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Pepperdine University
Graduate School of Education and Psychology

INTIMATE PARTNER VIOLENCE AND GROUP THERAPY:
THE VOICES OF LATINO MEN

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of

Doctor of Psychology

by

Rogelio Serrano

June, 2011

Miguel E. Gallardo, Psy.D. – Dissertation Chairperson

This clinical dissertation, written by

Rogelio Serrano

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

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DEDICATION

El desarrollo de una vida feliz nace en la enseñanza de los padres. Dedico este trabajo a mis padres Juan y Carmen Serrano, quienes tuvieron el deseo, la fortaleza, y la sabiduría de enseñarme lo más importante, el amor a sí mismo. Aunque la vida les negó muchas oportunidades, su sacrificio les dio una vida nueva y garantizo un camino diferente para sus hijos y futuras generaciones. Gracias por tumbar las barreras y abrirme las puertas de todo el mundo.

ACKNOWLEDGEMENTS

I would like to acknowledge the sacrifices made by many to produce this work. First and foremost, I would like to thank my wife for her love, support, and infinite patience.

Without you this work would not have even been initiated, let alone completed. I love you always. I would also like to thank my sister, brother in law, nieces, and extended family for their patience, guidance and support. Thank you all for keeping my vision and my heart at home where it belongs. I would also like to thank Dr. Gallardo for his mentorship and unwavering belief in my abilities. Furthermore, I would like to thank my dissertation committee and the faculty and staff of Pepperdine University for delivering upon me the understanding and representation of professional excellence. And finally, I would like to thank my daughters for teaching me the value of truth, wisdom, and love. All that I am is a reflection of the good in you. Daddy loves you.

VITA

Rogelio Serrano, MS., LMFT

◆ EDUCATION

- Clinical Psychology Doctoral Student. Pepperdine University, Graduate School of Education and Psychology. Los Angeles, CA. Doctoral dissertation entitled: "*Intimate Partner Violence and Group Therapy: The Voices of Latino Men*". Expected completion in May of 2011.
- Master of Science in Counseling, with emphasis in Marriage and Family Therapy from California State University, Fullerton. Degree conferred on June 1, 2001. Thesis: "*Culturally Sensitive Play Therapy to Establish Rapport with Mexican-American Children.*"
- Bachelor of Arts in Psychology, Minor in Counseling from California State University, San Francisco. Degree conferred on May 30, 1998. Graduated Cum Laude. Completion of Peer Counselor Training Program and Awarded Peer Counselor Certification.

◆ EMPLOYMENT

*August 2010-
Present*

Education Specialist, Federal Bureau of Prisons

Facilitate educational programs for federal inmates. Facilitate and instruct Spanish coursework for inmates to obtain educational requirement set forth by The Department of Justice. Conduct psycho-educational evaluations for special needs populations within the Federal Bureau of Prisons. Provide psycho-educational evaluations for inmates to assess for learning disabilities and obtain educational accommodations.

*August 2010-
January 2011*

Argosy University, Adjunct Professor

Professor in the Counseling Psychology department. Provide clinical instruction for Masters level students. Facilitate class instruction, provide oversight, and develop curricula for students in the Masters in Counseling Psychology program. Courses include: Interviewing and Counseling Skills, Professional Group Seminar, Theories and Practice of Group Psychotherapy, Advanced Theories in Counseling.

*July 2008-
August 2009*

Clinical Director, Crittenton Services for Children and Families

Mental health services program administration, program development, and director of clinical training for Unaccompanied Children's Program (UCP) through Federal Office of Refugee and Resettlement (ORR). Clinical supervision for pre-licensed clinical staff. Direct clinical practice with refugee children and families. Research and development of culturally appropriate mental health services for protected refugee populations. *Full time regular (40 hours/week)*

*January 2008-
March 2009*

Rogelio Serrano, LMFT, Private Practice

Professional Marriage and Family Therapy for individuals, couples and families in a private office setting. Clinical services specializing in Latino men of all ages. Focus on clinical treatment plans that utilize culturally adapted treatment interventions. Clinical supervision in Marriage and Family Therapy

for individuals. Professional consultation/training for various professional organizations. *Part time (20 hours/week)*

October 2006-
July 2008

Clinical Coordinator of Latino Services, Pepperdine Resources, Youth Diversion & Education (PRYDE) program

Providing clinical assessment, individual, family, and group treatment, and case management services to at-risk youth involved in the first time offenders program with the Orange County Sheriffs-Coroner Department. Coordinating treatment with adjunctive social service agencies. Implementing clinical and case management treatment plans for adolescents and families. Administrating and overseeing clinical services for school based program in the San Juan Capistrano Unified School District. Clinical supervision for Masters level therapists working with children and adolescents. *Full time regular (40 hours/week)*

May 2005-
August 2006

Senior Program Coordinator, West End Family Counseling Services

Coordinating individual, family, and group mental health services in outpatient and community based clinics. Formulating effective and culturally relevant intervention strategies for community based clinics and schools. Providing psycho-education, orientation and consultation to school personnel to facilitate mental health service delivery. Providing ongoing clinical evaluation, treatment, and case management for adults and families in outpatient mental health setting. *Full time regular (40 hours/week)*

April 2003-
May 2005

Senior Clinical Therapist/ Clinical Quality Assurance Coordinator, Children's Institute, Incorporated

Providing clinical mental health services to individuals, groups, and families in both outpatient and community based settings. Clinical and administrative coordinator for a specialized ADHD outpatient program involving both parents and children. Facilitating anger management groups for at-risk young adults in urban school settings. Quality Assurance supervisor for clinical staff in charge of overseeing clinical documentation to ensure agency compliance with the standards and practices of the Los Angeles County Department of Mental Health. *Full time regular (40 hours/week)*

May 2001-
April 2003

Clinical Therapist, West End Family Counseling Services

Providing clinical assessment, diagnosis, case management, individual and group mental health services for Spanish speaking adults, children, and families. Providing specialized play therapy services for Spanish speaking traumatized children and families. Facilitating Rehabilitation and Socialization groups for Chronically Mentally Ill adults. Facilitating Domestic Violence Intervention Prevention Groups for adults. Facilitating multi-family groups for parents and adolescents. Providing school based group treatment for undocumented adolescents in Ontario-Montclair School Unified School District. *Full time regular (40 hours/week)*

◆ **Practicum Placements (Doctoral)**

August 2009-
August 2010

Doctoral Internship, Federal Bureau of Prisons

Providing outpatient individual and group psychological services for inmates in the custody of the Federal Bureau of Prisons. Preparing, administrating, and interpreting psychological assessments for inmates with learning disabilities, chronic mental illness, and/or medical conditions. Facilitating

anger management groups for inmates in both English and Spanish languages. Facilitating substance abuse treatment for inpatient Residential Drug Abuse Program (RDAP). Developing and implementing Spanish language group programs for Spanish speaking inmate population. Consultation with institutional staff and medical personnel to coordinate services and maintain continuity of care. Providing training for Bureau staff on mental health issues for inmate population. *Full time internship (40 hours/week)*

July 2008-
July 2009

Doctoral Practicum, The Neurobehavioral Clinic and Counseling Center
Administering neuropsychological assessments for adults, children, and adolescents. Administering Spanish language neuropsychological measures with Spanish speaking clients. Scoring and interpreting neuropsychological assessment data (in Spanish and English) for legal, forensic, and medical psychological reports. Preparing psychological reports and coordinating assessment services. Consultation and development of treatment plans for clients and their families following neuropsychological evaluations. *Part time practicum (15 hours/week)*

July 2007-
July 2008

Doctoral Practicum, Long Beach Veteran's Administration Hospital
Group and individual mental health services for adult populations in Post-traumatic Stress Disorder (PTSD) Program. Development of psychological treatment plan and coordination of mental health care for veterans and their families. Individual and family mental health services for veterans in the Spinal Cord Injury (SCI) unit. Coordination of mental health services, psychological assessment, and professional consultation with medical staff to ensure continuity of client care. *Part time practicum (20 hours/week)*

August 2006-
August 2007

Clinical Coordinator of Latino Services, Pepperdine Resources, Youth Diversion & Education (PRYDE) program.
Providing clinical assessment, individual, family, and group treatment, and case management services to at-risk youth involved in the first time offenders program with the Orange County Sheriffs-Coroner Department. Developing and Implementing clinical and case management treatment plans for adolescents and families. *Part time practicum (20 hours/week)*

◆ Practicum Placements (Masters)

January 2000-
April 2001

Clinical Therapist-Intern, West End Family Counseling Services
Providing clinical assessment, diagnosis, case management, individual and group mental health services for adults, children, and families. School based counseling services for elementary through high school age children/adolescents. Facilitating Domestic Violence Intervention Prevention (DVIP) groups for adults. Facilitating parenting skills groups for Spanish speaking families. *Part time practicum (20 hours/week)*

◆ Licenses and Professional Affiliations

- Licensed Marriage and Family Therapist. Licensed by the California Board of Behavioral Sciences. License issued 07/2005, (MFC# 42176)
- Clinical Supervisor in Marriage and Family Therapy
- Professional member, California Association of Marriage and Family Therapists
- Professional member, Association for Play Therapy
- Associate member, American Psychological Association

- Student member, California Psychological Association
- Professional Member, California Latina/o Psychological Association
- Former, Chair of the Latino Student Psychological Association
- Certified facilitator for Domestic Violence Intervention/Prevention Group

◆ Honors

- Certificate of Exceptional Performance from the Department of Justice, Federal Bureau of Prisons Training Academy. Awarded in October 2010
- Recipient of the Marco Garcia Memorial Fellowship. Pepperdine University, Graduate School of Education and Psychology. Awarded in December 2009
- Recipient of the Diversity Scholarship by Pepperdine University, Graduate School of Education and Psychology. Awarded in September 2006
- Certificate of Recognition from the County of San Bernardino Board of Supervisors. Awarded in November 2002 for establishing innovative bi-lingual/bi-cultural mental health programs in the community
- Sherrill Leshoe Award from California State University, Fullerton. Awarded May 2001 in recognition of professional promise in the field of Marriage and Family Therapy.
- Academic Achievement Award from the California State University, Fullerton Hispanic Faculty & Staff Association. Awarded in May 2001 for achievement in graduate academic performance.

◆ Professional Presentations

- 2nd National Psychotherapy with Men Conference, University of Texas at Austin, TX 2010. "Intimate Partner Violence & Latino Men's Perspectives"
- Pepperdine University, Malibu, CA 2010. Clinical Training, Spanish Language Enhancement Association for Therapist (SLEAT) program. "Latino Men and Mental Health"
- Federal Bureau of Prisons, Metropolitan Detention Center, Los Angeles, CA 2010. Clinical training for MDC-LA psychology services personnel: "Latino Masculinity and Its Impact on Mental Health"
- Santa Ana College, Santa Ana, CA 2009. Spanish Parenting Support program Padres Promotores. "Self Esteem and the College Student (*Spanish*)"
- Santa Ana College, Santa Ana, CA 2009. California Latino Psychological Association Event Program. "How Self Esteem Impacts Marriage (*Spanish*)"
- University of California, Irvine, Irvine, CA 2008. "Latino Families in Transition: Communication strategies for college parents (*Spanish*)"
- Pepperdine University, Los Angeles, CA 2008. Panel Discussion: "African-Americans and Latinos: Empowering Communities through Facilitative Dialogue".
- Santa Ana College, Santa Ana, CA 2008. California Latino Psychological Association Event Program. "Clinical Treatment for Latino Men"
- Community Service Programs, Santa Ana, CA 2008. "Effects of Domestic Violence on Latino Families: Why do battered women stay in abusive relationships?"
- Pepperdine University, Los Angeles, CA 2008. Multicultural Research and Training Laboratory. "Latino Masculinity: From Social Constructs to Clinical Implications"
- National Multicultural Conference Summit, Seattle, WA 2007. Professional Panel: "African-Americans and Latinos: Empowering Communities through Facilitative Dialogue"

- Association for Play Therapy Regional Conference, Rancho Cucamonga, CA 2007. Presentation, “Play Therapy Interventions with Chess to Reduce Aggression in Youth”
- Family Solutions Community Collaborative, Ontario, CA 2006. Presentation on “Treatment of Anxiety Disorders in Children and Adolescents”

◆ Qualifications

- Bilingual Spanish/English. Fluent Spanish speaking, reading and writing
- Experienced in providing clinical treatment to individuals and families from Mexican/ Latin American immigrant and non-immigrant populations. Knowledge of Mexican/ Mexican-American traditions, cultural healing practices and ethnological belief patterns that impact mental health service delivery
- Completed 120 hour Federal Bureau of Prisons, Institutional Familiarization and Correctional Officer Techniques training, Glynco, GA.
- Completed 32 hour Summer Program on Race and Culture training from Boston College, Institute for the Study and Promotion of Race and Culture
- Experienced facilitator for anger management/aggression reduction groups. Facilitated groups for at-risk children, adolescents, and adults in outpatient and community based mental health settings
- Completed 30 hours of Therapeutic Crisis Intervention training to evaluate and manage assaultive behaviors with clients in residential/group home settings
- Three years of clinical experience working with chronically mentally ill adults in community mental health settings. Facilitator for individual rehabilitation groups with chronically mentally ill patients
- Voluntary research assistant for project headed by Dr. Jeanne L. Tsai, Dr. Ricardo Munoz, and Dr. Robert Levenson. Research project was a collaboration between the Department of Psychiatry at the University of California, San Francisco, and the University of California, at Berkeley. Aim of project was to understand the impact of depression on basic emotional responses of depressed and non-depressed Spanish speaking Latina women
- Extensive knowledge of clinical documentation standards and practices for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) programs. Extensive knowledge of standards and practices of Los Angeles County Department of Mental Health guidelines for documentation and provision of clinical mental health services
- Experienced in utilizing play therapy techniques and interventions in individual and family services. Extensive experience in treatment of traumatized children and adolescents. Completed over thirty hours of training in preparation for Registered Play Therapist Certification

ABSTRACT

Efficacy of group treatment for intimate partner violence (IPV) has been the subject of ongoing debate and has limited research depth with respect to specific populations of Latino men. The increasing Latino population of the United States provides a challenge for mental health practitioners who wish to deliver culturally informed clinical interventions. This study attempts to understand the experiences of Spanish speaking Latino men of Mexican origin, who are participating in mandated group treatment for IPV to provide insight for clinicians working with this population. A qualitative phenomenological approach was utilized to gather data from 10 men who identified as Mexican, Mexican/American, or Latino. The data revealed some key themes including: positive impact of group treatment, IPV is a spectrum of behaviors, impact of gender roles stress on IPV, duality within the construct of Latino masculinity, influence of marital dynamics on IPV, and that IPV strains parent-child relationships. Clinical recommendations are made for therapists to reserve individual biases, utilize structured psycho educational approaches, discuss masculinity construct, and facilitate parenting skills education in group treatment with Latino men. Discussions are also formulated surrounding the challenges and benefits of utilizing qualitative research designs with Latino populations to understand the complexities of constructs such as masculinity, IPV, and machismo.

Introduction

The epidemic of intimate partner violence (IPV) has become an increasing problem for all communities across the United States. Crime statistics that were analyzed by Durose et al. (2005) revealed that 73.4% of the victims of family violence in the United States were females. Durose et al. analyzed data gathered from the National Crime Victimization Surveys (NCVS) and the United States Department of Justice (USDOJ) databases. Their analysis revealed that the overwhelming majority of family violence crimes (48.9%) were those perpetrated against a spouse or intimate partner. In those cases, 86.1% of the offenders were males and 78.1% of the attacks occurred in the home. Other data, funded by the Federal Bureau of Investigation [FBI], analyzed figures from the Uniform Crime Report (UCR) and the National Incident-Based Reporting System (NIBRS) gathered in 24 states (FBI, 2005). Findings from these data revealed that the most prevalent type of family violence was violence between intimate partners (32.4%). The data regarding the victims of violence were similar to the USDOJ data in that 74.8% of them were female. Furthermore, this study revealed that of those 32.4% of cases, almost all of them (99%) involved alcohol in some way and 78.4% of assaults utilized personal weapons (e.g. hands, fists, and feet).

In order to understand this problem it is important to consider the greater complexity of the factors that may be involved in IPV (Marmion & Faulkner, 2006). Our first step in understanding this complex issue is to focus on the predominant theories regarding the causes of IPV. Johnson (2006) has critically analyzed two major theories, the feminist perspective and the family violence perspective. The feminist perspective

focuses on IPV as predominantly a male problem due to the larger social context of male dominance. Some research has found that decreased self-regulatory abilities may lead to increased risk of male perpetration of IPV (Finkel, DeWall, Slotter, Oaten, & Foshee, 2009). The family violence perspective proposes that both men and women are equally violent, but this violence manifests in different forms within particular families or relationships. This area of research has proposed that when attempting to understand aggressive behaviors in relationships, focusing on gender alone may be insufficient, when you take into account the various forms in which IPV can manifest (Richardson & Hammock, 2007). These authors proposed that focusing on the interactions between gender and the larger social context (national origin, type of aggression, cultural factors and motivation) may be a more reliable determinant for predicting aggression in relationships. The family violence perspective advocates for a more focused approach to research on IPV that includes contextual factors of the person, relationship, culture, and situations in which violence occurs in intimate relationships.

Some research has begun to include the role of the larger social context in IPV. A study of interviews with 16 male perpetrators of IPV revealed that family influences can have a moderating effect, exacerbating or deterring violence against women (Tilley & Brackely, 2005). If family is influential, then it may be important to also look at the role that culture plays in IPV due to the high influence that culture has on family roles and expectations within intimate relationships. Some research has indicated that cultures with strong male honor belief systems have cultural scripts that often perpetuate (and implicitly reinforce) male-on-female aggression (Vandello & Cohen, 2003). Latino culture, in particular, has been associated with a strong emphasis on traditional gender

roles, loyalty towards family, and adherence to male honor (Falicov, 1998). As we see, both family and culture are components of the greater social context that together may place Latino men at particular risk for engaging in IPV. Given the multidimensional aspects of IPV, it is important to understand how treatment for Latino men who engage in IPV has been approached clinically and how to make modification to the current system of care.

Review of Relevant Literature

The research literature reviewed for this study is comprised of the following areas of research: (a) group treatment of IPV, (b) male identity development, (c) Latino males, and (d) cultural considerations in IPV group treatment. An overview of each article contained in the literature review can be found in Appendix A.

Group Treatment of IPV

The most common form of treatment for IPV is gender-based group treatments that employ a combination of cognitive-behavior therapy (CBT) and psycho educational components (Bennet & Williams, 2001). The most prominent model for batterer's intervention treatment has been the Duluth Model which is a gender-based, CBT approach to counseling with men who have been mandated to group treatment for violence against women (Bennett & Williams, 2001; Gondolf, 2007). A vast majority of the men in these groups are either court mandated or self referred due to having some form of involvement in the legal system. Some of these groups utilize various types of confrontational formats influenced by the feminist theory for reducing male dominance and exposing patriarchal systems. Researchers have repeatedly advocated that the best

results occur when group treatment is part of a larger coordinated system of care (Gondolf, 2004; Gondolf, 2007; Rivette & Rees, 2004; Shepard, 2005).

Social skills training and CBT based interventions have demonstrated effectiveness in treating anger and aggression due to their focus on distorted automatic thoughts, social skills deficits, and interaction of core beliefs with social-contextual factors (Meichenbaum, 2001). One large scale study of four established CBT based programs with a total sample of 840 men, found an overall moderate treatment effect (66% reduction in the rates of re-assault and other abusive behaviors) for men living with their partners who completed the program (Gondolf, 2004). One way to determine if these programs are effective is to compare the rates of recidivism (being arrested/detained for assaulting a partner *after* completing the program) between men who complete and don't complete the program. For the overall sample, at a 4 year follow up, men who completed the programs had a recidivism rate of 36% compared to men who did not complete the programs whom had a rate of 55%. This might indicate that group treatment did have some positive influence on the men who completed their programs. Other approaches that utilize individual treatment strategies have also demonstrated a positive treatment effect for treatment of violent behaviors in men (Beck & Fernandez, 1998; DiGiuseppe & Tafrate, 2003; Meichenbaum, 2001; Tafrate & Kassonov, 1998). Due to the gains made by individual and group treatments, gender-based group therapy still remains the most common intervention for treatment of IPV.

If we assume that some form of positive effect was found then it is important to consider what factors led to this positive effect. A recent study that attempted to evaluate

the key factors in the process of change in IPV groups found that group level processes (modeling, balancing support/confrontation, mentoring, sharing) were key factors in positive change (Silvergleid & Mankowski, 2006). The study further revealed that both external (criminal justice, family pressure) and internal (group process, support, modeling) factors interact and contribute to the process of change. Another study that examined the process of change in IPV groups found that a positive working alliance with the group facilitator and a motivational readiness to change were key factors in establishing a good working relationship with this population (Taft, Murphy, Musser, & Remington, 2004). Additionally, another study examined attachment patterns and their relation to symptom change in an integrated group approach (CBT, psychodynamic, and feminist) and revealed that men with a secure attachment style demonstrated the most positive treatment outcome (Lawson, Barnes, Madkins, & Francois-Lamonte, 2006). Lastly, another study of IPV groups found that the majority of the men who had positive experiences in group reported that a climate of mutual respect was an essential component in their process of change (Brownlee & Chlebovec, 2004).

Despite the positive effects these factors seem to have on treatment efficacy there are a variety of factors that can lead to difficulties in systematically evaluating group treatment for IPV (Gondolf, 2004). Some research has begun to question the effectiveness of the Duluth Model, CBT based groups, and the coordinated system of care approach as having minimal effect with limited and flawed research support (Buttell, 2001; Dutton & Corvo, 2007; Morrel, Elliott, Murphy, & Taft, 2003; Stover, Meadows, & Kaufman, 2009). Researchers have begun to critically evaluate various programs to determine their effectiveness. In a quantitative study that summarized the majority of the

established research on IPV groups and their rates of recidivism, Babcock, Green, and Robie (2004) found that IPV group programs had a “small” (p. 1043) effect on rates of recidivism. This study evaluated the literature on controlled studies with formative quantitative data and found that of the two major models of treatment (the Duluth model and CBT groups) none had a significant effect on recidivism. Participants who participated in groups compared to those who did not participate in groups (but received the standard legal sanctions) only differed by 5% in rates of re-arrest.

The discrepancies between the efficacy of group treatment for IPV and the internal and external factors that may produce any of these positive effects warrant a more detailed inquiry into another important factor, the population itself.

Male Identity Development

The study of male identity development and masculinity has been evolving over the course of the previous 4 decades. Even though social science often struggles with the philosophical development of a true male identity and the etiology of the concept of manhood (Petersen, 2003) there still exists a great depth of research on male identity and masculinity. Over the past 30 years the study of male identity development has undergone changes from a singular concept of masculinity to a dualistic construct that can result in psychological stressors, and finally into a multidimensional construct of multiple masculine identities (Levant, 1996; O’Neil, 2008; Pleck, 1981; Smiler, 2004). Male identity is influenced by social development and is demonstrated in a variety of social, psychological, and behavioral characteristics which often result in problems for men in intimate heterosexual relationships. Recent research of men’s fears of meeting

female expectations revealed themes centered on fears of isolation, disappointment of significant others, and death (Kierski & Blazina, 2009). This research also demonstrated that both internal and external stressors could trigger psychological and physical defenses such as overt aggression and competitive behavior. Other research demonstrates that when men perceive their male identity to be publicly devalued they will demonstrate increased reliance on the perspective of their female partners (Moss-Racusin, Good, & Sanchez, 2010). It seems that male identity and female expectations have an impact on the psychological adjustment of men. This adjustment can stem from experiences in early childhood and adolescence. It is important to understand how men in our society experiences distress prior to their adult years.

Research on American boys and the construct of modern masculinity has demonstrated that adolescent males from predominantly Caucasian middle-class backgrounds experience higher rates of depression as they grow older and are deeply conflicted about what is expected of them as adults (Pollack, 2006). This research found that openly expressing shame, vulnerability and dependency, was incongruent with stereotypic male traits and resulted in pressure to display a false sense of bravado and confidence. On the other side of the spectrum, another study qualitatively analyzed information gathered from 43 death row inmates to determine what interacting life factors might have contributed to violent tendencies as adults (Lisak & Beszterczey, 2007). Overall the study found that severe physical abuse, neglect, and substance abuse contributed to life-long patterns of violence, substance abuse, learning disabilities, and problems of conduct beginning in early adolescence. The authors suggested that the abuse perpetrated on these men as children would logically be expected to yield intense

levels of shame and vulnerability, emotional states that have long been identified as antithetical to traditional masculinity. Research has found that masculine socialization can have adverse effects on the social, psychological and physical health of men (Good, Thompson, & Brathwaite, 2005; Liu, Rochlen, & Moore, 2005). These researchers recommended that in order for therapist to validate male cultural context they need to: (a) become aware of assumptions, (b) develop culturally-appropriate interventions, and (c) understand the worldview of male clients.

Prior to focusing on Latino males it is important to examine the influence of masculine identity development in IPV. One key factor that warrants attention is Gender Role Conflict (GRC) and its influence on IPV. GRC is defined as “a psychological state in which socialized gender roles have negative consequences for the person or others” (O’Neil, 2008, p. 362). The GRC construct has its roots in earlier work which identified the Sex Role Strain (SRS) paradigm as a stressor that results from the influence of social forces that impact the management of conflicting gender role expectations in men (Pleck, 1981). In general, the theory provides an understanding of how traditional masculine ideals can cause negative relational consequences for both men and women. It specifically proposes that the limitations placed on both sexes by masculine ideals decreases the range of psychological, behavioral, and situational resources available to them which leads to increased psychological stress in inter and intra personal relations (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Levant, 1996; O’Neil, 2008). Moore and Stuart (2005) examined the literature on the relationship between masculinity and partner violence and found that men’s beliefs about appropriate male behavior may be more predictive of partner violence than their beliefs about acceptable female

behavior. Thus, men's appraisal of stress and threats to perceived masculine norms may be a critical component in understanding why some men behave violently towards women. This can be further exacerbated by findings that hyper masculine men have a greater risk of perpetrating IPV when a woman's behavior violates traditional feminine gender role norms (Moore et al., 2008; Reidy, Shirk, Sloan, & Zeichner, 2009). Another study found that masculine identity and GRC significantly and positively predicted aggressive behavior in men (Cohn & Zeichner, 2006). An important finding of this study was that men who experience high level of GRC may be more likely to appraise conflict situations as threatening and, consequently, react with destructive behaviors to attenuate a negative self-perception. A similar study that focused on men's fear of emotions as predictors of overt anger found that men's fear of emotions emerged as a significant predictor of overt hostility, anger expression, and (diminished) anger control (Jakupcak, Tull, & Roemer, 2005). Other research further indicates that men who have greater GRC in relation to other men have greater incidents of physical assaults against their female partners (Schwartz, Waldo, & Daniel, 2005). Threats to masculine norms can also lead men to vary in the way they communicate their experiences in group treatment. One study found that men who participate in IPV groups can have varying accounts of their violent incidents depending on the context of the interviewer, situation, or social function (Mullaney, 2007). The author found that the context and social aspects of masculinity strongly influence the type of accounts and acceptance of responsibility.

From these studies we can see that in both severe clinical and non-clinical male populations, the process of male identity development can lead to problematic behaviors, psychological distress and loss of self-esteem. In order to examine masculinity in Latino

men we must begin to understand how the concept of male identity can influence interpersonal relationships in males from Latino communities.

Latino Males

Variances are found in the Latino community that can be due to socio-economic status, immigration patterns, national origin, acculturation status, educational level or geographic location. The challenges and limitations of utilizing generic labels for “Hispanic” samples in psychological research is beyond the scope of our current discussion but it remains an underlying barrier to conducting research with any segment of the Latino population. For the purpose of this study, our review will be limited to samples that were identified as Mexican, Mexican-American, Chicano, Latino, or Hispanic. We will term men in this study as Latino to more accurately reflect the heterogeneity that may exist both within and between Spanish speaking communities of the western hemisphere. It will also be utilized to remain consistent with current social science literature in the identification of the various Spanish speaking samples.

When attempting to understand Latino men, it is important to be aware of the concept of ethnic identity. Ethnic identity has been described as our sense of belonging to a particular ethnic or racial group that forms in early adolescence and continues into adulthood (Gamst et al., 2002; Phinney & Ong, 2007). For Latino societies in the United States, the process of ethnic identity is greatly influenced by the process of acculturation and biculturalism. Acculturation for Latino populations in the United States has been defined as:

A multidimensional iterative process that occurs when Hispanic individuals migrate into a new culture or society in the United States and integrate the beliefs, values, and practices of the new society, while simultaneously maintaining beliefs, values, and practices of the original Hispanic culture. (Siatkowski, 2007, p. 320)

In order to manage this simultaneous process, Latinos often need to acquire skills from both cultures. Biculturalism can be understood as the ability to live in two cultural worlds and tolerate the associated conflicts in cultural values and practices (Pinderhughes, 1989). One of the best predictors for the development of depressive symptoms in Latino men is a lack of inter-cultural competence, that is, the ability to manage group specific skills that facilitate cultural transitions (Torres & Rollock, 2007). One study that examined ethnic identity found that a strong sense of ethnic identity along with bicultural self efficacy can be a protective factor against the development of substance abuse problems and aggression with multicultural youths (Soriano, Rivera, Williams, Daley & Reznick, 2004). Based on this research we can begin to explore how Latino men acquire the skills necessary to manage two cultural worlds simultaneously.

In a study that analyzed the literature on biculturalism in the Latino community, Padilla (2006) found that parents transmit culture in different ways depending on their history of immigration. Cultural awareness, “the cognitive dimension that specifies the knowledge that a person possesses of his or her culture” (Padilla, 2006, p. 481), was most predominant in first and second generation immigrant children and least predominant in third generation and bicultural children. In a study that examined adolescents of Mexican

origin, Umana-Taylor and Fine (2004) found that ethnic identity formation was influenced by the family's ethnic socialization experiences, the ethnic composition of their school, and the family's generational status. Another study, which focused on gender role attitudes, found that Mexican-Americans' attitudes towards sex role stereotypes tend to shift towards the dominant culture over time rather than being maintained, regardless of contact with the dominant group (Valentine & Mosley, 2000). Another study by Saez, Casado, and Wade (2009), found that greater identification with one's ethnic group and non-egalitarian gender role socialization was associated with hyper masculinity in Latino males. These studies seem to indicate that Latino males, who are either recent immigrants or first generation children of immigrants and who live within an isolated Latino community, may have lower levels of bicultural skills and a stronger adherence to gender roles which may increase hyper masculine tendencies, GRC and the risk to engage in IPV.

As mentioned previously, the problem of IPV affects every community in the US, but for the purpose of this study, a focus on the Latino community will be emphasized. Mattson and Ruiz (2005) found that Latino men only perceived *physical* violence as IPV, while women described a more expansive definition that included *emotional* and *sexual* assault as IPV. Straus and Ramirez (2007) compared rates of partner violence amongst white, non-Mexican whites, Mexican-American and Mexican college age couples from New Hampshire, Texas, and Juarez, Mexico. The study revealed that of all the couples surveyed, the Mexican sample from Juarez had the highest rate of assaults (46.1%). The rates decreased as the sample became progressively Caucasian (34.2% for Mexican-Americans in Texas, 30.9% for non-Mexican Whites in Texas and finally 29.7% for

whites in New Hampshire). These authors concluded that despite the fact that IPV was symmetrical (i.e. both males and females engaged in mutual acts of violence) and found across cultures, a more strict gender role adherence seemed to elevate the overall incidents of IPV. This demonstrates the importance of understanding the cultural factors that influence the problem of IPV. In looking at gender role expectations, one factor for the Latino community is the construct of machismo as it is related to IPV.

It is important to include a discussion of the “macho” construct when discussing Latino men who engage in IPV. The macho construct has been historically described in negative male characteristics of dominance, aggression, sexual promiscuity and substance abuse (Mosher & Tompkins, 1988; Sequeira, 2009; Zaitchik & Mosher, 1993). Casas, Wagenheim, Banchemo, and Mendoza-Romero (1993) proposed that research on the construct of machismo may be combined with concepts in social learning in order to provide a contextual picture of the underlying dynamics of Latino male development. Since then modifications have been made to the concept of machismo that embrace positive characteristics such as honor, duty to others, self sacrifice, and nurturance (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008; Mirande, 1997; Welland & Ribner, 2008). Some research with Latino men has further demonstrated that macho may be a two-dimensional construct that incorporates both positive and negative male characteristics and behaviors that men access in the course of professional, social, and intimate interactions (Arciniega et al., 2008; Mirande, 1997; Neff, 2001). In this study, we shall define the construct of machismo as a dualistic paradigm, with positive and negative traits inherent in all men, most often associated with Latino male socialization.

