

**El Hombre Noble Buscando Balance:  
An Intervention Model for Latino Perpetrators of  
Intimate Partner Violence.**

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Intimate Partner Violence (IPV) has been considered a major public health concern in the United States and worldwide. Estimates of the incidence of IPV in the United States find that approximately 1 out of 5 couples experience IPV during a year period (Shafer, Caetano, and Clark, 1998). Intimate Partner Violence comprised 22.1% of all violent crimes against women in the U.S. according to the National Violence Against Women Survey conducted with more than 160,000 people (Thaden & Thoennes, 2000).

Several studies reveal higher rates of domestic and family violence among Latinos than among non-Hispanic Whites (Ellsberg, 1999; Straus and Smith, 1990) even controlling the socioeconomic status in the samples (Field & Caetano, 2003). However, findings do not reflect higher rates for Latinos as for African-Americans (Field & Caetano, 2003; Sorenson & Telles, 1991).

An analysis of five-states (Arizona, California, Oklahoma, Oregon and Texas) performed by the Violence Policy Center (2000) show that Hispanic females are killed at rates slightly above the non-Hispanic White females, but below Black females (this includes all types of killers). However, Hispanic women are killed by a man they knew (mostly intimate relationships) nearly 17 times as much, in comparison to non-Hispanic White females (11 times). Data on Intimate Partner Homicide (IPH) reflect higher rates of fatalities among Latinas and higher rates of intimate partner homicide perpetrators of Latino ethnicity in New Jersey (NJ Department of Community Affairs, 2003). Duncan, Stayton & Hall (1999) reviewed data on police records noticing that Latino women tend to suffer more severe violence than non-Hispanic women.

On the other hand, there are studies that reflect no significant differences between Latinos and non-Hispanic Whites (Tjaden & Thoennes, 2000; Renninson & Welchans, 2002), especially when controlling SES and other variables in the samples (Kaufman Kantor, Jasinski & Aldarondo, 1994; Neff, Holamon & Schluter, 1995). Despite the existence of contradictory findings of comparative studies, most scholars consider that intimate partner violence is a serious problem that needs immediate intervention among Latinos.

In spite of the significance and magnitude of intimate partner violence problem among the rapidly increasing Latino population, a paucity of culturally and linguistically relevant intervention and prevention curriculums exists, designed specifically for Latino perpetrators. The lack of available literature and scientific studies on program development and evidence based models for Latino Batterers' Intervention Programs is a clear reflection of the gap in culturally appropriate services nationwide.

**Current Latino Offenders Model's approach to violence cessation:**

Models that currently address Latino offenders can be described in three different types. The first category is based on the criminal justice context for the mainstream populations, with some adaptations for cultural concerns. Safety and accountability are the guiding principles establishing the parameter for their work. The Duluth's domestic Abuse Intervention Project in Spanish and the Evolve Program in Connecticut fall into this category. The second type of categorization is the group that appeared in response to the cultural limitation of mainstream models. They sought inspiration for the curriculum and program modes from Latin American theorist and feminists, as well as from the

voiced needs of Latina victims of domestic violence and Latino men seeking to change their violence and oppressive behavior at home. While safety and accountability remain the primary goal, gender analysis, deconstruction of masculinity and re-education for equity in relationships are the guiding principles. The three programs that illustrate this approach are CECVIM in San Francisco, *Caminar Latino* in Atlanta, GA and CORIAC: The Project of Men Renouncing their Violence: a re-educative experience with men in Mexico. Finally, the third category is in response to the need for men to heal from colonization, restorative justice, witnessing family violence, and suffering abandonment, abuse, and neglect, acculturation and self wounding from violence and substance abuse. Safety and accountability remain paramount but the framework expands to incorporate prevention, inclusion and restorative justice as critical components for the Latino community's transformation to non-violence. The National Compadres Network: *El Hombre Noble Buscando su Palabra* (The Noble Man Searching for his Balance) (Alianza, 2001; Forum on Latinos Who Batter: Hope for those Who Hurt Others) is the program in this category.

This article will concentrate on the National Compadres Network model of "El Hombre Noble," the Noble Man, searching for his balance; a co-morbid treatment model for domestic violence and substance abuse with Latino men. The model is based on the assumption that intimate partner violence (Fire) is a learned behavior that may be re-educated among Latino perpetrators with culturally sensitive intervention that addresses the most critical risk factors for this specific community. Firewater relates to the use of

substances that causes additional impairment in the cognitive process and behaviors of violent men.

The model addresses the following risk factors of intimate partner violence among Latinos: 1) Violence as a learned behavior from historical, social and intergenerational violence 2) culture specific values and social rules: the culture of violence and oppression against women, 3) psychological factors and mental health problems 4) socioeconomic factors such as poverty, unemployment, and discrimination. 5) Acculturation and acculturation stress, 6) substance abuse and finally; 7) IPV as a private/family behind doors issue responsible in part for the perpetuation of violence in the family, Latino style. It is beyond the purpose of this article to be exhaustive on discussing all risk factors related to IPV. Therefore, this article only focuses on those variables linked to the program rationale. In the same way, the model does not assume that perpetrators of IPV present all risk factors explained below. On the contrary, it is assumed that IPV may also occur in absence of most factors herein presented. Therefore an exhaustive evaluation of each participating individual is necessary to later address his violent behavior, its causes and consequences.

