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Author(s): Edward W. Gondolf

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CULTURALLY-FOCUSED BATTERER COUNSELING FOR AFRICAN-AMERICAN MEN

FINAL REPORT

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Principal Investigator:

Edward W. Gondolf
Director of Research
Mid-Atlantic Addiction Training Institute
Indiana University of Pennsylvania
Indiana, PA 15705
Phone: 724-357-4749
Fax: 724-357-3944
Email: egondolf@iup.edu
Website: www.iup.edu/maati/publications

CULTURALLY-FOCUSED BATTERER COUNSELING FOR AFRICAN-AMERICAN MEN

Abstract

Clinicians and researchers alike have strongly recommended the implementation of culturally-focused counseling with African-American men arrested for domestic violence. This recommendation has been supported with evidence of the substantial portion of African-American men being mandated to batterer counseling, higher dropout and re-arrest rates for these men, and differences in the men's cultural outlook and experience. Culturally-focused counseling is designed to identify specific cultural topics and respond to emergent cultural issues in a racially-homogenous group that engages the men. However, the effectiveness of this approach in improving counseling outcomes has yet to be documented.

An experimental clinical trial was used to test the effectiveness of culturally-focused batterer counseling against conventional cognitive-behavioral counseling. African-American men arrested for domestic violence in Pittsburgh were randomly assigned to one of three options (N=501): culturally-focused counseling in all-African-American groups, conventional counseling in all-African-American groups, and conventional counseling in racially-mixed groups. Reassignments at intake and during the counseling had no effect on the outcomes (n=64). The principal outcome measures were program dropout (less than the required 16 weekly group sessions), re-assault reported by the men's partners during a 12-month follow-up period, and re-arrest for domestic violence according to local police records during the 12-month follow-up. The female partners were interviewed about re-assault and related behaviors at program intake and at three-month intervals during the 12-month follow-up. The response rate was 66% for the full 12-month period (n=333).

There was no apparent benefit from the all-African-American groups with conventional counseling or culturally-focused counseling. The completion rate for the 16-week program was approximately 55% across the three counseling options. There was also no significant difference in the re-assault rate reported by the men's female partners (23% overall). Men in the racially-mixed groups were, moreover, half as likely to be re-arrested for domestic violence as the men in the culturally-focused groups. While men with high racial identification were more likely to complete the culturally-focused groups, their re-assault and re-arrest rates were not significantly improved in that option. These results were confirmed by logistic regressions controlling for a variety of batterer characteristics and showing program dropout to be significantly associated with re-assault and re-arrest.

The effectiveness of culturally-focused counseling needs to be further tested in other settings and context. In the current study, the culturally-focused counseling was an appendage to an existing agency closely linked to the criminal justice system. Culturally-focused counseling may prove to be more effective within community-based organizations more closely tied to local services and supports.

SUMMARY

Introduction

In many major urban areas, African-American men comprise at least half of the men arrested for domestic violence and referred to “batterer” educational or counseling programs. The dropout and re-arrest rates of these men tend to be higher than those for white men in the same programs. African-American researchers and practitioners have argued that the conventional cognitive-behavioral counseling with African Americans needs to be revised in order to improve outcomes. “Culturally-focused counseling” has been endorsed as one way to do this. This approach explicitly identifies and addresses cultural issues that may reinforce violence or present barriers to stopping violence, such as prejudice in the criminal justice system. A set curriculum progressively leads men to and through cultural issues, and counselors are trained to acknowledge and elaborate cultural issues that emerge during group discussion.

Clinical Observations

Clinical explanations from social work and psychotherapy suggest that cultural differences contribute to African-American men dropping out of batterer counseling or re-assaulting if they do complete it. Many African-American men draw on a more personalistic culture that values reputation and familiarity over ascribed position or authority. Consequently, they may rely on kinship and friendship networks to talk about their problems rather than strangers in group counseling. Some African-American men are simply confused by the demands to change certain attitudes and behaviors that they see as normative and even essential to survival in their neighborhoods. This is especially the case with some of the anti-violence positions promoted in conventional batterer program curriculums. Also, many African-American

men may be suspicious of social services in general because they tend to be dominated by whites, who are often unfamiliar and unsympathetic to their social reality and experiences.

The literature on counseling African-American men uniformly prescribes greater social and cultural consideration to mitigate these issues and improve counseling participation and outcomes. It recommends several means to do so: cultural assessment as part of program intake, greater cultural awareness among group counselors, and a broader social focus and interaction in group counseling. These recommendations might be best integrated and implemented through culturally-focused batterer counseling with all African-American men in the group.

Outcome Research

Very little research examines the outcomes of culturally-oriented counseling in general, and the research that is available offers some contradictory results. A comprehensive review of the racial and ethnic outcome research concludes that culturally-oriented counseling produces more positive changes than counseling that does not explicitly consider cultural factors. However, the few outcome studies of conventional treatment groups provide only slight evidence that African-American men necessarily have poorer outcomes in such groups. The limited research on African-American-only groups and racially-matched counselor-and-client has, moreover, produced inconclusive results. For instance, a few studies indicate similar mental health and alcohol use outcomes after conventional counseling in African-American-only groups or counselor-client matched treatment.

An additional line of research suggests that the lack of evidence supporting culturally-focused counseling is due in part to the cultural diversity within the African-American community. African-American students with a greater sense of racial identity are, for instance,

more likely to prefer racially-matched counselors. It is not merely “race” that needs to be identified, but also the cultural attitudes that accompany one’s racial and ethnic background.

Batterer Counseling Evaluations

The research in the domestic violence field is limited to a few outcome studies of conventional batterer counseling and one preliminary study of culturally-focused counseling. A multi-site evaluation of batterer intervention systems offers support for a specialized response to African-American men arrested for domestic violence. In 1995, only half of the African-American men completed the Pittsburgh batterer program compared to 82% of the white men (n=210). Moreover, the African-American men were more than twice as likely to be re-arrested for domestic violence (13% vs. 5%).

A batterer program study in the Baltimore area confirms the role of race in dropout from a counseling approach similar to that used at the Pittsburgh program (N=101 including 40 African-American men). The strongest predictor for dropout was race with African-Americans being less likely to complete the program. Only one preliminary study of culturally-focused batterer counseling has been conducted to date (N=41). The African-American men in the culturally-focused counseling reported feeling more comfortable talking to other men in the group, and were more likely to develop friendships that carried outside of the group. They were more positive about the counselor as well.

Experimental clinical trials of culturally-focused batterer counseling for African-American men are ultimately needed to test the outcomes of this approach against conventional batterer counseling. African-American men would need to be randomly assigned to culturally-focused counseling, conventional counseling in a group of only African-Americans, and a

conventional counseling in a racially-mixed group. The African-American-only conventional counseling would be necessary to help isolate the effect of culturally-focused counseling beyond the racial composition of the group. Additionally, the cultural attitudes of the men would be measured and tested as a possible moderating effect on the counseling outcomes. As the reviewed research suggests, individuals with stronger cultural attitudes tend to be more responsive to culturally-sensitive counseling or racially-matched counselors.

