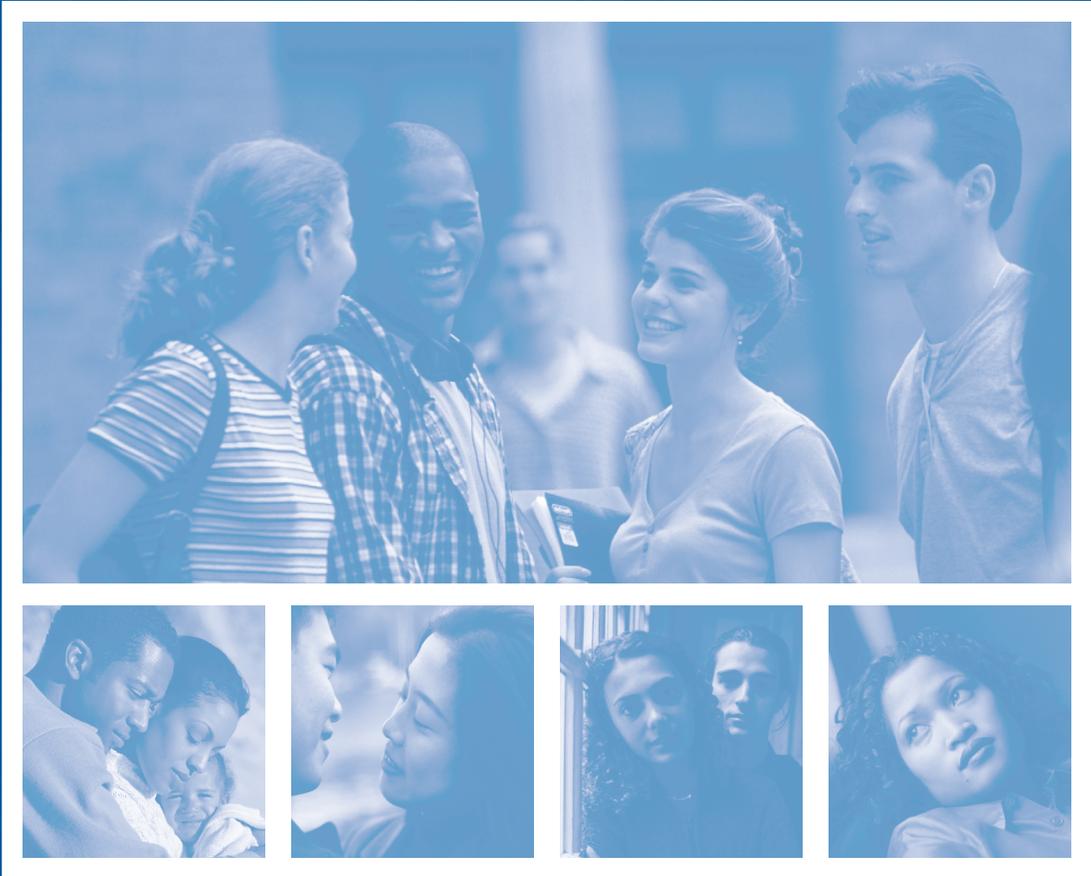


Preventing Intimate Partner Violence and Sexual Violence in Racial/Ethnic Minority Communities



CDC's Demonstration Projects



Preventing Intimate Partner Violence
and Sexual Violence in Racial/Ethnic
Minority Communities:
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Components of Culturally Responsive Intimate Partner Violence Intervention Services in an Hispanic Community

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The Growing Hispanic Population in the United States

Hispanics, a diverse group of persons with various cultural and national origins, are the fastest growing ethnic group in the United States (1). In 2002, Hispanics accounted for 13.2% (n=37.4 million) of the total U.S. population (2). Within the Hispanic population, 34.4% are younger than 18 years of age, compared with only 23% for other populations (2). Hispanics have an average family size of four persons, compared with 2.7 for persons of other races and ethnicities living

in the United States. Because Hispanics tend to be young, have large families, and experience social discrimination, poverty remains a serious concern for them, with 27% living below the U.S. poverty line (1). In the past, most Hispanic immigrants to the United States migrated either to large metropolitan areas (e.g., Los Angeles and New York) or traveled throughout the country in search of employment as migrant farm workers. Currently, however, Hispanics are beginning to heavily populate states, cities, and communities that historically have had no experience dealing with a rapidly increasing population or with issues

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specific to this ethnic group. With this shift in demography, social service providers in these rural and traditionally non-Hispanic areas are now confronted with the need to expand their services to accommodate the increasing Hispanic population in their communities.