The construct of machismo can have a variety of interpretations with both Latino and multicultural populations. Torres, Solberg, and Carlstrom (2002) surveyed 148 Latino men and found that the majority of men were rated as having multidimensional sets of attitudes and behaviors with regard to the machismo construct, with only 10% falling into the category of the stereotypic macho. Another study which surveyed 118 Mexican-American men found that men who endorsed higher levels of machismo and restrictive emotionality also endorsed higher levels of stress and depression (Fragoso & Kashubeck, 2000). A study by Abreu, Goodyear, Campos, and Newcomb (2000), found higher rates of endorsement for traditional male gender roles in European-American men than for Latino men. Another study (Neff, 2001) that looked at the construct of machismo in a community sample of 481 adult Anglo, African American and Mexican-American male drinkers (men who drink at least 2-3 times per month), found that machismo contains both positive and negative attributes of masculinity across the sample population. There seems to be some evidence that indicates that machismo is a multidimensional construct which can be utilized as a culturally adapted strategy in the treatment of IPV with multicultural male populations. This line of research should lead to the development of culturally adapted strategies for group treatment of IPV for Latino men.

Cultural Considerations in IPV Group Treatment

In order to formulate an approach for the treatment of IPV with Latino men, it is important to consider how these men conceptualize treatment for emotional problems. A recent study that attempted to understand Latino immigrant men's perceptions of

depression found that from a sample of 54 men, 93% reported that counseling (seeking help from a psychiatrist, psychologist, or social worker) could alleviate the symptoms of depression whereas only 54% reported the same attitude about antidepressant medication (Cabassa, 2007). Similarly, another study found that low income Latino populations preferred to speak with a therapist than take medication for emotional problems (Kanel, 2002). A similar study found that health care seeking beliefs in Mexican-American men are strongly connected to cultural identity and a man's role in society (Sobral, 2006). This study found that masculine identity in Mexican-American culture dictates health care seeking behaviors for men. Specifically, the study found that Mexican-American men tend to seek out health related treatment only when they perceive that their masculine roles (e.g. ability to work or tolerate pain) are threatened. Even Latino men who have endured a significant amount of stressors or traumatic events tend to desire and prefer psychological services (Eisenman et al., 2008). These findings are significant when you consider that previous research has demonstrated that Latino populations with Posttraumatic Stress Disorder (PTSD) tend to endorse greater symptoms severity while maintaining better functional stability (Marshall, Schell, & Miles, 2009; Norris et al., 2001; Ortega, & Rosenheck, 2000). It seems that Latino men tend to maintain their level of functioning despite the presence of severe psychological symptoms. Emotional stressors can be managed in a variety of ways within the Latino community. One of the approaches, which may be utilized by Latino men prior to initiating traditional mental health services, is a form of cultural healing practice.

Including cultural healing practices may be another strategy for mental health services with Latino men. *Curanderismo* (spiritual healing practices of Mexico and

South America) is utilized by many members of the Mexican-American community to alleviate emotional distress and restore a sense of balance within the spiritual, psychological, and physical realms (Macias, 2004; Ortiz, Davis, & McNeill, 2008). To date, only one qualitative research study has been conducted about this widely used system of healing. Zacharias (2006) conducted research with three Mexican *curanderos* and found that this form of treatment yielded an overall success rate of 75% within a small sample of eight patients. The sample consisted of four rural and four urban patients seeking treatment from one of the three curanderos in the southern Mexican state of Oaxaca. Five of the participants were females and three were males all with an average age of 30 years. The study demonstrated treatment efficacy in both rural and urban populations. The best treatment efficacy was found in mild to moderate cases of mental disorders such as mild depression and adjustment with mixed anxiety and depression. This study provides early evidence that traditional healing practices with Latino populations may have a viable rationale for their popularity among the Latino community.

There are various contextual factors such as immigration, educational, and work experiences that impact treatment with Latino men. These contextual realities demand attention by the research community. The question then becomes, if there is such a large demand for treatment and various contextual influences, why is there such a limited base of research with this population as compared to other male populations? This line of research is limited in its depth within the social science research community with only few studies being devoted exclusively to the study of IPV treatment and Latino men (Caetano, Schafer, Clark, Cunradi, & Raspberry, 2000; Rothman, Gupta, Pavlos, Dang, &

Coutinho, 2007; Smith, Thompson, Tomaka, & Buchanan, 2005; Welland & Ribner, 2001; Welland & Ribner, 2010). Unfortunately, most research is limited in its applicability to specific populations due to the fact that the majority of the articles have utilized samples that were made up of various Latino or Hispanic populations. The utilization of a sample that is self identified as exclusively Mexican or of Mexican descent is also important to reduce the broad generalizations of Hispanic or Latino populations in professional research which ignores the heterogeneity of the Latino community.

In order to move towards systems of interventions that are culturally congruent and respectful of the gender role expectations and influences of Latino culture it is important to understand the following factors: (a) What are the targets for treatment identified by the client?; (b) What are his perceptions of masculinity?; (c) How does Machismo (Latino masculinity) influence his intimate relationships?; (d) Do cultural healing practices influence treatment? and (e) What are his perceptions of the group interventions being utilized?

Methods

Participants

The participants for this study were recruited from a community based mental health clinic that provides group treatment for IPV as a component of their overall mental health services. The investigator contacted the agency director to introduce himself, as well as discuss the project goals and procedures for the proposed research study. The agency director was also provided with the contact information for the institutional review board, and dissertation chair for the study. An approval letter from the community agency authorizing recruitment of potential participants is included as Appendix B.

Participants for this study were selected based on the following inclusion criteria: (a) Spanish speaking males, (b) actively enrolled in the IPV treatment program, (c) completed a minimum of 10 sessions, (d) between the ages of 21-64, and (e) identify themselves or their family of origin from Mexico. The requirement to complete at least 10 sessions was established to provide the participant sufficient experience in the group in order to provide adequate responses to the questions presented by the investigator. The age range was intended to reduce the influence of external factors (such as juvenile justice protocols, parental influence, dependency court, or elder care requirements) that may impact men who participate in these programs. Including only adult males between the ages of 21-64 allowed the investigator to focus on themes particular to adult men without the added confound of potential juvenile justice (ages 18 -20) or adult dependency or senior social service sectors (ages 65 and over). The country of origin

criterion was made to provide each participant an opportunity to answer questions regarding Latino masculinity from a perspective of Mexican/Mexican-American males. Men who endorse a heritage that is based in Mexico are more likely to be identified as Latino or Hispanic by the larger society in this particular geographic location and therefore able to provide relevant data during the interview process about Latino masculinity.

The following exclusion criteria were created for the study: (a) participants who had previous experience in group psychotherapy for IPV; (b) men who had been previously removed from participation in other IPV treatment programs; and (c) any men who know of or are familiar with the investigator. As noted earlier, evaluating group treatment for IPV with men is often a difficult task in part because of the high rates of recidivism and dropout seen within each program. Men who have had previous experiences in group treatment were more likely to have dropped out of these services and may have biased perceptions of this form of treatment (Brownlee & Chlebovec, 2004). In the same manner, men who had been previously removed or dropped from a treatment group had a greater potential for having negatively biased perceptions of the process (Babcock et al., 2004). This may impact their level of engagement in both the group treatment and data collection. Finally, any participant was excluded if he had previous treatment by or contact with the principal investigator. The principal investigator is a licensed mental health professional working in the area in which the research participants are currently receiving services. The principal investigator specializes in providing mental health services for Latino men and it was important to exclude any participant who may have been the recipient of clinical services by the

principal investigator or research assistant. A previously established professional relationship may have compromised the data obtained during the interview process. Due to the qualitative nature of the study and the role that the investigator played in analyzing the data obtained from each participant, it was important that participants engage in this process for no reason other than the goals stated in the study.

Sample Characteristics

The study sample consisted of 10 men who were active participants in a group treatment program for domestic violence at a community mental health agency. General characteristics of the sample of participants can be found in Table 1. In addition to the information contained in Table 1 the responses from the Demographic Questionnaire (Appendix C) revealed other data that will be briefly discussed. All of the participants identified their ethnicity as Mexican or Hispanic. Eight participants reported that Spanish was their primary language while two reported they were bilingual (English/Spanish and Spanish/Korean). All 10 participants reported that they immigrated to the United States either as young children or early in their adolescence. From the demographic questionnaire it was also found that eight of the participants received all their formal education in Mexico. One participant was educated in the United States and one began his education in Mexico and concluded it in the United States.

Study Goals

There are many factors that influence the delivery of group mental health services for the treatment of IPV with Latino men. Before the psychological community can begin to address the question of how to intervene, it is important to understand

treatment from the client's point of view (Marmion & Faulkner, 2006). As a result, this study intended to ask Latino men who are receiving these services to describe their experiences. As previously stated, various factors can influence treatment outcomes such as mandated group therapy, masculine identity, Latino masculinity, and cultural adaptation to treatments. By obtaining some description from these men about how they experience these factors within the context of group treatment for IPV clinicians can adopt treatment strategies with an informed and educated frame of reference. The current study focused on two main objectives: The first was to understand the experiences of Spanish speaking Latino men who are currently participating in mandated group treatment for IPV, specifically to understand the relationship between the concept of machismo and IPV. The second objective is to provide an understanding that would elucidate some common themes that may provide insight for various mental health professionals who work with these men.

Research Approach

This study utilized a qualitative research design. Qualitative research is defined as “an approach to the subject matter of human experience and focuses on narrative accounts, description, interpretation, context and meaning” (Kazdin, 2003, p. 332). Qualitative research seeks to understand the experiences of the participants as they occur and from their own lived experiences. Comparatively, quantitative research aspires to find the cause and effect relations as well as report the data as they objectively appear once a phenomenon has occurred. By contrast, qualitative research explores the meaning and process of the particular research question while utilizing the investigator as part of

the process of investigation and analysis to create hypotheses and determine relevant patterns for interpretation (Ashworth, 2008; Yeh & Inman, 2007). One of the advantages that may be gained by utilizing a qualitative research design is that it utilizes the data gathered by the participants to construct a new understanding of particular phenomena. Furthermore, qualitative research facilitates the discovery of understanding less examined constructs that can improve clinical practice with multicultural populations (Morrow, 2007). More specifically, this study utilized a Practice-Oriented approach. A Practice-Oriented approach is described as: “a qualitative investigation that pursues understanding to illuminate specific problems or improve specific practices” (Haverkamp & Young, 2007, p. 274). The current study sought to understand the experiences of men in group treatment for IPV in order to enhance levels of understanding for clinicians working with similar populations. The experiences of Latino men involved in various segments of mental health services are phenomena that have been given minimal attention in previous psychological research. The unique goals of this research endeavor made the qualitative research approach particularly suitable for this study. The hope was that clinicians gain insight into the cultural, social, and intrapersonal beliefs that these men often bring into the clinical realm.

There are a various approaches within the qualitative research field from which an investigator can formulate a plan for a particular study. This investigation utilized a phenomenological research design. The phenomenological approach is utilized to consolidate several individual experiences of a particular phenomenon to formulate an essential description for others to understand those shared experiences (Creswell, Hanson, Clark Plano, & Morales, 2007; Giorgi & Giorgi, 2003; Sokolowski, 2000).

Phenomenological research emphasizes some basic philosophical assumptions. These assumptions include the aspect of inquiry involving the lived experiences of others, that these experiences are conscious ones, and that the development of descriptions is the data for analyses (Creswell, 2007). Phenomenological research seeks to discover the essence of phenomena from a normative sense utilizing multiple subjects whom are experiencing the phenomena and can *create* rather than define meaning (Giorgi, 2008). This study attempted to consolidate the shared experiences of Latino men who are in group treatment for IPV and develop some essential meaning from the narratives that were provided. The hope was that through the data analysis of the various narratives, there would be some fundamental elements found that are common to all of the participants. In this regard phenomenological approaches assisted in the development, description and analyses of the text in order to give voice to the experiences of clients whom many professionals seek to understand and assist in personal growth and development through group treatment.

Instruments

Each participant received a study flyer (available in Spanish or English) that contained the basic introduction of the study, contact information of the principal investigator and institutional affiliation along with contact information of the dissertation chair for the study (Appendix D). An appointment date and time was set up with the participants to meet with the principal investigator for the interview. Each participant had the option of having the materials read to them by the principal investigator or research assistant or reading the materials on their own to ensure clarity and

understanding. The materials were presented to each participant utilizing the script developed for this study to ensure consistency throughout the interviews (Appendix E). At the initial meeting each participant was provided with an informed consent form in either English or Spanish (Appendix F) that described the specific research goals, protocols for the study and principal investigator and research assistant as well as responsible institutional affiliates. The informed consent described the nature of the interviews, the need for audio recording of all interviews and the steps the investigators would take to ensure confidentiality of all participant data. If a participant understood and signed the informed consent form, he was provided with a listing of local service providers for Bilingual (English/Spanish) mental health services in their area of residence, should they have required further assistance or consultation at any point during their participation (Appendix G). Following the completion and distribution of all the materials stated above the interview commenced. The interviews were completed using a Spanish semi-structured questionnaire that was developed by the investigator for this study (Appendix H). The questions on this questionnaire were developed using the main domains of inquiry that were previously discussed in the literature review. Each question asked the participants to describe a particular area of life which encompassed the experiences of each individual as related to that domain. The three major domains included: IPV, Latino Masculinity, and Group Therapy. The questions were not extensive in order for the development of personal narratives of each participant without contamination by investigator bias. This was done to remain consistent with the philosophical approaches for phenomenological research designs that stress the importance of a constructivist approach in which the reality of the phenomena is

developed from the experience of the participant and not the investigator (Creswell, 2007; Giorgi & Giorgi, 2008; Sokolowski, 2000).

Procedures

Participants in data analysis included the principal investigator, a research assistant, and one dissertation chair. All parties involved in data analysis are bilingual, bicultural Latino males with language fluency in Spanish/English. The phenomenological research approach emphasizes fidelity to the phenomena being investigated which places special considerations on the principal investigator to describe his/her own understanding and experience with the phenomena (Giorgi, 2008). By exploring his/her own understanding of the phenomena the principal investigator attempts to reduce the potential for contaminating the meaning units that were eventually created from the participant's narratives and experiences.

Prior to gathering data from study participants the principal investigator and research assistant were interviewed by the dissertation chair who is well versed in psychological research with Latino men. The principal investigator and the research assistant underwent a 1 hour interview regarding their personal experiences of IPV. These interviews were utilized to explore the interviewee's perceptions, understandings, and opinions regarding Latino masculinity and IPV. One of the basic tenets of phenomenological research is the suspension of any prior knowledge or understanding of the phenomena prior to data analysis in order to remove potential biases from the final meanings revealed by the participants (Stewart & Mickunas, 1974; Wertz, 2005). The interviews with the principal investigator and research assistant revealed that for them,

Latino masculinity is a multidimensional construct which is influenced by family history, childhood experiences, and male peer interactions. Both the principal investigator and research assistant acknowledged witnessing negative aspects of masculinity in early childhood and having difficulty managing pressures that arise from cultural and social gender role expectations. Furthermore, the interviews revealed that both the principal investigator and the research assistant believed machismo to be a construct which possessed positive and negative traits that could be useful in assisting Latino males navigate the cultural and social pressures of masculinity.

Once authorization was obtained from the institutional review board of Pepperdine University and the community agency director where the subjects would be recruited, the investigator and the research assistant proceeded with the process of gathering the data. The research assistant is a master's level student in psychology. The research assistant received an orientation on the principals of qualitative research, with specific emphasis on phenomenology theory by the principal investigator and the dissertation chair. The principal investigator as well as the research assistant completed the necessary training from the National Institute of Health for participation in research that utilizes human subjects (Appendices I & J). A complete outline of the training for the research assistant is provided as (Appendix K). The investigators made a brief presentation to the agency staff regarding their roles and the process of study participation. This was done to minimize any possible confusion or miscommunication regarding the parameters of the investigation and the relationship between the investigators and the community agency. The mandatory nature of participation for the majority of group members made it important that the agency staff was afforded as much

clarity as possible to avoid any possible disruption to the participant's involvement in agency services. The investigators arranged to attend two treatment group meetings and make a brief presentation about the process of the investigation and answer any questions about the information contained in the flyer. It was important to make a personal contact with as many group members as possible in order to gain some familiarity to the agency population. This was also done to allow potential participants the opportunity to gain familiarity with the investigators. Men who are mandated to treatment may be reluctant to provide information to outside parties if they do not know or understand the parameters or specific relations between the parties. As previously mentioned, in the Latino community it is important for clinicians to understand the importance that the community places on face to face contact and personal engagement (*personalismo*) prior to engaging in deeper level discussion (Falicov, 1998). The study focused on Latino men and they may be receptive to a face to face presentation by the investigators as a means of showing respect and *personalismo* regarding their time and invitation to participate.

Data Analysis

Interviews with research participants were conducted privately in a designated space provided by the community mental health agency in which they were participating in group treatment for IPV. All interviews were completed by the principal investigator and audio recorded. Audio files of the entire interviews were then translated into Spanish and transcribed by a professional transcription services. This transcription service provided a written statement to ensure the protection of confidential participant information (Appendix L). These transcripts were then analyzed first by the principal

investigator utilizing the following procedures for qualitative data analysis. The first step in this process was to understand the personal experiences of the researcher with regard to the phenomena and the process of data collections via the understandings gained in the interview of the principal investigator. This was done to limit the introduction of any possible biases that may arise in the final interpretation of the data (Creswell, 2007; Giorgi & Giorgi, 2003). Secondly, the reading of each transcribed interview in its entirety and grasping the broader sense of the whole (Auerbach & Silverstein, 2003; Giorgi & Giorgi 2003). The third step was rereading of the descriptions within each participant's response and demarcating spontaneous shifts in meaning units within the text. Each of these shifts was observed with a psychological sensitivity and interest in the phenomenon under investigation. Each of these meaning units was then organized sequentially in order of appearance within the transcript (Giorgi & Giorgi, 2003). Fourth, was reflecting on each and all of the meaning units developed in order to discern what each one reveals about the phenomenon or what insight can be gained from the meaning unit. These meaning units were then paraphrased into a single synthesized theme. These themes were then sequenced in numerical order and categorized by broader, more general theme from most to least frequent in accordance with their appearance in the transcript (Giorgi & Giorgi, 2003; Wertz, 2005). The fifth step was to synthesizing and consolidated all of these themes into a consistent statement that expressed the essential structure, in psychological terms, of the experience. The sixth and final step was to organize and group the final themes by category for comparison with each of the other nine interviews (Creswell, 2007; Giorgi & Giorgi, 2003).

Following this same process, the audio files and transcripts were then analyzed by the research assistant utilizing the same method described above to develop a second set of themes for all 10 interviews. The research assistant and principal investigator then met to discuss and consolidate their themes into one set of principal themes. The themes developed by the principal investigator and the research assistant were then provided to the dissertation chair who cross referenced the themes with all other data from the project (transcripts, demographics, and audio files) to ensure consistency and fidelity to the transcribed data across all the themes developed. The final themes presented here are the results of this analysis process.

Within phenomenological research it is important to take into consideration the perspectives of the researcher and suspend those previous assumptions from the etiology, development, and interpretation of the research question and subsequent findings (Giorgi & Giorgi, 2003). The expectation is that the qualitative researcher will make some impact in the findings of the research because the information that was gathered has been filtered through the researcher and whatever analysis team has been a part of the data analysis. For this study, there were two principal layers of interpretation that are important to consider prior to presenting the results of the analysis.

The first layer of interpretation is the cultural make up of the principal investigator, research assistant, and dissertation chair. In this study, all the researchers (principal investigator, research assistant, and dissertation chair) are Latino men of Mexican descent. The views about Latino men and IPV were taken into consideration and processed by all members of the research team in audio recorded interviews. This

facilitated each researcher's deeper understanding of the phenomena under study, in this case IPV. Furthermore, it was important that all members discuss their level of understanding and experiences of being a Latino male. Qualitative analysis acknowledges that the observer can never be completely removed from the phenomena being observed (Giorgi & Giorgi, 2008; Sokolowski, 2000; Stewart & Mickunas, 1974). With this framework in mind, the principal investigator could proceed with the data collection through interviews with a better understanding of his own biases about the phenomena to be explored.

The second layer of interpretation is the linguistic interpretation of the findings. The data analysis and development of themes were done from Spanish transcripts. The themes presented in the results reflect the actual wording from the participants with English translation completed by the analysis team. The wording and phrasing for each of the quotes may contain minor differences or modifications in an attempt to capture the essential meaning of the dialogue presented by the participants. This is another layer of complexity that is involved in the outcomes of this research (and similar research done with Spanish speaking populations) because the results are further filtered not only by the researchers' interpretations of meanings but also the linguistic variations that may exist between Spanish and English.

Results

Data analysis of all 10 interviews, including notes, transcripts, and audio recordings revealed some general themes. Data were analyzed utilizing the basic components of phenomenological analysis outlined previously in this study and established in previous phenomenological research (Aurbach & Silverstein, 2003; Creswell, 2007; Giorgi & Giorgi 2003; Wertz, 2005). These components were utilized to conduct all interviews and data analysis for the development of themes presented in the next section. The themes will be presented in sequential order from most to least prevalent based on the number of participants who endorsed the same general theme.

Group Treatment for IPV Makes a Positive Impact

Analysis of the data revealed that all participants endorsed the theme of positive and constructive outcomes resulting from group participation. All the participants provided responses about the various aspects of group that lead to positive change. This change was not limited to the impact of group on their primary romantic relationship. Participants also reported that the positive changes that resulted from group participation extended to other relationships with family, friends, work colleagues, and the general community. These positive attributes were centered on two major components. The first was the positive male support that was provided by other group members. This constructive male support seemed to facilitate the learning process and assist the members in generalizing the educational concepts into other areas of life. The men seemed to appreciate the level of openness and discourse that the group afforded. The participants also described positive attributes of their peers which seemed to imply a level

of intimacy that had been formed within the group context. This positive male support seemed to be an important asset of these groups and one which deserves attention in this analysis.

Many of the participants also endorsed positive feelings regarding the educational aspects of group. Participants revealed that being a part of a group that enhanced their access to education made an improvement in their self esteem, capacity for behavioral change, and overall improvement in interpersonal relationships. Most participants reported that learning how to manage stress and verbally communicate their feelings had resulted in less conflict with their spouse, children, and extended family. There were also many participants that reported that their relationships with co-workers were less contentious because of the conflict management skills they acquired in the group. Many participants also reported that the group afforded them an opportunity to learn how to parent their children in a manner that was more constructive and emotionally rewarding. Finally, some participants reported that learning about the impact of substance abuse on families had resulted in their improved level of motivation to obtain and/or maintain sobriety.

Importance of male support. Many of the participants reported that the positive impact of group was facilitated by the relationships they had formed with other group members. These relationships seemed to be quite unique from the perspective of the participants. Direct quotes from the participants' responses during the course of the interviews are provided to exemplify these perspectives. One member discussed the

unique nature of having constructive and challenging male relationships without the fear of rivalry or confrontations:

Porque afuera principalmente no sabe uno con qué tipo de personas va a encontrarse. Y en contrario aquí pues ya se conoce uno, se bromea y todo... afuera pues no sabe uno con qué tipo se va a encontrar, que hasta cruzarle un, una mirada le puede mencionar hasta lo que no.

(In the outside world you don't know who you will find yourself with. On the contrary, in here, well we all know each other, we joke around and everything... Outside, well you don't know with whom you will find yourself against and even a passing glance can cause him to start cursing you in ways you don't even imagine).

Another participant also expressed the benefits that he had encountered through positive exchanges with other group members. Despite being the youngest member of the group, he described a sense of positive male relationships that he acknowledged was different from other negatively oriented male relationships. He described his fellow group members in this way:

...son personas que, que quieren un futuro mejor para ellos mismos y uno comparte esas ideas en el mismo grupo con compañeros que tiene ideas extraordinarias para el futuro.

(...they are people who want a better future for themselves and you share those ideas within the group, with peers who have extraordinary ideas for the future).

These expressions of comfort and security amongst group members were found across all participants. It was apparent that the group had provided some space that was novel and rewarding which was expressed by all the participants in one way or another.

Importance of education in group. The group members reported that the learning that takes place is an important component of the group experience. Learning was not limited to the aspects of IPV such as that prescribed by the Duluth Model and various other CBT based group curriculums. Most participants noted some aspect of learning that facilitated changes in another domain of life such as parenting. One participant described how learning about the impact that IPV can have on parent-child relationships has impacted his confidence and communication style with his teenage daughters:

Antes estaba inseguro. Ahorita hablo con ellas y hablo con más seguridad. Más seguro que hablo, me siento con más confianza. Lo que estoy hablando con ellas y ya, o sea, me ayuda mucho este programa.

(Before I was insecure. Now I talk with them and I speak with more certainty. More self assured when I speak, I feel more confidence. What I am talking about with them, in other words, this program helps me a lot).

Another participant also described his happiness and gratitude about being able to participate in an educational based group (as he viewed it) because he had such limited opportunities for formal education:

Yo nunca he tenido, nunca tuve escuela, nunca tuve estudios. Y a mí me gustó. Me gustó que, quería estudiar pero nunca pude verdad. Y cuando yo estoy en un grupo como éstos, me siento contento.

(I never had any schooling or course of study. I like it. I like it because I always wanted to learn but never really could. And being in a group like this, I feel content).

It is important to note that information obtained from the demographic characteristics that revealed that most of the participants had a low level of completed formal education with an average Level of Education of 9.3 years, as shown in Table 2. Perhaps this is what led to the importance that these men placed on education as a significant component of their positive perceptions of group participation. It appears that the participants placed a significant value on being part of a program that utilizes education as a component of instruction.

Gender Role Stress Influences IPV

All of the participants in this study endorsed a strong influence of external stressors on the conflicts that arise with their female partners. These external stressors were centered on two main areas. The first was in the area of work related stress. The second was in the area of financial stressors and economic hardships.

Work related stressors. All of the participants reported that work related stress impacts their relationship with their partners and in most cases creates tensions that often trigger conflicts. Work related stress was a primary source of stress for all of the

participants and it was discussed in relation to the level of communication present with their partners. The participants typically reported difficulties conveying work related problems to their spouse. They reported that increasing work stress was a primary source of conflicts within their relationships due to the perceived inability of their female partner to understand work related stressors. One participant described it in this way:

O sea no, no me da un ayuda digamos porque ella no sabe que es lo que hago en mi trabajo... la esposa no está familiarizada con el trabajo que hace el esposo.

(She does not help me because she doesn't know what I do at my job... the wife is not familiar with the work the husband does).

It is important to note that embedded within this response is the belief that women are typically housewives and caretakers therefore they have limited understanding of work beyond the home. That was the case for this participant who described his wife as the primary caretaker. This is important because it highlights two important factors that will be further expanded in the discussion section. The first is the impact that gender role beliefs have on the willingness of Mexican men to seek social support from their spouse or female partner. The second is that this participant alluded to strategies that could correct this difference in perspectives (presumably to assist him in problem solving strategies to deal with the stress) which indicates a desire to utilize the support available from his spouse but a lack of understanding as to how he could obtain this support. He describes it this way:

... tal vez desde hace tiempo cuando yo estaba en la escuela y yo la había enseñado los dibujos que yo estaba estudiando, si yo le enseñara mis procesos que

hago en el trabajo, tal vez, si yo le platico algo del trabajo me va a decir no, pues haz esto o el otro.

(Perhaps since I was still in school I could have taught her the drawings that I was studying, if I had shown her the process I go through at work, perhaps if I speak to her about my work, she will say do this, that, or the other).

This participant has contemplated things he *could* have done to improve his partners understanding of his work in order to receive some problem solving strategies from her. What is also important to note is that this participant appears to perceive problem solving strategies as a method to reduce work stress. Another participant also described how work related stressors (lack of hours at work) impacted the level of conflict within the couple simply out of the general pressure this lack of work placed on both parties.

Como a mí sabes tiempo atrás sabes que llegaba con problemas que no hay trabajo algo así, mirada estresada y se miraba ella también de poner nerviosa a mi esposa también por lo mismo. Y a veces empezamos a discutir por eso mismo.

(Some time ago I would come home with problems of the lack of work with a stressed look, and she would also become nervous for the same reason.

Sometimes even that would cause us to start arguing).

It seems that work related stress was a significant factor that impeded or influenced communication and triggered conflicts within the marital and family system. The majority of the participants endorsed an inability to expand on and discuss work conflicts within the home context due to the perceived lack of understanding and unwillingness to

bring external problems into the home. This may be beneficial to understand as an aspect of the gender role strain paradigm and the impact that the perceived constraints of one individual can have on a couple's ability to engage in constructive discussions of work related stress. Improved understanding of this phenomenon may increase Latino men's willingness to learn techniques to verbalize internal states within a marital dyad thereby opening the doors to increased social support and improved emotional intimacy with their partners.

Financial and economic stressors. A second prominent area of stress that influenced IPV was the stress of finances and economic hardships. All of the participants sanctioned the belief that being responsible for the economic stability of the family was the cause of much distress that often led to conflicts and influenced incidents of IPV. These hardships were discussed in areas of providing support for their family and the need to provide economic support to extended family members.

Participants believed that their primary function as the male in the home was to provide financially for their spouse and children. Many of the men described incidents in which this stress was not underlying or hidden but rather it was overtly communicated to them by their spouses. One participant encapsulated this stress in the following way:

Y cuando uno está en ese problema económicamente ellas tienden a decir bueno, y ahora ¿qué tienes? ¿Por qué no me das tanto dinero?

(And when one is in economic problems they tend to say, well now what? What's wrong with you? Why aren't you given me as much money?)

This was a predominant theme from the men in this study. They appeared to report much pressure to maintain a level of economic stability and often verbalized the impact that this pressure causes for their individual and the couple's marital stability. Another participant reported similar stress related to being in the role of financial provider that eventually led to the loss of the relationship after his loss of employment:

Era manera de ayudarnos en las buenas y las malas como se tiene que ser ¿no? Y pues en sí no me apoyó, tuvimos problemas y llegamos hasta donde llegamos y busco alguien usted sabe. Y estamos aquí.

(We should help each other in good times and bad times, right? Well, in reality, it turned out she didn't support me, we had problems and it came to the point that she found someone else, you know. And well, here we are now).

In this example we see that this participant was expecting financial support from his spouse following his loss of employment but it appears that instead the relationship terminated. Despite the fact that there are a variety of circumstances that may have also contributed to the dissolution of his relationship the important factor is that *he* perceives that the economic duty to provide is at least one key factor in maintaining marital stability which was revealed in one form or another in all ten interviews.

Many of the participants reported stress related to the role of being the financial provider for extended family. The additional stress of being the financial provider for extended family members, often in their native country, made a significant impact on their individual and relational stability. This is exemplified in this response to the

question of how one participant managed the stress of being pressured to provide money for his wife's family:

Pues necesidad de darle porque si no decía, pensaba yo, se me va a enojar o vamos a estar peleando. Pues, económicamente y a veces pues necesidad de buscar, seguir, a veces ni descansaba. Para tratar de seguir buscando otro trabajo o más trabajo para, pues tener suficiente para apoyar a la gente.

(Well the need to give it [money] to her because I would think, she's gonna get mad or we're going to be fighting. Well, economically, sometimes the need to look for work, sometimes I wouldn't even have a day off. To continue looking for another job or more work to have enough to support everyone).

Another participant provided an example of the stress that comes with having financial responsibility for not only your family but other family abroad:

...las mujeres no entienden a veces las necesidades que uno pasa en otros países. Que hay veces uno manda dinero a su país natal donde es uno y la mujer a veces ignora esas cosas.

(...women sometimes don't understand the needs that you live through in other countries. That there are times when one sends money to ones homeland, where your from, and the woman sometimes ignores those things).

In a difficult economy with a sample population that was 100% immigrant it is important to note the challenges and stressors these men reported indicate the influence finances can have on marital conflicts, social stability, and family unity.

IPV is a Spectrum of Abusive Behaviors

Participants all endorsed that IPV has a wide range of behavioral, emotional, and psychological characteristics. While it was evident that physical abuse of a female partner was considered abusive by all the participants, the data analysis revealed that IPV has a wide spectrum of behavioral manifestations. These behaviors can be categorized along two major areas. The first are described by the participants as both normal and abnormal IPV behaviors utilized by men to intentionally exude control and dominance over a partner or family member. The second area would be those IPV behaviors that are intentionally manifested to displace anger or frustration from an external source.