METHOD

Research Design

An experimental clinical trial was employed to test the expectation that culturally-focused counseling would improve batterer program outcomes, specifically program dropout, victim-reported re-assaults, and re-arrests during a 12-month follow-up period. Approximately 500 African-American men, mandated by the domestic violence court in Pittsburgh to batterer counseling, were randomly assigned to one of three counseling options and their respective outcomes compared. The hypotheses were:

1) program dropout, re-assault, and re-arrest rates would be lowest for the culturally-focused counseling compared to conventional counseling in either the all-African-American groups or racially-mixed groups,

2) these outcomes would also be lower for the all-African-American groups with conventional batterer counseling than the conventional racially-mixed groups, and

3) men with high racial identification would have better outcomes in the culturally-focused counseling than in the other two counseling options (i.e., lower dropout, re-assault, and re-arrest rates).

We additionally examined the effect of overrides or reassignments to the randomization, the representativeness of the sample compared to previous samples and other sites, and the impact of program context, such as variations in dismissal policy, on the outcomes.

Counseling Implementation

The experimental group of culturally-focused counseling included a curriculum of cultural topics and discussion of emergent issues, along with basic anti-violence instruction, in a group of African-Americans. Two culturally focused counseling groups were added to the existing batterer program that has been the primary recipient of court referrals for the last 15 years in Pittsburgh. The program has multiple sites for group sessions throughout the city and a representative in the domestic violence court to receive referrals and assist with court supervision of compliance. The conventional group counseling followed a cognitive-behavioral curriculum, available on the internet, with “colorblind” implementation. The largely instructional format focuses on abusive behavior and thought patterns associated with abuse. Nearly all the contracted group counselors have a college degree and counseling experience of a year or more.

An external expert in culturally-focused curriculum helped to establish two groups of culturally-focused counseling beginning in the fall of 2001. He conducted a 3-day training with a group counselor recruited for the culturally-focused groups, and further instructed this counselor by observing and commenting on his performance in the groups on a monthly basis for 4 months. The counselor followed the manual for culturally-focused counseling mentioned above. The criteria for the culturally-focused counselor raised a difficult challenge: finding a man with strong ties to the African-American neighborhoods of the city and yet with group counseling skills sufficient to guide the discussion of the curriculum topics and issues. An

African-American man initially recruited for the position developed conflicts with the administration and personal problems of his own. He consequently resigned after a few weeks of the in-service training. His replacement was less experienced in group skills and counseling in general.

All the groups were monitored for “treatment integrity” every six weeks through a combination of direct observation and audio tapes. A monitoring form was used to rate the group sessions on several aspects: curriculum presentation, group process, group leader, men’s participation, and overall impact. Additionally, 100 of the program participants were contacted by phone following the minimum requirement of 16-weeks of program attendance, and asked for their rating of these components and their impressions of the program curriculum. The direct observation and subject interviews indicated that the counselors were adequately implementing the prescribed curriculum, but the observers later raised some suspicions that the culturally-focused counselor was inconsistent in his adherence to the curriculum and use of group skills.

The context of the batterer counseling, namely its linkage to the courts and enforcement of compliance, appears to contribute to program outcomes. Therefore, we also watched for variations in the program context during the course of the study and found two variations that warranted attention in the analysis. One, the dismissal policy was more strictly enforced in the second half of the study. Two, the probation department began to refer men to the program for 32 weeks instead of the 16 weeks from the domestic violence court (n=48 or 10% of the full sample).

Randomization and Sample

At the program intake, the men completed a structured background questionnaire, the Short Michigan Alcoholism Screening Test, the Racial Identity Attitudes Scale, a research consent notice, and a contact information form. They were then randomly assigned to one of the three counseling options and began attending group counseling the next week. The refusal rate to the assignment was a low 4%, in part because the men were required to attend a group at the program's discretion.

The total sample initially recruited was 501 men. This number includes all the African-American men ordered to the batterer counseling program in Pittsburgh between November 2001 and May 2003. However, some men were reassigned at program intake ("overrides") or during counseling because of scheduling or location conflicts. The total number of subjects randomly assigned with no initial or later reassignment, and also with the typical 16 required sessions, was 335, or 67% of the recruited sample.

One concern with deleting the reassigned non-random subjects was that the remaining sample would not likely be representative of the typical population eligible for program participation. We therefore retained the initial recruited sample of 501 and compared the outcome results for this full sample of 501 against the "pure" randomized sample. Using the total recruited sample also offered greater statistical power for the multivariate analyses employed in the study.

Variables

The three principal outcome variables for comparing the conventional and culturally-focused counseling were: program dropout, re-assault, and re-arrest for domestic violence.

“Dropout” was assessed as completing less than the court-required 16 weekly sessions. “Re-assault” was defined as physical abuse of the subject’s female partner reported by that partner during follow-up interviews. It was assessed using categories of the Conflict Tactics Scale. Additionally, the women’s subjective appraisal of their own safety and well-being were considered. Domestic violence “re-arrests” were determined by reviewing the arrest records of each subject provided by the Pittsburgh police department.

To assess the hypothesized moderating variable of “cultural or racial identification,” the Racial Identity Attitude Scale (RIAS) was administered at program intake. An average score of greater than 4 (for the 5-point Likert response) on the “internalization” subscale was used to indicate high racial identification.

Several other variables were assessed at program intake to help describe the sample, test for equivalent subsamples of counseling options, and offer controls for subsequent analyses: demographics, employment, relationship status, alcohol and drug use, past abuse and assault, prior social service and criminal justice contact. The Short Michigan Alcohol Screening Test was also administered at program intake to help identify alcoholic tendencies which are highly associated with program outcomes.

The victim reports of re-assault were obtained through follow-up interviews at 3, 6, 9, and 12 months after an initial interview at the time of the men’s program intake. Two research assistants tracked the women using the contact forms of name and address information obtained from the male subjects at program intake and updated with each follow-up interview. The women were paid \$10 for each completed interview through a check mailed to an address they designated. The follow-up interviews were completed in July 2004 with a 66% response rate for

the full 12-month period (0-12 months after intake; n=333), and 68% for the full 6 months after program intake (n=343).

Analysis

We first computed the percentages for the variables indicating the selected characteristics of the men in the sample, and compared these sample characteristics to other samples of African-American men and Caucasian men to help assess the representativeness of the current sample. To test for the effect of culturally-focused counseling on the program outcomes, we computed cross-tabulations using Chi Square statistics for each outcome variable with the counseling options, and Partial Eta Squared to help assess effect size. The tabulations were repeated with various samplings that accounted for the randomization implementation and program contingencies (e.g., no assignment change, stricter dismissal enforcement, 16-session mandates only, etc.). Three-way cross-tabulations were also computed using “high racial identification” as a control variable with the program outcomes and counseling options in order to test for a moderating effect of racial identification on the outcomes. Lastly, we conducted confirmatory multivariate analyses to control for the possible influence of the subsample characteristics, randomization implementation, and program context on the outcomes. Forward stepwise logistic regressions with the full recruited sample were computed for the outcome variables. Additionally, the time-to-re-assault was also examined using Kaplan-Meier Survival Analysis and Cox regressions controlling for sample characteristics.