The recent increase in the Hispanic population in nontraditional areas provides substantial challenges for social service providers. These service providers are confronted with Spanish language barriers and difficulties in recruiting professional bilingual staff. Bilingual staff recruitment becomes increasingly difficult as multiple service providers (e.g., police, emergency shelters, court advocates, child/family social service agencies, and immigration services) compete to recruit personnel from an already limited pool of qualified job candidates. Another challenge is the provision of social services to a culturally diverse group with social service intervention models that have been typically developed for a predominately non-Hispanic, white U.S.-based population. Additionally, traditional collaboration between local social service providers has not included Hispanic service organizations, which are better equipped to address unique cultural issues and barriers to services experienced by the Hispanic population (3).

IPV in the Hispanic Community

One social service concern of particular relevance within the Hispanic community is the need for culturally responsive services to prevent the substantial public health problem of intimate partner violence (IPV). IPV includes physical, emotional, and sexual abuse. For all races, the U.S. Department of Justice found that 4.3 mil-

lion women are violently victimized in the United States every year (4). Clinical data indicate that 22%–37% of emergency-room visits made by women are for injuries sustained from domestic violence, and 75% of these women are likely to be re-victimized (5). Among Hispanic women living in the United States, IPV is a significant social and health issue, with 54.9% reporting violent victimization in 1998 (6). The Family Violence Survey found that Hispanics experienced higher levels of partner abuse than did whites (23% vs. 15%) (7). Additionally, the National Crime Victimization Survey (NCVS), which was conducted at the same time, found that blacks and Hispanics across all age groups were at higher risk for violence than whites of comparable ages, with blacks experiencing slightly more violence (all types) than Hispanics (4). NCVS estimates typically underestimate the problem because of the nature of the survey which places acts in the context of a crime. The NCVS also found that for 18- to 21-year-olds, Hispanics experienced more serious victimization than whites, but less violence than blacks. A U.S. household population survey (Ninth National Alcohol Survey) demonstrated that the overall rates of male-to-female partner violence (i.e., violence perpetrated by males against female victims) were highest among black couples, followed by Hispanic couples; white couples reported the least amount of partner violence (8). The survey revealed Hispanic male-to-female violence risk factors as being a) lower household income, b) male unemployment, c) having a female household member classified as an infrequent drinker, and d) male impulsivity. Protective factors for male-to-female violence were a) being married, b) being retired from employment (for females), and c) having a male household member classified as a less-frequent drinker. The risk factors for female-to-male partner violence (i.e., perpetration of violence by females against male

victims) were identified as being higher levels of both impulsivity and education among male partners. Hispanic couples were almost three times more likely to engage in male-to-female partner violence and two times more likely to engage in female-to-male partner violence than white couples, even after controlling for socio-demographic characteristics, alcohol consumption, alcohol-related problems, and psychosocial variables (9). Alcohol use often plays a role in elevating the risk of IPV for Hispanics, although the precise role is not well understood (10).

Despite these data, some studies have found no significant difference in the rates for domestic violence among Hispanics and whites (11). More recent estimates from the NCVS indicated that for men and women, the rate of IPV for Hispanic and non-Hispanics did not differ significantly by race or ethnicity (12,13). In addition, the National Violence Against Women Survey (NVAWS) found Hispanic and non-Hispanic women and men almost equally likely to report a physical assault or stalking victimization. However, Hispanic women were significantly more likely than non-Hispanic women to report they were raped by a former or current intimate partner (14)—violence that might be particularly likely to occur among Hispanic women age 55 or older (15).

Cultural norms sanctioning male violence against their wives are not uniquely Hispanic and are found among other ethnic groups (16). The origination of such behavior may arise from the cultural norms of a person's country of origin. For example, studies of IPV in which IPV perceptions of Mexican women living in either Mexico or the United States were compared found women living in Mexico were more tolerant of abuse by their husbands than were Mexican-American women (17-19). Less-aculturated men residing

in the United States may also be more accepting of abusive actions (20), often because they have witnessed such violence within their own birth families (21).