Intentional IPV behaviors. These behaviors ranged from covert non-verbal behaviors such as body posturing, voice intonations, and glances to more overt behaviors such as hitting, slapping, pushing, and even spousal rape. One participant typifies the level of responses that we obtained from the participants about what is IPV:

La violencia yo lo defino de muchas maneras. No nada más es físicamente sino que este, la puedo definir con, con gestos, con una mirada tal vez, aparte de golpes y todo eso.... Intimidación, así con gestos, o sea miradas amenazantes, todo eso.

(The violence, I define it in many ways. It's not only physical, but you can also define it with gestures, a look perhaps, aside from the hitting and everything...

Intimidation, like with gestures, or menacing looks, all of that).

Another participant summarized it this way:

Violencia pues, pienso que pueden ser golpes, verbal, psicológicamente, no... No más golpes o como dice, verbal o algo así. Estigmamientos y como amenazar, yo pienso que ya es violencia.

(Violence, I think it can be hitting, verbal, or psychological...Not only hitting, verbal as well. Stigmatizing and even threatening, I think that is violence).

These responses were typical of many other participants. Analysis revealed that in one form or another, all the participants realized that IPV consisted of a vast array of behaviors whose primary intent was to intimidate and maintain control of the situation they found themselves in with their spouse or partner. Within the more overt aggressive types of IPV there appeared to be a level of certainty that these behaviors were beyond the normal range of abusive behaviors. Such behaviors were identified as being significantly damaging and substantially beyond the norm of what a couple experiences or a man should perpetrate. One participant discussed the underlying psychological aspects of demonstrating these dominant behaviors in this way:

Pues yo me imagino que también es como si pudiera agarrar a mi esposa para violar a fuerzas para hacerle, pues, para agarrarla y violarla a fuerzas, ¿me entiende? Me imagino que esta violencia es más fuerte todavía que una violencia doméstica normal de gritos y palabras...Pues la mera verdad, yo pienso que es una violencia pues muy extrema no, muy extrema, ¿verdad? Y pues, yo no lo veo normal.

(Well, I imagine that it's also like if I would grab my wife to violate her forcefully to take her and violate her forcefully, you understand? I imagine that this

violence is stronger yet than a normal domestic violence of yelling and words...Well, the real truth, I think that it's a violence, well too extreme, very extreme, right? And well, I don't see that as normal).

It is important to note that while this participant identifies spousal rape as "extreme" and abnormal, analysis reveals an implication that there must be a range of "normal" IPV behaviors. Another participant provided this response when asked to describe the highest level of IPV:

Pues tengo un amigo que llegó a matarla. Bueno, tenía, porque él también se suicidó. O sea, me imagino que hay muchos niveles y hay casos extremos también.

(Well I have a friend that went to the level of killing her. Well, I had a friend because he killed himself as well. I imagine that there are many levels and then extreme cases as well).

These types of responses to the question of what is IPV were revealed throughout the transcripts and indicated a belief that IPV has a range of manifestation from which there can be deviances. These responses are representative of many responses provided by the participants which implies that there may be a general belief that certain amounts of IPV are acceptable. Furthermore, it is important to consider their responses within the context of the discussion which was centered on simply defining IPV. This may either provide evidence of an underlying belief that IPV is part of a normal marital relationship, or that the definition of IPV is too limited in range.

IPV behaviors as evasive tactics. Within this range of IPV behaviors there were also some participants that discussed the intentionality of how these behaviors were manifested. They often reported that while these behaviors occurred in their relationship, they were often goal directed and intentional to avoid or displace other stressors. One participant reported it this way:

Si en el trabajo tu patrón te hace enojar y vienes enojado, pero a tu patrón no le puedes decir nada porque es tu patrón, te puede correr, pero llegas a tu casa, cualquier cosita que la mujer y los niñas hagan, con ellos te desquitas porque a ellos si les puedes gritar. Es incorrecto, no debe de hacer así...debes de calmarte pero un no hace eso por falta de; de ese tipos de clases.

(If at work your boss makes you mad and you come home angry, but you can't say anything to your boss because he's your boss, he can fire you, you get home and any little thing the woman or the girls do, you can take it out on them because you can yell at them. It's wrong, it shouldn't be that way...you should learn to calm yourself but one doesn't do that because, of the lack this type of class).

Another participant also provides a typical description of this displacement of anger from external stressors:

Oh pues me imagino que si alguien lo hace enojar o sea, si no le fue bien en el trabajo, si tuvo X problema y pues pueden, la persona andar enojada. No llevar una mente, una cabeza fria, llega a su casa y a lo mejor no encuentra la comida hecha y puede, puede sacar todo su frustración que trae del trabajo, sacarla en el hogar.

(Well I imagine that if someone makes you angry or if things didn't go well at work, if you had any problem, the person will be angry. He won't have a cool head, he gets home and perhaps his dinner isn't made and he takes out his work frustrations at home).

These responses fall within the anticipated range of abuse patterns typically described by perpetrators of IPV who often displace anger and frustration onto the spouses or children. While this type of response was not as prominent as the other forms of IPV behaviors it was still evident enough that it merits presentation as part of the analysis. One important factor to consider is how this utilization of abusive behaviors to exhaust external stressors is in line with the earlier stated result of how there appeared to be a range of IPV behaviors. While extreme behaviors were seen as outside the norm, this type of anger displacement was perhaps more in line with the implied "normal" range of IPV behaviors these men endorsed.

The Macho vs. the Man

Another prominent theme that emerged from the participants was the theme of Latino masculinity and its various behavioral manifestations. Within this theme there seemed to be a distinction between how the participants defined macho or machismo and how they defined manliness or masculinity. While the negative aspects of macho were foremost in their initial responses, the ongoing script revealed that there were positive aspects of Latino masculinity. It was evident that positive masculine traits were not labeled as macho by the participants. In fact they were often identified as the opposite of the typical macho.

The macho. The majority (90%) of the participants reported that they considered macho to be a constellation of predominantly negative behavioral traits. The participants described their perceptions of macho as behaviors that are typified by dominance, aggression, callousness, and hypersexual behavior. The men described macho as male behaviors that are predominantly perpetrated against females. These behaviors seemed to fit the stereotype of the dominant male who aggresses against his partner and society in general. In many of the cases, these behaviors were reported to extend to family, peers, and the general public. One participant described the typical negative macho character in this way:

Macho yo pienso que quiere decir como un hombre que es violento. Que tal vez puede ser que se sienta superior a la mujer y una expresión más o menos así como dar a entender que es una persona más fuerte, más superior a la mujer y no, y no tomar en cuenta los valores y los sentimientos de la mujer.

(I think macho means a man who is violent. That perhaps he may feel superior to the woman, and it is an expression more or less to let others know that he is stronger, more superior than a woman, and he doesn't take into account the values and feelings of a woman).

This response was characteristic of the men who related macho as something which predominantly involved negative masculine traits. These traits personified a dominant individual for whom there was a strong need to stay superior to others. While this dominance was principally in relation to females, the analysis revealed that these

behaviors covered a range of interpersonal domains. Another participant discussed how the social aspects of macho and dominance are strongly correlated:

...me imagino que una persona que se considera macho es posiblemente teniendo muchas mujeres y presumiendo con los amigos, teniendo un montón de hijos o meterse en peleas y, y presumir y que yo gané o que golpeé éste y no me hizo nada.

(...I imagine that a person who considers himself macho possibly has many women and is presumptuous with his friends, having a lot of children or getting into fights and then bragging that I won and that I beat this guy up and he didn't do anything to me).

This idea of the macho who presumably acts this way to demonstrate dominance over both males and females was common among these participants. It appeared that many of the men understood and could readily identify these macho characteristics both in themselves and others. What was interesting is that none of them identified these negative macho traits as something to be desired or even maintained. While they could readily identify the constellation of negative macho behaviors, they also identified the negative consequences and damage that these behaviors caused in both the perpetrator and the victim. They seemed to understand that being macho was something not to be aspired to in any way. One participant provides a typical example of this theme while describing his observation of a friend whom he described as a typical macho:

Él cree que se siente muy hombre pero yo pienso que no es hombre porque con mucho machista la mujer como que la aplasta. Y machista, ser machista no es

bueno. No mucho porque lo que miro, no, no, no. Lo que yo he mirado no, no miro que está bien. Porque quiere sentirse un hombre, un hombre no es ser machista, ¿me entiendes?

(He thinks that he is feeling like a big man but I think he is not a man because with all that machista it's like he belittles the woman. A machista, being a machista is not good. Not at all from what I see, no, no, no. From what I have seen, I don't see that it is good. Because he wants to feel manly, being manly is not to be machista, you understand?)

In this excerpt we get a small picture of the negativity with which this participant had interpreted his peer's macho behaviors. It was evident in this and other interviews, that while the behavior was obviously negative, the emotional reactions to the consequences of the behavior were also negative to the observer. Another aspect that this excerpt highlights is the idea that there is a clear distinction between machismo and manliness.

The man. While 9 out of 10 participants viewed machismo as negative, it seemed to only capture one aspect of masculine behavior. Half of the men in the study could identify positive aspects of manliness. It was evident in the analysis that for these men there was a clear distinction between these two constructs. In opposition to macho or machismo, manly or manliness was identified as a positive quality that encompassed such characteristics as caring, respect, and above all, family oriented. Sometimes this distinction was utilized by providing the macho label, but identifying two opposing sides of what macho means. One participant provides a good example of this distinction

between what he terms as two different types of machos, the “macho cobarde (cowardly macho)” and the “macho responsable (responsible macho)”:

...hay macho cobarde y hay macho que es este, es responsable, y recto. O sea no todos los machos son igual. Hay macho abusador de los débiles...y macho que defiende su familia de lo que es de su familia. Cien por ciento y la tiene bien protegida, su casa, su ropa, su comida y les trata de dar lo mejor a ellos. Cuida de su; de lo que es su familia.

(...there are cowardly machos and machos that, that are responsible, straight up.

In other words not all types of machos are the same. There is a macho that abuses the weak...and macho that defends his family and what belongs to his family. One hundred percent and he has it [his family] well protected, their home, their clothes, their food, and he tries to give them all the best. He cares for his family).

This response identifies a clear distinction between the positive and negative aspects of this construct of Latino masculinity which are important to consider within the greater discussion of machismo. This distinction about these two opposing aspects of Latino masculinity, as it pertains to this sample, draws attention to the beliefs these men have about what is desirable in a man, husband, father, and friend. In another interview, another participant labels these opposing masculine traits by clarifying the distinction of what is and what is not macho. After readily discussing the negative traits of a macho, he begins to describe the opposing “non-macho” characteristics. This was his response to the query of what is a non-macho man:

Tal vez una persona que no le gusta la violencia que es este, amistoso, que se expresa de una manera, una manera pacífica, una manera más, tal vez más suave... Tal vez es más este, más comprensivo. Es este, más cariñoso, más amoroso. Y yo pienso que ese tipo de persona no, no genera tantos problemas en la pareja ni con la sociedad ni nada de eso.

(Perhaps a person that doesn't like violence, that is friendly, that expresses himself in a manner, a manner that is peaceful, a softer manner perhaps...Perhaps he is more, more understanding. He is more caring, more loving. And I think that type of person doesn't create as many problems in the relationship nor with the society or anything like that).

This response presents an underlying theme that the analysis revealed for the men who endorsed this distinction between macho and manly. It indicates a sense of understanding that within the constellation of masculine behaviors that are available to men, the negative behaviors are present, but they are only one aspect of Latino masculinity. In the response we see that he indicates that what lies beneath is a different type of man who possesses desirable and productive social and interpersonal qualities. While the men in this sample could identify these positive manly traits, they varied in what they labeled them. For some it was non-macho, for others it was simply “hombre (man)”, and yet for others it as “Hombre de respeto (man of respect)”. Regardless of the label, the analysis revealed that positive traits were an important aspect of Latino masculinity for these men.

Marital Dynamics Influence IPV

Many of the participants (80%) presented themes centered on how their level of communication, relational style, and ability to resolve problems with their spouse or partner impacted IPV. While we previously identified the difficulties these men reported in communicating with their spouses about work related stressors, the communication difficulties identified here are more general in nature and common to many intimate relationships. The communication influence can be outlined along the areas of communication within intimate relationships and problem solving abilities for couples.

Communication within intimate relationships. The participants seemed to be aware that their abilities or lack of abilities, to manage intimate relationships had an impact on the circumstances and interactions that often triggered incidents of IPV. One participant described how the level of communication with his spouse played a significant role in instigating conflicts:

De que no tenemos esa comunicación de hablar cuando hablamos bien... Que yo podría decir a veces cuando yo me he enojado, por favor, haz esto, trate de hacer esto, déjame de hacer esto. Y no había eso sino el contrario. Era, eran gritos, enojos, y todo eso. A veces, muchas veces hasta llegaba a votar cosas por, por no poder hacer algo.

(We don't have that communication of speaking when we are speaking well...that I could say when I had gotten mad, please do this, try to do this, stop doing this to me. And there was none of that, in fact it was the opposite. There were screams,

anger, and all that. Sometimes, many times I would even get to breaking things because I was unable to do anything).

The data show that this participant is stating how he can recognize the aspects of positive communication, which appear to give him an opportunity for expression with his partner. While the intention is there, we see how the lack of communication begins and eventually triggers a physical outburst as a result of the escalation of frustration. Another participant relates a typical scenario that is common amongst all couples, but that in this population seems to quickly escalate from frustration into an incident of physical aggression. This participant's description of the poor level of communication within intimate relationships was typical of many other participants.

Llegas, te sientas, ah, qué rico está el sillón para descansar, ¿no? Y de repente no, pues “ahorita y que ahorita”. Y dices qué, ahorita no estás, como te dije, tas chingando... y de repente podríamos decir que se te pone en frente para confrontar y ver por qué le estás contestando así, ¿no? Ya es una confrontación cercana y de repente puedes decir no quieres discutir, no quieres pelear o nada, te levantas, pero al levantarte la tienes muy en frente que de repente le tienes que tocar.

(You come home, you sit down and think how nice the couch feels to rest in, right? And suddenly you get “do it now, do it now”. So you say, stop hassling me right now, then suddenly she gets in your face to confront you and ask why your talking to her that way, right? Now it's a close confrontation and suddenly you say you don't want to argue or fight or anything, so you get up but in order to get up you have to touch her because she is right in front of you).

These types of responses were frequent within this sample of participants. They are indicative of the level of disjointed communication patterns that are perhaps typical in IPV relationships. These factors were revealed frequently in the analysis of the transcripts but they are in line with the expected level of rapid escalation of tensions within couples who have experienced IPV. This escalation seemed to be brought on by the lack of basic communication skills that ironically appeared to be a positive aspect of group education in another part of the analysis.

Problem solving abilities in couples. One component that seemed to reappear within this theme of marital dynamics was the influence of problem solving abilities. How these men resolved or failed to resolve common marital problems appeared many times in the course of the transcripts. It is interesting to note that there seemed to be an awareness of what will be identified here as Collaborative Couple Communication (CCC) in the marital relationship and how it can assist in avoiding incidents of IPV. The components of CCC are illustrated here and will be described in the subsequent discussion:

Si ando enojado o algo no estamos hablando de acuerdo, digo espera un poquito, espera un poquito luego hablamos. Ya nos ponemos de acuerdo. O cualquier duda, hablamos y si, si yo estoy levantando la voz o ella, hey, tu voz, hay que bajar la voz, tranquilos.

(If I am mad or something we aren't speaking in agreement, I say wait a bit, wait a bit and then we'll talk. Then we come to an agreement. Or any doubt, we talk

and if, if she or I are raising our voice she says, hey, your voice, lets lower your voice, calmly).

The concept of CCC can be described as a revolving dialogue in which a couple continuously communicates their awareness of increased emotional tensions and requests a shift or re-engagement in the discussion after a lower emotional state has been reached. Essentially it allows the couple to maintain verbal and emotional attunement within the context of difficult dialogues that are often present in couples who have experienced IPV. We see in the example that it begins with him recognizing his own emotional escalation, asking for space, and then returning to the discussion. Once the discussion reconvenes, once again the tensions rise and his partner communicates the awareness of the rising emotional tone and asks for a shift back down to reduced level of emotion. All the while the couple maintains a certain level of communication (even while they are not speaking) because there is an understanding that the discussion will reconvene. Another participant provides a similar example of how problem solving skills impact the marital relationship and ultimately lead to the avoidance of IPV incidents:

...dependiendo de la reacción de la otra persona y uno observa que está muy alterada. Este, tratar de, de relajarla y este, y decirle que puede aclarar el punto en otro momento cuando se encuentra más tranquila para no, para no este, hacer muy grande el problema. Tal vez ofreciéndole salir, a caminar un rato o ir al parque o ir a tomar un café y tratar de, de que, tratar de ganar un poco de tiempo para que ella se sienta más tranquila. Y ya puede empezar a hablar más tranquilamente.

(...depending on the reaction of the other person and if one observes that she is too emotional. Perhaps, offering to leave, go walk for a while or go to the park or go have a cup of coffee and try to gain a bit of time in order for her to feel more calm. And then start to speak more calmly).

Again we see in this example that the participant seems to understand that having an awareness of his partner's emotional state can influence the couple's ability to actively engage in a constructive discussion and avoid IPV. It is important to note that when referring to problem solving skills, it is not intended to indicate an external problem the couple is trying to resolve. Rather, the "problem" the couple intends to resolve is the actual ability to effectively navigate a difficult conversation in a highly emotional state. We can see that these men are reporting a level of awareness that communication, emotional awareness of the other, and the ability to sequence a difficult conversation can influence IPV.

IPV Strains Parent-Child Relationships

For 8 out of 10 participants the theme emerged about the damage that IPV causes within their interpersonal relationships. As was stated previously, all of the participants were fathers who lived with their children and appeared to have an active role in parenting and childcare. While it was anticipated that the participants may discuss some aspects of how IPV impacts their marital relationships, it was not anticipated that such a large percentage of the participants (80%) would explicitly state their concerns about how their behaviors could impact their children and families. One typical concern centered around the emotional impact that their behaviors had on the children's relationship with

them as fathers. We can look at one participant's response to the question of why he would not want his children exposed to IPV as an example of this concern:

Me imagino que todo lo que ella pueda ver, o lo que le puedan contar, puede tener un efecto en su, en su desarrollo, en sus, relaciones que puede tener ella en el futuro.

(I imagine that everything that she sees, or what she can be told, can have an effect on her, her development, in the relationships she can have in the future).

Notes from the interview, along with other responses were congruent with this concern about the impact of IPV on the impressions his daughter could take away about emotions, family stability, and relationships. Another participant also expressed concerns about the impact that IPV behaviors can have on his children:

Mi reacción, mi cuerpo, es como es, hablar las cosas más fuerte y eso hace, por ejemplo, (que) mis niñas se asusten o que mi esposa sepa que estoy enojado. Pero yo aquí en clase, ya no lo hago pues, porque aquí me estoy enseñando a cómo; porque yo creo que haciendo como era, traumo a mis hijas porque me tienen miedo.

(My reaction, my body, it's like, saying things louder and all that, for example, that my daughters become frightened or that my wife knows I am getting mad. But here in class, I don't do that anymore, because here I am learning how to; because I believe that being the way I was, I traumatize my daughters because they fear me).

These responses demonstrate that for most of the participants there is a level of concern about the emotional distress their behaviors may cause their children. One avenue that will be discussed later is the emergence of this secondary consequence of IPV which, from this analysis, appears to be the awareness of a shift in the emotional dynamics of the parent-child relationship which these participants are recognizing and utilizing as a motivation to alter their abusive behaviors.

Discussion

IPV with Latino populations is an ever growing problem that can have both traditional and non-traditional theoretical perspectives with respect to its need for professional research (Klebens, 2007). This study attempted to improve the understanding of Latino men's perspectives about IPV. Specifically, the goals were to obtain information about the experiences that Mexican and Mexican-American men have within group treatment for IPV as well as understand the impact of Machismo on IPV.

The data revealed some key findings about the perspectives these men have in the following thematic domains: (a) positive impact of group treatment, (b) impact of gender roles stress, (c) IPV is a spectrum of behaviors, (d) duality within the construct of machismo, (e) influence of marital dynamics on IPV, and (f) the strain that IPV places on parent-child relationships.

Group Treatment for IPV Makes a Positive Impact

The entire sample of participants reported that they perceived group treatment to be a positive experience with substantial benefits in their personal, professional, and community life. Participants endorsed positive feelings regarding the supportive and non-confrontational environment that the group and the facilitator provided. Previous research with similar treatment populations has also demonstrated that group members' positive feelings about their peers and the facilitator are key factors in the process of change (Brownlee & Chlebovec, 2004; Silvergleid & Mankowski, 2006; Taft et al., 2004). This is also in line with the key concept of familismo that Latino populations endorse as fundamental to a productive working and social alliance (Falicov, 1998). The

members of the group demonstrated a strong sense of loyalty towards their group and the facilitator. This was apparent by the interactions and exchanges that were observed between group members outside of the interview process. Men would provide each other with referrals for job placements, offer rides to members with no transportation, and in some cases even pay the fees for members who found themselves unable to pay for the session. Another observation was that the participants seemed to demonstrate some initial hesitation to participate in this study. This reluctance was not aggressive or dismissive, but rather it appeared to be protective. Once the first few volunteers participated, it seemed to open the door for other members to engage in the process. It appeared as though the group had developed a protective kinship network that is common amongst many marginalized populations but predominant in the cultural values of familismo, immigrant communities, and the greater Latino culture (Falicov, 1998). This protective quality of the group members can be viewed as an adaptive strategy that is often demonstrated by people or communities that have sustained chronic trauma and victimization. This reactionary strategy to protect each other appeared as the initial stoicism and guardedness these men demonstrated towards the principal investigator at the onset of the data collection process. These observations, while not part of the research objectives, are important in the context of the cohesive and trusting capacity these men demonstrated towards each other. This strong cohesive influence along with the reported lack of educational experiences seems to be a positive force to incorporate into a treatment program for this population.

Gender Role Stress Influences IPV

All of the participants also endorsed some form of stress caused by traditional gender role pressures. This stress seemed to be directly linked to the conflict that was present in their home and was significantly related to incidents of IPV. The majority of the pressure these men reported was in the area of economics and work related stressors. This seemed to coincide with the established literature on men and masculinities which underscores the social pressures that men feel to fulfill the role of provider which often results in negative consequences within their primary family unit (Berger et al., 2005; Levant, 1996; O'Neil, 2008; Pleck, 1981). This finding was also consistent with previous research which indicate that men who perpetrate violence against women experience higher levels of stress related to gender role expectations (Cohn & Zeichner, 2006; Jakupcak et al., 2005; Schwartz et al., 2005).

An important revelation in the data was that while all of the participants endorsed these stressors, none of them identified any desire, need, or motivation to change that aspect of their lives. It seemed to be a well accepted belief that their role was to maintain the economic stability of their immediate, as well as extended family. This seemed to be a well engrained cognitive schema and one that is also in line with much of the previous research on various Latino populations which have begun to measure the construct of macho or Latino masculinity (Arciniega et al., 2008). The results indicated that socially defined gender roles that are culturally bound, strongly influenced the level of marital stress and conflicts for these men. This is also congruent with previous research which indicated that socioeconomic (SES) status, acculturation due to immigration, and

Mexican cultural orientation were related to attitudes about the expected gender roles for males and females (Grzywacz, Rao, Gentry, Marin, & Arcury, 2009; Ojeda, Rosales, & Good, 2008).

Another important revelation from the research was that these men wanted, yet appeared to be unable or unwilling, to seek emotional support for this stress from their partners. This was accompanied by social nuances towards the investigator that conveyed an implicit understanding about the experiences of Latino men. This was evidenced by phrases such as “Tu sabes (You know)”, “Sabes que uno como hombre Mexicano... (You know as a Mexican man...)”, and “Ya sabes cómo son ellas...(You know how women are).” While this formulated part of the bases for an open environment in the interview, it may also have been a method to avoid or externalize deeper sentiments or negative gender role behaviors. What this may indicate is that the traditional ideals of not displaying weakness, gender roles stereotypes of female roles, and lack of experience in emotional expression may continue to be an important deficit to overcome for this population. The resulting lack of emotional expression is important considering that some research has demonstrated that emotional restriction and a proclivity for anger places men at greater risk for physical aggression (Cohn, Seibert, & Zeichner, 2009). It is also important to consider that other research demonstrated that the inability to meet the expectations of female partners lead to increased stress and emotional problems (Kierski & Blazina, 2009). This was in line with earlier research on the more traditional and negative aspects of machismo (Mosher & Tompkins, 1988). Furthermore, it was also important to note that high levels of machismo and restrictive emotionality in Latino men have been previously linked to increased stress and

depression (Fragoso & Kashubeck, 2000). This suggests that taking into consideration factors that impact the financial stability of the family (both locally and abroad) can serve as a key indicators of the pressure, emotional stability, lack of emotional expressiveness, and risk for violence in this population. It is also important to consider that Mexican men have been shown to demonstrate increased mood problems due to the changes in migration and acculturation (Grzywacz et al., 2006).

IPV is a Spectrum of Abusive Behaviors

It was evident from the results that all of the men viewed IPV as a spectrum of negative and damaging behaviors towards females. All of the responses were congruent in that they identified a range of abusive behaviors that they or other men actively engage in with their female partners. Some men identified certain abusive behaviors as deviating from the norm which implied that perhaps certain types of IPV were normal to some extent. This implicit endorsement of some type of abusive or dominant behavior was in line with previous research with Mexican populations that demonstrated male-dominant power structures in relationships were positively correlated with abuse (Firestone, Harris, & Vega, 2003). The sample from this study reported that IPV behaviors were often utilized to avoid engaging in difficult discussions or managing external stressors of work, finances, or everyday problems. Another revelation was that many of the participants also reported awareness of how these behaviors manifested and some awareness of their capacity to change them. This sample of participants reported that the facilitator was a positive and open-minded “teacher” both in the formal interviews and the informal discussions with the group.

The Macho vs. the Man

Another significant finding was that this sample of Mexican men reported that while macho was characterized by purely negative masculine traits, manliness was considerably positive and often oppositional to macho. It is important to note that the men used the term “hombre” to describe masculinity. In the Spanish language there are a variety of terms that can be utilized after the word “hombre” to differentiate various types of male attributes. The transcripts revealed this in the terms utilized by the participants such as “de respeto (of respect), recto (straight), firme (firm), and don (sir).” These terms were all utilized to define or describe manliness. Manliness in this sense is a dynamic representation of masculine traits that are traditionally associated with the various roles, structures, and social expectations of men in the Latino culture. It is not a single characteristic but a spectrum of behaviors that males demonstrate which are assigned meaning by the social and familial structure. For example “don (sir)” generally refers to a man of respect who is an elder and has a certain standing in the family or community. Similarly, “un hombre firme (a firm man)” is a man which holds a certain level of trust and loyalty with the person or the group. This is interpreted as a man whom can be trusted and generally upholds the standards and ethics that are desired and expected by a particular group or community. For further analysis of the concept of Latino masculinity the reader is encouraged to see, Casas et al. (1993), Mirande (1997), and Sequeira (2009). These are the positive aspects of manliness that these men described in the interviews which were in opposition to macho or machismo.

The vast majority of the sample in this study readily identified macho as a negative constellation of masculine behaviors. All of the men who discussed the negativity of macho also reported that this was something not to be aspired to in relation to a positive existence. However, half of this sample labeled manly or manliness as a distinct set of positive masculine traits. These dualistic or often opposing themes regarding Latino masculinity are similar to previous research that has been done with similar populations (Arciniega et al., 2008; Mirande, 1997; Neff, 2001; Welland & Ribner, 2008). This is also consistent with the broader concept of multiple masculinities with various other male populations (Levant, 1996; Pleck, 1981; O'Neil, 2008; Smiler, 2004). Even for the men who acknowledged previous behaviors that were in line with the negative aspects of machismo, there was an active rejection of maintaining or regressing to these previous behaviors. These results seemed contradictory to previous quantitative research which examined the construct of machismo among Latino men and found that only 10% of the 148 men surveyed, represented the negative stereotypic view of machismo (Torres et al., 2002). The results provided by Torres et al. did provide evidence of machismo being a broader construct consisting of five dimensions of Latino masculinity. The differences between the results found in our study and the study by Torres et al. may be due to the differences in research design and population samples. The research done by Torres et al. utilized survey data which may limit the ability of the researcher to capture a full development of what this construct consists of for this population. The population sampled by Torres et al. had significantly higher levels of education (29% completing high school and 55% completing education beyond high school) compared to the sample in this study which had an Average Level of Education

of 9.3 years as indicated in Table 2. It is equally important to acknowledge that in qualitative research, the concept of multiple masculinities and the complexity of Latino masculinity may influence the results. The qualitative nature of this research allowed for the development of a more thorough discussion of machismo and it revealed other aspects of positive masculinity for this sample. This may indicate that although quantitative research may reveal the complexity of this construct with more educated populations (such as this investigator and the research team), qualitative data may be more applicable to evaluate this construct with Latino men with lower levels of educational opportunities. This is reminiscent of previous research that has stressed the importance of social learning on machismo research (Casas et al., 1993; Sequeira, 2009) and highlights the importance of conducting research that incorporates social, contextual, historical, educational and qualitative sources to gather a more complete picture of Mexican masculinity.

Marital Dynamics Influence IPV

The men in this study also reported that communication with their partner was an important skill in their ability to avoid incidents of IPV. One key factor that the data revealed was that these men desired to engage in constructive communication with their female partners. These men reported that their ability resolve relationship problem was an important feature that a couple needs to avoid IPV. There were many examples of this communication (i.e., CCC) present in these men's relationship style with their partners. This indicates that previous research on the benefits of educational components within group treatment for improved problem solving skills (Bennett & Williams, 2001;

Gondolf, 2004; Meichenbaum, 2001) is also applicable to Mexican male populations. Furthermore, this analysis provided more evidence that Mexican men seem to utilize the skills that are discussed and taught in group treatment. Latino men in group treatment are typically very interested in learning about managing conflict situations, improving social skills, and psycho-educational training on physiological states of emotions. This data supports the ongoing delivery of social skills training, particularly within marital relationships, to reduce incidents of IPV.

IPV Strains Parent-Child Relationships

A majority of the men in this study revealed concerns about the impact of their behaviors on the relationships with their children. This was an unanticipated finding given the previously stated goals for the study and the formulated questions for the interview which were focused on IPV, masculinity, and group treatment. It was also a finding that was not anticipated as holding such a prevalent role in the thematic outcomes. This highlights the importance of conducting research that allows for the development of a constructive narrative that is formulated strictly from the view of the participant not the theory. In light of these parameters this finding stands as an important aspect and perhaps an overlooked arena within the research on IPV and Latino men. A similar study by Welland and Ribner (2010) found that Latino men were interested in having parenting and father related issues included in group treatment for IPV.

While previous research has discussed the emphasis that Latino men place on children and families (Falicov, 1998; Gonzalez-Lopez, 2004; Gowan & Trevio, 1998; Klevens et al., 2007; Mattson & Ruiz, 2005; Mirande, 1997) there has been minimal

discussion about how family orientation can be applied to group treatment of IPV. The revelation that our sample of men in treatment for IPV who identified macho as a predominantly negative construct would have great concern for the impact of their behaviors on their children is a positive finding. This finding contradicts recent research which reported that Latino fathers' negative *macho* attitudes (i.e., rigid, aggressive, and domineering attitudes) may indicate lower paternal involvement, and positive, emotionally connected masculine attitudes (*caballerismo*) offer no prediction of higher parent involvement (Glass & Owen, 2010). The Mexican men in this sample could identify the negative aspects of machismo as well as positive aspects of masculinity while still having a strong sense of responsibility, concern and investment in their role as parents. These contradictory findings may once again be due to the nature of research with these similar populations in that the research by Glass and Owen (2010) relied exclusively on data gathered by surveys. Another study with a Mexican male sample that was similar in demographic characteristics (age, relational status, immigration status, SES) and also utilized qualitative research design found that Mexican men demonstrate a strong commitment to various domains of parenting and child welfare (Behnke, Taylor, & Parra-Cardona, 2008). This provides evidence for the differentiation in data outcomes that result from the type of research done with similar populations. It also indicates that perhaps the exclusive use of quantitative data limits the ability of the respondents to develop a contextual response to such complex social constructs as masculinity, fatherhood, IPV and cultural expectations.