RESULTS

Sample Characteristics

An inspection of characteristics across the three counseling options suggests nearly equivalent groups of men. Over half of the African-American men were over 30 years old (56%), not living with their partners (56%), not fully employed (60%), screened positive for alcoholism (57%), and had been previously arrested for violent crimes other than domestic violence (56%). Men in the racially-mixed option were, however, significantly less likely to have scored positive on the SMAST for alcoholism, but were more similar to the other counseling options in the proportion of men who reported being drunk at least once a month. This distribution of characteristics remains constant when the non-random cases are deleted.

The current sample of African-American men is, however, less likely to be employed than the 1995 sample of African-American men at the same site, and it is also almost twice as likely to be under-employed than African-Americans at other sites previously studied. For instance, the educational level and full-time employment rates of the current Pittsburgh African-American men were markedly lower than those of the Baltimore men in the attendance study mentioned in the introduction. These differences reflect the marked decline in Pittsburgh's economy during the past five years.

A comparison of the characteristics of the African-American men in the current sample to Caucasian men entering the program at the same period (N=71) confirm some expected differences but also expose some broad similarities across the racial groupings. The African-American men were less likely to be married and more likely to have children living with them. However, the two groupings of men had similar levels of partner contact. The African-American men were also more likely to report having used drugs in the past year, but less likely than the

Caucasian men to report being drunk. Moreover, a greater portion of the African Americans had been threatened with guns/knives or witnessed shootings/stabbings, although they were similar to the Caucasians in exposure to other types of violence.

Program Dropout

The culturally-focused counseling did not appear to improve program dropout as expected. Approximately half of the men in each of the counseling options dropped out prior to completing the minimum required number of 16 sessions regardless of the sampling (i.e., full recruited sample or pure random sample). The overall completion rate for the current sample of African-American men is nearly the same as that of African-American men recruited at the same site in 1995 for our previous evaluation (n=105). The completion rates of the culturally-focused and conventional all-African-American groups were initially slightly higher than the racially-mixed option, but under stricter enforcement, the culturally-focused and conventional all-African-American options had slightly lower completion rates. Moreover, the men with “very high” racial identification were 30% more likely to complete the culturally-focused and all-African-American options ($p < .05$). Our multivariate analysis controlling for the potential differences in characteristics across the counseling options confirmed the “no effect” finding of the cross-tabulations.

Re-assault

There was no evident reduction in re-assault derived from assigning African-American men to culturally-focused counseling or conventional counseling in the all-African-American groups. The re-assault rate for the African-American men during the 12-month follow-up was

23% according to their partners' reports. This rate is less than the re-assault rate of 30% for a 1995 sample of African-American men at the same program site (n=105 with a response rate of 75%) for the same time period. This difference may be attributable to the increased length of the program (formerly 12 weeks instead of 16 weeks) and the lower partner contact during the follow-up period.

The cumulative re-assault rates were also not statistically different across the options at the 6-month, as well as the 12-month follow-up. There was, furthermore, no difference in the re-assault rates for the post-program period (i.e., the 9-month period following treatment) or when considering only program completers. Other victim-reported outcomes (e.g., felt "very safe" at the 12-month follow-up) were overall very positive, but again showed no significant differences across the counseling options. While the men with high cultural identification were more likely to complete the culturally-focused and conventional all-African-American options, they were also more likely to re-assault their partners than their counterparts in the racially-mixed option.

Re-arrest

The re-arrest rate for domestic violence was overall relatively low—10% during the one-year follow-up. The re-arrest rate for any violent crime (i.e., domestic violence or other violence) rose to 18%. Nearly a third of the men were re-arrested for some crime. These re-arrest rates are comparable to those in our previous multi-site evaluation. However, the men in the culturally-focused option were twice as likely to be re-arrested for domestic violence as the men in the racially-mixed counseling—a difference that was also statistically significant. There is no significant difference in re-arrest for other crimes of violence or for any crime committed during the follow-up. The logistic regressions basically confirmed the results of the cross-tabulations of

both the cumulative re-assault and re-arrest outcomes. Survival analyses also showed no significant difference across the three counseling options for the time-to-re-assault. Program completion significantly decreased the likelihood of both re-assault and re-arrest in all these multivariate equations.

DISCUSSION

Major Findings

The findings of our clinical trial show no apparent benefit from culturally-focused or conventional all-African-American counseling over conventional racially-mixed batterer counseling. There are some variations in the program outcomes, however, that warrant further consideration. One, the dropout rate increased in the culturally-focused and conventional counseling in all-African-American groups following stricter enforcement for absenteeism and delinquent payment. The all-African-American groups appeared more susceptible to the stricter enforcement. Two, although not a statistically significant difference, the conventional all-African-American option produced a slightly higher rate of re-assault than the other two options. Conventional all-African-American counseling, therefore, should be used as a comparison group in future studies to explore this tendency further.

Three, the lowest rates of domestic violence re-arrests were produced by the conventional racially-mixed option where there was likely to be a more direct and emphatic message about stopping violence and the consequences for it. The other groups might benefit from more explicitly establishing the consequences of violence and the means to avoid violence. Four, a

moderating effect of high racial identification on program dropout may suggest that counseling in the all-African-American groups does at least more immediately engage the men in the counseling process.

The sample appeared to approximate the goal of randomization, as demonstrated by to the similar distribution of characteristics across the counseling options and in the full and pure random samplings. The equivalent results in the cross-tabulations and logistic regressions with the different samplings, and the non-significant influence of the “random” variable in the regressions, further confirm this assumption. Therefore, we might also assume that the results apply to all the African-American men enrolled in the Pittsburgh batterer program during the recruitment period and not just to an exceptional group that fully complied with the random assignment. The current sample of African-American men was however lower in socio-economic status than the previous batterer programs’ samples of African-American men at the same site and at other sites, and than Caucasian men at the same site.

Possible Explanations

We examined several other explanations for the lack of any additive effect from culturally-focused counseling. One possibility is that batterer counseling in general has little or no effect, as a meta-analysis of batterer program evaluations suggests. We previously identified a moderate program effect in our multi-site evaluation using both instrumental variable analysis and propensity score analysis, and argue why this result might be more reliable than those of the available experimental studies. Moreover, the logistic regressions applied to the current data showed that program completion was a significant predictor of partner re-assault and domestic violence re-arrest.

Another explanation within clinical trials comparing alternative treatments is the “dodo bird” effect—that is, counseling approaches tend to produce similar outcomes because they include similar components, structures, or interactions. All of the counseling options in our study had, for instance, a clear message of change, directions on how to change, and group support for change. Furthermore, our options may have merely reflected the comparisons between process (i.e., discussion-oriented) and didactic (i.e., instructional) formats, or between dynamic and cognitive-behavioral modalities, that have shown similar outcomes in depression and alcohol treatment, as well as in batterer counseling.