### **1.) Historical, environmental and intergenerational violence.**

The program assumes that violence is a learned behavior, and therefore it can be changed through re-education of alternative more functional conduct repertoires, otherwise any psycho-educational intervention program would be worthless. Batterers' treatment programs have traditionally advocated that domestic violence can be changed through cognitive and re-educative approaches that appear to be the most useful in the cessation

of violent behaviors. Domestic violence has its roots historically in child abuse (Miller, 1968), patriarchy (Martin, 1971), colonialization, racism, and oppression (Friere, 1969; Duran and Duran, 1971, Carrillo & Tello, 1998), and authoritarian political regimes (Martin-Baro, I. 1989). The unlearning of these exploitive and oppressive behaviors need to be contextualized so that the attending population can understand where and how they learned this behavior. The Atlanta Men Overcoming Violence conducts similar classes on the co-learning of patriarchy and racist oppression and its relationship to domestic violence (Nuridan & Douglas, 2005).

The National Compadres Network presupposition is that violence and substance abuse are indeed learned from generations of violence in the family, colonialization, political oppression, and trauma and institutionally reinforce (Friere, 1970; Duran & Guillory-Duran, 1995; Duran, Duran, Yellowhorse & Yellowhorse, 1998). Although it is imperative to have the participating individual understand his own personal family history and the intergenerational patterns of behaviors, the learning process is expanded ecologically to political and historical contexts. Therefore the violent behavior is “well learned and reinforced,” especially in Latin American countries with a history of violence, civil war, and repression. The process of migration complicates the learning, because the United States has a history of violence and a current context of community violence that welcomes people that use violence as a way of resolving conflicts. Communities of color are especially vulnerable to higher rates of violence for a variety of historical and racist reasons (Hampton, Carrillo & Kim, 1998). Female victims of violence suffer more severe and lethal rates of violence than Caucasian women, young

black men suffer more homicides than any other group, and the communities of color have the highest rates of incarceration and criminal justice involvement than other groups (Sokoloff & Pratt, 2005; Ritchie, 2004).

## **2.) Gender Power Imbalance**

Numerous scholars had manifested the critical role of traditional patriarchal values in detriment of women on intimate partner violence against Latinas (Perilla, Bakeman & Norris, 1994; Perilla, 1999; Torres, 1987; Zarza & Froján, 2004) and women in general (Del Martin 1981). The culture of violence and socioeconomic oppression against women reduce women's role to marital obligations, household chores and childbearing. This suffocation of women's rights prevents them from having opportunities and the right to choose their future to enjoy independence from fathers and husbands. For instance, socio-economic dependence and residential status are clear impediments to leave abusive relationships among Latina immigrants creating a vicious cycle of abuse and oppression (Zarza, Adler & Martínez, 2004). This oppressive environment preserves an imbalance of power in gender relationships and therefore it plays a critical role in the maintenance of violence in intimate relationships and within the family. Once violence is reinforced and employed to obtain desired outcomes it becomes a destructive pattern (Zarza & Froján, 2004).

The culture of violence against women in Latin America can be reflected on the traditional Spanish "dichos" (proverbs) such as "*La mujer como la escopeta siempre cargada y en la esquina*" [women and guns always loaded (pregnant) and at home] "*La*

*mujer en la casa y el hombre en la Plaza*” (the man out in the street and the woman at home). Many Mexican songs attribute blame and pain to women, “Tú Sólo Tú,” and “El Rey” are examples. A society that tolerates and even rewards violence against women constitutes a high-risk environment where intimate partner violence is part of the natural social and family life. The right of men to emotionally or physically punish their wives in many Latin American countries is socially acceptable making it less likely that abused women even self-identify as abused (Heise, Raikes, Watts & Zwi, 1994; Torres, 1991). Social tolerance to violence and oppression against women invite men to abuse their wives.



### **3. Emotional Distress and Mental Health Problems**

Although intimate partner violence can occur in absence of emotional distress, psychological dysfunctions and mental health problems, multiple studies manifest the role of these factors on the IPV occurrence likelihood as well as its frequency and severity. Impulsivity, stress and frustration are only few of the many psychological and emotional problems identified by different scholars as directly influencing violent behavior among perpetrators (Dutton, 2002). Zarza & Adler's (2004) study identified also that jealousy and the need to control the victim were common factors of initiation of fights and violent incidents against immigrant Latino women.

Child trauma and a history of violence in childhood were also identified by the literature as common to many perpetrators (Sonkin et al, 1985). Child abuse and the experience of violence in the family (i.e. witnessed a father abusing his mother) may be related both to trauma and the learning of violent behaviors as an acceptable way to solve conflicts in the family. In addition, many immigrant men suffer from war torn situations in Latin America, especially in Central America and Mexico. Post traumatic disorder is an undiagnosed situation for this population (Carrillo & Goubuad-Reyna, 2000).

### **Attachment Theory**

Recent developments in the neurobiology and attachment theory have tremendous relevance for domestic violence offenders. Sonkin and Dutton (2003) advocate for a "safe and secure base," to work with batterers. In addition, many batterers qualify for having significant impairment in their early attachments, qualifying them categorizing them in the borderline or "disorganized" group. This is a group of individuals who have

experienced terror in their interpersonal relations, and may have sustained neurochemical damage in various aspects of the cortical functioning. Smaller corpus callosum in Vietnam Vets (Van de Kolk, 1998), temporal lobe damage contributes to “short fuses,” and overactive cingulate gyrus results in “obsessive thinking” (Amen, 1998). However, Siegel (2005) indicates that it is possible to repair such neurochemical damage with an “attuned attachment” protocol called “mirror-neuron treatment.” Essentially, working with integrity (Palabra) and becoming present with the patient allows for new neurochemical processes to work. Sonkin and Dutton (2003) also advocate for an attuned approach to deal with the possibility of lethal behavior in batterers. A safe and secure approach allows for the maintaining of the clinical relationship with potentially lethal offenders, it assists with the higher ends of anxiety.

