in engaging BIP/PAIP participants. The findings of this study and a soon to be published accompanying investigation (which reveals why voluntary participants stay engaged in TMG overtime; see Davis et al., (in press)) underscore the importance of relationship building between those who are interested in seeking help and those who provide direct services. The experiences reported by Participant 3 indicate that effort to engage voluntary

participants into PAIPs cannot end with increased recruitment. It must go beyond getting clients in the door or on the phone and must involve a commitment to relationship building with those seeking help. As Taft and Murphy (2007) emphasize, the treatment alliance between the client and provider in PAIPs is especially important in reaching desired outcomes of the intervention. This may be especially important for keeping voluntary ethnic minorities engaged in treatment for IPV perpetration (Askeland & Heir, 2013).

Limitations, Implications, and Future Research

Although the present study adds to our understanding of voluntary, and particularly Latino men participants in PAIPs, there are several limitations. The participants' understanding of their lived experiences may have been different if the interviews were conducted at a different point in time. For example, memo data revealed that two participants whose interview was notably shorter, seemed uncomfortable discussing relationship details, and that one of them indicated that he was dealing with a personal crisis at the time of the interview, which may have affected his ability to share openly.

The PI and the interviewer had an existing relationship with the PAIP and associated organization from which participants were recruited, which may have inhibited or influenced the information shared by participants. This study is also limited by the self-selected nature of participants. We cannot know whether the findings of this study would have been different with members of TMG who did not choose to volunteer for the study. This study focused on the subjective experience of participants. It did not aim to capture partner or children's perspectives on how the men reached the decision to join TMG. Family member accounts of how they viewed men's journey toward joining TMG could provide a fuller picture, because this study may have been limited by memory loss or selective memories. Furthermore, this study only focused on the members of one program. Group members seeking service from other service providers may have varied experiences. Finally, interviews were not analyzed in the original Spanish language, and the PI did not share the ethnic identity of the participants, which introduced potential for cultural and linguistic misinterpretations. The aforementioned translation and analysis methods were employed to minimize this limitation.

We were purposefully hesitant in classifying the type of IPV/A that may have occurred within the relationships as described by participants as part of the study results. However, the nature of the IPV/A (i.e., coercive control, common couple's violence, mutual combat, violent resistance) may have an

impact on how participants understood the relationship as a whole and, therefore, the experiences leading up to their participation in TMG. In some cases, it was difficult to tell based on the interviews whether IPV/A was present in the relationship as compared with relationship problems that did not rise to the level of violence or abuse. Based on the present study, it seems that the type or presence of IPV/A prior to joining the group did not diminish the perceived potential benefit of the TMG or participants' desire to continue to engagement. Intervention for perpetrators is one of the most important areas of focus in the efforts to end IPV/A (Rothman et al., 2003). Given the prevalence of IPV/A compared with the prevalence of law enforcement involvement (Buzawa & Buzawa, 2017), it is clear that outreach to mandated populations misses a substantial portion of the involved population. Better understanding of perpetrators and help-seeking behavior without legal intervention has the potential for moving toward greater preventive and early intervention approaches. In addition, much remains unknown about cultural variations in IPV/A and help seeking. Understanding how men of differing cultural backgrounds reach the point of participating in an intervention program without court mandate is crucial in developing strategies for engaging men who have acted abusively to seek treatment.

To expand our understanding of men who are voluntarily engaged in BIPs/PAIPs, we need to conduct more research capturing the variety of their lived experiences, across diverse heterosexual and sexual minority populations. Future research should investigate the experiences of men who have acted abusively but not sought treatment to further understand how barriers to help seeking can be remedied. Finally, further research (like that of Tutty, Babins-Wagner & Rothery, 2019) on voluntary help seeking, needs to be combined with efficacy evaluations to guide implementation efforts.