Qualifications

We examined several other implementation issues of internal validity that could have influenced the results, in addition to violations of the random assignment. For one, our monitoring of “treatment integrity” found some evidence of treatment convergence. The debriefing interviews with the counseling participants reported similar amounts of discussion across the counseling options, but confirmed that the culturally-focused group was much more likely to address African-American issues. Two, the counselor leading the culturally-focused group may have been deficient in group skills and counseling experience. However, the observer consistently rated the counselor as adequate, and substantially more men in the culturally-focused groups rated their counselor as “very effective.” In our estimation, the internal validity of the clinical trial is, therefore, relatively strong.

The threats to external validity caused by the agency context of the culturally-focused groups are of greater concern. The culturally-focused counseling was an appendage to a social service agency that exclusively relied on more conventional counseling and may not have been

as supportive of culturally-focused counseling as an agency with a different approach. The program's close relationship with the court and enforcement of compliance may also heighten the perception that the counseling, regardless of the approach, is an extension of the criminal justice system and to be viewed with suspicion. There is no direct evidence, however, that verifies these potential influences.

Additional Considerations

There are several broader social and cultural considerations in interpreting the findings, as well. Our study exposed a diversity of racial identification and cultural attitudes that needs to be considered in culturally-focused counseling. Racial identification is obviously a complex and dynamic concept, and one that was only crudely measured by the instrument used in our study. The question remains as to whether men with high racial identification benefit from considering cultural issues in batterer counseling.

The broader social backdrop of racism, discrimination, and prejudice in society at large has been particularly visible in Pittsburgh. In the mid-1990s, a federal human rights commission investigated the police department in response to a highly publicized "police brutality" case. We might assume that this backdrop adds to resistance, resentments, and rationalizations that affect program outcomes, and therefore needs to be more explicitly addressed in culturally-focused counseling at this particular site.

Treatment Implications

A study of this sort does not produce decisive recommendations for treatment and intervention. On the one hand, culturally-focused counseling might not seem worth the extra

resources required to recruit and train appropriate African-American counselors, maintain specialized groups along with conventional counseling groups, and negotiate the intra-agency tensions that we observed from introducing culturally-focused counseling. On the other hand, culturally-focused counseling was, for the most part, as effective as conventional batterer counseling. It might be offered at least as an option to which men might self-select rather than be assigned. Moreover, its effectiveness might be improved through some modifications suggested in our study.

For one, the identification, training, and support of appropriate African-American counselors warrants more attention and resources. Two, attendance and payment policies, that adversely affected program completion in the all-African-American groups, might be negotiated more liberally. Three, the culturally-focused counseling might be improved by linkages with resources and services in the African-American community, as the curriculum itself recommends. Also, embedding culturally-focused counseling in a community-based agency operated primarily by African-Americans might enhance program support and service referral.

A final treatment consideration is to approximate the benefits of culturally-focused counseling in racially-mixed groups through a culturally diverse staff and staff trained in cultural sensitivity. This approach alleviates the resource issue of establishing and supporting separate groups for men of different racial and ethnic backgrounds, and may better integrate the advantages of culturally-focused and conventional cognitive-behavioral counseling.

Research Implications

Our findings and qualifications have some obvious implications for further research. The most immediate need is for replication of our clinical trial at other sites and in different settings.

The African-American men in our study are not necessarily representative of other cities especially in terms of socio-economic status. Evaluation of culturally-focused counseling might test the impact of linkages and associations with the neighborhood services and programs, and of embedding the counseling in a community-based agency or organization, rather than as an appendage to an existing batterer program agency.

Culturally-focused counseling also needs to be tested with other racial and ethnic groupings and compared against the culturally-focused counseling with African-American men. If the culturally-focused counseling is more effective with other groupings or with other measures of racial and cultural identification, it would help reinforce the need to screen men for such counseling in order to make the specialized counseling more effective.

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INTRODUCTION

THE CALL FOR CULTURALLY-FOCUSED COUNSELING

In many major urban areas, African-American men comprise at least half of the men arrested for domestic violence and referred to “batterer” educational or counseling programs (Gondolf, 1999b). The dropout and re-arrest rates of these men tend to be higher than those for white men in the same programs. African-American researchers and practitioners working on domestic violence have argued that the conventional approach to working with these men needs to be revised in order to improve outcomes (e.g., Blake & Darling, 1994; Hampton Carrillo & Kim, 1998; Oliver, 1994; Williams, 1994, 1998). Their recommendations echo those in related fields (e.g., alcohol treatment, psychotherapy, and social work): culturally-focused counseling should supplement conventional counseling developed primarily for white middle-class clients (e.g., Brodsky, 1982; Ponterotto & Casas, 1991; Rasheed & Rasheed, 1999). The need for culturally-focused batterer counseling has also been endorsed by a recent conference on domestic violence intervention convened by the National Institute on Domestic Violence in the African-American Community (Nelson, 1999), and by the African-American Task Force on Violence Against Women of New York City (Garfield, 1998).

“Culturally-focused counseling” refers to specialized counseling for racially homogenous groups which explicitly identifies and addresses cultural issues that may reinforce violence or present barriers to stopping violence, such as prejudice in the criminal justice system, violence and crime in the inner-city neighborhoods, and conflicting images of Black manhood. The approach also promotes the positive aspects of culture that can strengthen a man’s effort to be non-violent: the sense of brotherhood, survival strength, and spiritual traditions. A set curriculum progressively leads men to and through cultural issues, and counselors are trained to

acknowledge and elaborate cultural issues that emerge during group discussion. The counselors are encouraged to “hear out” the men’s viewpoint and understand the different styles of interaction and expression.

Culturally-focused counseling differs in extent and intensity from what is commonly referred to as “culturally-sensitive” or “culturally-competent” counseling, although all three terms are sometimes used interchangeably (Williams, 1999). “Culturally-sensitive counseling” implies using counselors trained in cultural issues and awareness of how the issues may affect certain behaviors, including group attendance, participation, and personal change. The counselor is not necessarily of the same race and the group participants may be racially mixed, but the counselor strives to recognize and respond to cultural issues when they emerge. In contrast, cultural issues are an explicit part of the curriculum in culturally-focused counseling.

“Cultural competence” generally refers to demonstrated skill and experience with participants of different racial background, and structural supports that ensure cultural information is available. A racially diverse staff, advisory committees, board members, program location, promotion materials, and program curriculum are some of the ways cultural information is ensured. Cultural competence is distinguished by organizational or structural components that help a program be more responsive to cultural differences. These components are also likely to make the program receptive and equipped for culturally-sensitive counseling.