Research in domestic violence suggests that male batterers represent all three insecure attachment classes: avoidant, pre-occupied, and disorganized or fearful (Sonkin & Dutton, 2003). Each form of insecure attachment has particular defense mechanisms as a method of coping with attachment anxiety. Batterers with an avoidant style present as disconnected emotionally, lacking empathy, cold and uninterested in intimate relationships. They can vacillate between being distant and cut-off emotionally to critical and controlling. These clients need to incorporate an emotional soundtrack as one client put it, into their life. Batterers with a pre-occupied style try to please others in order to receive approval. They can present as extremely self-controlled except with experiencing loss anxiety, when they can become extremely clingy and angry (p114). Disorganized clients are also known as “borderline,” Dutton (2004)

advocates for cognitive behavioral and dialectical behavioral therapies and much partner contact to assess the assaultive swings of these individuals.

#### **4. Poverty, unemployment and related stressors**

Recent findings identify the importance of poverty as a strong predictor of violence among different groups including Latinos (Cunradi, Caetano & Shafer, 2002). Latinos are disproportionately affected by poverty, unemployment, low-paid jobs and low education levels (Ramirez & De la Cruz, 2003). Stressing living conditions such as these may influence IPV. According to the social structural theory of Gelles and Straus (1979) rise to situational violence. Those with lower SES might be more affected emotionally by negative life events and may have greater exposure to childhood violence, substance abuse, depression, poorer coping mechanisms than upper SES individuals (Straus, 1990). Current studies also support the idea that poverty is a strong predictor of IPV along all ethnicities in the U.S. (Cunradi, Caetano & Shafer, 2002).

In addition, Latinos are disproportionately affected by other factors such as crime, violence and institutionalization (Amaro, Messinger & Cervantes, 1996; Rice & Dolgin, 2002), lack of health insurance (Newacheck & McManus, 1989; Brindis, Driscoll, Biggs, & Valderrama, 2002-1), increasing health problems (Freid, Prager, MacKay, & Xia, 2003), STDs (Buzi, Weinman, & Smith, 1998), and HIV/STD infections (Brindis et al., 2002-2; CDC 2002; Berger & Rivera, 1993). These conditions are at the base of increasing mental health problems among Latinos in the U.S. related to acculturation stress, trauma, racism and marginalization. All these factors combined might be playing

an important role to the increasing rates of MFIPV and IPH of Latino immigrant and U.S. born women.

## **5. The Role of Acculturation**

Different studies emphasize the increasing rates of IPV among Latinas who immigrate to the United States (Dutton, Orloff & Aguilar, 2000) and U.S. born Latinas (Lown & Vega, 2001; Sorenson & Telles, 1991). Some studies focus on the influence of acculturation. Violence seems to rise when women are more acculturated enough that men perceive a loss of control over their spouses (Carrillo & Marrujo, 1983; Kaufman Kantor et. al., 1994; Perilla et. al., 1994; Sorenson & Telles, 1991). According to Walker (1999) the adaptation to a new culture, that results in exposure to new social roles between men and women, can lead to acts of violence on the part of men towards women, in order to gain control over them. In addition, findings on epidemiology among Latinos show that Latinas born in the U.S. report suffering more IPV (Kantor et. al, 1994; Sorenson & Telles, 1991). The study completed by Sorenson and Telles (1991) found that Mexican-Americans born in the U.S. reported a rate of violence 2.4 times higher than immigrants born in Mexico. They interpret these results in part by conflicts between two cultures. A more recent study with 1,155 women of Mexican origin (Lown & Vega, 2001-a) also reflected higher rates of IPV among U.S. born Mexicans in comparison to immigrants from Mexico. Aguilar-Gaxiola, et al, (1995) found rate of mental illness, alcoholism, domestic violence is prevalent in Mexican immigrants after thirteen years. In essence the longer the migrant stays in the United States the more impaired h/she becomes. It appears that the significance in prevalence rates becomes similar to the

general population on these variables. Carrillo and Tello (1998) suggest that there exists a degree of resistance towards cultural change and a propensity to maintain certain aspects of the Latino culture so that as people assimilate into U.S. society and culture, rigid gender roles and patriarchal leadership of the family pass down from generation to generation. Flores-Ortiz, Esteban, and Carrillo, (1994) have described the patterns of rigid patterns of sex role identification, use of violence, substance abuse, indirect dysfunctional communication as *La Cultura Congelada* (frozen culture). Post traumatic stress has been found with many Central American and now gang involved Latinos (Rodriguez, 2001; Carrillo, 2005). Studies of immigration have indicated that the migration experience may also contribute to the onset of PTSD (Cordova and Kury, 2001). Extended exposure to chaotic violent environments causes a number of psychoneurological impairments including impaired attachments, uncontrolled impulsive behavior, and increase in substance abuse, overactive cingulated gyrus that result in obsessive/angry negative thoughts, jealousy, anxiety and depression.