Machismo can be identified as the foundation of the nature and personality of the Hispanic male (22,23). As a complicated and global concept, machismo may consist of values and behaviors related to masculinity, bravery, and invulnerability. Unfortunately, machismo is most often known as exaggerated hyper-masculinity expressed in terms of physical and sexual aggressiveness (24). Negative aspects of machismo can result in heavy drinking, the pursuit of high-risk sexual activity, domestic violence, and HIV/AIDS (1). Machismo appears mostly within the context of family and interpersonal relationships (25). In general, machismo is perceived as rigid and pathological and usually reinforces negative cultural stereotypes of Hispanics (26). However, positive characteristics are also associated with the concept of machismo, including having “male honor,” demanding respect from others, sticking to personal beliefs, and understanding that a man's most important responsibility is to his family (25). Although only 10% of Latino males participating in one study could be characterized as having traditional machismo values (27), the concept of machismo may provide perpetrators of IPV with a justification for aggressive behavior.

Numerous IPV-related social service issues for Hispanic men and women exist, including limited access to services because of acculturation and language. In one study, Hispanic immigrant women (N=309) (28) indicated the need for many IPV-associated services, including provision of information on personal rights, legal services, and domestic violence; b) assistance with court appearances (e.g., legal and advocacy services); c)

English lessons; d) personal safety protection; e) transportation; f) education about how to become independent; g) a place to stay; and h) someone to confide in. The effects of domestic violence identified in this study included disruptions in employment and isolation from family and non-family social networks. In addition, unique challenges in coping with domestic violence were identified, including stressors related to immigration, acculturation, language, legal issues, and economic pressures. The social service needs of immigrant Hispanic women were also explained in another study and were found to include emergency shelter, health care, housing, child care, economic assistance, and counseling (29). Less is known about the needs for Hispanic men. Because Hispanic men and women tend to highly value their families (a concept known as familismo), a comprehensive family approach to IPV intervention would likely be effective (30). Social service and public health programs also may be more effective when familismo is incorporated into intervention efforts (31-33).

Mental health services also should be considered in comprehensive IPV interventions, because the difficulties and stressors experienced by men and women involved in IPV may lead to depression. Studies comparing blacks, whites, and Hispanics have concluded that abused women belonging to these minority groups, particularly Hispanic women, may experience more depression than abused white women (34,35).

Although more information is needed to guide social service providers in meeting the comprehensive needs of Hispanics affected by IPV, several key characteristics of successful social services have been identified. A combined community response that incorporates a planned integration of approaches may be more effective

than a single approach to prevention (36). In addition, interventions must be linguistically and culturally congruent with the population served (28). Where resources permit, cultural- and language-specific IPV service programs targeting specific populations should be implemented. IPV-related programs can be more easily incorporated into a community and culturally based service network, and therefore can be more effective in reaching persons most in need of services. Finally, IPV programs serving diverse populations also must develop alliances with culturally specific service organizations. Community agencies also must collaborate and cross-train in their efforts to develop culturally appropriate outreach initiatives (37).

IPV among Hispanics Living in the Oklahoma City Area

The U.S. Census Bureau (2000) reports that during the 1990s, the State of Oklahoma experienced a 100% increase in its Hispanic population. Most of the increase occurred in Oklahoma and Tulsa counties (2), with 57,336 Hispanics residing in Oklahoma County (8.7% of the total state population). However, it is possible that this percentage could be even higher; Hispanics may be underrepresented in census data because of documented immigrant status and language barriers.

Because of this population increase and on the basis of IPV incidence within the Hispanic community, a study was conducted to identify challenges associated with the provision of IPV services by non-Hispanic providers in the Oklahoma City area (38). Study results revealed the need for several actions and resources, including a) interpreters or bilingual services, b)

cultural diversity training, c) Spanish language literature on IPV, d) an intervention for male batterers, e) advocacy or case management for IPV victims, and f) emergency shelters for non-English speaking women. Provision of social services for Hispanics in the Oklahoma City area may be further complicated because the local population is not cognizant of the growing Hispanic population.