Discussion Summary

This study demonstrated that a sample of Latino men in group treatment for IPV offer a rich diversity of themes that impact treatment. These men universally identified treatment as a positive and fruitful experience which afforded them an opportunity to learn about themselves and each other. Another finding revealed that Latino men seem to suffer from similar gender-based stressors common to other male populations. Financial pressures and work stress seem to be areas of prominent concern which appear to be highly influential in their ability to navigate intimate relationships. It was also found that IPV is not a simply defined phenomena but a complex construct that encompasses verbal, non-verbal, physical, and psychological aspects. These men reported that these behaviors were along a continuum with some implicit endorsement that IPV may be a part of normal intimate relationships. Another finding was that the majority of the men in this study readily identified the macho construct as one of dominant negativity. Interestingly, this macho construct was in opposition to what they identified as manliness or masculine, which was positive. This dualistic construction provides further evidence of the complexity and multiplicity of Latino masculinity. The study further revealed that Latino men who perpetrate IPV can experience difficulties navigating the complex emotional dynamics of intimate relationships. Finally, the study found that these men have a substantial investment in their children's emotional and social wellbeing as evidenced by their concern over the influence of IPV on children.

Taking into consideration these findings it may be important for psychological research to advance the body of knowledge that facilitates a better understanding of the

factors that bring about positive changes within a group treatment setting. Specifically, what group factors do Latino men endorse as integral to the formation and maintenance of a positive group therapy environment? It appears that Latino men struggle with and are impacted by, the socialized gender role expectations. This makes it important for researchers to develop clinical applications of established treatment protocols with men that include cultural/contextual factors. It may be equally important to understand the spectrum of IPV behaviors and critically analyze if there are certain factors (culture, social status, gender roles, emotional stability etc.) that influence these behaviors to formulate better routes of intervention. This study demonstrated that there is a need to refine the construct of Latino masculinity by including the discourse of Latino men. We can see that there are multiple contexts within which we can learn about how Latino men define themselves. This could assist in the creation of informed and sensitive treatment strategies for this specific population. And finally, further research should expand on the level of influence that family and intimate relationships have on Latino men. Expanding awareness of these influences can assist in understanding cultural and contextual motivating factors for the reduction of violent behavior beyond legal sanctions.

Study Limitations

Findings from this research may not be applicable to a broad Latino population due to the limited sample size and ethnic exclusivity of the sample. Another demographic characteristic of the sample was that all were immigrants who had primarily received their education outside of the United States. This further limits the ability to generalize these findings to populations that are second and third generation Mexican-

Americans or for whom their primary educational experiences are from within the United States. Within qualitative research it is important to acknowledge the biases that may surface from the expectations the participants may feel to provide answers that are congruent or expected by the researchers. The results may also have been influenced by the fact that all the participants had an average of 16.9 sessions completed in treatment as indicated in Table 2. This means that some themes may be demonstrative of the learning process of group therapy and the increased awareness of the impact of IPV on their lives and the lives of their family. No data were collected from a comparison group with other levels of group treatment experience (e.g. participants prior to the onset of group or participants at the end stage of group treatment). Findings should also be considered in the context of the person being interviewee and the interviewer, which in this case was a Mexican male of similar age and appearance. It would be important to consider the differences or possible variability in data outcomes if the principal investigator was of a different sex, cultural background, or age. Finally, due to the fact that all the participants were mandated for group treatment it is possible that they provided responses that were faithful to the program rules and guidelines. Mandated treatment can exude an influence over all interactions that are perceived as part of the program. Despite the standards and procedures done to ensure participant's understanding of the nature of study participation, they may still have reservations about disclosing information that may be perceived as unfavorable to the program or their reporting authorities.

Clinical Recommendations

It is important to take these results and place them within a clinical context to explore avenues that may benefit therapists who are currently, or anticipate, working with Latino men in group treatment.

The first recommendation addresses the theme of the positive impact that group treatment makes for this population. It is important for clinicians to remove their biases and stereotypes of Latino men's behavior early in the group treatment process. While an initial reluctance to engage in group therapy may be present at the onset of treatment, the results from this study demonstrate that Latino men perceive group to be a positive experience with significant benefits. The interviews revealed that the men had some initial reluctance to participate in treatment. Despite this initial reluctance, it seemed that the non-confrontational and realistic exchange of ideas and opinions amongst group members allowed for the development of a cohesive group. The participants reported that this seemed to facilitate an openness to listen, process, learn, and modify their behaviors. The data reveal that this may also be a key component for facilitators to take into consideration when evaluating men at the initial stages of treatment. It appears that a certain level of initial resistance or stoicism may only be a natural response to the mandated component of group treatment and a protective factor due to the unique relationships formed in the process of group. Due to the universal endorsement of the group's positive impact we can extrapolate that utilizing key components of group treatment at the initial stages of group such as structure to promote safety, psycho-educational discussions, generalizing experiences of fellow members, maintaining a non-

confrontational demeanor, and promoting a sense of camaraderie may facilitate the development of a positive group experience.

The second recommendation stems from the finding that IPV is a spectrum of behaviors. It is important for facilitators working with this population to consider the process of challenging beliefs about what constitutes IPV. This analysis revealed that it may be important for facilitators to recognize the differentiation these men assigned to the spectrum of abusive behaviors. This realization combined with the knowledge that these Mexican men are aware of the capacity to change their behaviors are important factors that can facilitate a constructive dialogue without the need to utilize strong confrontation or challenges to culturally bound expectations of masculine behaviors.

The third recommendation addresses the findings about the various definitions that Mexican men can assign to the construct of Machismo or Latino masculinity. It is important for group facilitators to assist each member to develop an understanding of the constructs of masculinity and machismo, as well as gender role expectations within a cultural framework. Clinicians working with Mexican men need to engage in ongoing clinical discussions with their clients to allow them to develop and explore their perceptions and beliefs about these constructs in order to gain a full appreciation of their relevance to treatment interventions and clinical outcomes. This should be done in a group format in order for men of all cultural orientations to learn about and understand the common factors that all men share and which impact their intimate relationships. The findings indicated that Latino men seem to have stressors that are analogous to other male populations. This could assist in the development of a cohesive group environment which

was seen in this study as a positive aspect of group treatment. It is also important for group facilitators to contextually evaluate the various economic factors that are a reality for Mexican and Mexican-American men. These factors may include aspects of educational attainment, job history, hours worked per week, immigration history, provisions to extended family networks (home and abroad), and community environmental factors. It was apparent that within this sample of Latino men their ability to maintain work stability to fulfill the role of financial provider was a key factor in the conflicts that arise within the home.

The fourth recommendation addresses the finding that marital dynamics influence IPV. It would be crucial for a group facilitator to measure the level of abilities and social problems solving skills that a group member has at the initial stages of group. Subsequent to this, it is important for group therapists to establish structured time within each group session to process the interactions and emotional reactivity demonstrated by the group participants towards each other and the facilitator. The results indicated that these men acquire and apply the social problem solving skills that are being taught in the group with their significant others. This learning process of conflict resolution and constructive intimate dialogue is often modeled within the safety of the group and appears to make a positive impact in the ability for this population to diffuse or resolve the antecedents of IPV episodes. Utilizing the group process as a forum for instruction of these skills may increase the level of awareness and interpersonal skills some men reported as lacking in their own personal relationships.

The fifth and final recommendation arises from the finding that IPV impacts parent-child relationships. It would be important for group therapists to incorporate more education on the impact of IPV on Latino children and families. This study revealed that Latino men have a significant investment in the lives of their children and learning about the damaging effects of IPV on their children and community may be a significant motivating factor. This form of cultural motivation may improve their investment in modifying behaviors in a manner that is more culturally congruent and less coercive than traditional legal/financial sanctions.

Implications for Future Research

This study revealed that Mexican/Mexican-American men who are in treatment for IPV describe a range of positive attributes to group treatment and endorse constructs of masculinity, parenting, marital dynamics, and external stressors which impact the group treatment experience. The exploratory nature of this research allows for the development of future directions with this population.

Latino populations tend to be generalized as a segment of the population which reduces the ability to obtain data that is culturally and contextually relevant for providers of psychological services. These data are an example of how contextual factors of the population under study (immigration status, economic aspects, family ties) can provide a more accurate representation of the perspectives and needs of the population. Future research should begin to narrow the range of population samples in order to further develop perspectives that are accurate and faithful to the population under study.

This sample provided valuable information about the impact of economic stressors on the primary relationships with both spouses and children. It would be valuable for research on IPV to investigate the role that these stressors have on the etiology, maintenance, and cessation of IPV. While these stressors are recognized in the treatment of IPV, it remains difficult to explicate how these stressors are correlated to the incidents of IPV, particularly as it relates to Mexican males. The unique challenges that this population endorsed can provide insight into the resilience, protective factors, and bicultural skill sets that have allowed these men (and other like them) to change their negative behaviors. Research with Mexican men can benefit from investigating this resiliency.

While the sample characterized macho as a negative constellation of behaviors, there was substantial interest in avoidance or rejection of those negative traits. Future research should evaluate the prevalence of negative consequences these men may experience as a result of their negative macho tendencies. This may facilitate the creation of culturally integrated curriculums that afford an open and honest discussion in group treatment. The development of such treatment curricula should be informed and driven by the perspectives that can be gathered by the use of qualitative research. Future research may incorporate the duality perspective of a quantitative and qualitative approach to improve the development of treatment parameters that are better suited for this population.

Finally, it is important to take these findings into consideration when developing cultural specific treatments for Mexican men who perpetrate IPV. It has been noted that

cultural *attunement* is preferable to cultural *adaptations* because *adaptation* simply modifies aspects of an existing psychological construct, program, or therapeutic approach whereas *attunement* makes treatments more ethnically and socially synchronized for use with a specific cultural group (Falicov, 2009). This study reveals that group treatment with Mexican men is an area which can benefit from this type of integrative research. The findings indicate that there are unique characteristics and belief patterns within this population that may be overlooked by utilizing a limited range of “established” research paradigms. It also underscores the need to continue utilizing qualitative research methods to explore complex social constructs like gender, violence, marriage, and family with Mexican male populations. These domains are ultimately what the vast majority of these men want to make their lives better. Psychological research can facilitate that growth by developing and analyzing data that respects and acknowledges the complexity of these constructs.

Personal Reflections

As the principal investigator, the study proved to be a task that was both challenging and rewarding. The evidence collected and discussed here was in many ways a reflection of the ultimate goal of this researcher - The development of a participant-based system of clinical interventions for Latino males who have perpetrated IPV. The study goals evolved from this professional goal and personal passion to provide the much needed voice of the recipients of the clinical services into the professional literature. After over a decade of providing clinical services to Latino men it was an existentially valuable experience to undertake this project and fulfill it to its potential. Utilizing the

phenomenological qualitative design facilitated the use of the researcher as a tool for data interpretation. This particular research approach is collaborative which indicates that the findings uncovered from the data may be as much a reflection of the researcher as it is the participant. This investigator, anticipated some of the findings discussed above but was somewhat perplexed by other aspects of the data. What is ultimately more valuable (and transparent) is the process of discovery and the willingness to discuss the reality of the influence that researchers exert on their findings. Within the findings of this study we view the congruence and incongruence between the views of the researcher and the participants. This deeper understanding provides a key component to the process of research which makes it necessary to understand the views of the researcher. This researcher utilized his personal reflections, cultural match, experiential understanding, and even family history, to integrate and gain access to the data from the population under investigation. By doing this we must acknowledge that the researcher may have impacted the data and ultimately the findings. To what extent this occurred is still unclear and certainly subject to further discussion by those who choose to analyze the findings for their own professional development. As the researcher, it is ultimately this discussion that will merit the development of future research questions and refined systems of interventions.

Throughout the process of data collection a number of reflections came to mind. For example, if I influence the data by my interactions with these men, then how do the participants influence me as the researcher? Another such question may be, how would the data change if another professional (woman, older adult, Caucasian etc.) were the principal investigator? And finally, would the data change if these men had not been

mandated to treatment? While this list is not exhaustive, it is a sample of the process of inquiry that a principal investigator must go through in order to find a deeper meaning to the data. The hope is that these questions may be fertile ground from which deeper understanding of this population will grow. This has been the goal of the principal investigator for many years. Phenomenological inquiry requires a process of inquiry from the researcher that forces a deeper level of understanding not just about the data, but about the phenomena. In this process we see that much like our clients, the process of growth for professional qualitative researchers may also occur from the personal experiences that are expressed, understood, and ultimately analyzed. This has been one journey of investigation of this investigator with the hope that many follow. Ultimately, both researcher and participant appear to seek the same thing, the understanding of Latino masculinity and the role this construct plays in IPV.

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Table 1

Participant Characteristics from Demographic Questionnaire

P #	Primary Language	Marital Status	Age	Yearly Income ^a	Years in US	Education Level ^b	Groups Completed	Number of Children
1	Spanish	Married	23	\$5,000	7	9	17	1
2	Spanish	Married	42	\$35,000	20	10	>20	2
3	Spanish	Divorced	42	X ^c	23	2	12	5
4	Spanish	Single	41	\$25,000	19	10	6	3
5	Spanish	Married	38	\$45,000	22	9	>20	5
6	Spanish	Married	32	\$15,000	19	3	>20	5
7	Spanish	Married	42	\$65,000	25	14	>20	1
8	Spanish	Cohabiting	23	\$45,000	5	15	>20	2
9	Spanish	Divorced	34	\$45,000	27	12	14	4
10	Spanish	Married	33	\$25,000	18	9	>20	1

Note. ^aIncome estimated based on ranges endorsed by participant. ^bYears of completed formal education reported by participant. ^cIndicates participant refused to respond on demographic questionnaire.

Table 2

Participant Averages from Demographic Characteristics

Age	Yearly Income	Years in US	Education Level	Groups Completed	Number of Children
35	\$33,899	18.5	9.3	16.9 ^a	2.9

Note. ^aAverage may be greater due to exact number of groups for participants with > 20 unknown

APPENDIX A

Review of the Literature

Author(s)/ Year	Research Question/ Objectives	Sample	Instruments	Research Design	Major Findings	Limitations
IPV						
Finkel, E. J., DeWall, C. N., Slotter, E. B., Oaten, M., & Foshee, V. A. (2009)	To examine whether self regulatory processes lead participants to resist violent impulses when responding to partner provocation .	Study 1: 251 undergraduate psychology students (182 females, 77.5% Caucasian). Study 2: 936 North Carolina Adolescents (median age 16, 78% Caucasian). Study 3: 71 undergraduate psychology students, (mean age 19, 55% Caucasian). Study 4: 66 undergraduate psych. students.	Study 1: Questionnaire regarding of an argument with a partner. Safe Dates Physical Violence Scale (SDPV)- modified. Study 2: 4 item impulsivity measure, SDPV, Study 3: Articulate Thoughts in Simulated Situations (ATSS). Study	Multiple studies: Study 1: Single survey within subjects design. Study 2: Single survey within subjects design. Study 3: Between subjects 2 group design. ATSS procedure utilized to expose both groups to negative IPV stimuli w/10 sec. & 30 sec.	Study 1: Participants were 2.5 times more likely to report a violent impulse during argument than enacting a violent behavior. Study 2: Participants scoring high in dispositional self-control perpetrate significantly fewer acts of IPV than do individuals who score low. Study 3: individuals who responded immediately were more likely to verbalize IPV tendencies than those responding to a delay. Study 4: Results suggest that self-regulatory resources are needed to inhibit violent impulses	Study only utilized college age, predominantly Caucasian samples which limit generalizability of findings. Self regulatory failure, as evaluated in the study, may not apply to cases of IPV that involve acts of intimidation, sexual coercion, or terrorism.

		<p>Mean age 18 83% Caucasian. 40 Undergraduate psychology students, mean age 19, 87% White.</p>	<p>4:Positive and Negative Affect schedule (PANAS). Study 5: Proximal Antecedents to Violent Episodes (PAVE).</p>	<p>delay response for each group. Study4: Within subjects 2x2 design with randomly assigned groups. Study 5: Within subjects 2x2 design with random assignments.</p>	<p>from being translated into violent behavior toward a romantic partner. Study 5:Self-regulation bolstering interventions may well reduce IPV perpetration. Studies provide support for the hypothesis that self- regulatory failure is an important predictor of violent behavior toward one's romantic partner.</p>	
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<p>Caetano, R., Ramisetty-Mikler, S., Caetano Vaeth, P. A., & Harris, R. (2007)</p>	<p>To examine the association between acculturation, acculturation stress, drinking, and IPV.</p>	<p>387 Hispanic couples (male-female) that were either married or living together. Couples were selected from an pool of participants that were part of a longitudinal study of 1,925 couples.</p>	<p>Questionnaire s:adapted Conflict Tactics Scale-R (CTS-R). Demographic data collected on Ethnic Identification, acculturation level, acculturation stress, average alcohol consumption, binge drinking frequency, sociodemographic variables.</p>	<p>Single survey design utilizing one time interviews with all participants. All data collected in Spanish by bilingual interviewers. Data was analyzed utilizing OLS regression analysis.</p>	<p>Results indicated that both acculturation and acculturation stress re associated with an increased likelihood of being involved in IPV. Drinking was not associated with IPV whereas the stress associated with the process of adaptation to the new country is directly responsible for the increased likelihood of involvement in a violent relationship. Authors suggest that perhaps violence between partners occurs in a way that is not connected with alcohol as much as among Whites or Blacks.</p>	<p>Data was not cross sectional and do not allow for analysis of behaviors prior to and after data collection periods. Selection bias may be in place due to the fact that overall 42% of original couples interviewed refused to participate in final analysis. Analysis also did not record the frequency of violence reported and the differences in reciprocal and one way violence.</p>
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Richardson, D. S., & Hammock, G. (2007)	Examines how the greater social context affects male and female aggressive responses and the immediate context of the relationship between two people affects the form or the extent of their aggressive behavior.	Adult males and females. Ethnicities ranged from samples of studies in various countries (US, Latin America, and Europe)	None	Reviews psychological and sociological research literature from quantitative studies on IPV. Examines research on forms of "everyday" aggression, excludes research on severe aggression (IPV leading to physical injury).	Gender alone is not a significant predictor of capacity to engage in non-violent aggression (psychological, emotional, social). it is important to also consider the broader social context of the aggressive behaviors (gender, national origin, type of aggression and motivation. It is important for researchers to determine when it is practically and theoretically important to focus on gender when studying aggression in couples.	Researchers omitted effects of other social conditions (i.e. institutional racism, gender expectations on relationships, religious practices). Data was not classified into ethnic subgroups. Conclusions based on consolidated data without designation into various ethnic groups. Inability to determine number of studies with Latino based samples.
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Straus, M. A., & Ramírez, I. L. (2007)	To determine the degree to which gender symmetry is found in partner violence in various US and Mexican cultures. To provide detailed data on severity, chronicity and couple types in partner violence. To compare results between male and female respondents .	Total N=1,446 students from introductory psychology/sociology classes at Universidad Autonoma Juarez, MX, University of New Hampshire, Texas Tech. University, and University of Texas, El Paso. 67% female, 33% male.	Data obtained from the previous International Dating Violence Study conducted at the Universities. Items utilized : Conflict Tactics Scale revised (CTS2), The Limited Disclosure Scale of the Personal and Relationships Profile (PRP), SES status measured by family income and parent level of education.	Volunteer single survey design. Questionnaires distributed to students at each University. Subjects were instructed to complete all questions if possible but permitted to omit any questions they did not want to answer.	All four samples demonstrated similar rates of assaults for men and women. The lowest rates of assault were reported in New Hampshire whites (29.7%) followed by Texas, non-Mexican whites (30.9%), then Texas, Mexican-Americans (34.2) and the highest being Mexicans in Juarez (46.1%). Rates for severe attacks were identical for both men and women. Among couples where there was an act of violence (severe or mild) perpetrated by only one partner the women were twice as likely to be the perpetrator. This differs from studies of spousal or cohabitating partners where the males are more likely to be the perpetrators.	All participants in the study were University students in their respective countries. Results demonstrated gender symmetry in rates of initiating IPV but did not offer other confounding variable that may account for symmetry (SES, level of education, student resources).
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Johnson, M. P. (2006)	Article proposes 4 distinct types of violence involved in "intimate partner violence" and advocates for the differentiation of each subtype to understand this construct. Also discusses influences of gender symmetry within each subcategory.	Adult males and females	None	Review of quantitative literature in both the traditional feminist perspective of intimate partner violence and the family violence perspective.	The author proposes that until researchers address the problems in sampling biases of both major perspectives our understanding of intimate partner violence will remain flawed. Author proposes 4 major types of intimate partner violence 1)situational couple, 2)Intimate terrorism,3)violent resistance,4)mutual violent control. All have different causes, developmental trajectories, consequences and prognosis. It is important for research to differentiate type of violence prior to initiating research.	All samples utilized in review are drawn from US or European samples. No data included for Latin American populations. Findings provide no recommendations for gathering qualitative data within samples, all survey based data for quantitative research.
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Marmion, S. L., & Faulkner, D. L. (2006)	Provide a general overview of the problem of IPV in various cultural and socioeconomic groups in the United States.	Adult men and women	None	Review of quantitative research and US census and crime statistics data	A major problem in understanding IPV among diverse cultural groups is the limited research and media attention the problem has obtained. Another problem is the tendency for researchers to blame culture for the prevalence of battering. When researching IPV it is important to take into consideration the variety of contextual factors that may influence the problems such as, immigration, gender role beliefs, socioeconomic status, racism, discrimination and level of acculturation. Immigrant women often have increased risk for IPV as a result of language, legal, familial, and traumatic elements involved in process of immigration.	Limited presentation of how IPV impacts specific cultural subgroups in the US. No discussion of protective factors within cultural subgroups for prevention of IPV.
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<p>Durose et al., (2005)</p>	<p>To provide information and statistics on family violence from national surveys and federal databases.</p>	<p>US Population participating in relevant surveys and residing in areas in which information is gathered from local, county and state agencies. Date provided to federal government by local and state authorities in all continental United States.</p>	<p>National Crime Victimization Surveys (NCVS), and federal, state and local institutions providing data to the US Dept. of Justice (DOJ), FBI, and Bureau of Justice and Statistics (BJS). Information gathered from 1998-2002.</p>	<p>Data is analyzed through frequency distributions and cross tabulations.</p>	<p>Of the 3.5 million acts of family violence committed 48.9% were crimes against a spouse Females were most likely to be the victims of family violence (they were 51.6% of total population but 73.4% of the total victims of family violence). Among violent crimes against a spouse 86.1% of the offenders were male. Among dating relationships 82.4% were male. The majority of spousal violence (78.1%) and boyfriend/girlfriend violence (64%) occurred in the victim's home. Of whites, blacks, and Hispanics, Hispanics were the least likely to experience family violence (10.1%). 73% of spousal abuse offenders were 30 yrs or older. 8.6% of murder victims in this report were killed by their spouse.</p>	<p>Analyses does not qualify various causes of violence or provide recommendations for interventions in family violence.</p>
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FBI. (2005)	The objective of the study was to analyze the data on domestic violence gathered from 1996-2001 in the Uniform Crime Report's (UCR) National Incident-Based Reporting System (NICBRS)	General U.S. Population residing in participating jurisdictions. (4,239 law enforcement agencies in 24 states, 17% of the total US population).	Gathered data submitted to the FBI from state, county, and local police agencies that participate in the national database reporting program for the NIBRS database. Data is submitted by 22 crime categories along with demographic information on victims and offenders involved in each crime.	Data is analyzed through frequency distributions and cross tabulations. Data is presented in outline for analyses by various researchers, educators, or the general public.	Findings: Of all family violence data (spousal, child, elderly) the most prevalent type was between intimate partners (32.4%). 78.4% of all spousal assaults utilized "personal" weapons (i.e., hands, fists, or feet). 99% of spousal assaults involved alcohol. 74.8% of the victims in all family violence were female. The most prevalent type of injury in spousal abuse cases was minor injury (no broken bones, lacerations, loss of consciousness or internal injuries).	Analysis does not identify various potential causes of violence or provide recommendations for intervention in family violence. Data is only presented as source of information.
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Schwartz, J. P., Waldo, M., & Daniel, D. (2005)	Identify the relationship between gender-role conflicts, self esteem and domestic violence in men who have perpetrated violence.	N=74, Men participating in a domestic violence group. Average age 31. Total Sample Included 47 Hispanics, 21 Anglos, 5 African-Americans, 1 other.	Gender Role Conflict Scale (GCRS), Rosenberg Self Esteem Scale (RSE), Conflict Tactics Scale (CTS), Controlling Behavior Scale (CBS)	Multiple survey questionnaire distributed to all participants in the domestic violence treatment group. Initial data were gathered during the final 30 minutes of the intake interview and for the following 6 consecutive weeks.	Findings indicated that men who reported gender role conflict in the areas of success, power and competition had greater incidents of physical assaults. Men with lower rates of self esteem reported more use of threats and intimidation. Finally, restrictive emotionality between men was related to increased use of isolation with their partners. The authors suggested that less emotionality between men increases the man's social isolation, increasing reliance on the partner for support and resulting in need to isolate partner from others.	Sample of "Hispanic" participants not differentiated clearly. Utilized only survey data for entire sample. Surveys utilized in study not normed on Latin American populations yet sample was predominantly "Hispanic". No analyses of how "emotionality" among men may differ between cultural subgroups.
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Shepard, M. (2005)	Evaluation of domestic violence research over the past 20 years. Goal is to find major innovations in treatment of domestic violence.	Adult men	None	Review of quantitative research that has focused on treatment programs for domestic violence offenders.	Studies suggest that in the past 20 years, coordinated community responses that include various agencies and uniform policies and procedures demonstrated increased identification and interventions that resulted in less violence towards women. The research indicates that the Duluth Model of coordinated community response to domestic violence is a major methodological innovation of the past 20 years of research on IPV. A second major innovation of the past 20 years has been the development of safety and accountability audits that have applied institutional ethnography to domestic violence programs, and criminal justice reform efforts.	Author does not address the influence of contextual factors (ethnicity, GRC, SES, etc) on the problems of DV or its treatment. Minimal discussion of limitations that have been identified in the Duluth model of IPV treatment. Analysis does not incorporate research from diverse ethnic samples.
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<p>Tilley, D. S., & Brackley, M. (2005)</p>	<p>The goals of the study was to develop a grounded theory approach of male intimate partner violence that is derived from the perspective of the male batterer.</p>	<p>N=16 men participating in a court mandated Batterers Intervention Program (BIP). Average age=37. 6 Hispanic, 5 Caucasian, 2 African American, 3 unknown.</p>	<p>Demographic data questionnaire. Semi-structured interview lasting one hour in length with each participant. All interviews were one hour in length and audio taped. Interviews replaced one hour of group participation. Interviews were conducted at the BIP site.</p>	<p>Grounded theory that utilized single semi-structured interviews with all the participants. Interviews were transcribed and coding was utilized to develop themes for theory development. Open coding broken down into axial coding and finally selective coding to develop major themes for theory.</p>	<p>Data revealed some core elements leading to male IPV, Justifying violence, minimizing violence, childhood exposure to violence, ineffective anger management, childhood exposure to violence, ineffective conflicts resolution. The authors developed The Violent Families Paradigm from information gathered. The authors advocate for focus on domestic violence to shift from victims to both victims and perpetrators in the context of their family lifestyle and family of origin experiences. The data showed that family influences can have a moderating effect in DV. Some participants reported that family influences exacerbated DV while other reported family influences deterred them from engaging in DV.</p>	<p>Small sample size. Entire sample was court mandated to treatment which may bias the sample responses in qualitative data. Researchers did not include discussion of IPV that occurs free of family influence or in families in which family influence is minimal. Cultural influences not clearly defined as a component of "family influence".</p>
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<p>Firestone, J. M., Harris, R. J., Vega, W. A. (2003)</p>	<p>To determine the link between culture change, male expectations, acculturation, gender ideology, and wife abuse.</p>	<p>Adult females living in the county of Fresno in central California in 1996 who participated in the Mexican American Prevalence and Services Survey. All participants were Spanish speaking and constituted approximately 40% of the total county population at the time (764,810).</p>	<p>Hispanic Stress Inventory, Modified acculturation questionnaire, abuse questionnaire developed by examiners, and demographic data questionnaires .</p>	<p>Single survey design utilizing one time interviews with all participants. All data collected in Spanish by bilingual interviewers. Data was analyzed utilizing OLS regression analysis.</p>	<p>Less traditional gender role ideology was predictive of intimate abuse, even after controlling for relationship power structures and demographic variables and their interaction with acculturation. When male spouses/partners insist on having their own way, female partners/spouses are at a significantly greater risk for experiencing abuse. Having a more traditional gender role ideology may act as a protective factor against abuse. Women's belief in traditional gender roles helps prevent conflict when the male insists on getting his own way. Or women with more traditional gender role beliefs are less likely to report abusive experiences.</p>	<p>Self reports taken from surveys may be biased due to possibility of underreporting of unfavorable life circumstances on the part of respondents. Generalizability may be limited to due to geographic limitations of sample. Unable to establish clear correlations in findings due to use of cross-sectional data.</p>
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Sugihara, Y., & Warner, J. A. (2002)	To examine gender difference and aggressive behavior, as measured by income and education, in intimate relationships among Mexican Americans.	316 Mexican Americans in South Texas (161 male, 155 females). Mean ages were 34 and 32 y/o. Education levels: males 13.5, females 13.6, All were English speaking.	Demographic questionnaire, Dominance Scale, Conflict Tactics Scale 2 (CTS2),	Volunteer single survey design. Questionnaires distributed to volunteer participants by college students in south Texas community. Subjects were instructed to complete packets but were able to opt out of any questions or form.	This study revealed that for these participants, women used aggressive behavior almost as frequently as men in their relationships. Study also found that lower income males and females were more likely to report having physically assaulted their partners. Men with higher incomes and more education had lower level of reported aggression towards their partners. For men, identification with dominance in decision making was associated with physical assault, whereas partner devaluation was associated with severe assault that inflicts injury. Females who scored higher on possessiveness and male devaluation also had higher rates of physical assaults.	Sample was geographically limited with a small range age for participants which may impact generalizability. Dominance Scale that was utilized was validated with Non-Hispanic White college students which is a different population than sample for study. Study interprets results based on level of acculturation yet did not administer any acculturation measures to participants.
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Author(s)/ Year	Research Question/ Objectives	Sample/ Participants	Instruments	Research Design	Major Findings	Limitations
Group Treatment for IPV						
Stover, C. S., Meadows, A. L., & Kaufman, J. (2009)	To review the research literature on evidence based treatments for intimate partner violence (IPV) for perpetrators and victims of IPV.	Adults, children and adolescents.	None	Formal quantitative analysis of 22 selected studies in MEDLINE and PsycINFO data bases through June 2007. Inclusion criteria was:(a) experimental study randomized treatment and control), (b) sample size of at least 20 participants per group, and (c) recidivism or measures of	For interventions focused on perpetrators, recidivism rates fell in the 30% range across studies. These programs demonstrated no or minimal impact on IPV above that of mandatory arrest alone. Regardless of group type, most studies found approximately 1 in 3 cases will recidivate within 6 months. The review found that no interventions produce long term effects or are effective in reducing long term violence. Combined Behavioral Couples Therapy (BCT) and substance abuse treatment was found to be effective.	Review only focused on published research which may limit findings. Difficult to specify cultural factors that may prove more or less beneficial for certain groups given the breadth of study inclusion criteria.