## **6. The Role of Substance Abuse**

Substance abuse and specifically the use of alcohol has been identified as one of the most powerful predictors of domestic violence (see ) In addition, alcohol problems have been found among victims of IPV in various studies (Lown & Vega, 2001-b). Gandolf (2000) has identified a high correlation with re-offense and alcohol and substance abuse in his evaluative study of batterer's treatment programs. Latinos have high rates of substance abuse (e.g.: alcohol and cocaine) in the United States (De la Rosa, 2002; Kandel, 1995). The impact of being raised in a chaotic, chemically dependent, and

violent environment significantly impairs the ability for safe secure adult attachments. Modeling of substance abuse and family violence contributes to chronic chaos. The correlation of love and pain paired together is the most difficult experience to unlearn in recovery (Carrillo, 2005). Substance abuse appears to contribute to increases in lethality, emotional abuse, physical abuse, impulsivity, and criminal behavior (Sonkin & Dutton, 2003; Zarza et al, in press). Substance abuse and domestic violence requires a dual disordered approach, co-morbid treatment, an integrated model is proposed with the National Compadres Network.

## **7. Violence as a Private-Family Issue**

According to the findings of the literature about prevalence of MFIPV, data based on self-reporting greatly underestimate the prevalence of violence against Latino women in the U.S. (Carrillo & Tello, 1999; Perilla et. al., 1994; Tjaden & Thoennes, 1998; Walker, 1999). One of the main reasons is because violence is traditionally perceived as a private family matter within the Latino family (Perilla et all, 1994). Therefore, the perpetrator never receives social and legal punishment for his actions. On the contrary, when violence results in positive consequences such as power and control over the others, the likelihood of its occurrence increases. In this way, the perpetrator will repeat his behavior to surrender the victim/s and obtain a desired outcome.

Latino women are reticent to report the abuse due to this perception of “private matter” but also for feelings of shame, guilt, loyalty to their partners and fear. Latina immigrant women, principally because of social, economic, legal residence status, language and cultural barriers, isolation, mothering responsibilities find it extremely

difficult and unsafe to report the abuse and seek for help. There also exist a multitude of impediments such as language barriers, social isolation, and fear of deportation, of discrimination, change, and cultural stigma against divorced/separated women that prevents Latina immigrant women from talking about their abuse, much less reporting it to authorities (Bauer, Rodriguez, Quiroga and Flores-Ortiz, 2000). Furthermore, reporting the abuse can lead to negative socioeconomic, legal and familial consequences that make their lives worse, including more severe violence that can result in retaliation. In fact, the majority of homicides occur when victims separate or intend to separate from their abusers (Zahn & Cazenave, 1986).

### **El Hombre Noble Buscando su Palabra**

The main goal of this intervention approach is to reduce the rate of domestic and community violence in Latino communities in the United States and in Latin America. The intent is to train offenders to become safe and secure men (Hombres Nobles), Noble Men, standing up against domestic violence and becoming “peace keepers (keepers of the culture),” in their respective communities, providing the mentorship and role modeling to other men and youth in their respective communities. **Coraic** in Mexico and **Hombres Contra la Violencia**, in Nicaragua, are international examples of the **National Compadres Network** in the United States. The Compadres Network has over 20 Men’s Circulos (men’s circles) throughout the nation, providing a variety of mentorship, fatherhood, and community building efforts from the California to Washington, DC. Our emphasis has been in the states of California and Texas to develop domestic violence programs, rites of passage programs, and fatherhood centers to assist in the development

of safe and secure communities. Make the men safe, make amends, and model how to become a “man who knows” (maztite), not a man who batters or offends.

The theoretical framework of this model is the world view that violence is a learned behavior that is transferred from generations and societies where violence is reinforced and taught as an acceptable way to control others. This behavior is defined as a “**Domesticated Violence**”. This model is based in several assumptions explained by Samuel Martinez, LCSW in the following manner:

1. **It takes a nation to raise a child, to become violent men**; thus it takes a nation to stop the violence by raising children not to become violent men.
2. **Violence is learned behavior that has been reinforced nationally**; economically, politically and socially. Nationally we must remove the reinforcements and teach nonviolent conflict resolution, by example.
3. **There is a historical correlation between oppression and the domestication of violence**, replicating among the oppressed oppressive relations. There has been a historical resistance to oppressive ways, exposing the oppressor. Our violent men must see the oppressor and make fully informed decisions to reject these ways and reclaim our true ways. Moving our men from wannabe oppressors, to not envying the oppressor and choosing honorable ways as Hombres Nobles.
4. **La Cultura Cura** vs. a culture of oppressive violence. There are two worldviews, with irreconcilable differences, in clash on this continent since 1492. We must re root our men in our National identity, integrity and worldview to provide them with the



critical thinking necessary to negotiate the differences between our worldview and the one driven by maximizing profits and minimizing expenditures.