ORCID iD

Maxine Davis (iD) https://orcid.org/0000-0003-1653-4464

Notes

1. "Personalismo refers to a style of communication that facilitates the development and maintenance of warm and friendly exchanges and an overall preference for relationships with individuals rather than institutions" (Añez, Silva, Paris, & Bedregal, 2008, p. 156).
2. The meaning of *confianza* transcends the English translation of the words confidence or trust. It refers to a deep and abiding sense of trust, intimacy, and respect within a relationship (Añez et al., 2008).
3. Latinx (pronounced: "La-teen-ex") is a gender inclusive term used by scholars and activists as part of a "linguistic revolution" in order to move beyond gender binaries. It is an alternative to Latino and Latina, when the gender identities of the population being described is unknown. Using the term Latinx acknowledges gender queer, gender non-conforming, and transgender people. In this article Latinx is used to describe national population, however Latino is used to describe members of the men's group, because the group is exclusive to men only.

References

Aaron, S. M., & Beaulaurier, R. L. (2017). The need for new emphasis on batterers intervention programs. *Trauma, Violence, & Abuse*, *18*, 425-432.

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*(1), 5-14.

Aguirre, J. (2009). *Male Latino batterers: A qualitative study on their experiences with domestic violence and their mental state*. Retrieved from http://libproxy.wustl.edu/login?url=https://search.proquest.com/docview/305179061?accountid=15159

Alexander, P. C., Morris, E., Tracey, A., & Frye, A. (2010). Stages of change and the group treatment of batterers: A randomized clinical trial. *Violence and Victims*, *25*, 571-587.

Añez, L. M., Silva, M. A., Paris Jr, M., & Bedregal, L. E. (2008). Engaging Latinos through the integration of cultural values and motivational interviewing principles. *Professional Psychology: Research and Practice*, *39*(2), 153.

Askeland, I. R., & Heir, T. (2013). Early dropout in men voluntarily undergoing treatment for partner violence in Norway. *Violence and Victims*, *28*, 822-831.

Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., . . . Lehmann, P. (2016). Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. *Partner Abuse*, *7*, 355-460.

Begun, A. L., Shelley, G., Strodthoff, T., & Short, L. (2001). Adopting a stages of change approach for individuals who are violent with their intimate partners. *Journal of Aggression, Maltreatment, & Trauma*, *5*, 105-127.

Bennett, L. W., & Williams, O. J. (2001). Intervention programs for men who batter. In C. M. Renzetti, J. L. Edleson, & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 261-278). Thousand Oaks, CA: Sage.

Biggerstaff, D., & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, *5*(3), 214-224.

Black, M. C., Basile, K. C., & Breiding, M. J. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: U.S. Department of Health and Human Services, CDC. Retrieved from https://stacks.cdc.gov/view/cdc/31292

Buzawa, E. S., & Buzawa, C. G. (2017). *Global responses to domestic violence*. Cham, Switzerland: Springer.

Caetano, R., Cunradi, C. B., Clark, C. L., & Schafer, J. (2000). Intimate partner violence and drinking patterns among White, Black and Hispanic couples in the U.S. *Journal of Substance Abuse*, *11*, 123-138.

Campbell, M., Neil, J. A., Jaffe, P. G., & Kelly, T. (2010). Engaging abusive men in seeking community intervention: A critical research & practice priority. *Journal of Family Violence*, *25*, 413-422.

Cannon, C. (2016). A survey of domestic violence perpetrator programs in the United States and Canada: Findings and implications for policy and intervention. *Partner Abuse*, *7*, 226-276.

Celaya-Alston, R. C. (2010). *Hombres en Accion (Men in Action): A community defined domestic violence intervention with Mexican, immigrant men* (Doctoral dissertations and theses). Retrieved from https://pdxscholar.library.pdx.edu/open_access_etds/52/

Chavez, C. (2008). Conceptualizing from the inside: Advantages, complications, and demands on insider positionality. *The Qualitative Report*, *13*, 474-494.

Clancy, M. (2013). Is reflexivity the key to minimising problems of interpretation in phenomenological research. *Nurse Researcher*, *20*(6), 12-16.