				violence severity as an outcome variable..		
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Dutton, D. G., & Corvo, K. (2007)	Research paper that discusses both epistemic and methodological shortcomings in research for the efficacy of the Duluth Model of treatment for IPV with men.	Adult males and females. Ethnicities ranged from samples of studies in various countries (US, Latin America, and Europe)	None	Review of quantitative literature in both the traditional feminist perspective of intimate partner violence and the family violence perspective.	Paper discusses the parameters that exist which provide support for the failed premises that the Duluth model is based on. These include: The lack of clinical etiology in which the model is based, the concept that anger is not component of IPV, that surveys don't produce accurate findings, violence is unilateral (male to female), that failure of Duluth programs is based on factors other than the model, IPV is based solely on power and control dynamics, and that research against model is selective.	Paper does not include description of cultural factors that may provide additional support for criticism of the Duluth Model. Article proposes that gender ideology is primary motivation for argument in favor of Duluth model without acknowledging any benefits from research on the model in various settings or from other samples.
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Gondolf, E.W. (2007)	The article presents research and methodological support for the Duluth Model of IPV treatment as a response to other researchers criticism of the model as a "failed approach"	Adult males and females. Ethnicities ranged from samples of studies in various countries (US, Latin America, and Europe)	None	Review of quantitative literature in both the traditional feminist perspective of intimate partner violence and the family violence perspective.	Article proposes that the Duluth model of treatment for IPV is a methodologically and clinically successful approach to treatment. It utilizes research on the model from late 1980's through current findings which provide data on the efficacy in treatment. The author proposes that the Duluth model does not incorporate CBT approaches, gender based interventions, social accountability, and intersystemic collaboration as a means of addressing the problem of IPV. It also proposes that critics of the model are pursuing an agenda that may hinder progress in this area of research.	The article provides minimal accountability for the various differences that exist between programs that utilize the Duluth model as a primary source of intervention. The author does not differentiate rates of success based on these variations within programs. No discussion of cultural factors that may impact research outcomes.
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<p>Lawson, D. M., Barnes, A. D., Madkins, J. P., & Francios-Lamonte, B. M. (2006)</p>	<p>To examine attachment pattern change and its relationship to symptom change with partner violent men using and integrated (CBT, feminist, psychodynamic) approach in group therapy.</p>	<p>33 men who were participating in group treatment as a condition of their probation. 14 AA, 9 Cau, 9 His, 1 NA. Age mean 32. Ed mean 11.8, low-lower middle SES.</p>	<p>The Outcome Questionnaire-45 (OQ-45), Global Assessment Scale GAS), 18 item Adult Attachment Scale AAS), Conflict Tactics Scale (CTS), and demographics questionnaire.</p>	<p>Participation was voluntary. ABA design with total of 4 separate treatment groups lead by a male and female therapy team. Each group lasted 17 weeks. OQ-45 and CTS were administered at pre and post treatment. AAS administered at baseline, pre, and post treatment. GAS was only measure rated by therapists at pre and post treatment.</p>	<p>Study determined that from pre to post treatment 13 men (39.4%) developed a secure attachment style. From pre to post treatment both secure and insecure unchanged men reported an increase in avoidance of closeness. The authors suggest that it is important to distinguish the various types of secure men in the process of change due to the data revealing that it can lead to either increased avoidance or increased closeness. Secure changed men demonstrated the most positive treatment outcome. Even though all men reported a reduction in violence there were no clear links found between attachment and violence reduction.</p>	<p>Small sample size (N=33) and limited range of multicultural representation makes results difficult to generalize to a specific population. Repeated measures design may lead to learned bias from within questionnaires. No post treatment evaluations done on any participants as well as lack of ancillary reports from significant others or family members to corroborate reported changes.</p>
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<p>Silvergleid, C. S., & Mankowski, E. S. (2006)</p>	<p>To identify the key factors in the process of change for men who participate in a group form of Batterers Intervention Program (BIP).</p>	<p>Total sample N=19. 9 group participants (all Caucasian males ages 28-35 10 group facilitators (9 Caucasian males, 1 unidentified)</p>	<p>Semi structured interviews done by researchers with group participants who had successfully completed the program and 10 group facilitators. Interviews were focused on each participants' perception of aspects that lead to the process of change within the program.</p>	<p>All participants were identified and referred by the group facilitators as "good" subjects for the interview. Interviews were focused on aspects of group that promoted change in the participants. Interviews were 60-90 min. Facilitators were also interviewed about the perceived benefits to the process of change in group participants.</p>	<p>The findings of the study revealed that both community (criminal justice, family pressure) and group (group cohesion, modeling, trust in facilitator) level interventions interact and contribute to the process of change. Facilitators and participant responses were congruent for a majority of factors with the exception of the influence of extra therapeutic factors (criminal justice system, family pressure) and individual willingness to change. These factors were more emphasized by the participants than the facilitators. Both facilitators and participants emphasized group level processes (modeling, balancing support/confrontation, mentoring and sharing) as key factors in change.</p>	<p>Small sample size (n=19) with almost exclusive Caucasian population makes ability to generalize findings difficult. No data was gathered outside of participants and facilitators to corroborate findings. Data was gathered following successful completion of program which may bias the data.</p>
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Babcock, J. C., Green, C. E., & Robie, C. (2004)	To provide a formal quantitative summary of the research on the effect of batterers' treatment on violence recidivism.	Adult men	22 Studies received from PsycInfo Archives that met inclusion criteria: 1) quasi-experimental designs compared treatment groups to no treatment groups 2) true experimental designs w/ randomly assigned subjects to treat, and no treat. Groups.	Formal quantitative analysis of the selected studies. Analysis was done on major factors effects due to: treatment type, study design, and method of assessing recidivism.	The analysis revealed that the effect of group batterer intervention on recidivism is in the "small" range. It also revealed that there were no significant differences in the average effect size between the 2 major forms of treatment (Duluth model and CBT). Regardless of reporting method, study design, or type of treatment the effects of group treatment on recidivism remained small. Although the difference in effect size is only 5% between men who received treatment plus sanctions, and those that only received sanctions, the authors due concede that this would equate to approx. 42,000 women per year who are no longer battered.	Strong variability within then studies that met criteria for inclusion (attrition, recidivism, and inclusion rates). Variability across studies of "successful" treatment also may mislead results. Lack of consistent partner reports with longitudinal samples also may affect outcomes.
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Brownlee, K., & Chlebovec, L. (2004)	To examine the self reports of men who attended a group treatment and identify elements of the group that were reported as helpful in changing violent behavior.	88 adult male participants who were mandated to participate in a batterers group treatment program.	Evaluation forms and likert scale questionnaires containing 2 open ended questions regarding how they were helped and what they did not like about the services were analyzed.	Evaluations and questionnaires were analyzed utilizing open coding and constant comparison methods to develop major categories. All participants provided questionnaires voluntarily and anonymously as part of the intake program.	The study found that most men reported the group as a positive learning experience. Most of the men reported having witnessed or experienced DV as a child and the educational components of the group were viewed as instrumental in learning how to recognize abusive behaviors and empathy for the abuse they had suffered and later perpetrated against another. Building a climate of mutual respect was also an essential component to achieving change, allowing empathy, focusing on self, and accepting responsibility.	Study data was gathered anonymously therefore no differentiation can be made between mandated and voluntary group participants. No designation of cultural factors that may compromise elements identified as "helpful" by participants. Self report responses may be biased towards social favorability.
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Gondolf, E. W. (2004)	The goal of the study was to evaluate the effectiveness of batterer treatment programs and develop an understanding of the methodological issues regarding similar program evaluations. An added component was to develop a strategy for improved program effectiveness for group treatment.	Total sample N=840	Intake questionnaires, MCMI-III, alcohol test (MAST). Interviews w/ partners at 3-month interval for 4 yrs. post program completion.	A multisite evaluation of 4 established programs, with a quasi-experimental study for each program.	The analyses of the full sample at the 4 yr. follow up period revealed: 49% reduction rate of reassault (50% reduction rate for men who completed the program as compared to those who dropped out), treatment effects were no different between longer and shorter programs, and 25% of the men reassaulted their spouses several times but did not show any significant distinctions in personality profiles from those men who did not reassault or reassaulted on only one occasion. Overall CBT group interventions were seen to have positive treatment effect. Program structure (intensity and frequency) and system coordination was seen as an important consideration in implementing future programs.	Minimal representation of multicultural populations (African American and Latino in particular) utilized in overall sample. Meta-analyses may produce diminished effect size in overall findings. Samples utilized were exclusively US populations with minimal representation from men in Latin America, Europe, or Asia.
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Rivette, M., & Rees, A. (2004)	To describe a systemic group therapy approach for treatment of domestic violence with men.	Adult men	None	Qualitative analysis of Cardiff Domestic Violence Prevention Service (DVPS) in a community based counseling center.	Paper proposes that in order for men to change their abusive behaviors with females it is important to utilize a systemic approach that combines family therapy interventions in a group context and the Duluth model of DV treatment. The model utilized by this team incorporates working within a system of agencies, retaining a systemic perspective and using system tradition techniques in group work. The authors propose that this approach can "deconstruct the wider systems which support misogyny and promote male privilege while working in a multiagency arena to increase the safety of children and women".	Single sample population of Wales, UK which limits generalizability of recommendations and hypothesis. Paper does not utilize any data from the program (rates of recidivism, questionnaires from participants, or surveys with family members) to evaluate its success or rates of change in violent behavior.
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<p>Taft, C. T., Murphy, C. M., Musser, P. H., & Remington, N. A. (2004)</p>	<p>To examine what factors would be predictors of working alliance among men in a CBT group for partner abuse.</p>	<p>107 men participating in group treatment for DV at a community mental health agency. (54% Cau., 38% AA, 3% Asn., 2% His., 2% NA, 1% other.) 12% self referred, 88% pending legal case or actively mandated.</p>	<p>Self-Report Psychopathology Scale-II (SRP), Self-Report Instrument for Borderline Personality Organization (BPO), Inventory of Interpersonal Problems (IPP), Self-At Home Instrument, Working Alliance Inventory (WAI),</p>	<p>Voluntary participants were selected and completed questionnaires throughout the length of treatment. All participants were placed in a 12 week group co-led by a male-female team. Each participant received: SRP, BPO, IPP. Before 1st session they completed Self at Home Inst. At sessions 3, 5, 11, 13 therapist and clients completed WAI.</p>	<p>The study found the following factors associated with positive working alliance formation: high motivational readiness to change, low psychopathic personality characteristics, low borderline personality disorder traits, fewer total interpersonal problems, self-referred status, married status, and higher age and income. Readiness to change was found to be important for establishing a positive working alliance. This was the only factor significantly associated with all four sets of ratings (i.e., early and late ratings from both client and therapist). Authors suggest efforts should be made to focus on motivation and readiness for change in IPV treatment.</p>	<p>Sample predominantly Caucasian and African American (only 2%Hispanic). Number of factors that may be implicated in findings may benefit from greater sample size. Data was only gathered from participants even though facilitators impressions may be implicated in "working alliance" variable.</p>
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<p>Morrel, T. M., Elliott, J. D., Murphy, C. M., & Taft, C. T. (2003)</p>	<p>To compare the effectiveness of structured CBT groups with supportive groups in reducing rates of physical and psychological abuse by men against women.</p>	<p>86 men who were participating in group treatment for partner abuse at a community mental health center in Howard County, MD. Average age was 34.7 yrs. and 60% were Caucasian, 30% African American, 3% Asian, 2% native American, 1% Hispanic, 2% Other.</p>	<p>Revised Conflicts Tactics Scale (CTS-2), Criminal recidivism review, Incident measures of aggression, Global impression of change scale, Verbal problem Checklist (partners), Safe At Home Instrument, Rosenberg Self Esteem Scale (RSES), Self efficacy Questionnaire,</p>	<p>Between subjects design with 2 groups. Pre and post test measured were administered independently to both treatment groups. First group received structured CBT group (16 Sessions) second group received support group treatment (16 sessions). Data was analyzed utilizing ANCOVA's with pretreatment level of the variables as the covariate.</p>	<p>Study found that for this sample CBT was not more effective than this Support group therapy in reducing abusive behavior. Overall both conditions seemed to demonstrate a significant reduction in physical assault, psychological aggression, injuries and sexual coercion. At post treatment, supportive therapy was associated with greater self reported self efficacy for abstaining from verbal aggression and higher collateral partner reports of clients use of nonaggressive negotiations to manage conflicts.</p>	<p>Study did not utilize a non treatment group to determine if changes may be due to variables other than treatments (legal sanctions, participation in any group activity, sample attrition, maturation, or repeated testing). Sample size, limited geographic location, and ethnicity makes generalizability cautious at best.</p>
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DiGiuseppe, R., & Tafrate, C. R. (2003)	To analyze the research data on the overall efficacy of psychological treatment for anger problems.	Men and women. Adolescents males and females.	None	Formal quantitative analysis of the selected studies in MEDLINE, Dissertation Abstracts and PsycINFO data between 1970-1998. Inclusion criteria was:(a) publication after 1970, (b) provide at least one anger outcome measure,(c) provide at least two treatment sessions, and (d) provide enough information to calculate effect sizes for group data. Overall 57 studies were analyzed	Results indicated that subjects who received treatment showed significant moderate improvement compared to untreated subjects and a large among of improvement when compared to pretest scores. Overall data found that interventions reduced aggressive behaviors, increased positive behaviors, and that treatment gains were maintained following treatment. The study also found that the use of individual sessions (versus group) significantly predicted higher effect sizes on measures of non angry positive behaviors.	Data was not differentiated for cultural groups therefore making it difficult to identify if there were differences in findings for specific ethnic groups. Data also included unpublished dissertations that may limit findings.
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Bennett, L. W., & Williams, O. J. (2001)	To provide an general overview of batterer intervention programs from a historical, theoretical, and sociological perspective.	Adult men	None	Informal conceptualization of program history, intervention theory, and general practice guidelines utilizing data from both sociological, psychological, and forensic perspectives to present overview of group interventions and structure of systemic treatment approach.	Chapter discusses importance of general focus of the majority of batter intervention programs which is to rehabilitate, increase victim safety and provide justice for victims. Most programs are created and intermixed within a larger legal system of care. Most programs employ a time-based completion criteria which may not be indicative of behavioral change. Program effectiveness is still a major controversy within the field of IPV group treatment. Studies yield contradictory or tentative results at best. Methodological issues remain a large barrier to effective evaluation of programs. Lack of program standards, interactions with other systems, and cultural competence remain as barriers to improved efficacy of programs.	Authors do not provide data that supports lack of evidence for cultural competency within the field of group treatment for IPV. Minimal focus on specific cultural variables that impact successful treatment of IPV in groups for multicultural groups.
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Buttelle, F. P. (2001)	Two goals for the study: 1) Does the current treatment program alter level of moral reasoning of court-ordered domestic violence offenders, 2) Are their differences in moral reasoning between African American and Caucasian participants.	32 adult men (84% African American), participating in a court mandated treatment program for domestic violence in Mobile County, Alabama.	Defining Issues Test (DIT), Demographic questionnaire. All subjects received a 12 week, structured CBT group treatment.	Within subjects non-equivalent control group design with 2 groups of participants. Pre and post test measures were taken of all participants.	Analysis revealed that there were no significant differences in levels of moral reasoning between pre and post treatment measures. Data further revealed that there was no significant increase in level of moral reasoning which may indicate that the program is relatively ineffective in influencing moral reasoning that may lead to long term change in abusive behaviors. No significant differences were found in moral reasoning scores between both ethnic groups.	Low sample size, limited geographic range, and high rate of recidivism (28%) make findings difficult to generalize. Higher participation of African American sample makes comparison difficult for all variables. Study only utilized one measure of moral reasoning and did not take into account other factors that may lead to positive behavior.
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Meichenbaum, D. (2001)	Evaluate the literature on CBT treatment for aggression behaviors. Incorporates both individual and group treatments	Adults and Adolescents	None	Overview of data, interventions quantitative research, and treatment protocols for anger problems in adults and older adolescents. Utilizes analysis of research and provides direct intervention strategies in group and individual formats.	<i>Treatment of individual with anger-control problems and aggressive behaviors:</i> Utilizing CBT to improve social skills and distorted automatic thoughts to reduce violent tendencies. Strong support for role of social processing and core beliefs as contributing factor to aggressive behaviors. Socratic questioning as a means to address cognitive deficiencies inherent in emotional reactivity for angry clients.	Minimal discussion of multicultural factors that may influence social skills deficits (racism, migration, SES, acculturation, spirituality). Generalization problematic due to heterogeneity of samples.
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Beck, R., & Fernandez, E. (1998)	To evaluate the overall effectiveness of cognitive behavioral treatment for anger in men.	Adults, children and adolescents.	None	Meta analysis of quantitative studies that focused on utilizing CBT to treat anger. Studies were gathered from pool of PSYCINFO database between 1970 and 1995. Total of 50 nomothetic studies incorporating 1640 subjects were utilized for final analysis.	Analysis revealed that CBT is an effective time limited treatment for anger control populations. Overall analysis revealed a moderate treatment effect (.70) when CBT was utilized. The authors conclude that the popularity of CBT in the treatment of anger is justified by its effectiveness in achieving the desired treatment goals.	Study did not identify differences between group and individual treatments. Lack of documented cultural mix of populations in studies makes findings difficult to generalize to specific populations. Analysis included non-published studies (e.g. dissertations) which may affect results.
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<p>Tafrate, R. C., & Kassinove, H. (1998)</p>	<p>To evaluate the effectiveness of rehearsing rational self statements in individual rational emotive behavioral treatment for anger reduction.</p>	<p>45 men participating in individual therapy for anger. Mean age 33.64. 42 Caucasian, 1 Latino, 1 African American, 1 Asian.</p>	<p>Speilberger's Trait Anger Scale, Exposure to Barb technique in individual therapy (the experimenter systematically delivers negative statements designed to provoke anger. Following exposure men were taught one of the conditioned statements.</p>	<p>A between subjects design utilizing a 3x2 (condition x time) randomize pretest and posttest. 15 participants were placed in one of 3 conditions barb exposure with rational self statements, barb exposure with irrational self statements, barb exposure with irrelevant self statements.</p>	<p>In response to imaginal and face-to-face provocations, men who practiced rational self-statements were less angry on measures of state anger, anger-out, dynamometer intensity, and dynamometer frequency. Results also indicated that men in the rational self-statement condition did report that they were less likely to express their anger outwardly as compared to the men in the other two conditions. The results suggest that REBT-based intervention strategies have potential for the effective treatment of situational anger problems</p>	<p>Sample was not randomized thereby increasing the probability of biased results from data. No data collected from adjunctive sources which make findings difficult to corroborate. Sample was limited in ethnic representation making findings difficult to generalize. All conditions administer by single investigator.</p>
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Author(s)/ Year	Research Question/ Objectives	Sample/ Participants	Instruments	Research Design	Major Findings	Limitations
Male Identity Development						
Moss- Racusin, C. A., Good, J. J., & Sanchez, D. T. (2010)	To examine the impact of perceived value and importance of one's gender identity on self- reported ability to take the perspective of others with devalued identities.	155 heterosexual male college students enrolled in General Psychology courses. 49% were White, 32% Asian, 7% Black, 7% Hispanic, 2% Multiracial, and 3% Other ethnicity. Ages ranged 18-35 with average of 19.23.	Collective Self Esteem Scale (CSE), Gender, and Identity versions, Interpersonal Reactivity Index (IRI), demographic questionnaire.	Within subjects single survey design. Participants recruited from pool of course attendees. 2x3 Factorial design for independent measures.	Results indicated that for men who place importance on their gender identity, perceiving this identity to be publicly devalued was associated with increased partner perspective taking. When men perceived their identity to be devalued, they showed increased relational abilities in the form of perspective taking of their female relationships partner.	Sample was limited in age range, educational level, and ethnic predominance. This may limit ability to generalize findings. Research was limited in number of measures utilized to measure multifactor constructs such as gender identity and self esteem.

Cohn, A. M., Seibert, L. A., & Zeichner, A. (2009)	To examine the relationship between Restrictive Emotionality, trait anger, and masculine-relevant threat as predictors of aggressive behavior in men.	128 undergraduate male students from the University of Georgia. Mean age=19.3, Mean education level=14. 80.5% of sample was Caucasian, 97.6% were single.	Gender Role Conflict Scales (GRCS), Anger subscale of Buss Aggression Questionnaire (BAQ), The Positive and Negative Affect Schedule-Expanded Form (PANAS-Ex), The Response Choice Aggression Paradigm (test designed to administer shocks to confederates).	Between subjects design with 2 groups randomly assigned to measure dependent variables. Measures were administered prior to presentation of stimuli. Participants were randomly selected (55 in condition 1 and 56 in condition 2). Condition one consisted of competing against a confederate in a reaction time task and allowed to administer shocks to the person. Following task	Restrictive Emotionality (RE) was not significantly associated with Trait Anger (TA). There appeared to be differences between those who shocked and those who did not on level of RE. The study further revealed that higher levels of RE, TA, and Threat were associated with higher shock frequencies. The authors concluded that this indicates that RE and a proclivity for anger combined places men at greater risk for physical aggression. It appears that RE alone does not place men at such high risk. Another finding was that men who received a masculine threat became aggressive earlier in the interaction and that threat accounted for a significant amount of variance in the number of shocks administered throughout trials.	Findings may be difficult to generalize due to homogeneity of sample in terms of age, education, SES, and ethnicity. Measures of RE were limited to single measure and study did not incorporate collateral sources for validity of self reports regarding RE construct. Sample size was limited.
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				feedback was provided describing subject as feminine (threat). Condition 2 was equal except the feedback was given as masculine (non-threat).		
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Kierski, W., & Blazina, C. (2009)	To examine the extent to which the Fear of Feminine (FOF) construct influences, and affects men's lives.	31 male volunteers with ages ranging from 25-78 (Mean=44.5). All were UK residents and recruited from public outlets within the UK.	Gender Role Conflict Scales (GRCS), Semi-structured interview utilizing 9 main questions.	Quantitative and qualitative research design. All subjects received GRCS. Sample distribution of high and low GRCS scores were divided into 2 categories and sample of 12 subjects taken from both categories were utilized for semi structured interviews.	All subjects some form of FOF construct present resulting in varies perceived differences between male and female gender roles. Furthermore, all subjects reported fears themed on isolation, letting others down, and death. Research demonstrated that both internal and external triggers could trigger psychological and physical defenses such as overt aggression and competitive behavior.	Sample size, geographic location, and cultural make up was limited making generalization difficult to all male populations.
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<p>Reidy, D. E., Sirk, S. D., Sloan, C. A., & Zeichner, A. (2009)</p>	<p>To examine the effects of female gender role violations on the elicitation of physical aggression by men.</p>	<p>64 undergraduate male students at the University of Georgia. Average age 19.6, mean level of education 14.2, and modal family income \$70k. Sample: 86% Caucasian, 10.9% African American, 3.1% Asian.</p>	<p>Demographic form, Hypermasculine Index (HMA), Response Choice Aggression Paradigm (adaptation of Taylor TAP task).</p>	<p>Between subjects design with 2 groups randomly assigned to measure dependent variables. Measures were administered prior to presentation of stimuli. Participants were randomly selected (31 in condition 1 and 33 in condition 2). Condition one consisted of responding and administering pain shocks to a female confederate who was hyper feminine. Condition 2 was equal</p>	<p>Results indicated a positive correlation between higher masculinity scores and more general aggression, initial aggression, and extreme aggression. The study further revealed that men, as a whole, aggressed equally toward a female confederate regardless of gender role violation or conformity. However, when looking at hypermasculine men, evidenced significantly more general and extreme aggression toward the opponent who did not endorse traditional feminine gender role beliefs. For this population it appears that for hyper masculine men, the use of violence is more likely when they perceive that woman's behavior violates traditional feminine gender role norms.</p>	<p>Findings may be difficult to generalize due to homogeneity of sample in terms of age, education, SES, and ethnicity. Participants were not administered any other measures to assess gender construct. Sample size was limited.</p>
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				except the female confederate was hypo feminine (non conforming to traditional feminine norms).		
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Moore et al., (2008)	The goal was to investigate the relationship between the specific factors of the Masculine Gender Role Stress (MGRS) scale and types of intimate partner violence among a sample of violent men.	339 men attending a mandated batterer intervention program in Rhode Island. Mean age was 33.3. Yrs. Mean education level was 12.0 years. Sample was: 70% Caucasian, 13% African American, 9% Hispanic, 2% Native American, 25 Asian, 4% Other.	Demographic questionnaire, MGRS scale, Revised Conflict Tactics Scale (CTS2).	Within subjects single survey design. Participants recruited from pool of attendees in the program. Each participant was provided the measures during their tenure in the mandated group program. Average length of completed sessions before being administered the measures was 9.7 sessions.	Results demonstrated that the MGRS is an appropriate tool for measuring violence among this sample. Results indicated that the five factor model of the MGRS was an "excellent fit" for this population than the single factor model. Within the specific domains the study found that "Intellectual Inferiority" was positively correlated to increased risk for physical injury to the partner. The "Physical Inadequacy" scale was positively associated with increased risk for sexually coercive and abusive behavior. In the "Performance Failure" scale there was a positive correlation with increased risk for verbal and psychological aggression.	No collateral information was collected from partners or relevant informants that would corroborate the accuracy of the participant's self reports. Data was collected once treatment had initiated which may reflect more of a change in attitude rather than actual reports from previous attitudes/behaviors.
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O'Neil, J. M. (2008)	To provide a systematic summary of the research on Gender Role Conflict (GRC). Review of theoretical foundations, psychometric properties, issues in research, summary of major findings and recommendations for future research.	Adult males	None	Literature review of findings from 232 empirical studies that used the Gender Role Conflict Scale (GRCS) within their studies. Review of literature was limited to articles published between 1982-2007.	Overall conclusion is that "GRC is significantly related to men's psychological and interpersonal problems and therefore an important construct for psychologists and other helping professionals". GRC has been found to be a reliable and valid research construct utilizing sound psychometric properties. GRC is found to be significantly correlated to psychological problems in men. GRC is significantly correlated with depression and low self esteem across cultural samples. In all, 22 studies have focused on GRC and men's negative or violent attitudes towards women. These studies found that "GRC is significantly related to thoughts, attitudes, and behaviors that are abusive and violent toward women.	Review has minimal data on how GRC has been researched across cultural and contextual boundaries (immigrants, gay and lesbian communities, adolescents etc.). Major findings for validity of GRC as a research paradigm have been on college samples or adult heterosexual men which may impact generalizability of findings to other cultures, SES, or age groups.
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Lisak, D., Beszterczey, S. (2007)	The primary purpose of the study was to provide detailed information about many interacting factors in a life history that contribute to the transformation from victim to perpetrator of violence.	43 adult male death row inmates	Data was gathered from social histories written by mental health professionals based on interviews with inmates and third party sources (family acquaintances, former teachers etc.) and life history documents (school, medical, psychiatric, military and social service records).	A qualitative study utilizing Consensual Qualitative Research (CQR). Qualitative analysis of multiple intermediary factors that were analyzed from the documents and coded for relevant themes.	All but two subjects were physically abused, more than half were sexually abused, and almost 90% were verbally abused. Over 80% of the sample witnessed violence, and 100% of the subjects suffered some form of neglect. For more than 80% of the sample, the abuse and violence they experienced met the criteria for "terrorization." Over 90% of the subjects had family histories of substance abuse. The abuse and neglect experienced by the men in this sample would logically be expected to yield intense levels of shame and vulnerability, emotional states that have long been identified as antithetical to traditional masculinity.	No culturally identifying data for any men in the sample. Sampling of the cases was not randomized therefore it is difficult to generalize findings to identified death row population. All case histories were chosen for their specific details and based on availability.
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Mullaney, J. L. (2007)	To explore the amount of variability and social functions of verbal accounts to others in varying context about an incident of domestic violence.	14 men (3 who had completed and 11 who were currently participating) in a batterer treatment program held in non-profit community mental health agencies. 10 were Caucasian and 4 were African-American, Median age was 35.	Qualitative one-on-one interview with each participant. Interview consisted of 6 questions develop by the researcher to provide information about three separate incidents of violence with their partner as well as provide information about their partners reactions to these incidents.	Volunteer one-on-one interview with each participant. Qualitative interview was conducted by the primary investigator (female) and major themes were outlined from each participants account.	Men's accounts of domestic violence can vary depending on the context of the interviewer, situation, or social function. When accounting to the researcher about their accounts men tended to justify, minimize, or excuse (in that order). When accounting to their partners they tended to either blame/provide no account or apologize for their behaviors. There were approximately twice as many accounts provided to researchers as those provided to their partners. Author suggests that context in which accounts are given as well as social aspects of masculinity strongly influence the type of accounts and level of responsibility that is taken by men.	Small sample of research participants (n=14) with a single investigator may bias outcome of responses or analysis of data. Evaluator had dual role as group facilitator and principal researchers may also bias participants' accounts. All accounts of participants were retrospective and given to single female investigator. No male or secondary investigator to balance reports.
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Cohn, A., & Zeichner, A, (2006)	To determine whether gender role stress would moderate the relationship between masculine identity and direct physical aggression.	97 undergraduate men ranging in ages from 18 35 w/ mean age of 19. 86% of the sample was Caucasian, 11% AA. Amer. And 1% Asian.	Questionnaires : Conformity to Masculinity Norms Scale (CMNI), Gender Role Conflict Scale (GRCS), Instruments: Response Choice Aggression Paradigm (RCAP),	Each participant was given the questionnaires and a pain threshold test. Then participants were instructed to begin 24 trial competition of reaction time against an opponent (fictitious person) in the next room. The participants were given the choice to provide or not provide shocks of varying degrees to the opponent following each trial they one. Data was collected and	Masculine identity and gender role stress were found to significantly and positively predict aggressive behavior in men. Also, gender role stress had a moderating effect on the relationship between masculine identity and aggressive behavior on certain behavioral measures of aggression. Specifically, men who scored higher on levels of masculine identity delivered more extreme shocks for a longer duration than men with lower levels of masculine identity. Men who experience high levels of gender role stress may be more likely to appraise conflict situations as threatening and, consequently, may react with destructive behavior to attenuate a negative self-perception.	Generalizability of findings is limited due to age range of participants, lack of Hispanic representation, and exclusive college setting. Masculine identity and aggression may be influenced by other factors (culture, child rearing, environmental exposures) that were not accounted for in the analysis.
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				analyzed for 97 participants.		
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Pollack, W. M. (2006)	To review the current results of an ongoing study (listening to boys voices) on masculinity and bring attention to the struggles of boys in the study.	150 boys (12-18 yr olds) living in the Northeastern US. Primary from white European Americans. All participants were from a non-clinical population.	Coopersmith Inventory, Sex Role Egalitarian Scale (SRES), Complete a sentence questionnaire about gender roles, Thematic Aptitude Test (TAT modified), Beck Depression Inventory (BDI).	Voluntary subjects participated in a test battery of the measures and a one-on-one semi-structured interview lasting 2 hours.	Correlations were shown between those boys who frequently endorsed traditional masculine expectations about male sexuality and higher depression scores as well as lower self-esteem. Boys felt deeply conflicted about what is expected of them as males in American society (i.e., about what behaviors and attitudes reflect healthy masculinity). As they grow older, boys feel gender role stress is exacerbated, compelling them to hide their confusion by acting more self-confident than they truly feel. Because boys feel ashamed of the painful feelings, many feel pressured to cover this shame and replace it with false displays of confidence and bravado.	Sample is limited to adolescent males of European ancestry. No clinical populations used to compare data sets. Limited use of various measures of symptomatology or objective observations of clinical symptoms that may be utilized to quantify outcomes of research.
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<p>Berger, J. M., Levant, R., McMillan, K. K., Kelleher, W., & Sellers, A. (2005)</p>	<p>To evaluate the impact of age, gender role conflict, traditional masculine ideology, and alexithymia on attitudes towards psychological help seeking.</p>	<p>155 men in Broward and Palm Beach County, Florida. Mean age was 55.74 years. Sample made up of 133 White, 6 Blacks, 9 Hispanics, 1 Asians, and 4 unspecified.</p>	<p>Male Role Norms Inventory-Revised (MRNI-R), Attitudes Toward Seeking Professional Psychological Help Scale, Short Form (ASPPH), Gender Role Conflict Scale-1 (GRCS-1), Bermond-Vorst alexithymia Questionnaire (BVAQ).</p>	<p>Single subjects design with single administration. Questionnaires were provided to all subjects as part of the study. All subjects were volunteers that lived within the community. All subjects were informed that the study was investigating 'men's roles in society and how men deal with problems'.</p>	<p>Study found that higher levels of some types of gender role conflicts and traditional masculinity ideology are associated with negative attitudes toward psychological help seeking. No significant relationship between alexithymia and psychological help seeking was found. It also appears that attitudes toward psychological help seeking are more closely related to traditional masculinity ideology than to gender role conflict thereby making masculinity more predictive of help seeking than gender role conflict. It was also found that older men have a more positive attitude about psychological help seeking than younger men.</p>	<p>Sample has limited geographic, ethnic, and age ranges making results limited in scope of generalizability. Sample was not random and may be biased due to predominant White participants.</p>
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<p>Good, G. E., Thomson, D. A., Brathwaite, A. D. (2005)</p>	<p>To review the research linking masculinity-related constructs to clinically relevant issues, build therapeutic relationships, and describe the role of culture in the lives of men.</p>	<p>Adult males</p>	<p>None</p>	<p>Literature review of studies that have focused on masculinity and psychological interventions.</p>	<p>Research has found that masculine socialization can have an adverse effect on the social, psychological and physical health of men. Therapists can facilitate therapeutic trust by acknowledging the difficulties brought upon by male socialization, restricted emotionality, decreased empathy, cultural variances). In order for therapist to validate male cultural context they need to: 1) become aware of assumptions, 2) develop culturally-appropriate interventions, 3) understand worldview of male clients.</p>	<p>Article does not designate parameters of literature being reviewed for inclusion in findings (populations, sources, empirical vs. qualitative). Discussion of culture does not include working definitions of cultural constructs (race, ethnicity, immigration status) which may impact male socialization.</p>
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Jakupcak, M., Tull, M. T., & Roemer, L. (2005)	Study examined factors of masculinity (proneness to shame) and men's fear of emotions as predictors of overt anger, hostility, and aggression.	204 undergraduate and graduate adult male students from an Eastern US university. Mean age of 25 years and 57% Caucasian, 12% AA, 14% Asian, 6% Hispanic and other smaller segments.	The Affect Control Scale (ACS), Masculine Gender Role Stress Scale (MGRS), Male Role Norm Scale (MRNS), The Test of Self-Conscious Affect-2 (TOSCA), The State-Trait Anger Expression Scale (STAXI), The Buss-Durkee Hostility Inventory (BDHI)	Volunteer subject recruitment from college psychology courses and campus outreach. Participants completed questionnaires and were compensated (class credit or cash) for participation.	The study found a positive significant correlation between forms of masculinity, fear of emotions, and proneness to shame and external expression of anger, hostility and aggression. Study also found that men's fear of emotions emerged as a significant predictor of overt hostility, anger expression, and (diminished) anger control.	Generalizability of findings is limited due to age range of participants, lack of Hispanic representation, and exclusive college setting. Direct causation of findings is limited due to onetime administration of measures. All data collected by self report, no second hand, or observational data collected to verify self reports of anger, hostility or shame.
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Liu, W. M., & Rochlen, A., & Mohr, J. J. (2005)	To investigate the relationship between real and ideal gender role conflict (GRC) with psychological distress.	N=142 male university students from two separate schools. All students were enrolled in psychology or educational psychology courses. Mean age=22.16, 51% White, 38% Asian, 4% Latino, 4.2% biracial, 4.2% other.	Gender Role Conflict Scale (GRCS), Brief Symptom Inventory (BSI-18).	Within subjects single survey administration design. Used t sample tests as well as hierarchical regression analysis.	Results indicated that certain types of real and ideal GRC were related to distress. Specifically, it appeared that the restriction of their emotional lives has negative effects on physical and mental health. Results also indicated that men were experiencing more GRC in their real lives and would like to experience less GRC along all four dimensions of GRC. Findings also revealed that although they seemed to experience GRC in current lives, they believe that this is a natural and expected aspect of being a man in modern society.	Survey based study with possible biased results due to self report. Sample is comprised exclusively of college age male population which limits the ability to generalize findings to other male populations.
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<p>Moore, T. M., & Stuart, G. L. (2005)</p>	<p>To examine the literature on the relationship between masculinity and partner violence.</p>	<p>Adult males</p>	<p>Literature Review</p>	<p>Reviewed and analyzed studies that only used most popular and validated measures of masculinity. In order to be included in the review studies had to be published in English and directly examine the relationship between a domain of masculinity and men's verbal or physical violence against female partners.</p>	<p>The findings suggest that men's beliefs about appropriate male behavior may be more predictive of IPV than beliefs about acceptable female behavior. The consistent and positive relationship between gender role stress and the use of verbal and physical conflict tactics in relationships suggests that the level of men's appraisal of stress and threat to situations that challenge masculine norms may be a critical component in understanding why some men behave violently. Masculinity may play a significant role in the etiology of violence for some violent men (e.g., borderline dysphoric) but play a minimal role among others.</p>	<p>Majority of samples utilized in this analysis were from college age men. Cross sectional analyses were utilized with other ages but limited number of studies were longitudinal, making the findings limited to small segments of the population. No measures were utilized that included culture as a component of measuring masculinity.</p>
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Smiler, A. P. (2004)	To provide a review of the theoretical perspectives to conceptualizations of masculinity and their manifestation in measurement tools.	Adult males	None	Qualitative review of theory and research that focuses on the etiology of the Masculinity construct over the past 30 years and its impact on measurement tools in psychological research.	Developmental and contextual issues are notably absent from empirical theory and measurement of masculinity construct. In previous researchers masculinity continues to reside within the individual, while being defined by the social setting. The course of theory and research has shifted from a single masculinity to the recognition of multiple masculinities that may be influenced by social context, environment, and reference peer group. Future researcher must begin to examine the influence of contextual factors, including verification of the assumption of the invariance of an individual's masculine behaviors across settings.	Review was limited to articles published within the US and UK which may limit the ability to generalize findings to various other cultural or ethnic groups.
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Petersen, A. (2003)	To examine social science literature on formulation of masculinity concepts and provide recommendations for directions in future research.	Adult males	None	Qualitative review of theory and research that focuses on the etiology of the Masculinity construct	The author proposes a revised and broadened agenda for research on men and masculinities which pays more attention to the politics of knowledge and makes greater use of the historical methods to analyze power relations on the construction of masculine identity. Recommendations are made for literature to adopt an approach that utilizes social deconstructions paradigms to understand and revise the separatist attempts to define masculinity. Also recommended to take a more biological based approach to incorporate physical differences between sexes within the construct of masculinity.	Evaluation is limited to theoretical research and philosophical approaches to social science research. No subjects or quantitative data utilized. Predominant theories from US and UK theorists.
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Levant, R. F. (1996)	To present the gender role strain paradigm, masculinity ideology, and the three varieties of male gender role strain: discrepancy-strain, dysfunction-strain, and trauma-strain.	Adult males	None	Qualitative review of theory and research that focuses on constructs of masculine ideology and gender role strain.	The strain paradigm asserts that because masculinity is a social construction, ideals of manhood may differ for men of different social classes, races, ethnic groups, sexual orientations. Of the three types of gender role strain (Discrepancy strain, Dysfunctional Strain, and Trauma Strain) the Dysfunctional strain is more closely linked to IPV due to its position that meeting expected male codes of conduct may result in negative side effects on men and those close to him.	Limited inclusion of culture within the discussion of constructs including social qualities (gender, roles, environment). Articles utilized in review had limited variability in ethnic and age representation. Article does not discuss specific implications for research on how these constructs on research with multicultural populations.
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Pleck, J. H. (1981)	Book provides an overview of the philosophical and research perspective on the Male Sex Role Identity (MSRI) paradigm and introduce an alternative approach, the Sex Role Strain (SRS) paradigm to the field of masculinity development.	Adult Men	None	Literature review that Integrates social, and personality research to provide an overview of the development of the MSRI. Also analyzes quantitative data in conjunction with historical critiques of MSRI to describe the formulation of the alternative SRS paradigm.	Author provides overview of MSRI in 11 propositions representing lines of research. Author purports that the "distinctive feature of the MSRI is the view that sex roles develop from within, rather than being arbitrarily imposed from without" (pp.4). The alternative SRS paradigm acknowledges that external social forces on sex roles can be organized into either of two different paradigms and that the SRS is more useful way of understanding sex roles (pp. 155). One proposition of the SRS is that "Certain characteristics prescribed by sex roles are psychologically dysfunctional" (pp.147). These include male aggression, emotional and interpersonal orientation deficits, and shorter life expectancies.	There is limited discussion of quantitative data that is gathered from research outside of the United States to increase generalizability of gender, male, and social constructs. Limited focus on cultural, spiritual, and immigration issues that may impact shifts of perspectives on gender roles, and propositions of paradigms.
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Author/Year	Research Question/ Objectives	Sample	Instruments	Research Design	Major Findings	Limitations
Latino Masculinity						
Grzywacz, J. G., Rao, P., Gentry, A., Marin, A., & Arcury, T. A. (2009)	Goal was to refine discussions surrounding acculturation and family process among Mexican immigrants who are experiencing IPV.	N= 20, 10 women and 10 men. All were Mexican born US residents residing in North Carolina. All but one participant were married and age range was between 20-52 years.	Qualitative interview with each participant. Interviews utilized some structured questions.	All interviews were tape recorded. Each lasting an average of 1-2 hrs. Data was analyzed by transcribing all interviews then managed using the ATLAS software coding system.	The study revealed that changes in household roles that accompanied women's paid employment were experienced more positively by women than men which produced significant conflict within couples. Interviews revealed that traditional division of labor learned in Mexico left women and men poorly prepared to confront the new issues and changes in role expectations thereby contributing to stress in the relationship. Both men and women reported that women acquired new ideas and views about how couples should behave through interactions with other women in the workplace as	Study utilized participants believed to be involved in IPV which may make the findings difficult to generalize to general Mexican immigrant populations. Data was not obtained from people in same relationships therefore it may have been one-sided in perspective. Use of an exclusively Mexican sample may limit ability to generalize