5. **Oppression is a spirit breaking process** of objectifying our people. Our men must see the oppressor in order to make a full informed choice of not continuing to oppress others. Treatment must be a Liberating Process, Spirit-breaking-free from oppressive states of captivity in order to live in balance with all our relations: Creator, self and others.
6. **Oppression has an inherent pathology of addiction**; the Land rush, Gold rush and current Oil rush were all violent and just like a coke rush. Domesticated violence contains the same pathology as addictions; a pathological dependency on the mood altering experience violence that causes harm.
7. **Defining the problem**; within the defining process and the definition is the implied: resolutions, goals and roles. Bring peace, balance and harmony in **honoring all our sacred relationships as we heal generations of oppressive pain and harmful ways.**

### **Comprehensive Assessment**

Previous to implementing the intervention stage of this model, it is critical to complete a thorough assessment of the offender that includes information on his violent behavior toward an intimate partner and other family members, the history of child abuse and witnessed violence, substance abuse, stressors related to work, economic problems, family issues, involvement of children in violent incidents (child abuse and children witnessing violence in the family) and other dysfunctional behaviors. In addition, it is critical to conduct a mental health assessment of the offender in order to rule out

conditions that may contribute to lethal, dangerous situations and amenability to treatment. The differential diagnostic assessment also includes a lethality assessment checklist of 12 items designed to be completed by the therapist that include increase in severity and frequency of violence, obsession with the victim, use and accessibility of weapons, threats to commit suicide, a history of substance abuse, death rituals, rule out of post traumatic stress disorder, and others. A new addition to the assessment section is the evaluation of the acculturation level and acculturation stress experienced by Latino offenders. A higher acculturation level has been identified by the literature as a risk factor for the employment of violence in U.S. born Latinos and Latino immigrants with longer residence time in the U.S. The assessment of acculturation level and acculturation stress should be conducted regardless of the offender status as immigrant of first, second or more generations (Aguilar-Gaxiola, et al, 1995). It is critical in the initial phase to assess the degree of the “**cargas y regalos**” (wounds and strengths) the participant carries. Since the focus of this work is developing and maintaining “**sacred relationships**” thus maintaining the safety and security of those persons interconnected with the participant, it is imperative that we give clear reflections of where the person is in terms of his relationships movement; thus determining his ability and willingness to continue with the healing and learning process. Some participants come with generations of internalized trauma complicated by active substance abuse not allowing them to be open (denying) or ready for intervention of this type. For this reason the overall assessment, assessment of lethality and clinical rule outs is an important aspect of a participant entrance.

## **Curriculum**

Once a throughout assessment is conducted, the offender starts the 36 weekly sessions program, which can easily become 52 week curriculum. This ethno-cultural model design attends to four phases of the process of cognitive and behavioral change that correspond to the following phases: 1) Knowledge (“conocimiento”) of the situation, consequences and tools to initiate the cognitive and behavioral change 2) Comprehension (“comprensión”) of the causes and risk factors related to the employment of violence, 3) Integration (“Integración”) of tools, knowledge and recourses to stop the behavior and start alternative well adapted conducts, and 5) Movement (“Movimiento”) or display of alternative behaviors and resolution of their conflicts. The total number of sessions is 39, conducted in a weekly basis. Lessons address risk factors identified as directly or indirectly responsible for the use of violence performed by Latino males. The goal is to eliminate negative attitudes and cognitions (i.e. sexism, control, jealousy, etc.) and the use of any negligent, emotional, physical and sexual abuse against family members and their intimate partner.

### **Phase I: Knowledge**

New participants go through the “Conocimiento” sessions that have to do with definition of violence and oppression to further determine if they are ready for the “Circulo” treatment process and ready to work on their own relationship development. This initial phase is critical in maintaining the men’s attendance to the program, reducing the dropout level is managed by promoting an environment of mutual respect and understanding between therapists and participants. Self-respect and respecting each other

in the group is always encouraged, positively reinforced and modeled through the entire program. This phase focuses also in encouraging the men to look into their own personal “cargas y regalos” (wounds and strengths) and violent behavior rather than blaming, accusing or punishing them for their conducts. Participants are instructed to understand that violence is a learned behavior and therefore it can be changed. They are instructed that they will be presented with tools and techniques to change irrational cognitions such as sexism, the need of establishing power and control and solve conflicts in a peaceful and fear way in intimate and family relationships.

This phase is composed of 10 lessons with the main goal of making Latino offenders aware of their attitudes, fears, violent techniques employed to control and maintain power in their relationships, the consequences of abuse for their victims and themselves, the mechanisms of denial, minimization and blaming others for their behaviors, their rage and mechanisms or tools to control them and guiding the anger towards alternative behaviors and conflict resolution techniques. During this phase, offenders will establish a plan to change violent behavior that will be constantly reviewed during the entire program. This personal plan engages the offender who gives his word “Palabra” to accomplish the agreement. The plan includes the offender’s list of behaviors and commitments that he can change. It does also include things that he cannot change and therefore he will accept with serenity. It also includes problems that he will have to solve instead accepting and the barriers that he will encounter in order to complete these tasks.

## **Phase II: Comprehension**

The second phase of the intervention process brings an understanding or critical analysis of how it is “we” have come to integrate violence as a part of our relationships. To some extent, this is the beginning of a re-conocimiento (reframing) of how the participants see themselves, their family, their culture, and their situation. Differentiating “true” culture and manhood, true *machismo*; from false culture and false *machismo* are the bases of this group of teachings. This is the phase where participants are pushed to see their actions interconnected with that of the group, meaning that their actions affect more than just themselves. This begins to assist the participants to redevelop a positive group consciousness, El Circulo (i.e. Spanish saying “Dime con quien andas y te diré quien eres” “tell me who you run with and I will tell you who you are”). It is important for the facilitator, in this phase, to guide the group to share as much cross reflection with each other as possible and to “teach” participants how to do this in a good way. It is suggested that the facilitator be as creative as possible in integrating storytelling, music, video clips and real life situations etc... as part of the teaching process to make this phase very experiential pushing the participants to look within for a deeper understanding of whom they are.