To address these needs, the Latino Community Development Agency (LCDA) has developed an IPV intervention and prevention program that addresses the IPV social service and education needs of the Hispanic community residing in the Oklahoma City area. Additionally, through its education component, LCDA provides training and information to non-Hispanic service providers on cultural sensitivity, cultural issues affecting access to services, and the social needs of the Hispanic community. This LCDA project, *Proyecto Cambio*, employed a four-pronged approach to addressing IPV consisting of a) a community coalition called the Community-based Linkage Council, b) preventive case management for women, c) a small-group intervention for men perpetrators, and d) community outreach and education.

The primary objective of our federal demonstration project was to identify the cultural factors associated with IPV interventions that must be considered by non-Hispanic social service providers serving Hispanic populations. Specifically, we elucidated these factors for the Hispanic community living and seeking IPV-associated social services in the Oklahoma City area. LCDA's *Proyecto Cambio* staff and clients and the community-based Hispanic community coalition served at all times to guide this research, develop research questions, review findings,

and incorporate the results of an extensive data collection and analysis process into client and community-level services.

Methods

Our research represents an exploratory study aimed at identifying the key components of cultural competence needed by non-Hispanic providers to increase the effectiveness of IPV-associated social services designed to serve Hispanics. To identify these key components, three sources of information were used. First, professional Hispanic staff at LCDA were interviewed to obtain insight into cultural issues related to service delivery. Discussions were held with six expert LCDA staff members who routinely provide interventions, including the project director and case managers. In these discussions, the perspectives of these professionals were elicited regarding female victims of IPV who were accessing legal and social services. Second, we conducted 10 focus groups, each with an average of eight participants, for a total sample size of 77. Participants were recruited by LCDA staff and consisted of male and female Hispanic adults. Most were of Mexican heritage, and many of the women had been victims of IPV. The content of the focus groups centered on an IPV case vignette, wherein participants discussed what they believed to be the cultural issues related to the abuse situation. Finally, we conducted key informant interviews with 20 Hispanic men and women (13 victims and seven perpetrators). The key informant interviews helped define common perceptions about interpersonal issues among Hispanic adults involved in IPV. All data were collected for the purpose of informing Hispanic IPV program development and formative evaluation.

Results and Discussion

A trustworthiness committee, consisting of the authors of this paper, was established to identify the themes of the study data. The data, assessed with an inductive data-driven approach, revealed that for Hispanics living in the Oklahoma City area, four core factors affect the receipt of IPV-associated social services, including a) a monolingual dependence on Spanish, b) specific Hispanic cultural values, c) immigration status, and d) stressors experienced uniquely by Hispanic individuals and families. Each core factor (discussed in detail in the following paragraphs) should be included in any culturally responsive IPV intervention model for Hispanic populations.

Spanish Monolingual Emphasis

A significant barrier to services among Hispanics living in the Oklahoma City area was the inability to communicate effectively in English. Most service providers in the Oklahoma City area do not have bilingual staff members or interpreters. Providers participating in the study reported that many Hispanic women do not stay in emergency shelters because shelter staff are not bilingual and counseling is not available in Spanish. This language barrier has posed multiple challenges for Hispanics seeking services or requiring legal assistance, as well as for those retaining services, as demonstrated by the following statements made by Hispanics serving as key informants and focus-group members.

I was sent to [an] agency where they told me that I needed to be able to write English and to speak English . . . they told me that the class was not for

me, and that it would be better to find a place where I could communicate . . . (male perpetrator referred by the courts for counseling)

I had no place to go, no job, no house, and I still didn't speak English. I had no one who could help me. (adult woman)

How am I going to file a report if I don't speak English? (female victim)

I don't speak English and the day that I had to go to court, I couldn't defend myself. (female victim)

If I had found someone that spoke Spanish, and that I would have been able to say, look this is happening and she had told me that there is this help, there's this program, I would not have allowed my kids to suffer . . . even they are now paying the consequence of my ignorance. (female victim)

We can not defend ourselves because we don't speak English. (female victim)

Specific Hispanic Cultural Values

Information collected from key informant interviews, community focus groups, and interviews with LCDA staff identified specific cultural values that participants believed were related to or should be considered when addressing IPV in the Hispanic community residing in the Oklahoma City area. These cultural values included a) the male gender role of machismo, b) family preservation, and c) an emphasis on obtaining help from the church.