					well as elsewhere.	findings to other Latino populations.
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<p>Saez, P. A., Casado, A., & Wade, J. C. (2009)</p>	<p>The study assessed the relative contribution of ethnic identity, male identity, and early childhood role socialization on Latino men's endorsement of hypermasculinity</p>	<p>101 Latino men recruited from university campuses in 2 east coast cities. Age range was 18-40 with mean=22.9. Majority of sample (70%) were college students. 32% Dominican Republic, 29% Cuban, 18% Puerto Rican, 11% Other Latin American descendant.</p>	<p>Multigroup Ethnic Identity Measure (MEIM), Traditional Egalitarian Sex Role Scale (TESR), Hypermasculine Inventory (HMI), Reference Group Identity Dependence Scale (RGIDS), Demographic questionnaire.</p>	<p>Quantitative 3x6 design for independent variables. Correlational analyses done following collection of data. Data was collected from participants view questionnaires. All subjects were recruited from college campuses.</p>	<p>Results indicated that greater identification with one's ethnic group and non-egalitarian gender role socialization was associated with hypermasculinity. Study also found that Latino men who endorsed hypermasculine attitudes and behaviors are less likely to appreciate differences among men. Conversely, men who do appreciate male differences endorsed less hypermasculinity. Study findings finally suggested that men who are dependent on a male reference group for their gender role self concept were likely to not endorse hypermasculine attitudes and behaviors.</p>	<p>Sample was limited to college educated population which may impact level of generalizability. No comparison groups (ethnically, demographically, educationally). Measures for ethnic identity were limited which may reduce accuracy of this multidimensional construct.</p>
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<p>Arciniega, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, J. G. (2008)</p>	<p>To construct a measure that better represented the construct of Machismo and understand its relation with psychological functioning among Latino men.</p>	<p>Study #1: N=154. Majority self identified as Mexican heritage. Study #2: 477 men. Self identified as Latino.</p>	<p>Study #1: Machismo measure (study), Emotional Connectedness question, Antisocial behavior questionnaire (ABQ), Masculine Feminine Personality Traits Scale (MFPTS), Battery of Interpersonal Capabilities-Short ver. (BIC-S), and Satisfaction w/ Life Scale (SWL). Study#2: Machismo Measure, ABQ, SWL, Multigroup ethnic Identity</p>	<p>Study #1: Volunteer single measure questionnaire distributed to participants in across southwest US. Study#2: Volunteer single measure questionnaires distributed via academic settings (paper) and web listservs (electronic).</p>	<p>Findings revealed that these men indicated there were two independent dimensions of Machismo (positive and negative). Each dimension was identified by its particular traits (Caballerismo & Machismo). Adherence to either was not related to global indicators of well being. Coping skills, and awareness of affect was positively correlated with Caballerismo. Across samples more men identified higher on the Caballerismo scale than on the Traditional Machismo scales. Ethnic identity was negatively correlated to Traditional Machismo and positively correlated to Caballerismo (i.e. the more one identified as Mexican the lower the score of Machismo).</p>	<p>Sample within the study was biased towards higher education, SES, and professional affiliation. Study compared groups that were significantly different in size. Sample from study #2 included more diverse range of Latino men (Puerto Rican, Cuban, and Central American) which may bias responses.</p>
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			Measure, Toronto Alexithymia Scale, and Ways of Coping Questionnaire (short).			
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Phinney, J. S., & Ong, A. D. (2007)	To examine the conceptualization and measurement of ethnic identity from social, psychological and developmental perspectives .	Adults and Adolescents	None	Qualitative review of literature that has provided the basis for the development of ethnic identity construct	Both racial and ethnic identities involve a sense of belonging to a group and a process of learning about one's group. Both identities are associated with cultural behaviors and values, attitudes toward one's own group, and with responses to discrimination. Research on racial identity has focused primarily on people's responses to racism, whereas the study of ethnic identity is focused on one's own sense of belonging to a group. The MEIM is best utilized for measurement of two factors of ethnic identity, exploration and commitment. These are distinct processes which make separate contributions to the underlying structure of ethnic identity.	Articles used in research utilized primarily adolescent or early adult populations which may limit generalizability of findings. Limited representations of studies that study ethnic identity in a single cultural group. Range of research incorporated was limited to more recent articles (past 10-15 years).
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Siatkowski, A. A. (2007)	To analyze and clarify the definitions of the concept of acculturation in the Hispanic population.	Adult, adolescent and child Hispanic Populations	None	Literature review of professional research which utilized acculturation measures with Hispanic populations. Review completed utilizing sources (CINAHL, MEDLINE) from articles between 1996-2005. Keywords searched yielded 161 articles of which 28 were chosen for final analysis.	Acculturation levels are difficult to measure within the Hispanic culture due to the heterogeneity that exists within. Overall review demonstrated consistent defining attributes of acculturation: 1) interaction between 2 cultures, 2) a learning process, 3) changes in beliefs, values, and practices, 4) adaptation to a new sociocultural context. The review also identified the following consequences of acculturation: 1) Ability to effectively interact between two cultures, 2) Changes in health care decision making [high levels of acculturation were related to increased levels of adherence to health treatment and increased incidence of high risk behaviors]	Article does not discuss beliefs, values and healing practices that vary between segments of the Hispanic populations. Analysis fails to discuss influence of psychometrics in measures of acculturation and how they may impact research findings.
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<p>Torres, L., & Rollock, D. (2007)</p>	<p>To examine the link between indicators of acculturation (general coping & intercultural competence) and depression.</p>	<p>96 Hispanic adults (Mean age 28). 89% identified as Mexican/Chicano and 54% male.</p>	<p>3 self report questionnaires: Cultural Life Stress Inventory (CLSI), Behavioral Attributes of Psychosocial Competency (BAPC), Center for Epidemiologic Studies Depression (CES-D).</p>	<p>Volunteer single survey design utilizing administration of self report questionnaires with a sample of self identified Hispanic adults recruited from community, university and religious centers. 90% of questionnaires completed in Spanish.</p>	<p>High level of cultural adaptation combined w/ high levels of intercultural competence accounted for fewer symptoms of depression in Latino adults. The degree to which a person can manage the cultural transitions significantly impacts mental health outcomes for this population. Lack of intercultural competence (group-specific skills that facilitate cultural transitions) were seen as the best predictor for depressive symptom development.</p>	<p>All measures were self report, thereby making it difficult to verify accuracy of reports. 90% of questionnaires completed in Spanish making it difficult to compare groups based on language. Majority of the sample was at low SES (< \$20,000/year)</p>
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Grzywacz et al., (2006)	To examine evaluate if family related sociological ambivalence in migration contributes to poor mental health among Latino men.	60 male Latino farm workers in North Carolina. All participants were from Mexico or Central America and had a spouse living in their country of origin.	Demographic questionnaire, Personality Assessment Inventory (PAI), Center for Epidemiologic Studies Depression Scale (CES-D), Migrant Farm workers Stress Inventory (MFWSI). Brief oral survey (3 point likert scale) on reason for migrating to US.	Single survey 3x3 design. Interviews conducted by volunteer student examiners. Subjects were recruited by examiners in their local work camps. All materials were provided in Spanish. IV= Marital Ambivalence, Parental Ambivalence, Filial Ambivalence. DV = Anxiety, Depression, Alcohol Dependence.	75% of the men in this sample experienced some form of ambivalence when deciding to migrate to the US. Study found that family ambivalence inherent in migration for Latino men is associated with poorer mental health outcomes, as evidenced by higher symptoms of anxiety. Limited contact with relatives in home country increased the level of anxiety for men in the sample.	Selection of subjects was not randomized within farm worker population due to geographic preference in subject pool. This may bias results and effect generalizability. Farm worker population of North Carolina may differ from other farm worker populations in that 75% of men had migrated less than one year previous to study.
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Padilla, A. (2006)	Exploratory paper that analyzes how child rearing practices impact bicultural social development of Latino populations	Latinos	None	Critical review of the literature on biculturalism and cultural transmission to enhance the construct of cultural transmission for Latino populations.	The article discusses "biculturalism" by focusing on development in first, second, and third generation immigrants and biracial children. Study finds that each subgroup transmits culture in distinct ways with most cultural awareness in first and second generation immigrants and least in third and bicultural children. Author advocates for increased awareness of how methods of cultural transmission impact the development of a bicultural identity differentiation of bicultural social development. Study also found that ethnic loyalty and biculturalism may serve as positive coping responses.	Analysis utilizes studies with samples from a wide range of cultural samples (Asians, Hispanics, European, and African Americans) but does not discuss impact of these factors in overall findings. No discussion of role that etiological factors for migration (war, poverty, political climate) may influence identity development.
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<p>Gonzalez-Lopez, G. (2004)</p>	<p>To examine Mexican father's view of virginity construct in their daughters.</p>	<p>Participants: 20 Mexican men from the region of Los Angeles, CA. All study participants ranged in ages from 20-45, immigrants from Jalisco, MX or Mexico City, MX, immigrated after the age of 20 and were in the US for at least 5 years. Most participants had children (15 daughters, 13 sons).</p>	<p>Qualitative interview with each participant. Interviews utilized some structured questions.</p>	<p>Interviews were tape recorded lasting an average of 3 hrs. Data was analyzed by transcribing all interviews then conducting focused coding for category development and finally creating memos on themes ideas, and categories. Field notes on each participant were also utilized for final analysis.</p>	<p>Participants did not identify "virginity" as a priority from teenage females as much as "sexual moderation". Major concern for fathers was for protection for strategic aims of intellectual opportunities and avoidance of various risk factors (DV, STD's, emotional immaturity). Men from rural areas seemed to emphasize more restrictive sexual practices for teenage females than men from urban areas. Immigration experiences led to increased reporting in fear of dangerousness for women's sexual vulnerabilities not "virginity" as a main focus or expectation.</p>	<p>Sample size is limited in age range, geographic focus, and overall size thereby making it difficult to generalize to all Mexican men. Single interview that does not facilitate the use of comparison data pre-migration experience for construct of virginity and change in perceptions.</p>
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Macias, T. (2004)	To examine the resources and relational patterns utilized by third-plus generation Mexican Americans to produce a sense of symbolic Mexican ethnicity.	50 participants from Phoenix, Arizona, and San Jose, California, All participants were between 25-45 years old, predominantly (48) were college educated, and all lived in suburban communities.	Qualitative open-ended interview with each participant. Interviews utilized 5 structured questions.	All participants were interviewed by the primary investigator. Interviews were tape recorded and lasted between 1-3 hrs. Interview were done at the participants home or place of business.	A strong connection was found between Catholic faith and maintenance of ethnic affiliation. Catholic religious practices were found to be a significant in oriented towards interactions at home and interactions with family rather than within church sanctioned practices. Spanish language was found to be a particular resource for 23 out of 50 participants in that they intentionally sought out Spanish language media programming (TV, music) to better communicate with family and maintain ethnic ties. Cross national encounters via travel was also a significant resource for participants to maintain ethnic identity.	Sample was delineated into gender classification thereby making results difficult to generalize to exclusive gender population. Single investigator may bias results of data obtained. Small sample size, SES, and education status may make generalizability difficult.
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<p>Soriano, F. I., Rivera, L. M., Williams, K. J., Daley, S. P., & Reznick, V. M. (2004)</p>	<p>The study examined the relationship between three cultural factors (acculturation, ethnic identity, bicultural self-efficacy) and risk/protective factors in the development of youth violence.</p>	<p>None</p>	<p>Review of various qualitative and quantitative literatures on development of cultural constructs and their impact on aggression and delinquency. Compared literature review with risk and protective factors outlined in the 2001 Surgeon General's Report on Youth Violence.</p>	<p>Literature review of acculturation, ethnic identity development and bicultural development.</p>	<p>Higher levels of acculturation without a strong sense of ethnic identity lead to increased substance use and increased risk for aggression (domestic violence and assault). Whereas strong cultural identity and bicultural self efficacy where seen as protective factors (associated with lower rates of aggressive behaviors and substance abuse problems). The study recommends that physicians understand historical and contextual factors when examining youth from culturally diverse backgrounds. Appropriate assessment of acculturation level, ethnic identity, and bicultural self-efficacy can provide better interventions early in the development of delinquent patterns.</p>	<p>Data utilized for analysis consolidates information with wide range of sample populations (Hispanic, African American, Asian) and fails to discuss differences in manifestations of culture within each group.</p>
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<p>Umana-Taylor, A. J., & Fine, M. A. (2004)</p>	<p>The study examined the effects that micro and macro level ecological factors have on ethnic identity development for adolescents of Mexican origin.</p>	<p>N=513 Mexican origin students (272 female, 240 male, 1 missing). All participants ranged in ages from 13-19 and attended public schools in Houston, TX.</p>	<p>Questionnaires included: Demographic data (including ethnicity and ecological factors), Familial Ethnic Socialization (FES), Emotional Autonomy Scale (EAS), Multigroup Ethnic Identity measure (MEIM).</p>	<p>Single survey questionnaire administered to students during English or History classes at school. All participants were voluntary and had parental consent to participate in the study.</p>	<p>The study found that with this sample of Mexican origin adolescents, ethnic identity formation was influenced by the adolescents' ethnic familial socialization experiences, the ethnic composition of their school, and the family's generational status. Familial ethnic socialization was seen as an important factor in overall ethnic identity formation.</p>	<p>Difficult to generalize findings due to limited age range of participants and exclusive Mexican origin students. Study did not examine other etiological factors (e.g. family SES, cognitive development) that may influence ethnic identity formation. Non-familial aspects (peer groups, media, community groups) were not examined.</p>
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<p>Torres, J.B., Solberg, V. S. H., & Carlstrom, A. H. (2002)</p>	<p>To examine the construct of machismo as a multidimensional construct and evaluate how Latino men interpret the various meanings of this construct.</p>	<p>148 self identified Latino Males from a Midwestern state. Mean age 36. 39% Mexican, 30% Puerto Rican, Cuban, Central and South American 15%, interethnic 9%, American 7%. 25 surveys completed in presence of examiner, remaining surveys completed by mail. Levels of education were slightly higher than the national average.</p>	<p>Demographic questionnaire, Personal Attribute Questionnaire (PAQ), Macho Scale, Gender Role Conflict Scale I (GRCS1), Mirande Sex Role Inventory (MRSI), Short Acculturation Scale for Hispanics (SAS).</p>	<p>Volunteer, single survey design utilizing administration of self report questionnaires with men recruited from professional, community, university and religious centers.</p>	<p>The results demonstrated that only about 10% of the sample endorsed a stereotypic view of Machismo (authoritarian, misogynistic, aggressive, womanizers). The data revealed that the machismo construct was subdivided into 5 major categories. Contemporary masculinity, machismo, traditional machismo, conflicted compassionate machismo, and contemporary machismo. The majority of the sample endorsed multidimensional sets of attitudes and behaviors with regard to the machismo construct. A dualistic view (positive and negative attributes) of this construct were evident and practitioners need to be aware of the multidimensional aspects of Latino male identity.</p>	<p>Sample was predominantly heterosexual (91%) which may provide biased evidence for heterosexual relationships within the Machismo construct. Exclusive Midwestern population with a level of education higher than the national average for Latinos in the US make findings limited in scope of generalizability. Measures only provided in English with Latino sample.</p>
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Neff, A. J. (2001)	To describe the psychometric properties of a measure of Machismo and test the goodness of fit with a tri-ethnic sample of men.	480 Men from San Antonio, Texas (164 Anglos, 168 African Americans, 149 Mexican Americans). All subjects were identified as "drinkers" ("drinking 2-3x/month")	Initial confirmatory factor analysis (CFA) was done on original 17 item likert scale to validate the construct of Machismo. Goodness of Fit Index (GFI) also performed to measure accuracy construct measurement.	Single 13 item Likert scale questionnaire administered in household interviews with blind subjects randomly chosen from population in San Antonio, TX.	Analysis of construct revealed that Machismo construct has some validity and is comprised primarily of bi-dimensional components (positive and negative). Data demonstrated that a statistically identifiable measure of this construct can be utilized to obtain data from a multiethnic sample of men. The study confirms the bidimensional aspect of Machismo and argues against a unitary construct.	Sample was overweighed with Anglo and African American subjects making generalizability difficult across ethnicities. CFA and GFI confirmed on sample that was exclusively Latino making findings for other ethnicities guarded.
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<p>Abreu, J. M., Goodyear, R. K., Campos, A., & Newcomb, M. D. (2000)</p>	<p>The study had 2 main goals: A) How is ethnic belonging associated to masculine ideology? B) What are the ethnic differences between traditionally masculine ideology and how do they interact w/ demographic data?</p>	<p>Total N=378, Mean age 19. 259 Latinos 76 African Americans, and 43 Caucasians. Participants were recruited from a larger project focusing on teen pregnancy located in Los Angeles County. Each was paid \$15 for their participation.</p>	<p>Questionnaire was developed utilizing: ethnic belonging scale of Multigroup Ethnic Identity Measure (MEIM), Male Norms Scale (MRNS), demographic data.</p>	<p>One time completion of voluntary questionnaire from the pool of participants who volunteered for the study. The data was organized into 2 groups (target and control) one of which had impregnated a partner and the controls who had not. No statistically significant differences were found between the 2 groups.</p>	<p>The study found that ethnic belonging was directly associated with masculinity as a vehicle for status, respect and the projection of a tough image. Ethnicity was the second best predictor of traditional masculinity with Latino males having the endorsing highest rate of traditional gender roles. A contradictory finding was that increase in ethnic belonging was more strongly and consistently associated with higher levels of traditional male gender role endorsement for European Americans than for Latinos. This challenges the notion that Machismo is an inherent Latino trait.</p>	<p>Difficulty to generalize findings due to Latino portion of sample being exclusively of Mexican origin. Ethnic identity variable may be influenced by acculturation but this variable was not examined or factored into final analysis. All sample reported low to middle range of income (<\$30,000/year) which may bias responses.</p>
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<p>Fragoso, J. M., & Kashubeck, S. (2000)</p>	<p>To investigate the relationship between masculine ideology (machismo), gender role conflict and levels of reported depression and stress.</p>	<p>113 Mexican men, average age of 38 residing in a mid-sized southwestern city. 69% U.S. born and 31% Mexico. Majority of sample (96%) was low to middle working class. Sample also included professional acquaintances of the researcher</p>	<p>Machismo subscale of the Multiphasic Assessment of Cultural Constructs, Short Form. Gender Role Conflict Scale (GRCS). The Acculturation Rating Scale for Mexican Americans II (ARSMA II). The Center for Epidemiologic Studies Depression Scale (CES-D). Hispanic Stress Inventory (HSI). Demographic questionnaire.</p>	<p>Volunteer single survey design of self report questionnaires distributed to college campuses, church groups and acquaintances of the researcher. All questionnaires were placed in packets in random order. All packets were available in both Spanish and English.</p>	<p>The findings revealed that higher levels of stereotypic machismo and gender role conflict (specifically restrictive emotionality) predicted higher rates of stress and depression in Mexican men. Data also revealed that machismo as a masculine ideology had no relation to gender role conflict. This indicates that gender role conflict is separate from endorsement of a traditional masculine ideology and requires clinicians to not only assess traditional masculine ideologies but the level of gender role conflicts experienced by Mexican males.</p>	<p>Correlation design limits causality of findings. Study utilized measure of depression (CES-D) that was not culturally relevant with other culturally relevant measures. All measures were self report based. Sample was not randomized (convenience sample which included friends of investigator biases all results)</p>
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<p>Ortega, A. N., & Rosenheck, R. (2000)</p>	<p>To examine PTSD among Hispanics who served in the Vietnam War.</p>	<p>Total sample of N=1,195 male Vietnam veterans. 561 non Hispanic whites, 301 Non Hispanic Blacks, 61 Puerto Rican, 176 Mexican American, 35 Other Hispanic, 61 Other ethnicity.</p>	<p>Measures of educational attainment, occupational instability, marital problems, subjective well being, social isolation, Psychiatric Epidemiology Research Interview, Mississippi Scale for Combat-Related PTSD, National Vietnam Veterans Readjustment Study composite, MMPI, NIMH Diagnostic Interview Schedule.</p>	<p>Secondary Multivariate Data analysis consisting of the National Vietnam Veterans Readjustment Study from 1988. 3 Is. 1- Premilitary, 2- military, and 3- postwar readjustment factors.</p>	<p>Study found that Hispanic Veterans had significantly more severe PTSD symptoms and higher probabilities of experiencing PTSD than nonminority veterans. Despite reporting more severe symptoms, Hispanic Veterans showed no greater functional impairment than non-Hispanic white veterans. Authors concluded that Hispanic veterans are at higher risk for experiencing PTSD not accounted for by exposure to stressors or acculturation. Lack of functional impairment may indicate that expressive style rather than illness levels account for differences in symptom impact on level of functioning.</p>	<p>Analysis was done on data that is cross-sectional and retrospective which may bias findings. Cultural factors are limited to race and ethnicity which limits ability to assign cultural factors to findings.</p>
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<p>Valentine, S., & Mosley, G. (2000)</p>	<p>The study examines whether Mexican Americans tend to assimilate or integrate into mainstream culture with regards to sex-role attitudes.</p>	<p>N=1200. Self identifying Mexican, Mexican-American and American youth and adults. Average age in 1979 was 17.54. Average age in 1987 was 25.71.</p>	<p>Data gathered from the National Longitudinal Survey of Youth taken in 1979 and again in 1987. All subjects completed the "Aversion to women who work" survey that is a scale developed for this study.</p>	<p>Volunteer longitudinal survey of 3 diverse ethnic groups. The "Aversion to women who work" scale was developed by the authors and drawn out of a question in the original survey in which respondents rated statements on this subject on a 4pt. Scale. Subjects were placed into categories based on ethnic identification of the 3 types selected. Random groups were selected from</p>	<p>Study found that over the eight year period measured in the study aversion to women working declined in all groups from first generation Mexicans to white groups. Overall first-generation Mexicans were the reported the highest level of aversive attitudes towards females working outside of the home (on both 1979 and 1987). Study demonstrated that for Mexican Americans attitudes towards sex role stereotypes tend to shift towards the dominant attitude over time. Assimilation is seen as the more likely course for sex role attitudes of Immigrant Mexican Americans.</p>	<p>Single item survey of all participants did not allow for measurement of other factors that may impact assimilation (SES status, community violence, faith/spirituality, education). Study only utilized one construct to measure sex role attitudes (work). No other constructs utilized such as aversion to school, friendships, community relations.</p>
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				each ethnic category for data inclusion.		
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Falicov, C. J. (1998)	To examine the systemic, ecological, and contextual variability within the Latino population of the United States. It also provides a framework from which to evaluate, understand, and conceptualize psychotherapy with Latino populations.	Latino men, women, children, adolescents and families.	None	Reviews some research from both quantitative and qualitative domains. Includes case examples and theoretical models for approaches to psychotherapy and general social/clinical work with Latino populations.	Author proposes that Latino families are vastly diverse and formulates the MECA (Multicultural Ecosystemic Comparative Approach) approach to approach family therapy and practice with Latino populations. Author proposes that professionals working with Latino clients must include variables such as migration, family relationships, hierarchies, patriarchal systems, gender expectations, and traditional healing beliefs to provide culturally appropriate interventions. Author also proposes that Latino populations are ever changing in their cultural, socioeconomic and belief patterns which necessitates the need for adaptation and ecological awareness on the part of the professional.	Limited discussion of alternative models (psych-analytic, CBT), of interventions with Latino families and individuals. Quantitative aspects of research are limited to samples with Latinos and may require increased comparison with other ethnic populations to broaden scope of review.
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<p>Gowan, M., & Trevio, M. (1998)</p>	<p>To examine the gender differences in Mexican American's attitudes toward female work roles and parental responsibilities for child care.</p>	<p>140 Mexican American undergraduate and graduate students enrolled in business administration courses at a midsize Southwestern University. 54% female, 46% male. Ages ranged from 20-53 with mean of 26.</p>	<p>29 items that focused on parental responsibility, non-work issues, traditionally defined gender roles, family importance, and work commitment from the Career Services Survey (CSS). Demographic questionnaire, language proficiency questions for acculturation measure.</p>	<p>Single survey design with two variables: 1) Attitude toward females in the workplace, 2) attitudes toward parental responsibilities for child care. All participants completed measures in English. Factor analysis was completed on original CSS to validate its applicability to Mexican American Sample.</p>	<p>Overall, males held more traditional views of females in the workplace than males. Study also found that males were more likely than females to have a more traditional attitude towards the parental role. Study suggests that working Mexican Americans may experience conflicts at two levels, work and home, when it comes to stress.</p>	<p>Sample was limited to college educated population which may impact level of generalizability. Subject pool limited to individuals interested in business related field of study which may bias beliefs. No comparison groups (ethnically, demographically, educationally) (utilized to validate findings).</p>
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<p>Mirande, A. (1997)</p>	<p>To understand the views that Latino men have about themselves within three major constructs: masculinity, machismo, and fatherhood.</p>	<p>105 Latino Men (Most of Mexican origin) living in Northern and Southern California, or San Antonio, Texas. Inclusions criteria: must be Latino, must have at least 1 child between 4-18 living in the home, and must be currently living in the home himself. SES and ages were varied.</p>	<p>Bem Sex Role Inventory (BSRI), Mirande Sex Role Inventory (MSRI). Qualitative interviews.</p>	<p>Volunteer single survey of within subjects design. Qualitative interviews conducted in English or Spanish (depending on participants' preference). 2/3 of interviews done by primary investigator, rest done by one of 2 associates of investigator. 39 men interviewed in Spanish, 66 interviewed in English.</p>	<p>Only one third of the sample viewed "macho" as a positive construct. Respondents appeared to hold polar views of the Macho concept, (positive and negative traits). Macho found to have 4 positive traits: 1) assertiveness, 2) Responsibility, 3) Code of Ethics, 4) Sincerity. On the MSRI men with higher education, income, and professional occupations were more likely to endorse traditional masculine items. The inverse was found on the BSRI which indicates measures differ making the MSRI a more accurate measure for Latinos. Native Mexican or Latin American, men interviewed in Spanish, viewed macho as a mostly negative trait.</p>	<p>Sample was not randomized due to method for recruitment was based on community referrals from initial respondents. Minimal information was gathered from family or spouses to verify data received from qualitative interviews.</p>
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<p>Casas, J. M., Wagenheim, B. R., Banchemo, R., & Mendoza-Romero, J. (1993)</p>	<p>The purpose of the article was to provide insight into the theoretical development of the machismo construct for enhanced psychological research with Latino men.</p>	<p>Latino Men</p>	<p>None</p>	<p>Analyses of the literature on construct of machismo. Reviewed relevant gender schema theory and its implications for research on this construct.</p>	<p>The authors propose that there is a substantial need to move the construct of machismo beyond the sociological realm to validate it as a research paradigm. They propose that the construct of Machismo is part of a more general construct of male identity development and not particular to Latino males. Construct of machismo can be researched empirically when combined with social learning theory and gender schema theory.</p>	<p>Article does not provide in depth analysis of how previous literature on gender identity development has utilized theory in quantitative research. Article predominantly driven by theoretical research with minimal use of quantitative research that has focused on the constructs discussed.</p>
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Zaitchik, M. C., Mosher, D. L. (1993)	To outline a theoretically-based approach to the macho personality constellation utilizing script theory and provide empirical support for its use in forensic settings.	Adult Men	Hypermasculinity Inventory (HMI)	Qualitative and quantitative evaluation of theoretical basis for script theory of macho personality style. Review of quantitative research on validity of HMI scale with adult male populations.	A macho personality style is socially created to endorse violent and callous behaviors by men leading to abuse of spouses and children. The HMI measure demonstrates that men with a macho personality style may view violence as manly, view danger as exciting, have callous sexual relations with women, and view toughness as self control. The HMI may be utilized in forensic settings to determine risk to further perpetrate criminal behavior, seek out danger, abuse substances, or engage in abusive behaviors.	Review does not indicate range of populations that this measure has been utilized with which may limit generalizability of the findings. No discussion of how cultural, spiritual, racial discrimination, and/or economical factors may be implicated in male attitudes towards self, others, and society.
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Pinderhughes, E. (1989)	To examine how cultural perceptions and experiences related to ethnicity, race, and power affect people's sense of themselves and how that impacts mental health service delivery.	Adult/adolescent men and women.	None	Reviews both quantitative and qualitative research to discuss the impact of power, race, ethnicity, and social differences on mental health assessment and treatment. Includes theoretical models for approaches to psychotherapy and general social/clinical work with multicultural populations.	Author describes process that therapists can go through in order to improve working relationships with multicultural populations. He advocates the following principles: Ability to be comfortable with differences in others, to control and change false beliefs, ability to respect values/beliefs of others, think and behave flexibly. Author also discusses the importance of acknowledging the cultural diversity within each subgroup of multicultural clients and defines biculturalism as the ability to live in two cultural worlds and tolerate the associated conflicts in cultural values and practices.	Author utilizes more qualitative and socio-cultural research with minimal emphasis on quantitative data to describe diverse approaches to assessment and treatment. Discussion of cultural practices is generalized with minimal attention to differences within specific cultural groups.
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Moshier, D. L., & Tomkins, S. S. (1988)	Article that explores the development of the Macho script in modern US society and the socialization process that leads to the development of hypermasculine personality styles in men.	Adult males	None	Theoretical exploration of the development of script, personality, social, and psychological theory as it relates to the concept of machismo. Reviews the level of ideological beliefs that men hold in their reactions to social environments that confront or lend to the ongoing behavioral manifestations of the macho script	Proposes that "macho" men respond to particular life events that threaten their masculinity in a manner that utilizes 3 scripts for which to manage their affective responses. The components of those scripts are: 1) sexual entitlement, 2) violence as an option, 3) danger as exciting. The macho script is theorized to be drawn out of the warrior ideology which stipulates that men must maintain dominion over their subordinates. Scripts are derived from socially reinforced sets of rules that govern the masculine ideals of interactions in a patriarchal fashion that favors males and stereotypically aggressive and controlling behaviors.	Article does not explore the cultural etiology of the "machismo" construct and ignores the cultural manifestations of the construct for multicultural populations. Article presents the construct of machismo from a singular point without discussion of possible positive characteristics.
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Author(s)/ Year	Research Question/ Objectives	Sample	Instruments	Research Design	Major Findings	Limitations
Culturally Adapted Treatment Interventions for Latinos						
Welland, C., & Ribner, N. (2010)	To provide an overview of research on a pilot program utilizing culturally congruent approaches to IPV group treatment with Latino men.	159 Latino adult men for survey. 12 Latino adult men for qualitative interview.	50 item survey developed for the study regarding demographic and personal history characteristic of Latino men in IPV treatment. Follow up sample received an in depth qualitative interview.	Mixed method design within subjects design. Study utilized single survey of all sample participants followed by a non-random sampling approach for qualitative interviews.	Participants reported that the program afforded positive effects from the cultural adaptations. Findings regarding IPV groups revealed Latino men endorse IPV is strongly influenced by machismo, exposure to violence in childhood, parenting deficits, and poor socialization.	Survey samples were geographically limited, limiting results. No data collected from ancillary or partners to corroborate responses or results. No measures utilized that could evaluate constructs like GRC, level of acculturation, or masculine identity.