This phase is composed of 13 sessions with the main goals of giving Latino offenders a framework on the genesis of violence in society, the history of violence and dominance in Latino-America, the oppression suffered by centuries, the power and control of conquerors and society. The history of the oppression in the Latino offender’s countries is provided as a reflection of the violence in the family with the propose of reframing

violence. This phase of comprehension (*entendimiento*) discusses the historical genesis of sexist attitudes (e.g. *machismo*, *marianismo*, *hembrismo*), provides a new definition of manhood “*ser hombre*” (being a man implies being dignified, protective, responsible, nurturing, spiritual, faithful, respectful, friendly, caring, sensitive, trustful, and a provider) and encourages offenders to demolish the myth of *machismo* (*entitlement and superiority over women*). Several lessons also discuss offender’s personal conducts and attitudes related to patriarchy, male dominance and male privilege, roots of power, control and violence. The goal is to make offenders aware of their dominance towards their partners in order to change attitudes and dysfunctional cognitions and behaviors. This phase also stresses that blaming one’s culture for my violent behavior is only part of the denial and minimization of one’s violent behavior. This phase also discuss on the erosion of cultural values as a consequence of the use of violence. *La cultura cura* (culture cures) assumption of this model is based on that recuperating values of the Latino culture such as *familismo* (familism), *respeto* (respect), *confianza* (trust), *dignidad* (dignity), *cariño* (love), *valentía* (bravery) helps towards the elimination of domestic violence (i.e. a man who hit his wife is considered a coward in the Latino culture). Other cultural values and sayings such as “*El rey de la casa*” (the king of the house) “*ser muy macho*” (being a macho) are discussed and reframed again as a song of patriarchy and male dominance/privilege not as an indication of respect for a father/husband figure.

This is a well know fact in the field that the loss of the relationship is the most lethal time for offenders and victims of domestic violence. Therefore, attuned attachment is crucial for safety. This model emphasizes the “sacredness of relationships,” as a cultural

theoretical foundation. Pre-Columbian cultures emphasized the teaching of *Cara* (face) and *Corazón* (heart) for well educated and cultured individuals (Tello, 1999 ).

Face reflects the values of respect and dignity. Heart indicates that the individual has affection, warmth and is trustworthy. Many offenders of domestic violence that also are chemically dependent have not had the life experience of being raised in an environment of safety, security, attunement with *Cara y Corazón*. Therefore, an approach that teaches this developmental process is beneficial to learning new behaviors and teaching them about parenting and marital relationships (Carrillo, Gobaud-Reyna, Martinez & Tello, in press). In turn, this teaches a foundation for effective parenting. The men father the other men in the group, while they learn how to parent their own children with *Cara y Corazón*.

### **Phase III: Integration**

This is the process of assimilation of a new philosophy of life as *hombre noble* (noble man). Integration responds to the incorporation of learned skills and resources such as adjusting behavioral repertoire, techniques to control emotional distress and anger, and knowledge on risk situations learned through the program into practice. The eleven sessions in this phase of the process challenge participants to refocusing their lives and commit themselves to non-violent intimate relationships.

If the program has an ongoing “*Círculo de Hombres*” (support group) it is important that the participants begin attending on a regular basis to assist them in developing a positive support system. This is the phase where participants are also encouraged to become involved in community service activities and/or positive volunteer

activities allowing them to “give back” to their community and become a positive example to others. At the same time, the teachings in this phase of the program will continue to challenge participants’ *cargas* while developing their *regalos*.

#### **Phase IV: Action (Movimiento)**

This final phase of the intervention process attempts to ensure that functional behavior, cognitions, attitudes and skills learnt during the entire program become habits. During this phase of the program participants should become aware of the consequences of their violence behavior, denial and minimization. Once participants have integrated this knowledge and become aware and understandable of IPV, then he should be ready to ask for forgiveness from all those they hurt. At this stage, it is imperative that participants are well integrated in a “*Círculo de Hombres*” (group of man) to establish an ongoing support and reinforcement of these teachings. Finally, if at all possible, programs should attempt to reintegrate successful participants as co-facilitators or presenters in the community as examples of *hombres* who have healed and are examples of “*Hombres Nobles*”.