Cormier, G. (2017). The language variable in educational research: An exploration of researcher positionality, translation, and interpretation. *International Journal of Research & Method in Education*, *41*, 328-341.

Cunha, O. S., & Gonçalves, R. A. (2015). Efficacy assessment of an intervention program with batterers. *Small Group Research*, *46*, 455-482.

Davis, M., Dahm, C., Jonson-Reid, M., Stoops, C., & Sabri, B. (in press). "The Men's Group" at St. Pius V: A Case Study of a Parish-Based Voluntary Partner Abuse Intervention Program. *American Journal of Men's Health*.

Dalton, B. (2007). What's going on out there? A survey of batterer intervention pro-grams. *Journal of Aggression, Maltreatment, & Trauma*, *15*(1), 59-74. doi:10.1300/J146v15n01_04

Dixon, L., & Browne, K. (2003). The heterogeneity of spouse abuse: A review. *Aggression and Violent Behavior*, *8*, 107-130.

Donovan, C., & Griffiths, S. (2013). Domestic violence and voluntary perpetrator programmes: Engaging men in the pre-commencement phase. *British Journal of Social Work*, *45*, 1155-1171.

Donovan, R. J., Paterson, D., & Francas, M. (1999). Targeting male perpetrators of intimate partner violence: Western Australia's "freedom from fear" campaign. *Social Marketing Quarterly*, *5*, 127-144.

Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-out-sider in qualitative research. *International Journal of Qualitative Methods*, *8*(1), 54-63.

Flores, A. (2017). *How the U.S. Hispanic population is changing*. Washington, DC: Pew Research Center.

Kerstetter, K. (2012). Insider, outsider, or somewhere in between: The impact of researchers' identities on the community-based research process. *Journal of Rural Social Sciences*, *27*, 99-117.

Kistenmecher, B., & Weiss, R. (2008). Motivational interviewing as a mechanism for change in men who batter: A randomized controlled trial. *Violence and Victims*, *23*, 558-570.

Klevens, J. (2007). An overview of intimate partner violence among Latinos. *Violence Against Women*, *13*, 111-122.

Max, W., Rice, D. P., Finkelstein, E., Bardwell, R. A., & Leadbetter, S. (2004). The economic toll of intimate partner violence against women in the United States. *Violence and Victims*, *19*, 259-272.

Mbilinyi, L. F., Neighbors, C., Walker, D. D., & Roffman, R. A. (2011). A telephone intervention for substance-using adult male perpetrators of intimate partner vio-lence. *Research on Social Work Practice*, *21*(1), 43-56.

Mbilinyi, L. F., Zegree, J., Roffman, R. A., Walker, D., Neighbors, C., & Edleson, J. (2008). Development of a marketing campaign to recruit non-adjudicated and untreated abusive men for a brief telephone intervention. *Journal of Family Violence*, *23*, 343-351.

McGinn, T., McColgan, M., & Taylor, B. (2017). Male IPV perpetrator's perspec-tives on intervention and change. *Trauma, Violence, & Abuse*. Advance online publication. doi:10.1177/1524838017742167

Milner, H. R., IV. (2007). Race, culture, and researcher positionality: Working through dangers seen, unseen, and unforeseen. *Educational Researcher*, *36*, 388-400.

Muhammad, M., Wallerstein, N., Sussman, A. L., Avila, M., Belone, L., & Duran, B. (2014). Reflections on researcher identity and power: The impact of positionality on community based participatory processes and outcomes. *Critical Sociology*, *41*, 1045-1053.

Murphy, C. M., & Baxter, V. A. (1997). Motivating batterers to change in the treatment context. *Journal of Interpersonal Violence*, *12*, 607-619.