Falicov, C. J. (2009)	To provide a commentary on the common and distinctive components of studies in cultural adaptation and culture-specific research perspectives .	Adults	None	Professional commentary on the professional research that has focused on adaptation of treatment interventions for Latino populations.	The author provides an outline of cultural adaptation studies that have focused on Latino populations. The discussed the differences between culturally adapted treatments and culture specific treatments. Author endorses the ongoing exploration of process of change in therapy and psychological distress markers for Latino families. Specific advocacy for the development of theories that are biculturally integrative.	Commentary is formulated based on research on family research and may not be applicable to individual or group treatment modalities.
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<p>Marshall, G. N., Schell, T. L., & Miles, J. N. V. (2009)</p>	<p>To understand if Hispanics report higher overall levels of PTSD symptoms than their non-Hispanic Caucasian counterparts . Also, to compare PTSD symptoms of Hispanics to those of African Americans.</p>	<p>N=330 Hispanic, 135 Non-Hispanic Caucasians, 171 African American, and 41 other ethnicity survivors of sudden physical injury who required hospitalization for acute medical care. Average age of 33 yrs, 77% male sample. Sample living in greater Los Angeles area.</p>	<p>Posttraumatic Stress Disorder Checklist (PCL), Ethnicity self reports, mechanism of injury data, loss of consciousness, Injury Severity Score (ISS), Glasgow Coma Score (GCS),</p>	<p>Longitudinal study that obtained data in 3 separate time frames. 1- Within days of trauma exposure, 2- 6 months after exposure, 3- 12 months after exposure. Structural equation modeling with propensity weights was used to analyze data.</p>	<p>Results indicated that Hispanic samples tend to report higher overall PTSD symptoms when compared to Non-Hispanic Caucasian and African American samples. Higher scores tended to be centered around more severe symptoms (hypervigilance, flashbacks) whereas few differences were observed with mild symptoms (poor concentration, sleep disturbances. Findings indicate the need for differentiation of symptoms clusters with varying cultural populations. Hispanics tend to demonstrate higher levels of positive PTSD symptoms.</p>	<p>Limited representation of ethnic specific populations within greater Hispanic culture make findings limited in ability to generalize to all Hispanic populations. Investigation was centered on specific form of trauma which limits ability to generalize findings regarding various traumatic events.</p>
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Eisenman et al., (2008)	To understand the illness beliefs and treatment preferences of Latino immigrants with PTSD.	60 Adult, Latino immigrants recruited from 5 primary care centers in New York, and New Jersey. 54 females and 6 males. 85% Spanish speaking. Most participants had less than a high school education, married or living with a partner, and e immigrants primarily from the Dominican Republic and El Salvador.	Screening for PTSD utilizing DSM-IV diagnostic criteria. Utilized: Stressful Life Events Screening Questionnaire (SLESQ), PTSD Checklist-Specific Version (PCL-S), 45 minute semi-structured interview.	Qualitative study that utilized 6 phase content analysis of semi-structured clinical interview. Interviews focused on (1) how they identify and experience their PTSD and (2) the perceived knowledge and acceptability of treatment options for PTSD.	Most participants identified primary feelings of sadness resulting from traumatic event. Most viewed their PTSD as impairing health and functioning. Intrusive thoughts due to intrusive thoughts were ascribed to impact on work functioning. Most participants expressed a desire to utilize counseling (psychotherapy, talk therapy) to alleviate symptoms. Participants demonstrated preference of psychotherapy over medication interventions.	Geographic, gender, and country of origin limitations of sample make findings difficult to generalize to all Hispanic/Latino populations. Study did not include control group that did not endorse PTSD symptoms.
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Ortiz, F. A., Davis, K. G., & McNeil, B. W. (2008)	To describe the development, evolution and practical applications of curanderismo and the overall practice of spiritual healing practices from Mesoamerican communities.	None	None	Qualitative overview of the historical development of spiritual healing practices. Incorporating ethnographic, social, and psychological research to describe cultural healing practices as they apply to Latino populations.	Authors discuss the etiology of Mesoamerican worldviews and the influences they have on the formulation of a multicultural healing practice. Authors provide definition of curanderismo as the practice of systemic healing practices that incorporates Mesoamerican world-views to alleviate emotional distress and restore a sense of balance within the spiritual, psychological, and physical realms	Limited discussion of how curanderismo compares (in etiology, practical applications, and efficacy) with other systems of spiritual healing such as Buddhism, shamanism etc. Difficulty incorporating quantitative data and discussion of how limitations of quantitative research may impact applications for western oriented mental health workers.
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<p>Cabassa, L. J. (2007)</p>	<p>To understand Latino immigrant men's perceptions of depression, attitudes toward depression care, help-seeking preferences, and perceived barriers to care.</p>	<p>56 Immigrant Latino men recruited from a primary care facility in St. Luis, MI. Men were recruited as part of a larger study. Sample included both patient and non-patients from the facility. Patients mean age was 33, Non patients mean age 27.</p>	<p>Demographics, Illness Perception Questionnaire (IPQ-R), Patients Attitudes Toward and Rating of Care for Depression (PARC-D short form), Bidimensional Acculturation Scale (BAS) for Hispanics, Center for Epidemiologic al Studies Depression Scale (CES-D). Survey on mental health usage, help seeking preferences and perceived barriers to care.</p>	<p>Mixed method design utilizing structured 45 min. interview and an audio vignette followed by the measures. Participants were first interviewed and then provided an audio recording of an interview with an individual with depression. All materials were available in Eng. and Span.</p>	<p>48% of the men in the study identified the causal factors for the depression as interpersonal problems related to the disruption of a romantic or marital relationship. Responses to IPQ-R indicated that (70%) disagreed that the situation would last forever. 88% agreed it would improve with time. Men did not attribute the depression to a single cause but rather from multiple interrelated events. 93% of men reported that counseling could alleviate depression but only 54% reported the same attitudes towards antidepressants. Overall findings demonstrated that the men looked for help within their own family and social network and then extended it out to formal services.</p>	<p>Study did not utilize randomly selected sample (sample from single source and limited range of SES status). Vignette methodology utilized hypothetical scenario which make findings difficult to generalize to real life scenarios.</p>
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Klevens, J. (2007)	Overview of professional literature on IPV and Latino populations.	Adult men and women from published research.	None	Literature review of studies published within the domains of IPV, Latinos, treatment, and demographic characteristics of Latino population. Utilized Center for Disease Control (CDC) approach for evaluating depth of specific problem within a given population.	Findings revealed that IPV affects Latinos similar to non-Latino populations with similar manifestations and consequences. Risk factors associated with IPV also similar for Latinos and non-Latinos, except that beliefs approving IPV and alcohol-drinking patterns may not have much explanatory value for the occurrence of IPV among Latinos. Role strain from immigration and acculturation might be unique to Latino populations.	Overview only incorporated information from published research which may limit its applicability to specific segments of the Latino populations.
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<p>Klevens et al., (2007)</p>	<p>To explore Latino's beliefs and perspectives on IPV in Oklahoma City, OK. In order to develop culturally appropriate IPV services for Latinos.</p>	<p>N= 77 participants distributed in 10 focus groups. All were Latinos residing in Oklahoma. Most were of Mexican origin. N= 13 Victims of IPV and N= 7 perpetrators of IPV were chosen for in-depth qualitative interviews.</p>	<p>Focus group interviews were conducted with all participants. Focus groups utilized IPV case vignette as prompt for discussion. Semi-structured interviews were conducted with 20 individual interview participants.</p>	<p>Qualitative research design utilizing a mix of focus group and individual interview structures. All interviews transcribed and analyzed for themes.</p>	<p>Both males and females identified domestic violence with a range of terms with minimal differences between genders. Most participants identified DV as a major problem with mostly physical aspects but also some psychological. Perpetrating DV was mostly attributed to witnessing DV as a child and changes in acculturation due to immigration. DV was perceived to cause severe consequences to victims and especially children/families.</p>	<p>Sample contained Latino population that was predominantly Mexican but also included other South and Central American populations with makes generalizability difficult. Focus group themes may be due to social desirability of answers which may bias individual perspectives and responses.</p>
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<p>Rothman, E. F., Gupta, J., Pavlos, C., Dang, Q., & Coutinho, P. (2007)</p>	<p>To describe, analyze and compare program completion rates for immigrant and non-immigrant men enrolled in both general and culturally specific batterer intervention (BI) programs in Massachusetts.</p>	<p>N= 3,460 participants in BI programs in Mass. Department of Public Health (MDPH).</p>	<p>1) 55 Item survey completed with each participant at intake. 2) 11 item discharge summary completed by counselor or caseworker.</p>	<p>Between measures, multiple survey administration. Used chi-square and Pearson chi-square for data analysis and comparisons.</p>	<p>14% of BI participants were immigrant; most of those were black or Hispanic. Immigrant population was more likely to be better educated, higher wages, less likely to be unemployed/disabled. 46% of immigrant did not complete program compared to 62% of non-immigrant. Immigrants who were in cultural specific groups had 66% completion vs. 46% completion for immigrants in non-cultural specific groups. However, analysis did not support that this difference was due to program, more likely due sample characteristics.</p>	<p>Self reported data and human error from counselor may bias data. Data regarding criminal history of participants was by self report and not verified which may skew results.</p>
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Sobralke, M. C. (2006)	To explore and understand health care seeking beliefs and behaviors of Mexican American men in south-central Washington.	Total N=36. 8 primary Mex/Amer. Men who lived within a specific community in WA, mean age of 47.5. 28 secondary research participants (male and female) who also lived within the same community.	Participant's observations in community activities and social networks. Primary participants were interviewed in semi structured face-to-face interviews; secondary participants were interviewed in non-structured interviews about their beliefs about men's health care seeking behaviors. Ethnographic articles collected: religious artifacts, family	Ethnographic study that collected data from primary and secondary participants' interviews, observations, ethnographic documents and cultural artifacts. Detailed demographic data was also collected from each primary participant. Ethnographic data analysis: from lower to higher levels of abstraction, moving from collection of raw data to identifying common patterns, and	A man's identity in traditional Mexican American culture continues to be deeply imbedded within the values of machismo and this appeared to greatly influence the health seeking behaviors of the men in the study. The meaning of health among participants correlated to the male identity and men's roles in society. 4 major themes emerged from the data: 1- the identity of manhood in Mex/Amer. culture dictates health care seeking 2-machismo 3-Good health means being able to be a man 4-Illness means not being able to be a man. 5-Men seek healthcare when manhood is threatened or impaired.	Findings difficult to generalize due to: non-random selection, small sample size, geographically limited sample. Single examiner may produce observer bias. All participants identified as Roman Catholic which may bias results due to cultural biases within this particular segment of the population.
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			<p>pictures, newspapers/magazines, saint representations, spiritual healing artifacts.</p>	<p>eventually, to formulating major cultural themes.</p>		
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Zacharias, S. (2006)	To provide systematic psychological description of the psychotherapeutic knowledge and methods of Mexican Curanderismo. Also to provide an empirical study of psychotherapeutic effectiveness of Mexican Curanderismo.	3 Curanderos practicing in the Southern Mexican State of Oaxaca and 8 of their patients (3 male, 5 female) Seven adults age mean 30 and 19 yr. All participants met ICD criteria for various psychiatric disorders from mild to severe.	For practitioners: field observations, semi-structured interviews, focused short term interview, structuring content analysis. For patients: semi-structured interviews, observations, semi-structured review of treatment process, ICD guidelines, General Health Questionnaire (adapted short form), General Assessment Scale (GAS), ordinal rating scale of self assessment.	Qualitative research design utilized to study the structure and sequence of the therapeutic process (through interviews and observations) and treatment outcomes (measured by interviews, observations, and questionnaires). Study used both qualitative and longitudinal treatment evaluation (pre, post, and 6 month follow-up).	Study concluded that the Mexican curanderos' treatment of mental illness led to a complete recovery in 6 cases and partial improvement in 2 cases. Mild to moderate impairment demonstrated the best treatment outcomes while more severe cases demonstrated lowest effects. The study provided evidence for Mexican Curanderismo as a clinically significant health care service in the diagnosis and treatment of mental illness. Based on this small sample, the study yielded treatment success rates of 75%. This is 5% better than treatment success rates for western oriented psychotherapy at 70%.	Findings difficult to generalize due to: non-random selection, small sample size, geographically limited sample. Single examiner may produce observer bias. Comparison of treatment outcomes to "western" outcomes is difficult at best due to limited range of studies examining curanderismo.
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<p>Mattson, S., & Ruiz, E. (2005)</p>	<p>To understand cultural norms about intimate partner violence in a southwest Latino community. To develop a children's book on how to manage interpersonal conflicts.</p>	<p>Men recruited from Spanish media outlets, head start programs, and health clinics. Women were recruited from domestic violence shelters, homeless shelters and head start programs. 33 children (18 girls, 15 boys). 12 Anglos, 16 Latinos, 4 African Americans, 1 Biracial.</p>	<p>All participants completed a demographic questionnaire, Cuellar's acculturation rating scale (revised), and Rosenberg's self esteem scale. All subjects participated in a focus group.</p>	<p>A volunteer single survey design was utilized to obtain data for demographics and questionnaires. A naturalistic design was utilized to conduct the focus groups. The focus group focused on 3 topics: 1) what they believed abuse is, 2) factors in partner abuse, 3) role Mexican culture plays, 4) what may be helpful in decreasing the violence and assisting the women who are abused.</p>	<p>Men only perceived physical violence as DV while women included emotional and sexual assault as DV. Both men and women reported the Machismo concept as influential in domestic violence. Women reported conceptual beliefs about women as sufferers (marionismo) as influencing their need to stay in violent relationships. Both men and women were supportive of developing strategies to help children avoid violent behaviors in adult relationships. Results demonstrated that Latino children were more likely to employ behavioral rather than verbal strategies to cope with IPV when compared to Caucasian children.</p>	<p>Male and female samples were collected from different populations (health clinics vs. DV shelters) making comparisons difficult. Small sample, limited geographic location, non-randomized sample, and sample variation make generalization of findings difficult.</p>
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Smith, B. A., Thompson, S., Tomaka, J., & Buchanan, A. C. (2005)	To develop and pretest the Intimate Partner Violence Attitude Scales (IPVAS) and examine Mexican American and non-Hispanic white college students' attitudes towards behaviors in intimate relationships.	333 College students from a Southwestern US university. 65% Mexican American, 14% Anglo Americans, and 3% African Americans.	IPVAS-38 item questionnaire regarding demographics and attitudes toward IPV.	Single administration quantitative design from convenience sample analyzed by ANOVA	The study did not find significant differences in Mexican American and non-Hispanic White college students' attitudes toward violence in intimate relationships. The entire sample revealed unfavorable attitudes towards IPV. Study also demonstrated that the IPVAS is reliable for this population and possible other populations.	Convenience sample of all college age student population renders it difficult to generalize these findings to other Latino populations. Sample consisted of predominantly Latino population which may impact level of comparison between populations in the sample.
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<p>Vandello, J. A., & Cohen, D. (2003)</p>	<p>The article explores how honor cultures can give rise to norms, expectations, and scripts that can lead to violence against women. Studies compared attitudes, communication patterns, and behaviors between individuals from honor and non-honor cultures</p>	<p>Study #1: N=623 University students (273 Brazil, 350 US) 58% female. Study#2: N=112 Psychology students from the University of Illinois. 33 Hispanic, 41 N. Anglos, 38 S. Anglos (55 males, 57 females).</p>	<p>Study #1: Short questionnaire (Eng. & Portuguese.) that involved responses to vignettes of female infidelity w/ a violent male response. Study #2: Participants witnessed an act of aggression on a female (confederate) and subsequently interacted with her and offered advice then were debriefed.</p>	<p>Study 1: Volunteer single questionnaire distributed to university students in Brazil and in the US. Study#2: 2x2 double blind design. Blind confederates (1 male and 1 female) were assigned to either the contrite or no-tolerance type of argument variable. Participants who (witnessed the argument) were assigned to either the no-tolerance or contrite groups.</p>	<p>Study#1: Results demonstrated that in the honor culture (more than non-honor culture) the woman's infidelity reflected negatively on the man. The Brazilian sample viewed the physically violent man as "more manly" than the one who yelled and was less likely to stigmatize the violent man. Study#2: Honor cultures were more likely to voice tolerance for the violence than non-honor. Overall, societies with strong male honor beliefs can lead to cultural scripts that often perpetuate male-on-female aggression and implicitly reinforce acts of aggression.</p>	<p>Generalizability difficult due to: limited age range of sample populations, sample educational level, and voluntary nature of participation. No measure of other variables that may impact construct of "honor culture" (level of acculturation, student status, parental influences, media). Factors such as access to resources and self esteem were not examined as components that may influence participants' responses.</p>
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				Confederates obtained data from participants regarding their reactions.		
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Gamst et al., (2002)	To examine the effects of client-therapist ethnic match, client age, acculturation status, ethnic identity, and generation on clinical outcome measures of client GAF scores, visitations and total costs	204 Latino American outpatient clients, parents or caregivers at a community mental health agency in Southern California. 52% were adult clients at the agency and 47.2% were parents of child clients at the agency.	Acculturation Rating Scale for Mexican Americans (ARSMA-II), Multigroup ethnic Identity Measure (MEIM), Mexican Orientation Scale (MOS), Anglo Orientation Scale (AOS), Ethnic Identity Scale (EIS), Affirmation, Belonging, and Commitment (ABC), and demographic and diagnostic data obtained from agency records.	Single sample 5x5 within subjects design. IV's=Client-therapist match, client age, acculturation and ethnic identity measures, and generational status. DV's=global assessment (intake, termination, difference), visitation, and total client cost.	Overall, the study revealed that functional clinical outcomes declined for Anglo-oriented Latino clients who reported low ethnic identity. Study also found that among Mexican American clients, ethnic match, and language preference was important for Spanish dominant speakers resulting in fewer premature terminations and improved clinical outcomes.	Sample contained Latino population that was mixed (including Mexican, South, Central, and Cuban Americans) made cultural matching impossible in this study. This may affect the validity of the IV for client-therapist match. Therapeutic services were provided by clinicians with a broad range of training, education and experience, which may impact integrity of DV (GAF measures).
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Kanel, K. (2002)	To understand the mental health needs of Latinos in Southern California and how therapist in this area are currently treating this population.	163 low skilled working-poor Latino adults. 105 Latino college students, and 43 counseling therapists who self reported treating Spanish sp. Clients.	Questionnaires developed in English and Spanish for the community participants and English questionnaires for the therapists.	Voluntary single survey questionnaire that was distributed to all participants. Therapists were recruited from local community mental health agencies in Orange County, CA. Questionnaire for respondents were distributed at a local factory, laundry mats, restaurants, and produce farm in a specific neighborhood. 2 Local colleges were utilized for the college sample.	The study found that 59% stated they did not believe medicine could help them and 77% stated they would prefer to speak to a therapist rather than take medicine. 67% of the community sample indicated they would want to receive mental health services in which counseling is the mode of intervention. Only 18% of the sample reported that they wanted to discuss their own childhood in treatment. The majority of the sample 66% chose to focus on current problems (most commonly family, children, and marriage issues).	There was significantly different variability within the sample of participants which may impact validity of the findings in that it some findings may be more specific to one group (e.g. college students vs. skilled workers).
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Norris et al., (2001)	To understand the meaning of a traumatic event in Mexican populations.	N=9 from Guadalajara, MX. N=6 from Homestead, Fl. N=9 from Oaxaca MX. Total N=24 (14 women, 10 men).	Each participant had been a witness to an industrial or natural disaster in their home communities. Unstructured qualitative interview with each participant. All interviews lasted between 45min. And 2 hrs. All were audio recorded and completed by research volunteers.	Qualitative design utilizing Card Sorting and Cluster Analysis of transcribed interviews with each participant. ANTHROPAC and SPSS software were utilized to analyze qualitative coded units of categories developed by multiple reviewers.	Most of the participants (83%) provided an abundance of expressions that could not be classified specifically as one of the 17 criterion symptoms of PTSD from the DSM-IV but clearly implied that the concept of trauma, more globally defined, was a meaningful one. As many as 58% of the participants most readily reported, recalled and recognized intrusive symptoms.	Small samples size and convenience sample make the data difficult to generalize to Mexican population. Interviews were not conducted in controlled, confidential space which may bias responses.
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<p>Welland, C., & Ribner, N. (2001)</p>	<p>Evaluate the perspectives of Latino men receiving group treatment for IPV.</p>	<p>159 Latino men in treatment for IPV in the San Diego, CA area. Average age 34, 85% first generation Mexicans. Educational average 8 yrs. 80% Catholic. 71% spoke Spanish in the home. 70% married or cohabitating. 94% had children. 12 men chosen for follow up qualitative interviews. Each interview participant had completed the 52 week mandated IPV treatment group.</p>	<p>50 item survey developed for the study regarding demographic and personal history characteristic of Latino men in IPV treatment. Follow up sample received an in depth qualitative interview.</p>	<p>Mixed method design within subjects design. Study utilized single survey of all sample participants followed by a non-random sampling approach for qualitative interviews.</p>	<p>Survey: 45% had witnessed moderate to severe IPV in their family of origin, 51% reported being abused by a parent, 53% reported previous incidents of IPV prior to arrest, and 44% reported being intoxicated during IPV event. Interview results: 83% met criteria for alcohol abuse or dependence, 92% were exposed to frequent violence in community. Respondents reported that Gender Roles were influential in making IPV acceptable. They identified machismo as an aspect of traditional male gender role involved in IPV. Participants believed that IPV groups for Latinos in Spanish were more beneficial.</p>	<p>Survey samples were geographically limited thereby making sample results potentially limited. No data collected from ancillary or partner perspectives to corroborate responses or results. No measures utilized that could evaluate constructs like GRC, level of acculturation, or masculine identity.</p>
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APPENDIX B

Agency Approval Letter

April 1, 2010

Dr. Doug Leigh, Chairperson

Graduate and Professional Schools Institutional Review Board

Pepperdine University

Graduate School of Education and Psychology

6100 Center Dr.

Los Angeles, CA 90045

Dear Dr. Leigh,

I am writing in regard to **Mr. Rogelio Serrano's** request to conduct his dissertation research with persons enrolled in our Domestic Violence Treatment Program at KC Services, located at 7281 Garden Grove Blvd., Suite H, Garden Grove, CA, 92841. My understanding is that Mr. Serrano will be studying the impact of Latino Masculinity (Machismo) on intimate partner violence.

Mr. Serrano has informed me that he and his research assistant, Mr. Luis Becerra, will present his research study to potential participants at our scheduled group meetings. He also informed me that they will obtain informed consent from all study participants. Participation in this study will consist of completing one demographic questionnaire and participating in a one-on-one interview which will be audio recorded and last approximately one hour. His study will be completely voluntary and there will be no program consequences whether or not our clients choose to participate. Those who do choose to participate will be given no compensation or accommodation from the research investigators or our clinic. Furthermore, all data provided about research participants to Mr. Serrano or his research assistant Mr. Becerra will be voluntarily provided by the participants themselves. Our organization (KC Services) will not provide any clinical demographic, legal, or personal records/documents to Mr. Serrano or Mr. Becerra. My understanding is that the study poses no more than minimal risk, similar to the risk associated with routine interviews on personal experiences and opinions. I understand that the confidentiality of all research participants will be carefully protected, consistent with applicable laws. I also understand that Dr. Miguel Gallardo will supervise all aspects of the dissertation research.

Once Mr. Serrano has obtained clearance and approval from Pepperdine University's Institutional Review Board, he does have our permission to conduct her dissertation research at KC Services.

Sincerely,

Clemente Castaneda

Garden Grove Program Director

7281 Garden Grove Blvd., Suite H

Garden Grove, CA 92841

Date

APPENDIX C

Demographic Questionnaire

PIN _____ **Age:** _____ years

Primary Language (at home): _____

Primary Language (at school or work): _____

Marital Status: Single() Married() Divorced() Widowed() Cohabitant()
Other : _____

Number Of Children: 0() 1() 2() 3() 4() 5() 6 or more()

County Of Residence: Orange() Los Angeles() San Bernardino() San Diego()
Other : _____

Country Of Origin: _____

Area In Which You Grew Up (examples: "rural", "urban", "farm" etc.):

Father's Occupation: _____

Mother's Occupation: _____

Number Of Brothers: _____ **Number Of Sisters:** _____

Cultural Identification: _____

Annual Salary (estimated): \$1,000-\$9,000() \$10,000-\$19,000() \$20,000-\$29,000()
\$30,000-\$39,000() \$40,000-\$49,000() \$50,000-\$59,000()
\$60,000-\$69,000() \$70,000-\$79,000() \$80,000 or more ()

Years Residing In The US: Native() 1-2() 3-5() 6-9() 10-14() 15-19()
20-24 years() 25 years or more()

Years Of Education Completed: 0-3() 4-6() 7-9() 10-12() College/University()
Degree earned:

Masters() Doctorate()

Country Where You Received Your Education (indicate all if more than one):

Prior Convictions: Yes() No() Felonies: Yes() No()
Misdemeanors: Yes() No()

Previous Incarcerations: Yes() No()
If yes 1 year or less() 2-4 years() 5-7 years() 7-10 years() 11 or
answer: more()

Number of Groups Completed: 1-4() 5-9() 10-14() 15-19() 20 or more()

Language In Which The Groups Are Conducted: _____

Preferred Language For Psychological Treatment: _____

Demographic Questionnaire (Spanish)

PIN _____ **Edad:** _____ años

Idioma Principal (en casa): _____

Idioma Principal (en el trabajo o escuela): _____

Estado Matrimonial: Soltero() Casado() Divorciado() Viudo() Cohabitanter()
Otro : _____

Numero de Hijos: 0() 1() 2() 3() 4() 5() 6 o mas()

Condado de Residencia: Orange() Los Ángeles() San Bernardino() San Diego()
Otro : _____

País Natal: _____

Región en donde usted se crió: (ejemplo: "pueblo", "ciudad", "rancho" etc.)