A recent survey of batterer programs indicates that very few of these programs specifically address cultural issues through any of these forms (Williams & Becker, 1994). Most of the programs asserted that they were open to working with African-American men. Approximately half of the programs (n=142) actually had some activity addressing cultural issues, such as outreach to minority communities, but only one quarter had cultural components

in their curriculum. There appears to be a perception among most batterer programs that they are at least culturally-sensitive, even though they are doing little in their counseling approach to ensure this.

Despite the endorsement by clinicians and researchers alike, there is very little outcome research on culturally-oriented counseling in general, and the research that is available offers some contradictory results (reviewed below). It seems particularly important to evaluate culturally-focused counseling in the domestic violence field because of the association of batterer programs to the criminal justice system and the cultural insensitivity—especially racial discrimination—that many African-Americans experience and perceive in that system. According to a Gallup poll over half of adult African-Americans have negative reactions to the criminal justice system that might further affect their response to court-referred batterer counseling (Stone, 1999). These are reactions that do not necessarily apply to the mental health or alcohol treatment programs where most of the previous research on culturally-oriented counseling has been conducted.

If culturally-focused counseling does appear to reduce dropout and re-assault among African-American men, then more should be done to implement the clinical recommendations for such counseling which have thus far been largely neglected. If the culturally-focused counseling does not have a significant effect, conventional counseling may be sufficient or other means of cultural support might be considered. We also might find that culturally-focused counseling is more effective with a subgroup of African-American men who hold more culturally-specific attitudes, that is, who identify most with African-American culture. This finding would suggest some criteria for assigning and admitting men to culturally-focused counseling.

We review below the clinical recommendations for counseling African-Americans, outcome research of culturally-oriented counseling, and preliminary findings regarding batterer counseling with African-Americans. Culturally-focused counseling appears to warrant more consideration. It might be more widely implemented in order to develop and refine its curriculum and training. Currently there are only a few articles describing such counseling and only a couple of manuals for culturally-focused counseling in circulation (Williams, 1994, 1998, 1999; Williams & Donnelly, 1997; Wilson et al., 2000). These are based largely on clinical observations and experience, and as yet lack theoretical and empirical support for the specific cultural aspects they include. But ultimately, more evaluation research is needed to test its effectiveness in improving outcomes, specifically in terms of program dropout, re-assault, and re-arrests.

CULTURALLY-FOCUSED VERSUS CONVENTIONAL COUNSELING

Conventional Batterer Counseling

“Conventional batterer counseling” follows the parameters common to most state guidelines for batterer programs (Austin & Dankwort, 1999) and the gender-based cognitive-behavioral treatment outlined in published manuals (e.g., Pence & Paymar, 1993; Russell, 1995; Stordeur & Stille, 1989). The main curriculum topics include the nature and impact of abuse, the consequences and costs of abuse, taking responsibility for one’s abuse, ways to avoid abusive behavior, and beliefs and attitudes that sustain abusive behavior. The counseling sessions generally begin with a “check-in” period in which the participants report any particular accomplishments or problems from the previous week. A topic about domestic violence is

presented followed by exercises, role-plays, or demonstrations. Responses and discussions are integrated into the session or solicited in a period near the end of the session.

Trained counselors lead a racially-mixed group of approximately 15 men in what might be considered a “color-blind” approach (Williams, 1998). “Color-blind” means that the counselors have not received any cultural-sensitivity training, do not pursue cultural issues in the group, and do not introduce any culturally relevant topics. The objective is to stay focused on the behavior of concern and not let tangents or rationalizations divert the group from this objective. Men who batter tend to use rationalizations in general to justify and perpetuate their abuse. The discussion of cultural issues can open the door to more of this in the form of prejudice, “the police, or my neighborhood made me do it.”

The conventional curriculum, moreover, focuses on attitudes and behaviors that supposedly represent commonalities of woman battering. These commonalities theoretically underlie the violent behavior of men regardless of race and ethnicity. One of the fundamental commonalities is, moreover, to avoid personal responsibility for one’s behavior. Responding to cultural issues can easily become a way to diffuse this responsibility.

The effectiveness of conventional batterer counseling is, however, in question. Several reviews of quasi-experimental program evaluations suggest a weak effect (e.g., Davis & Taylor, 1999; Babcock, Green, & Robie, 2004). Men who complete batterer programs do not have substantially lower re-assault rates than men who drop out. Two recent experimental evaluations compared men assigned to batterer programs to those assigned to control groups without counseling (Feder & Dugan, 2002; Davis, Taylor, & Maxwell, 1998). They found little or no program effect. These evaluations, however, encountered implementation and follow-up problems that may compromise their results (Gondolf, 2001). One of the evaluations examines a

program in New York City and the other, a program in South Florida. Both evaluations appeared to have low completion rates (less than 50%) that may, moreover, have affected the results, as well as problems with the intervention system as a whole (e.g. the court response to non-compliance, probation supervision of men, referrals to drug and alcohol treatment). Replication at other sites with better developed and operated programs is needed to confirm the initial findings.

Our multi-site evaluation of batterer intervention systems did show a program effect that lends support to well-established batterer programs (Gondolf & Jones, 2001; Jones, D'Agostino, Gondolf, & Heckert, 2004). This evaluation compared the outcomes of four different batterer programs across the country (N=840). Approximately a third of the men who enrolled in the programs re-assaulted their partners during a 15-month follow-up with approximately 70% of the men's initial and new female partners (Gondolf, 1997a). The rate of re-assault increased only slightly to 41% by the 30-month follow-up (2 ½ years after program intake). The men who completed at least two months of program sessions were significantly less likely to re-assault than the men who dropped out within two months and had access to their female partners (67% vs. 40% for 27% difference). This difference remained significant when controlling for demographics, previous violence and criminality, alcohol abuse, and psychological problems (Gondolf, 2000a).

Moreover, "instrumental variable" structural equations were used to control for batterer characteristics, the association of these characteristics to program dropout and completion, and the program context (e.g., availability of victim services, probability of arrest for re-assault, local unemployment rates). This more complex analysis identified a moderate "program effect" (0.44 to 0.65) (Gondolf & Jones, 2001), and was confirmed using propensity score analysis that

weighted both dropouts and completers to approximate equivalent comparison groups (Jones, D'Agostino, Gondolf, & Heckert, 2004). The conflicting outcome results have led some reviewers of the research to call for diversification of batterer counseling, including the use of culturally-focused counseling (e.g., Saunders & Hamill, 2003).

Culturally-Focused Counseling

As mentioned at the outset, “culturally-focused counseling” is comprised of the conventional batterer counseling plus several components to accommodate the cultural issues of African-American men (Williams, 1999; Williams & Donnelly, 1997). Culturally-focused counseling goes beyond so-called “cultural sensitivity” or “cultural competency” in placing violence against women within a cultural context and explicitly integrating cultural issues into the curriculum. The curriculum components include: 1) only men who identify themselves as African-American in the group, 2) an African-American counselor trained to identify and elaborate cultural issues which are suggested in the participants’ comments, and 3) specific cultural topics that are introduced for discussion (Williams, 1994, 1999; Williams & Donnelly, 1997).