The dominant gender-related issue identified in interviews and focus groups was the theme of machismo as a leading cultural value that impacts family relationships. The definition of machismo varied among participants, with most agreeing that the concept referred to male responsibility as the head of household. As head of household, the male is responsible for the financial well-being of the family, makes all family decisions, and keeps his house in order. The following statements emphasize the role of machismo in the family.

The man wears the pants in the family. (male perpetrator)

The way they have raised men is that . . . we have to serve them, they are the boss. (young woman)

The second identified cultural value emphasized the importance of family by encouraging women victims to “stay with the husband at all costs.” This value was reiterated repeatedly in key informant interviews, focus group discussions, and discussions with LCDA staff. Participants noted that this familial value had been taught to them since childhood. Many participants disclosed that they had witnessed domestic violence as children. Many stated that their mothers would never consider leaving their fathers because of a belief that she was “married for life,” and regardless of the violence, must do everything possible to keep the family together. LCDA staff reported that women victims often expressed feeling pressured by extended family members to stay with their husbands for the benefit of the children and to avoid the social stigma associated with divorce. Additionally, according to LCDA, IPV victims perceive that any attempt to access social services may create the appearance that they are breaking away from

the family. The following statements reflect this thinking.

A wife's place is with her husband and she has to stay there, because they say the woman must be submissive. (adult female)

Because of family structure, because of family pressure, because her parents obligate her—that's why she stays in the home. (adult male responding to the question as to why a woman would possibly stay in an abusive situation)

A wife's place is with her husband. She must endure. (adult female)

Another underlying value was that of family noninterference. Participants in interviews and focus groups discussed at length the potential reasons why family members would not become involved in a son's or daughter's IPV issues. The general consensus was that, in some cases, the parents would remain uninformed about the violence, but in most other instances, the family would not interfere despite having this knowledge. The following statements illustrate this concept.

Well, I guess the brothers don't get involved. Whether they think it is right or wrong, they don't get involved. (young female)

But in the same family there are people that believe that the husband is the one who is right and not her. There are families that do not support women because that is the tradition; that is the way their mothers were treated, and they believe that is the way she should be treated. (young female)

I want to tell you one thing, if tomorrow or the

day after tomorrow the old man hits you or abuses you, I don't want you to come here, so that's why you are seeing well who you are marrying. That's why people are afraid of going to their parents. (young female referring to her father's statement made prior to her marriage to an older man)

. . . even when you are older you make mistakes, so then they tell you so much not to do it that when you get abused, you don't go and look for the family because they already told you. (young female)

Data from participants and LCDA staff indicated that an individual's religious beliefs may influence a woman to stay with her abusive husband. In addition, church leaders may either insist that an abused women stay with her husband or may offer assistance to enable her to escape the violence (39). Many participants noted that women suffering from abuse should seek guidance and information from their church. However, participants believed that the church would focus on the need to keep the family together. The following are statements made by Hispanic study participants that support this value.

I always looked for help at church, always my mother taught us to think about the image of our Father, God, then I look for refuge and help in the priests. (adult female)

. . . well, I don't think that they [victims] would come to a place like this [social service agency] but they would go to church, people go to church. (young female)

To church, I've only ever followed the advice I get from church, because there you will find advice for the husband, the wife, the child, and everyone, it's all there. (elderly female)

One of the reasons that causes domestic violence is that the people in these last days become less religious. Sometimes we take it as an unimportant thing but He, when people have fear of God, He helps them in order to present a dignified behavior. I believe that in the search of God's way can help any family to improve the situation inside the home. (adult male)

Immigration Status

A substantial percentage of the population served by LCDA are confronted with issues directly or indirectly related to U.S. Immigration and Naturalization laws and policies. LCDA Staff reported that IPV victims who did not have legal status perceived themselves as ineligible for public services available to the general U.S. population, were unaware of their legal rights in the United States despite their undocumented status, and lacked awareness of social support services within the community. As a result, these immigrants fear deportation if they report perpetrator threats, contact police to report incidents, or attempt to access any public service. A repeated concern for victims of IPV was fear of losing custody of their children as a result of police intervention and deportation of the victim. The beliefs and attitudes regarding these fears are reflected in the following statements made by Hispanics participating in the study.