Ocupación de su padre: _____

Ocupación de su madre: _____

Numero de hermanos: _____ **No. de hermanas** _____

Identificación Cultural: _____

Salario Anual (estimado): \$1,000-\$9,000() \$10,000-\$19,000() \$20,000-\$29,000()
\$30,000-\$39,000() \$40,000-\$49,000() \$50,000-\$59,000()
\$60,000-\$69,000() \$70,000-\$79,000() \$80,000 o mas ()

Años de Residencia en Estados Unidos: Nacido() 1-2() 3-5() 6-9() 10-14() 15-19()
20-24 años() 25 años o mas()

Años de Educación Cumplidos: 0-3() 4-6() 7-9() 10-12() Colegio/Universidad()
Titulo recibido:
Bachillerato () Maestría()
Doctorado()

País donde recibió su educación (indique todos si hay más de

uno) :

Antecedentes Penales: Si() No() Delitos Graves (Felonías): Si() No()
Delitos Menores (Misdemeanors): Si() No()

Encarcelamientos: Si() No()
Si respondió afirmativo: 0-1 ano() 2-4 anos() 5-7 anos() 7-10 anos() 11 o mas()

Numero de Grupos Cumplidos: 1-4() 5-9() 10-14() 15-19() 20 o mas()

Idioma en Que se Dirige el Grupo: _____

Idioma preferido para tratamiento psicológico: _____

APPENDIX D

Recruitment Flyer

INVITATION TO PARTICIPATE IN PROJECT OF LATINO MEN

Name of research project:

Intimate Partner Violence and Group Therapy: The Voices of Latino Men

Who is invited to participate?

- Men between the ages 21-64
- Men who have participated in at least 10 group meetings
- Spanish Speaking men who identify as Mexican, Mexican-American, or of Mexican descent

What is required of participants?

1. Call the number listed below and confirm an appointment for an interview
2. Complete a demographic questionnaire
3. Participate in an interview with Mr. Serrano or his research assistance Mr. Luis Becerra regarding the topic of Machismo and Intimate Partner Violence

If you are interested in participating or you have questions regarding this project please contact:

Rogelio Serrano, MS, LMFT

Phone Number: (714) 437-7693 or email: rogelio_serrano@sbcglobal.net

If you have additional questions or require further clarification you may contact the project supervisor, Miguel Gallardo, Psy.D., at Pepperdine University Graduate School of Education and Psychology: 18111 Von Karman Ave., Suite 209, Irvine, CA 92612, (949) 223-2500

All participation is completely voluntary. Personal information is held under strict confidentiality and will be used solely for the intended research goals. Personal information is protected by the designated laws of the rights of participants in scientific research of Pepperdine University.

Recruitment Flyer (Spanish)

INVITACIÓN PARA PARTICIPAR EN PROYECTO DE HOMBRES LATINOS

Nombre del proyecto:

Violencia Entre Parejas Íntimas y El Tratamiento en Grupo: Las Voces de Hombres Latinos

Quien es invitado a participar:

- Hombres entre 21 y 64 de edad
- Participantes del grupo que han participado en un mínimo de 10 citas de grupo
- Hombres Hispanohablantes que se identifican de origen Mexicano, México-Americano

Que se requiere:

4. Llamar al número indicado y asegurar una cita para una breve entrevista
5. Llenar un formulario informativo
6. Participar en una entrevista con el Sr. Serrano sobre el tema de El Machismo y la violencia entre parejas

Si está interesado en el participar o tiene preguntas sobre el proyecto favor de llamar a:

Rogelio Serrano, MS, LMFT

Número telefónico: **(714) 437-7693** o Correo electrónico:
rogelio_serrano@sbcglobal.net

Si tiene más preguntas, o requiere más aclaración puede contactar a el supervisor del proyecto, doctor Miguel Gallardo, Psy.D., en la Universidad Pepperdine, escuela de Educación y Psicología, 18111 Von Karman Ave., Suite 209, Irvine, CA 92612, (949) 223-2500

Toda participación es completamente voluntaria. Información personal es confidencial y solo será utilizada para propósitos del proyecto. Información personal es protegida por las leyes designadas de los derechos de participantes en proyectos científicos de la Universidad De Pepperdine.

APPENDIX E

Script for Project Interview

I want to begin by thanking you all for taking the time to participate in this study. My name is (Rogelio Serrano or/ Luis Becerra), and I will be conducting this interview as part of a doctoral dissertation project entitled “Intimate Partner Violence and Group Therapy: The Voices of Latino men”. Before we go any further I want to remind you that participation in this study is completely voluntary. This means that you can withdraw from participating at any time during this meeting. Whether you choose to participate in this study or not will have no impact, negative or positive, on your program at KC services.

Before we proceed, I want to provide you with a brief overview of what you can expect from today. It is expected that this process will take 60-90 minutes to complete, including questionnaire and interview. During any part of the questionnaire or interview you can ask any questions, or ask to terminate your participation. All of the materials are available in English or Spanish. You can elect which language you prefer once we begin. I can read any or all of the materials to you or you can choose to read them on your own. If you would prefer for me to read the materials to you let me know now or at any time during this process and I can read it out loud to make sure you understand the process. If you choose to sign the informed consent, I will assign you a participant identification number, for example 001. This number will then be placed on all other materials you provide (including interview file) to maintain confidentiality. Do you have any questions up to this point? Do you prefer that we proceed in English or Spanish? (*Appropriate language forms are chosen and then interview continues*)

I will begin by handing you a 2-page sheet known as the informed consent. This sheet provides a break down of the study and the rights you have as participants in this study. I am going to read the informed consent aloud, after the entire informed consent has been read I will ask that you sign, print your name, and date the final page. If you have any questions about the informed consent please feel free to interrupt while I am reading, or you can ask me once the reading has been completed. (*Informed consent is handed to participant and read aloud to him. If signed, consent is collected and participant identification number is placed on top right corner of informed consent. Then interview continues to next section*)

Now I am going to hand you a list of mental health providers that are available in this area. Should any of the materials we cover today cause any feelings of discomfort, I invite you to contact any of these agencies for further assistance. Next I am going to hand you a questionnaire. This is a questionnaire that gives us information about who you are. If there are questions you do not feel comfortable answering, please skip those and continue on. I can read each question out loud as we go along or you can choose to read them on your own. Also, you can choose to write down your own responses or I can write them down for you. What would you prefer? (*Demographic Questionnaire is handed to the participant. If completed and any/all questions answered, participant identification*

number is placed on the designated line of the questionnaire. Then interview continues to next step)

Thank you. Do you have any questions up to this point? All these forms will be stored in a locked filing cabinet along with all the other materials (interview recording) from your participation. Again, I want to thank you for offering up your time so freely and for answering these questions. Now we will proceed to the interview. I will turn on the recorder. Once I turn it on you will hear me say your participant number and the words “interview beginning”. Then I will ask a few questions. There are no right or wrong answers so feel free to speak freely in your responses. Remember that you are also free to refuse to answer any questions or terminate your participation at any time. If during the interview you feel uncomfortable please let me know and I will stop recording at your request. During the interview I will only refer to you by your identification number if and when necessary. It is important that you understand that this is only done to protect your confidentiality and not meant to disregard you or invalidate your personal identity in any way. Do you have any questions? Then we will proceed. *(Digital audio recorder is turned on and interview begins)*

Following interview (or at termination of process should it occur prior to completion of audio recorded interview). *(Digital audio recorder is turned off)*

Thank you for your participation. Some participants may experience discomfort regarding the topics we may have covered up to this point. Do you remember the list I handed you earlier? These are the names, numbers, and addresses of local mental health professionals that can provide you with additional support in case you find it necessary to discuss any feelings that may have come up for you. It is not a requirement or part of the project; this is simply for your convenience should you need the information. Also, remember that it may be necessary for me to contact you at the number you provided us sometime in the next few weeks should we need to clarify any statement you mentioned. This will only be done if it is absolutely necessary. Thank you for your time.

Script for Project Interview (Spanish)

Quiero empezar dándole las gracias por tomarse el tiempo para participar en este estudio. Mi nombre es (Rogelio Serrano o / Luis Becerra), y coordinare esta entrevista como parte de el proyecto doctoral, titulado "Violencia Entre Parejas Intimas y El Tratamiento En Grupo: las voces de hombres Latinos". Antes de continuar quiero recordarle que su participación en este estudio es totalmente voluntaria. Esto significa que puede retirar de participar en cualquier momento durante esta reunión. Si elige participar o retirarse de participar en este estudio no tendrá ningún impacto, negativo o positivo, en el programa de servicios con la agencia KC Services.

Antes de proceder, quiero darle una breve reseña de lo que puede esperar a partir de hoy. Se espera que este proceso tenga una duración de 60-90 minutos para completar, incluyendo el cuestionario y entrevista. Durante cualquier parte del cuestionario o entrevista puede hacer preguntas o pedir a poner fin a su participación. Todos los materiales están disponibles en inglés o español. Usted puede elegir el idioma que prefiere antes de comenzar. Puedo leer todos los materiales ha usted o puede elegir leerlos usted mismo. Si prefiere que yo lea los materiales ha usted dígame ahora o en cualquier momento durante este proceso y los puedo leer en voz alta para asegurar que usted entiende el proceso. Si elige firmar el consentimiento informado, asignare ha usted un número de identificación de participantes, por ejemplo 001. Este número, se colocará en todos los documentos que usted complete (incluyendo archivo de entrevista) para mantener su confidencialidad. ¿Tiene usted alguna pregunta hasta este punto? ¿Prefiere que se proceda en inglés o en español? *(Formas de idioma apropiado son elegidas y continúa la entrevista)*

Voy a comenzar por entregarle una forma de dos páginas conocida como el consentimiento informado. Esta hoja proporciona un resumen del estudio y los derechos que usted tiene como participantes en este estudio. Voy a leer el consentimiento informado en voz alta, después de que he leído el consentimiento completo voy a pedir que firme, imprima su nombre y fecha en la última página. Si tiene alguna pregunta sobre el consentimiento informado, siéntase libre interrumpir mientras estoy leyendo, o usted puede pedirme una vez sea completado la lectura. *(Consentimiento informado es entregado al participante y se lee en voz alta a él. Si firmado, se recoge el consentimiento y número de identificación de participantes se coloca en la esquina superior derecha de consentimiento informado. A continuación, entrevista continúa a la siguiente sección)*

Ahora voy a darle una lista de proveedores de servicios de salud mental que están disponibles en esta área. Si cualquier de las materias que cubrimos le causa incomodidad le invito a contactar cualquier de estas agencias para recibir asistencia adicional. Ahora voy a darle un cuestionario. Se trata de información acerca de quién es usted. Si hay preguntas que no siente cómodo respondiendo, por favor omita las y proceda a las demás. Puedo leer cada pregunta en procedimiento o puede usted elegir leerlas por si mismo. También, usted puede elegir si prefiere escribir sus propias respuestas o yo puedo escribirlas por usted. ¿Qué prefiere? *(Cuestionario demográfico es entregado al participante. Si cualquier/todas las preguntas son completadas, número de identificación*

de participantes se coloca en la área designada del cuestionario. Entrevista continúa con el siguiente paso)

Gracias. ¿Tiene usted alguna pregunta hasta este punto? Todas estas formas se almacenarán en un archivo asegurado junto con los otros materiales (grabación de la entrevista) de su participación. Una vez más, quiero darle las gracias por ofrecer su tiempo tan libremente y para responder a estas preguntas. Ahora procederemos a la entrevista. Prenderé la grabadora. Una vez que este prendida usted me oirá decir su número de participante y las palabras "entrevista comienza". A continuación, voy a hacerle unas preguntas. No hay respuestas equivocadas, por lo tanto, siéntase libre de hablar libremente en sus respuestas. Recuerde que usted también es libre de negarse a contestar cualquier pregunta o terminar su participación en cualquier momento. Si durante la entrevista se siente incómodo por favor déjeme saber y detendré la grabación si me lo pide. Durante la entrevista sólo me referiré a usted por su número de identificación cuando sea necesario. Es importante que entienda que esto sólo se hace para proteger su confidencialidad y no se pretende ignorar o invalidar su identidad personal en modo alguno. ¿Tiene usted alguna pregunta? A continuación, vamos a proceder. *(Grabadora de audio digital está activado y comienza la entrevista)*

Después de la entrevista (o en la terminación del proceso, se ocurre antes de completar la entrevista grabada en audio). *(Grabadora de audio digital está desactivado)*

Gracias por su participación. Algunos participantes pueden sentir incomodidad sobre los temas tocados hasta este punto. ¿Se acuerda de la lista que le entregue anteriormente? Voy a darle esta lista. Estos son los nombres, números y direcciones de profesionales de salud mental locales que pueden proporcionarle apoyo o servicio adicional en caso de que le resulte necesario discutir cualquier sentimiento que ha surgido para usted. No es un requisito o parte del proyecto; esto es simplemente para su conveniencia, en caso que usted debe necesitar la información. También, recuerde que tal vez tenga que ponerme en contacto con usted al número telefónico que nos dio si es necesario aclarar alguna respuesta. Esto solo cera hecho si es absolutamente necesario. Gracias por su tiempo.

APPENDIX F

Informed Consent for Participation in Research Activities

Intimate Partner Violence and Group Therapy: The Voices of Latino Men

I have been invited to participate in this study because I am a Spanish speaking adult man of Mexican/Mexican-American descent who is currently participating in group treatment for intimate partner violence at this facility. I understand that Rogelio Serrano, MS., is conducting this study as part of the dissertation requirements for a doctoral degree in clinical psychology at Pepperdine University, Graduate School of Education and Psychology. Mr. Luis Becerra is serving as a research assistant to Mr. Serrano and is also part of the investigation team for this project. Mr. Serrano and/or Mr. Becerra have informed me that this research project is under the supervision of Miguel Gallardo, Psy.D., associate professor of psychology at Pepperdine University, Graduate School of Education and Psychology.

I understand that my participation in this research study entitled “Intimate Partner Violence and Group Therapy: The Voices of Latino Men” is completely voluntary and that I have the right to refuse participation in, or withdraw from, the study at any time without any negative impact to my participation in group therapy at this facility. I am also aware that I am free to not answer any questions posed to me during the interview by the researcher. I also understand that I may terminate the interview at any time once it has begun.

I understand that all minors are excluded from participating in the study. The purpose of the research is to understand the personal experiences Mexican/Mexican-American Men who are participating in group treatment for intimate partner violence. I will be asked a series of questions regarding my experiences in group treatment, my personal feelings regarding intimate partner violence, and my observations about this phenomenon in the course of my life. The interview will last approximately 1-2 hours. My responses will be recorded on an audiotape and subsequently be transcribed to document my responses. I understand that the interviewer may need to contact me following the interview to obtain clarification of any information I provide during the interview.

I am aware that will I receive no direct benefit from the investigators or the agency for participating in this research study. There is no compensation or charge required for research-related procedures. It has been explained to me that the field of psychology may potentially benefit from the understanding of the personal experiences of Mexican/Mexican-American men in group treatment for intimate partner violence. I understand that my participation may assist psychologists to understand how the personal experiences of Mexican/Mexican-American men in group treatment for intimate partner violence can expand the treatment approaches with this population.

I have been advised that this study involves no more than minimal risk to the participants. There are no known harms or discomforts associated with this study beyond those

encountered in daily life. The researcher will attempt to minimize any risks from my participation in this project. I understand that during the course of the interview I might discuss topics, people, or situations that are uncomfortable or may cause emotional distress. In the event that this occurs the researcher has provided me with a list of referral sources from which I may obtain additional psychological support services at any time during my participation in this process.

I understand that the facilitator of the group at this agency will be aware of my participation in this research project but no information gathered from my interview will be provided to the group facilitator or any agency staff without my written permission. Under California law, the privilege of confidentiality does not extend to information about the alleged or probable abuse of a child, the physical abuse of an elder or dependent adult, or if a person indicates he/she wishes to do serious harm to self, others, or property. All data will be kept confidential to the extent allowed by law.

I understand that all research materials, including audiotapes, interview transcripts, and forms containing identifying information, will be kept confidential. All data collected will be reported without identifiers. Confidentiality will be maintained by storing all research materials in a locked cabinet which will only be accessible to the researcher. All data will be kept for 5 years following the study and subsequently destroyed.

If I have any questions regarding this study, the procedures, or any other aspect of my participation, I can contact Rogelio Serrano for answers or clarification. If I have further questions, I can contact Miguel Gallardo, Psy.D., at Pepperdine University, Graduate School of Education and Psychology, 18111 Von Karman Ave., Suite 209, Irvine, CA 92612, (949) 223-2500. If I have further questions regarding my rights as a research participant, I may contact Doug Leigh, Ph.D., Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Dr., Los Angeles, CA 90045, (310) 568-2845.

I have read this form and understand the statement made above. My questions have been answered and I have received a copy of this form for my records. By signing below I consent to participate in this research project described above.

I agree to participate: **Yes** **No**

If necessary, Rogelio Serrano, may contact me at the following number to clarify any of my initial interview statements: **Yes** **No**

(_____) - _____

Name of Participant (Please Print)

Signature of Participant

Date

Name of Principal Investigator (Please Print)

Signature of Principal Investigator

Date

Informed Consent for Participation in Research Activities (Spanish)

Violencia Entre Parejas Íntimas y El Tratamiento en Grupo: Las Voces de Hombres Latinos

He sido invitado a participar en este estudio porque soy un hombre adulto de habla Hispana de origen Mexicano/México-Americano quien está también participando en el tratamiento de grupo para la violencia entre parejas en este establecimiento. Entiendo que Rogelio Serrano, MS., está conduciendo este proyecto como parte de los requisitos para el doctorado en psicología clínica en la Universidad Pepperdine, escuela de Educación y Psicología. El Sr. Luis Becerra esta sirviendo como asistente de investigación para el Sr. Serrano y forma parte del equipo de investigación para este proyecto. El Sr. Serrano y/o el Sr. Becerra me han informado que este proyecto de investigación está bajo la supervisión del Dr. Miguel Gallardo, Psy.D., profesor asociado de psicología en la Universidad Pepperdine, escuela de Educación y Psicología.

Entiendo que mi participación en esta investigación titulada “Violencia Entre Parejas Íntimas y El Tratamiento en Grupo: Las Voces de Hombres Latinos” es completamente voluntaria y que tengo el derecho de rechazar participación, o retirar mi participación, del estudio en cualquier momento sin repercusión a mi participación en la terapia de grupo en este establecimiento. También estoy consciente que soy libre a no responder cualquier pregunta que sea dirigida a mí durante la entrevista por el investigador. También entiendo que puedo terminar la entrevista en cualquier momento una vez que ha comenzado.

Entiendo que los menores de edad están excluidos de participar en este proyecto de investigación. El propósito de la investigación es comprender las experiencias personales de los hombres Mexicanos/México-Americanos que participan en el tratamiento de grupo para violencia entre parejas. Se preguntara una serie de preguntas sobre mis experiencias en tratamiento de grupo, mis sentimientos personales en relación a la violencia doméstica y mis observaciones sobre este fenómeno en el curso de mi vida. La entrevista tendrá una duración de aproximadamente 1-2 horas. Mis respuestas serán grabadas en forma de audio y posteriormente transcritas para documentar mis respuestas. Entiendo que el investigador puede necesitar ponerse en contacto conmigo después de la entrevista para obtener una aclaración de cualquier información que proporcione durante la entrevista.

Soy consciente de que no recibiré beneficio directo de parte de los investigadores o la agencia por participar en esta investigación. No habrá compensaciones o cargos por procedimientos relacionados con este proyecto de investigación. Se me ha explicado que el campo de psicología potencialmente puede beneficiar de la comprensión de las experiencias personales de los hombres Mexicanos/México-Americanos en el tratamiento de grupo para la violencia entre parejas. Entiendo que mi participación puede ayudar a los psicólogos a comprender cómo las experiencias personales de los hombres Mexicano/México-Americanos en el grupo de tratamiento para violencia entre parejas pueden ampliar los enfoques de tratamiento con esta población.

He sido avisado que este proyecto de investigación involucra no más de el riesgo mínimo para los participantes. No hay males o incomodidades asociados con este proyecto de investigación fuera de los que se encuentran en la vida de cada día. El investigador intentará reducir al mínimo cualquier riesgo de mi participación en este proyecto. Entiendo que durante el curso de la entrevista podrían tratar temas, personas o situaciones que son incómodos o pueden causar sufrimiento emocional. En caso que esto se produce el investigador me ha provisto una lista de fuentes de referencia para obtener servicios de apoyo psicológico en cualquier momento durante mi participación en este proceso.

Entiendo que el facilitador del grupo de este establecimiento estará consciente de mi participación en este proyecto de investigación pero ninguna información obtenida de mi entrevista se prestará al facilitador del grupo o cualquier personal del establecimiento sin mi consentimiento por escrito. En el estado de California el derecho, o privilegio de confidencialidad no se extiende a la información acerca el uso indebido o probable daño de un niño/a, el abuso físico de un anciano/a o dependiente adulto, o si una persona indica que desea hacer un daño grave a Sí, otros, o propiedad. Todo dato será mantenido confidencial hasta el alcance permitido por la ley.

Entiendo que todos los materiales de la investigación incluyendo cintas de audio, transcripciones de las entrevistas y que contiene la identificación de las formas de información, será confidencial. Todos datos colectados serán reportados sin modos de identificación. Confidencialidad se mantendrá por almacenar todos los materiales de investigación en un gabinete bloqueado que sólo será accesible al investigador. Todos los datos se mantendrán durante 5 años siguientes a la investigación y posteriormente destruidos.

Si tengo alguna pregunta con respecto a esto estudio, los procedimientos o cualquier otro aspecto de mi participación, yo puedo contactar Rogelio Serrano para respuestas o aclaración. Si tengo más preguntas, me puede poner en contacto con Miguel Gallardo, Psy.D., en la Universidad Pepperdine, escuela de Educación y Psicología, 18111 Von Karman Ave., Suite 209, Irvine, CA 92612, (949) 223-2500. Si tengo más preguntas sobre mis derechos como participante en la investigación me puedo poner en contacto con Doug Leigh, Ph.D., Presidente del Graduado y Professional Junta de Revisión Institucional, de la Universidad de Pepperdine, escuela de Educación y Psicología, 6100 Center Dr., Los Angeles, CA 90045, (310) 568-2845.

He leído este formulario y comprendo la declaración hecha por encima. Mis preguntas han sido contestadas y he recibido una copia de este formulario para mis registros. Con la suscripción a continuación autorizo a participar en este proyecto de investigación descrito anteriormente.

Estoy de acuerdo a participar: **Si** **No**

Si es necesario, Rogelio Serrano, puede llamarme a este número para clarificar cualquier de mis respuestas de la entrevista: **Si** **No**

() - _____

-

Nombre del Participante (por favor imprimir)

Firma del Participante

Fecha

Nombre del Investigador Principal (por favor imprimir)

Firma del Investigador Principal

Fecha

APPENDIX G

Referrals List/Referencias

South Coast Counseling Services

2900 Bristol St. Suite 103

Santa Ana, CA 92626

(714) 540-9070

Alta Institute Inc.

1540 E. Edinger Ave., Suite A/B

Santa Ana, CA 92705

(714) 543-7488

Associates in Counseling and Mediation

324 W. Fourth St., Suite D

Santa Ana, CA 92701

(714) 547-1404

APPENDIX H

Semi-structured Interview Questionnaire

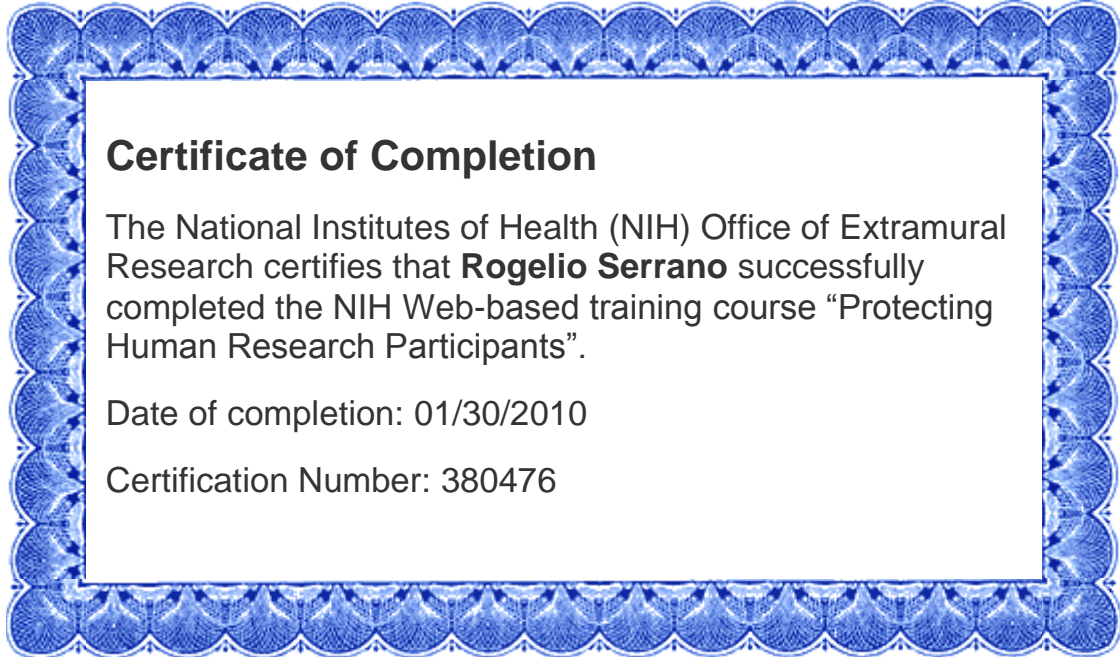
1. What is intimate partner violence?
2. What role can alcohol play in intimate partner violence?
3. What does “Macho” mean?
4. What is your experience in this group?

Semi-structured Questionnaire (Spanish)

1. ¿Qué es la violencia entre parejas íntimas?
2. ¿Qué papel puede jugar el alcohol en la violencia entre parejas?
3. ¿Qué quiere decir “Macho”?
4. ¿Qué es su experiencia en este grupo?

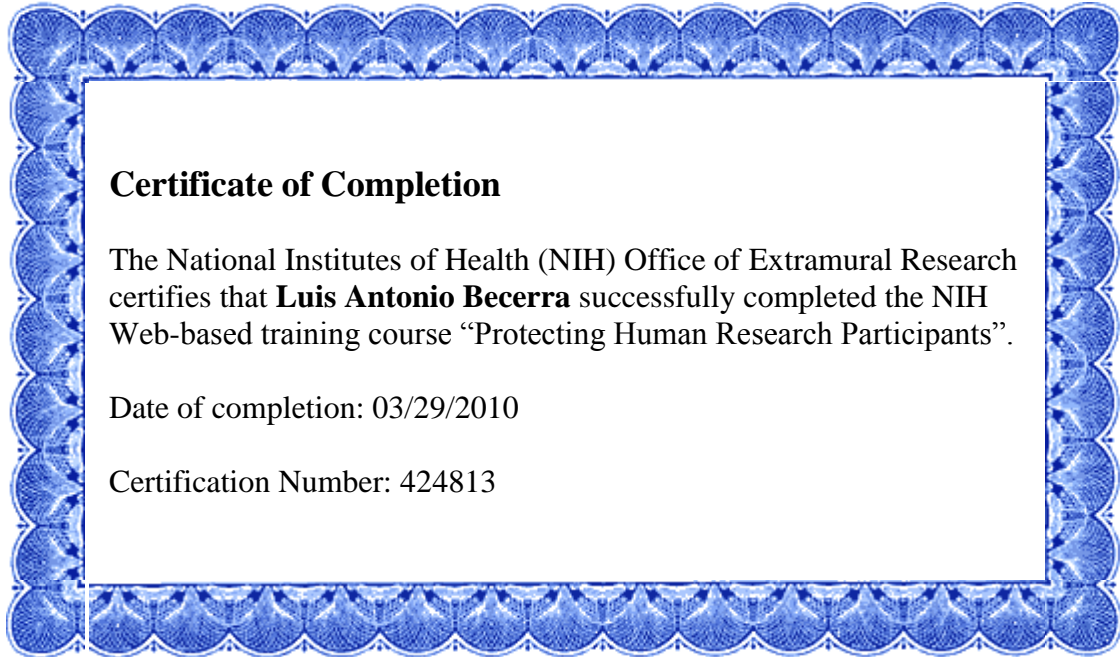
APPENDIX I

National Institute of Health Training Certificate (Principal Investigator)



APPENDIX J

National Institute of Health Training Certificate (Research Assistant)



APPENDIX K

Training Outline for Research Assistant on Doctoral Dissertation Project

Project Name: Group and Therapy and Intimate Partner Violence: The Voices of Latino Men

Project Chair: Miguel Gallardo, Psy.D., Associate Professor, Pepperdine University, Graduate School of Education and Psychology

Principal Investigator: Rogelio Serrano, MS., Doctoral Student, Pepperdine University Graduate School of Education and Psychology

Research Assistant: Luis Becerra, BA. Graduate Student, Pepperdine University, Graduate School of Education and Psychology

Under the direction of the project chair, it was decided that a research assistant would be assigned to the doctoral dissertation project named above. A graduate student working as a graduate assistant for the dissertation chair at the time of the projects' development was assigned to the project. To ensure clinical, theoretical, and logistical understanding of the protocols and procedures for participating in doctoral research the following training objectives were formulated for the research assistant by the project chair and principal investigator.

Objective 1: Understanding of the basic goals of the dissertation project (research questions, subject selection, data collection methods, literature review)

Objective 2: Understand protocols and requirements for participating in research with human subjects

Objective 3: Identify skills required to complete data collection/analysis methods with human subjects (basic interviewing skills, clinical experience, investigator biases, and qualitative data analysis)

Training outline:

Objective #1

1. The research assistant met with the principal investigator and project chair to discuss overview of project development, goals, limits, and procedures.
2. The research assistant was provided with all research materials developed by the principal investigator for the project: Introduction, Literature Review, Methods, and Article Summaries of Research Literature.
3. The research assistant met individually with the principal investigator two times per month throughout the duration of his participation to discuss project documents, procedures, and research objectives.

Objective #2

1. The research assistant completed the National Institute of Health's Office of Extramural Research web-based training course "Protecting Human Research Participants" (Appendix J)
2. The research assistant met with the project chair to discuss the information contained in the NIH training course to ensure clarity and understanding
3. The research assistant was provided with a copy of **Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual**. He was instructed to read and discuss this document with the project chair for clarification as needed.
4. The research assistant was given the name and contact information for Dr. Cary Mitchell at Pepperdine University and the IRB web address <http://services.pepperdine.edu/irb/graduate/> to discuss any questions or concerns regarding the IRB documents provided or his participation in the project.

Objective #3

1. The project chair reviewed the academic training and standing of the research assistant to evaluate his preparation to participate in psychological research.
2. The principal investigator interviewed the research assistant (in Spanish) regarding his clinical experiences with Latino populations, perspectives on intimate partner violence and Latino masculinity, as well as overall clinical experiences.
3. The principal investigator provided the research assistant with selected literature on qualitative research, with an emphasis on phenomenological theory. The principal investigator met with the research assistant on two separate occasions to discuss the methods for data collections and rationale for utilizing clinical interviews in phenomenological research.
4. The research assistant (along with the principal investigator) attended a training seminar on utilizing INVIVO software for qualitative research in psychology.

All training stated above was completed prior to commencement of data collection or contact with any potential research participants.

APPENDIX L

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