Some of the distinguishing curriculum topics are African-American men’s perceptions of the police, relationships with women, sense of African-American manhood, past and recent experiences of violence, reactions to discrimination and prejudice, and support in the African-American community. These topics address the major cultural issues facing African-American men, according to clinicians and researchers (see counseling issues below). The curriculum also varies from conventional batterer counseling in that it is more structured with concrete examples, vignettes, and directive questions. This structure is to help engage men of less education, more

resistance, and less counseling experience. It also assures that the cultural issues will be systematically introduced and not be neglected or overlooked as taboo.

The focus on cultural issues is not to fixate on negative cultural stereotypes or social pathology (Goldstein, 1990). These are, of course, a distortion of the dynamic and multifaceted aspects of any culture, and need to be checked with cultural strengths as well as barriers. The so-called “strength perspective” in social work practice (e.g., Cowger, 1994; Saleeby, 1992) has been integrated into culturally-focused counseling as well (See, Oliver, & Williams, 2002). Specifically, culturally-focused counseling encourages men to access the sense of brotherhood, communal spirit, initiative insight, poetic expression, spirituality, and ritual of the African-American culture, as well as expose detrimental aspects it may hold.

The support for culturally-focused counseling comes primarily from the cultural issues identified by clinicians and counselors in related fields with some tentative reinforcement from outcome studies of culturally-oriented counseling. That is, the justification for the construct—its particular topics and techniques—and its relationship to specific outcomes has not been theoretically and empirically established. There is only preliminary evidence in the batterer counseling that culturally-focused counseling is effective in reducing dropout and re-assault rates beyond the current levels achieved in conventional counseling. Moreover, it is not clear what cultural aspects of the counseling might be associated with improved outcomes.

COUNSELING ISSUES

Clinical explanations from social work and psychotherapy suggest that cultural differences contribute to African-American men dropping out of batterer counseling or re-assaulting if they do complete it (e.g., Blake & Darling, 1994; Franklin, 1999; Lum, 1986;

Logan, 1990; Rasheed & Rasheed, 1999; Sue & Sue, 1999; Thorn & Sarata, 1998). Three main types of issues are noted. The first type is sub-cultural or community-based issues. Many African-American men draw on a more personalistic culture that values personal reputation and familiarity over ascribed position or authority (Gondolf, 1980; Williams, 1998). They are more likely to rely on kinship and friendship networks to talk about their problems. Consequently, they tend to be reluctant to disclose to a group of strangers in counseling, or to test the sincerity and understanding of the group leader. Counselors may, therefore, see them as unresponsive to treatment and “unserviceable” (Logan, 1990). They are also likely to have different learning styles, as well as communication patterns. Many of the batterer programs use highly cognitive—and even cerebral—approaches, which slight the action and emotive orientation of many African-American men referred to such programs.

The second type of issue is inter-racial differences and cultural clash. Some African-American men are simply confused by the demands to change certain attitudes and behaviors that they see as normative and even essential to survival in their neighborhoods (Blake & Darling, 1994; Franklin, 1999; Oliver, 1994). This is especially the case with some of the anti-violence positions promoted in conventional batterer program curriculums. Furthermore, many black men have historically been faced with a different model of male-female relationships than middle-class white professionals (Asante, 1981; Bell, Bouie, & Baldwin, 1990). They have experienced a greater fluidity of roles and responsibilities in contrast with the gender assumptions asserted in some batterer programs. There is, moreover, the daily impact of prejudice, racism, and oppression that contributes to feelings of powerlessness, hopelessness, and rage. Not only do counselors often overlook or discount these feelings, they also tend to criticize

or condemn African-American men who acknowledge these feelings (Franklin, 1999; Oliver, 1994; Williams, 1993, 1994).

The third type of issue is a reaction to racial discrimination or insensitivity (Hu, Snowden, Jerrell, & Nguyen, 1991; Logan, 1990; Rasheed & Rasheed, 1999). Some men are suspicious of social services in general because they are dominated by whites. They see the whites as unfamiliar and unsympathetic to their social reality and experiences. As a result, many African-American men expect to be misunderstood or “screwed over” (Gary, 1985). White counselors are often trained with a middle-class perspective that views individual and intrapsychic factors as fundamental to behavior, and neglects the social and cultural circumstances affecting many African-American men (Brotsky, 1982; Oliver, 1994; Richardson & Molinaro, 1996). In many cases, there are few resources and services within African-American neighborhoods, and the ones that do exist are primarily used to correct or punish black men or deal with perceived deficits in the African-American community (Logan, 1990).

The literature on counseling African-American men uniformly prescribes greater social and cultural consideration to mitigate these issues and improve counseling participation and outcomes. The means to accomplish this prescription vary in terms and design but are similar in substance. One mean is to learn to conduct a cultural assessment of program participants as part of their individual assessment or program intake (Dana, 1998; Logan, 1990). This sort of assessment addresses the availability and access to needed resources and services, the assimilation of positive community norms and expectations, and emotional reactions to prejudice and racism. A second mean is developing a greater cultural competence among group counselors (Lum, 1986; Ponterotto, 1995; Richardson & Molinaro, 1996). Counselors need to be better educated about the nature of cultural differences, skills for identifying cultural issues, and

collaborating with staff, community leaders, and program participants from diverse cultural backgrounds. A third mean recommends a different dynamic and focus in group counseling (Robinson & Howard-Hamilton, 1994). The counselor establishes personal familiarity and shared-meanings, probes cultural issues and digressions, and identifies community-based responses and solutions (Rasheed & Rasheed, 1999).

These sorts of recommendations might be best integrated and implemented through culturally-focused batterer counseling with all African-American men in the group (Williams, 1994, 1999). This approach and format is more likely to initiate cultural disclosure through its dynamics, curriculum, and group environment. While racially homogeneous groups with only African-Americans may improve rapport and disclosure in them, a trained sensitivity to cultural issues and a curriculum that explicitly identifies these issues are needed to ensure that culture is addressed. (See Figure 1 for a summary of the clinical and research review.)

OUTCOME RESEARCH IN OTHER FIELDS

A comprehensive review of the racial and ethnic outcome research concludes that culturally-sensitive counseling produces more positive changes than counseling that does not explicitly consider cultural factors (Sue, Chun, & Gee, 1995; Sue, Zane, & Young, 1994). (“Culturally sensitive” refers here to a variety of means to identify and address distinguishing cultural attitudes and behaviors.) However, the limited research on this topic presents a less than clear and decisive picture. The few outcome treatment studies on conventional counseling groups provide only slight evidence that African-American men necessarily have poorer outcomes in such groups. A few past evaluations show that African-American men tend to be equivalent to white men in terms of dropout and symptom improvement, and a few more current evaluations

suggest they may do slightly worse (Sue et al., 1994). For instance, a major evaluation of a variety of drug treatments did find that African-American outpatients were more likely to dropout and relapse (Brown, Joe, & Thompson, 1985), and a study of over a thousand mental health patients found that African-Americans had the lowest improvement scores on the Global Assessment Scale among Asian Americans, Mexican Americans, and whites (Sue et al., 1991). Research on alcohol and drug use has detected different usage patterns among African-American men as compared to whites (Caetano, Clarke, Tam, 1998; Harper, 1980). According to the researchers, this difference in itself implies the need for specialized treatment, as do the differences in communication and learning styles (Wade, 1994).