National Domestic Violence Hotline. (2019). *Help for abusive partners*. Retrieved from https://www.thehotline.org/help/for-abusive-partners/

Neighbors, C., Walker, D. D., Roffman, R. A., Mbilinyi, L. F., & Edleson, J. L. (2008). Self-determination theory and motivational interviewing: Complementary models to elicit voluntary engagement by partner-abusive men. *The American Journal of Family Therapy*, *36*, 126-136.

Parra-Cardona, J., Escobar-Chew, A. R., Holtrop, K., Carpenter, G., Guzmán, R., Hernández, D., & Ramírez, D. G. (2013). "En el Grupo Tomas Conciencia (In Group you become aware)": Latino immigrants' satisfaction with a culturally informed intervention for men who batter. *Violence Against Women*, *19*, 107-132.

Roffman, R. A., Edleson, J. L., Neighbors, C., Mbilinyi, L., & Walker, D. (2008). The men's domestic abuse check-up: A protocol for reaching the nonadjudicated and untreated man who batters and who abuses substances. *Violence Against Women*, *14*, 589-605.

Rothman, E. F., Butchart, A., & Cerdá, M. (2003). *Intervening with perpetrators of intimate partner violence: A global perspective*. Geneva, Switzerland: World Health Organization.

Roy, V., Châteauvert, J., Drouin, M., & Richard, M. (2014). Building men's engagement in intimate partner violence groups. *Partner Abuse*, *5*, 420-438.

Shinebourne, P. (2011). The theoretical underpinnings of Interpretative Phenomenological Analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis*, *22*(1), 16-31.

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, *5*(1), 9-27.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, England: Sage.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51-80). London, England: Sage.

Stark, E. (2007). *Coercive control: How men entrap women in personal life*. New York, NY: Oxford University Press.

Straus, M. A., & Smith, C. (1990). Violence in Hispanic families in the United States. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 341-367). New Brunswick, NJ: Transaction Publishers.

Taft, C. T., Murphy, C., Elliott, J., & Morrel, T. (2001). Attendance-enhancing procedures in group counseling for domestic abusers. *Journal of Counseling Psychology*, *48*, 51-60.

Taft, C. T., & Murphy, C. M. (2007). The working alliance in intervention for partner violence perpetrators. *Journal of Family Violence*, *22*(1), 11-18.

Takeda, A. (2013). Reflexivity: Unmarried Japanese male interviewing married Japanese women about international marriage. *Qualitative Marriage*, *13*, 285-298.

Tutty, L. M., Babins-Wagner, R., & Rothery, M. A. (2019). The Responsible Choices for Men IPV Offender Program: Outcomes and a Comparison of Court-Mandated to Non-Court-Mandated Men. *Journal of Aggression, Maltreatment & Trauma*, 1-22.

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

World Health Organization. (2014). *Global status report on violence prevention*. Geneva, Switzerland: Author. Retrieved from https://www.who.int/violence _injury_prevention/violence/status_report/2014/en/

Author Biographies

Maxine Davis is an assistant professor at the University of Texas at Arlington in the School of Social Work. She studies interventions for people who have acted abusively or violently toward an intimate partner. Guided by experience as a group facilitator, she is interested in expanding knowledge related to improving existing interventions and community-based strategies for reducing violence perpetration.

Bruno Fernandez is a graduate of Dominican University School of Social Work. During his time as a graduate student, he served as a key member of several research projects. Since completing his master's degree in social work, he remains engaged in research and provides therapeutic services to high-risk youth in Chicago.

Melissa Jonson-Reid is Ralph and Muriel Pumphrey Professor of Social Work at Washington University. Her practice history includes both counseling with domestic perpetrators and administering a school-based support program for youth in foster care. Much of her work focuses on identifying targets of opportunity for improving services and policy responses to improve outcomes for children exposed to family violence.

Stavroula Kyriakakis is an associate professor at Adelphi University School of Social Work. Her primary area of research is intimate partner violence in immigrant communities, with special emphasis on the experiences and social service needs of Latinas. She is also interested in trauma and the role of culture in its manifestation and treatment.