## References

- Amaro, H., Messinger, M., & Cervantes, R. (1996). The health of Latino youth: Challenges for disease prevention. In M. Kagawa-Singer, P. Katz, & D. Taylor (Eds.), *Health Issues for Minority Adolescents* (pp.80-115). Lincoln, Nebraska: University of Nebraska Press.
- Amen, D.G. (1998) *Change your Brain, Change your Life*. New York: Random House.
- Bauer, H., Rodríguez, M., Skupinski-Quiroga, S., & Flores-Ortiz, Y. (2000). Barriers to Health Care for Abused Latina and Asian Immigrant Women. *Journal of Health Care for the Poor and the Underserved, 11*,1, 33-44.
- Berger, D.K. & Rivera, M. (1993). Risk Assessment For Human Immunodeficiency Virus Among Pregnant Hispanic Adolescents. *Adolescence, 28*, 111, 597-608,
- Brindis, C.D., Driscoll A.K., Biggs M.A., & Valderrama L.T. (2002) Fact Sheet on Latino Youth: Health Care Access. University of California, San Francisco, Center for Reproductive Health Research and Policy, Department of Obstetrics, Gynecology and Reproductive Health Sciences and the Institute for Health Policy Studies, San Francisco, CA. <http://reprohealth.ucsf.edu/publications/internal.htm#FactSheets>.
- Buzi, R.S, Weinman, M.L, & Smith (1998). Ethnic differences in STD rates among female adolescents. *Adolescence, 33*,130, 313-319.
- Carrillo, R. & Tello, J.T. (1998) *Family Violence and Men of Color: Healing the Wounded Male Spirit*. Springer Publishing Company, NY, NY.
- Carrillo, R. & Goubaud-Reyna, R. Clinical Treatment of the Latino Domestic Violence Offender. In Carrillo, R. & Tello, J. (1998) *Family Violence and Men of Color: Healing the Wounded Male Spirit*. Springer Publishing Co., NY, NY.
- Carrillo, R., Goubaud-Reyna, R., Martinez, S. & Tello, J. (2000). El Hombre Noble Buscando Balance. The Noble Man Searching for Balance; Healing Family Violence. National Compadres Network.
- Carrillo, R. A. (2005) Attachment theory and Gang Violence: Training for the Department of Social Services. San Francisco, CA.
- CDC (2002). HIV/AIDS Among Hispanics in the United States. Centers for Disease Control & Prevention, National Center for HIV, STD, and TB Prevention. Retrieved from <http://www.cdc.gov/hiv/pubs/facts/hispanic/htm>
- Cordova, C.B. & Kury, F. Salvadorans. In Lopez, A.G. & Carrillo, E. (Eds.) 2001. *The Latino Psychiatric Patient: Assessment and Treatment*. American Psychiatric Press, Washington, DC.
- Cunradi, C.B., Caetano, R., & Shafer, J. (2002). Socioeconomic Predictors of Intimate Partner Violence Among White, Black, and Hispanic Couples in the United States. *Journal of Family Violence, 17*,4,377-389.
- De La Rosa (2002). Acculturation and Latino adolescents' substance abuse: A research agenda for the future. *Substance Use and Misuse, 37*,4, 429-485.
- Douglas, U. and Nuriddin, S. Black Men and Domestic Violence: What Do We Know,

- Where do We Go? Conference Proceedings may 30-32, 2002 (pg 27 & 28), Institute on Domestic Violence in the African American Community's Spring 2002 Forum Publication.
- Duncan, M.M., Stayton, C.D., Hall, C.B. (1999). Police Reports on domestic incidents involving intimate partners: injuries and medical help-seeking. *Women Health, 30*,1,1-13.
- Duran, E. & Duran, B. (1995) *Native American Postcolonial Psychology*. New York: SUNY Press.
- Duran, E., Duran, B., Yellow Horse, M. & Yellow Horse, S. (1998) Healing the American Indian Soul Wound. In Y Danieli (Ed), *International Handbook of Multigenerational Legacies of Trauma*. Madison University of Wisconsin Press. P. 291-311.
- Ellsberg, M. (1999). Domestic Violence and Emotional Distress Among Nicaraguan Women; Results From a Population-Based Study. *American Psychologist, 54*,1, 30-36
- Field, C. A. & Caetano, R. (2003). Longitudinal Model Predicting Partner Violence Among White, Black and Hispanic Couples in the United States. *Alcohol and Clinical Exp Res 27*, 9,1451-1459.
- Freid, V.M., Prager, K., MacKay, A.P., & Xia, H. (2003). *Chartbook on Trends in the Health of Americans. Health United States, 2003*. Hyattsville, Maryland: National Center for Health Statistics. 2003. DHHS Publication No. (9/03) 2003-1232. pp 1-471.
- Freire, P. (1990) *Pedagogy of the Oppressed*. New York. Continuum Press.
- Gelles, R.J.& Straus, M.A. (1979). Determinants of Violence in the Family: Toward a Theoretical Integration. In Burr, W.R., Hill, R., Nye, F.I., and Reiss, I.L. (Eds.), *Violence in the Home: Interdisciplinary Perspectives*, New York, NY: Brunner/Mazel
- Hampton, R.; Carrillo, R. & Kim, J. Violence in Communities of Color. In R. Carrillo & J. Tello (Eds.) *Family Violence and Men of Color: Healing the Wounded Male Spirit*. (1998) Springer Publishing Co, NY, NY.
- Heise, Raikes, Wats, & Zwi, (1994). Violence against women: A neglected public health issue in less developed countries. *Social science and medicine, 39*, 1165-1179.
- Kandel, D.B. (1995). Ethnic differences in drug use patterns and paradoxes. In G.J. Botvin, S. Schinke, & M.A. Orlandi (Eds.), *Drug abuse prevention with multiethnic youth* (pp. 81-104). Thousand Oaks, CA: Sage.
- Kaufman Kantor, G. (1990). *Ethnicity, Drinking and Wife Abuse: A Structural and Cultural Interpretation*. Paper presented at the 42<sup>nd</sup> Annual Meeting of the American Society of Criminology, Baltimore, MD.
- Kaufman Kantor, G., Jasinski, J.L., & Aldarondo, E. (1994) Sociocultural Status and