The limited research on African-American-only counseling groups and racially-matched counselor-and-client has produced inconclusive results (Sue et al., 1994). A few studies indicate similar mental health and alcohol use outcomes after conventional counseling in African-American-only groups or counselor-client matched treatment (Jones, 1982; Rosenheck, Fontana, & Cottrol, 1995). In the mental health treatment study, African-Americans matched with African-American counselors were less likely to dropout, compared to those with a counselor of another race, but they were no more likely to improve (Sue et al., 1991). It may be that the cultural sensitivity of the counselor and the cultural-focus of the curriculum mediate these results. If counseling clients perceive the counselor to be culturally aware and addressing cultural issues, they are more likely to judge the counseling positively, according to a study of African-American college students (Parham & Helms, 1981, Pomales & Williams, 1989). African-American students with mistrust or suspicion of other races, moreover, are less likely to seek or accept counseling help (Nickerson, Helms, & Terrell, 1994). Additionally, African-Americans living in a predominately African-American neighborhood are more likely to attend

mutual help groups than African-Americans who live in predominately white areas (Humphreys & Woods, 1993). These sorts of findings imply that local African-American-only counseling groups are more likely to draw and retain African-Americans better than racially-mixed groups, but racial matching by itself does not necessarily improve outcomes.

An additional line of research suggests that the less than emphatic findings supporting culturally-focused counseling are due in part to the cultural diversity within the African-American community. The few studies that consider cultural attitudes find that the conventional counseling outcomes worsen with fewer African-American men in a group and for men with higher racial identification (Aponte & Barnes, 1995). Cultural attitudes of African-Americans are also associated with the client's response to aspects of counseling. African-American students with a greater sense of racial identity are also more likely to prefer racially-matched counselors (Parham & Helms, 1981; Ponterotto, Anderson, & Grieger, 1986), and racial acculturation appears to contribute to dropout and relapse in conventional drug treatment (Pena & Bland, 2000). As suggested in the clinical literature, it is not merely race that needs to be identified, but also the cultural attitudes that accompany one's racial and ethnic background (Dana, 1998; Logan, 1990).

BATTERER COUNSELING OUTCOMES

A multi-site evaluation of batterer intervention systems offers information that appears to support the need for a specialized response to African-American men arrested for domestic violence (Gondolf, 1997a, 1999a, 2000a). This evaluation of racially-mixed conventional batterer counseling was conducted by the first author of this review article and is especially relevant to the proposed study. The site for the proposed research (Pittsburgh) was one of the

four geographically-distributed sites in the multi-site evaluation, and the outcomes were based on unusually high response rates and verification procedures. The multi-site study was a longitudinal follow-up (every 3-months initially for 15-months and extended to 48-months) of men court-referred to batterer programs because of an assault against their female partners (N=840). Nearly half of the Pittsburgh subsample (n=210) were African-American men (the percentages were lower at other sites that also included a substantial portion of Latino men). The African-American men, as compared to the white men in Pittsburgh, were more likely to dropout of what was a 12-week batterer program at the time. They were also more likely to be re-arrested according to police records.

More specifically, only half (52%) of the African-American men completed the program in 1995, as compared to 82% of the white men (n=210). The current difference in completion rates is over 40%. The African-American men were over twice as likely to be re-arrested for domestic violence as the white men (13% vs. 5%), and substantially more likely to be re-arrested for any crime (45% vs. 28%) and for any assault (29% vs. 17%). The re-assault rates reported by the women did not significantly differ, and were in fact slightly lower for the African-American men (32% vs. 39%; n=180). (Interestingly, the re-assault rates are significantly higher for African-American men in Colorado [46% for African-Americans and 27% for whites], less in Dallas [28% for African-American men and 45% for whites] and equivalent in Houston [both approximately 35%]). The relationships for dropout and re-arrest in Pittsburgh persist when controlling for the possible differences in partner contact, marital status, and prior arrests.

A batterer program study in the Baltimore area confirms the role of race in dropout from a counseling approach similar to that used at our Pittsburgh site (i.e., 16-weeks, cognitive-behavioral, racially-mixed) (Taft et al., 2001). The role of race was examined using regression

analyses with a variety of demographic variables (N=101 including 40 African-American men). The strongest predictor was race with African-Americans being less likely to complete the program. Re-assault and re-arrest outcomes were not investigated in this study, nor specifically addressed in the previous outcome evaluations discussed above (e.g., the experimental studies in New York City and South Florida).

Only one preliminary outcome study of culturally-focused batterer counseling has been conducted to date (Williams, 1995). It must be considered preliminary because of its small sample size (n=41) and limited outcome measures, but its findings do point toward some utility in culturally-focused counseling for batterers. In the early 1990s, African-American men in Minneapolis-St. Paul attended either a conventional batterer counseling or a culturally-focused group of exclusively African-Americans. The men were retrospectively interviewed in-depth, by either phone or in-person at the program site, about their experience in batterer counseling. While the African-American men in both groups identified some common lessons, the men in the culturally-focused counseling were more likely to learn that they were not unique, isolated, or alone with their problems. They also felt more comfortable talking to other men in the group, and were more likely to develop friendships that carried outside of the group. They were more positive about the counselor as well, even though the counselor confronted and challenged the men at times. In sum, the culturally-focused counseling appeared to achieve more trust, support, and openness. As a result, the African-American men in that group seemed to learn more about themselves. These findings support the observations of clinicians in related fields and suggest African-American men are at least more comfortable and more engaged in culturally-focused counseling. The outcomes in terms of program dropout and re-assault, however, need to be documented.

NEEDED CLINICAL TRIALS

What is ultimately needed are clinical trials of culturally-focused batterer counseling for African-American men that test the outcomes of this approach against conventional batterer counseling. African-American men would need to be randomly assigned to culturally-focused counseling, conventional counseling in a group of only African-Americans, and a conventional counseling in a racially-mixed group. The African-American-only conventional counseling would be necessary to help isolate the effect of culturally-focused counseling beyond the racial composition of the group. Attendance records, victim reports, and arrest records would then be compared across the three counseling options. The counseling approaches would need to be explicitly articulated in manuals and monitored regularly to ensure that no “leakage” occurred across the options, especially between the culturally-focused counseling and the African-American-only conventional counseling.