Here in the United States, the [perpetrator] tell you that you can't do anything because you don't have legal documents. If he hits you, the police will send you back to Mexico. (adult woman)

You look for help that is given to abused women that are legal residents, this program [Legal Aid] is given, but to people like me without papers, it is not. (adult woman)

Well, I'm illegal. And I would say that having papers would take a great weight off my shoulders. And I say that if I need to ask for aid, I would have a problem with immigration. (female victim)

. . . I have heard husbands who, if they have their paper and have processed them and his wife has not processed hers . . . I have heard them say, if you do not do this, don't do this, and I will call immigration so that they put you out. (adult male)

Stressors for Hispanic Individuals and Families

Review of the data collected from interviews, focus groups, and LDCA staff indicated that Hispanic victims of IPV encountered multiple stressors, including a) oppression and discrimination in employment and service access, b) acculturation, and c) family issues. Both female victims and male perpetrators stated that oppression and discrimination are substantial concerns for female victims and male perpetrators. These issues affected them within the family, at work, when accessing social services, and in their social activities. The overt acts of oppression and discrimination directly demeaned individuals, denied them equal status, and affected their perceptions of self-worth. A consequence of oppression and discrimination was frustration and anger by the Hispanic individuals affected by these overt actions. These sentiments are illustrated in the following statements.

If you go to a restaurant, they seat the white family before the Mexican. (young female)

I look American but I have an accent and I've gone places where as soon as they hear me speak they completely change because they hear my accent. (adult female)

I've seen case of police and the ones from immigration, they think, let's stop this one, his hair is black, he's Hispanic. (adult male)

From my own experience, I'll tell you something happens when the policeman see that you don't speak English. He doesn't believe you; he won't do anything for you. (adult female)

. . . because you don't speak English, they discount you and even if you speak English, if you come from another country, they discount you. (adult female referring to social worker)

Stressors resulting from acculturation primarily involved the male perception that after immigrating to the United States, women who were once subservient to men adopted a more liberated attitude of equality. Another major stress factor for men was that they were unaware of U.S. laws that protect women and children from abuse. The following statements illustrate the acculturation stressors identified by Hispanics participating in this study.

Abusers come to LCDA believing they have the right to abuse the wife and children and don't believe otherwise even when told by a judge. It is difficult for them to accept the judge's decision. (LCDA staff)

It's good that a woman wants to contribute financially so the family is better off, but that brings all sorts of problems that are 80% domestic. All because she has money, she becomes more liberated, more independent, contributes more than her husband does, and even yells at him or kicks him out. Women's liberation is the root of domestic problems. (adult male)

When I came to this country, one begins to act like a 'macho man,' one begins to feel bravery

and many times, as in my case, one is not used to having money or seeing money and things become easier, and it is the cause for many problems, indeed violence toward women, to our children . . . (adult male)

. . . the people come from Mexico, in Mexico I say that to have a wife in Mexico is different from here because there is not so[much] freedom as here, the women arrive here, they arrive limited, they don't arrive with freedom but in 2 or 3 months they get the freedom they want because here is a free country, a country that they do whatever they want, they start to do what they want, then they get a car, not, then, if they go there, if they go there is because they are free, if the husband hits them, if the husband hits them or even touches them, as here there is authority, there is police, they call the police and who's going to leave, the husband, here the woman feels . . . protected because there is so much authority. (adult male)

The third stressor identified was related to family issues. Most Hispanic study participants agreed that family is important in Hispanic self-identity. Participants and LCDA staff also indicated that family issues and attitudes can often contribute to stress (e.g., a mother who encourages her daughter to remain with her abusing husband). Other potential areas of stress were related to differing individual immigration status among family members. For example, a family could consist of a father who has acquired citizenship, a mother who does not have citizenship, and their U.S.-born children who have U.S. citizenship. Participants in this study noted that varying immigration status has a direct impact on women victims of IPV, because women who are not citizens often fear being deported, being refused services, and losing their children. Another concern expressed by women victim

and focus group participants was the concern of the impact on children asked to translate for the mother during a domestic violence situation. Study participants made the following comment regarding use of children as translators.