- Incidence of Marital Violence in Hispanic Families. *Violence and Victims*, 9,2, 1994. Springer Publishing Company.
- Lou, S. (2000). *Intimate Partner Violence: Societal, Medical, Legal and Individual Responses*. Hingham, MA, USA: Kluwer Academic Publishers.
- Lown, E.A., Vega, W.A. (2001). Prevalence and Predictors of Physical Partner Abuse Among Mexican American Women. *American Journal of Public Health*, 91,3,441-445.
- Lown, E.A., Vega, W.A. (2001). Alcohol Abuse or Dependence Among Mexican American Women Who Report Violence. *Alcoholism: Clinical & Experimental Research*, 25, 10, 1479-1486.
- Marin-Baro (1989), I. Political violence and war as causes of psychosocial trauma in El Salvador. *Journal of La Raza Studies* 2,2, 5-15.
- Martin-Baro, I. (1994) Toward a Liberation Psychology. In A. Aron & S. Corne (Eds.) *Writings for a Liberation Psychology*. Cambridge, MA: Harvard University Press.
- Martin, D. (1981) *Battered Wives*. Volcano Press: San Francisco.
- Miller, A. (1990) *For Your Own Good: Hidden Cruelty in Child Rearing and the Roots of Violence*. Farrar, Straus, and Giroux Publishers. 3<sup>rd</sup> Ed.
- Neff, J.A., Holamon, B., Schluter, T.D. (1995). Spousal violence among Anglos, Blacks and Mexican Americans: the role of demographic variables, psychosocial predictors, and alcohol consumption. *Journal of Family Violence*, 19, 1-21.
- New Jersey Department of Community Affairs (2003). NJ Domestic Violence Fatality Review Board Report (February). Retrieved from [www.nj.gov/dca/dow/dowprograms.shtm#dvfrb](http://www.nj.gov/dca/dow/dowprograms.shtm#dvfrb).
- Newacheck, P.W. & McManus, M.A. (1989). Health Insurance Status of Adolescents in the United States. *Pediatrics*, 84 (4), 699-708.
- Perilla, J. (1999). Domestic Violence as a Human Rights Issue: the Case of Immigrant Latinos. *Hispanic Journal of Behavioral Sciences*, 21, 2, 107-133.
- Perilla J.L., Bakeman y Norris. (1994). Culture and Domestic Violence: The Ecology of Abused Latinas. *Violence and Victim* 9, 4, 325-339.
- Ramirez, R. & De la Cruz, G.P. (2003). *The Hispanic Population in the United States: March 2002* (p. 20-520). Washington DC: U.S. Government Printing Office.
- Renninson, C.M., Welchans, S. (2000). *Intimate Partner Violence. Bureau of Justice Statistics; Special Report*. Retrieved on April 19,2005:<http://ojp.usdoj.gov/bjs/>
- Rodriguez, L. (2001) *Hearts and Hands: Creating Community in Violent Times*. New York, Seven Stories Press.
- Rice, P.F. & Dolgin, K.G. (2002). *The adolescent. development, relationships, and culture*. Boston: C. O. Merrill- Allyn and Bacon.
- Schaffer, J., Caetano, R., & Clark, C.L. (1998). Rates of intimate partner violence in the United States. *American Journal of Public Health*, 88, 1702-1704.
- Siegel, D. J. (1999) *The Developing Mind: How Relationships and the Brain Interact to shape who we are*. New York: Guilford Press.

- Sokoloff, N. J. & Pratt, C.(Eds.) (2005) *Domestic Violence at the Margins. Readings on Race, Class, Gender, and Culture*. New Brunswick, NJ : Rutgers University Press.
- Sonkin, D. & Dutton, D. (Eds.) *Intimate Violence : Contemporary Treatment Innovations*. (2003) . New York, NY : Haworth Maltreatment & Trauma Press.
- Soreson, S. B., & Telles, C.A. (1991). Self-Reports of Spousal Violence in a Mexican-American and Non-Hipanic White Population. *Violence and Victims*, 6, 1, 3-15.
- Straus, M.A. (1990). Social stress and marital violence in a national sample of American families. In Straus, M.A., and Gelles, R.J. (Eds.), *Physical Violence in American Families*. New Brunswick, NJ: Transaction Publishers.
- Strauss, M.A., & Smith, C. (1990). Violence in Hispanic Families in the United States: Incidence Rates and Structural Interpretations. In M.A. Strauss & 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
- Tjaden, P., & Toennes, N. (2000). *Extent, Nature and Consequences of Violence against Women: Findings from the National Violence Against Women Survey*. The National Institute of Justice and the Centers for Disease Control and Prevention. Retrieved April 19, 2005: <http://www.ncjrs.org/txtfiles1/nij/183781.txt>
- Torres, S. (1991). A comparison of wife abuse between two cultures: Perceptions, attitudes, nature, and extent. *Issues in Mental Health Nursing*, 12, 113-131.
- Van Der Kolk, B. A., McFarlane, A.C., & Weisaeth, L. (eds.). (1996). *Traumatic Stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.
- Vega, W. A.; Kolody, B.; Aguilar-Gaxiola, S.; Catalano, R. (1999). Gaps in Service Utilization by Mexican Americans with Mental Health Problems. *American Journal of Psychiatry*, 156, 928-934.
- Violence Policy Center (2000). *When Men Murder Women: An Analysis of 1999 Homicide Data*. Violence Policy Center: Washington, D.C. (October).
- Walker, L. E. (1999). Psychology and Domestic Violence Around the World. *American Psychologist*, 54 ,1, 21-29.
- Zarza, M.J. & Froján, M.X. (2004). Estudio de la violencia doméstica en una muestra de mujeres Latinas residents en Estados Unidos. *Anales de psicología*, 21,1, 18-26.
- Zarza, M.J., Adler, R. & Martinez, I. (2004). Violence in the Latino Family: Causes and consequences. Paper published at the Latin American Studies Association (LASA) International Conference. Las Vegas, NV. October 2004.