. . . the policeman came, as I was talking to my daughter, she was translating [to the police officer]. (female victim)

Conclusions

Cultural issues, including limited English proficiency, immigration status, and acculturation stressors among Hispanics experiencing IPV, must be considered when evaluating existing and developing new IPV services for persons in the Hispanic community. Services and interventions must be linguistically and culturally congruent with the population being served (28). Language barriers to community services can be reduced by the recruitment of professional bilingual staff who are culturally competent. Obtaining bilingual staff may require community service providers to collaborate with Hispanic agencies capable of providing cultural sensitivity training, assisting with service awareness activities in the Hispanic community, providing interpreting services, and giving referrals to agencies known to have Spanish-speaking professional staff (37,40). Such collaboration can result in a community and culturally based service network of providers that can effectively reach those in need of services. Additionally, to increase the success of IPV-associated services, historical mistrust of public institutions must be overcome. Hispanics should be given information in Spanish, and they should be provided services in an environment that is supportive to all clients, regardless of their ethnicity. Information is most effectively

communicated when language and cultural barriers are removed and when actions promoting discrimination are eliminated (3). Despite the availability of culturally sensitive services, some members of the Hispanic community will continue to refuse services because they fear compromised confidentiality and fear advice reflective of traditional Hispanic attitudes and practices (e.g., remaining with an abuser) (41).

Cultural values for Hispanics may vary based on the country of origin, religious beliefs, social class, education, and other personal factors, including family upbringing. Thus, community service agencies (e.g., social services, police, hotlines, and medical clinics) must provide staff with cultural competence training tailored to the specific minority populations served by their agencies. Additionally, the social service community must be knowledgeable about the specific cultural values that affect response to services (e.g., the role of gender, help-seeking behaviors, and family). These agencies should not stereotype Hispanics from different countries and cultures as having identical needs (3,42).

Immigration issues pose multiple social and legal concerns for recently immigrated Hispanics. Data collected from interviews and focus groups indicate that culturally relevant information about the individual rights of immigrant women and children is not readily accessible to victims of IPV. Providers must take a comprehensive approach to addressing issues of immigration by collaborating with faith-based and other organizations that serve primarily Hispanic populations. To effectively protect and serve the Hispanic immigrant population, the approach must include the provision of service, education, and referrals (43). In addition, community service providers must be aware of the rights of immigrant victims

and children, as well as their potential needs; such awareness will enable providers to adequately assist clients with immigration concerns. Service providers who are not prepared to assist clients with immigration-related issues should, at minimum, be capable of referring clients to more knowledgeable sources of information.

Family is the primary unit within Hispanic culture (1), and it serves as a source of both support and stress for women affected by IPV. This strong emphasis on family can create problems within systems of services that operate on the assumption that the individual is the primary unit. Additionally, awareness of the role of extended family in client care is critical to the success of the services or intervention. For instance, one issue repeatedly raised by LCDA staff and participants was the involvement of children as interpreters. Because of the emotional and volatile conditions associated with IPV, social service agencies should avoid asking children to serve as interpreters; agencies must instead develop a plan for having interpreters available when working with monolingual clients and their families.

As a result of the data collection and evaluation activities associated with this study, the decision was made to modify existing IPV interventions dealing with the importance of family. Initially, the project proposed services only to victims of IPV; however, as a result of feedback and recommendations from Linkage Council members, LCDA staff, victims, and focus groups (e.g., the necessity to ensure that the intervention was provided in Spanish and be made available to voluntary and court-mandated participants), Proyecto Cambio established intervention groups for male perpetrators of violence. Recruitment of Hispanic males from the community to work

with the perpetrators was also emphasized. The incorporation of the men's intervention was and continues to be supported by the agency, courts, and community service providers.

Intimate partner violence is a substantial public health problem that can only be prevented if the values, beliefs, and practices of all populations are addressed. Because the Hispanic population is rapidly increasing, persons serving Hispanic clients must address the unique needs of those clients in a culturally competent manner. To increase effectiveness of any public health program serving a specific population, members of that population must be fully included in the planning and implementation of such prevention or intervention programs. Addressing and preventing any public health problem requires the involvement and commitment of the entire community.

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