Additionally, the cultural attitudes of the men need be tested as a possible moderating effect on the counseling outcomes. As the reviewed research on counseling with African-Americans suggests, individuals with stronger cultural attitudes tend to be more responsive to culturally-sensitive counseling or racially-matched counselors. Instruments that measure cultural attitudes and racial identification, such as “The African-American Acculturation Scale” (Landrine & Klonoff, 1994, 1995) and “The Racial Identity Attitude Scale” (Parham & Helms, 1981; Helms & Parham, 1990, 1996), could be administered for this purpose. African-American men scoring higher on culturally-specific attitudes are more likely to have better outcomes in culturally-focused counseling than in racially-mixed conventional counseling. Men with lower

culturally-specific attitudes, conversely, are likely to do best in the racially-mixed conventional counseling, as opposed to the African-American-only counseling groups.

METHOD

RESEARCH DESIGN

We conducted an experimental clinical trial to test the expectation that culturally-focused counseling would improve batterer program outcomes. Approximately 500 African-American men mandated by the domestic violence court in Pittsburgh to batterer counseling were randomly assigned to one of three counseling options: culturally-focused counseling in an all-African-American group, conventional counseling in an all-African-American group, and conventional counseling in a racially-mixed group. Our hypotheses were:

1) program dropout, re-assault, and re-arrest rates would be lowest for the culturally-focused counseling compared to the conventional counseling in either the all-African-American groups or racially-mixed groups,

2) these outcomes would also be lower for the all-African-American groups with conventional batterer counseling than the conventional racially-mixed groups, and

3) men with high racial identification would have better outcomes in the culturally-focused counseling than in the other two counseling options (i.e., lower dropout, re-assault, and re-arrest rates).

Previous experimental evaluations of batterer programs (Davis, Taylor, & Maxwell, 1998; Feder & Dugan, 2002) have been compromised by refusals, overrides, and other implementation problems (see Gondolf, 2001). Several unique features eased implementation problems in our clinical trial. The random assignment was done at program intake reducing refusals and overrides (i.e., a subject is re-assigned because of a legal or assessment reason). Also, one agency coordinated the multiple sites for batterer counseling in the city and facilitated

subject recruitment. Dismissal policies and attendance records were uniformly maintained through a centralized computer system.

It is, moreover, difficult to know whether a randomized sample reflects real-world operation of the program in many experimental evaluations (Dobash & Dobash, 2000; Pawson & Tilly, 1997). Overrides and reassignments can create an unrepresentative sample. Therefore, we additionally considered the potential impact of these sorts of problems on the results of our experimental design by comparing the results of unchanged random assignments to those of all the African-American men sent to batterer counseling. We then compared these latter men to previous samples of African-American men at Pittsburgh and other sites.

COUNSELING OPTIONS

Conventional Batterer Counseling

The “conventional batterer counseling,” used in the mixed-racial and all-African-American groups, follows the parameters common to most state guidelines for batterer programs (Austin & Dankwort, 1999) and the gender-based cognitive-behavioral treatment outlined in published manuals (e.g., Pence & Paymar, 1993; Russell, 1995; Stordeur & Stille, 1989;). The main curriculum principally addresses abusive behavior and thought patterns associated with abuse. It considers the nature and impact of abuse, the consequences and costs of abuse, taking responsibility for one’s abuse, ways to avoid abusive behavior, and beliefs and attitudes that sustain abusive behavior. Each topic is presented with handouts, exercises, role-plays, or demonstrations. Responses and discussions are integrated into the instruction or solicited near the end of the session.

In what might be considered a “color blind” approach (Williams, 1999), the counselors attempt to stay focused on the behavior of concern and not let tangents or rationalizations divert the group from this objective. Some manuals for “conventional counseling” do recommend responding to emergent cultural issues (Pence & Paymar, 1993), but the cognitive-behavioral approach employed at our research site did not do so, as is the tendency with cognitive-behavioral approaches in general. Moreover, very few batterer programs systematically explore cultural issues, according to the survey of cultural competence cited in the introduction (Williams & Becker, 1994). Our observations of numerous batterer groups in our previous studies confirm the prevalence of colorblind batterer counseling (for example, see Gondolf, 1999a).

The conventional curriculum tends to focus on attitudes and behaviors that theoretically represent commonalities of woman battering. These commonalities supposedly underlie the violent behavior of men regardless of race and ethnicity. The assumption is that men who batter use rationalizations to justify and perpetuate their abuse, and avoid dealing with it (Henning, Jones, & Holdford, 2003). Discussion of cultural issues could digress into rationalizations in the form of prejudice, the police, or my neighborhood “made me do it.” In other words, tending to cultural issues can diffuse the decisive message regarding the need and way to stop violence, and serve as an excuse for being violent or abusive towards one’s partner.

Culturally-Focused Counseling

The “culturally-focused counseling” was comprised of the conventional batterer counseling plus several components to accommodate cultural issues of African-American men (Williams, 1999; Williams & Donnelly, 1997). Culturally-focused counseling goes beyond so-

called “cultural sensitivity” or “cultural competency” in placing violence against women within a cultural context and in explicitly integrating cultural issues into the curriculum. The components of this more holistic approach include: 1) a culturally-rooted African-American counselor with ties to the predominantly African-American neighborhoods and thus someone with whom African-American program participants can identify, 2) acknowledgment and elaboration of cultural issues suggested by participants’ comments, and 3) specific cultural topics introduced for discussion as part of the curriculum (Williams, 1999; Williams & Donnelly, 1997).

Some of the distinguishing curriculum topics are African-American men’s perceptions of the police, relationships with women, sense of African-American manhood, past and recent experiences of violence, reactions to discrimination and prejudice, and support in the African-American community. Other topics that specifically address violence include being oppressed and being the oppressor, finding peace when you feel powerless, and exploring the roots of violence in one’s life. The curriculum also varies from conventional batterer counseling in that it relies on more concrete examples, vignettes, and directive questions to help engage men of less education, more resistance, and less counseling experience. The culturally-focused counseling draws, furthermore, on positive aspects of African-American culture such as the sense of brotherhood, communal spirit, intuitive insight, poetic expression, spirituality, and ritual.

The culturally-focused counseling does also include instruction in the fundamental points of anti-violence education at the core of the conventional batterer counseling. Specifically, the consequences of violence and avoidance techniques were, in our study, introduced in the orientation session to all the counseling participants, and were reviewed and reinforced in the group sessions near the beginning of the sessions. Specific beliefs supporting violence (e.g., men needing to be always in charge or right) were addressed through the curriculum of cultural

topics. As with the cultural factors themselves, there is little empirical substantiation that the specific anti-violence techniques themselves correspond with a reduction in violence. In fact, outcomes with a dynamic thematic approach (without explicit instruction in anti-violence techniques) were, in one randomized study, equivalent to a cognitive-behavioral approach with anti-violence techniques (Saunders, 1996).

The culturally-focused counseling tested in our clinical trial was based on a manual that incorporated this curriculum and technique (Williams & Donnelly, 1997). The manual was developed by a team of clinicians, social workers, and researchers associated with the Institute on Domestic Violence in the African American Community, and has been used in training batterer program staff about culturally-focused counseling in workshops around the country. One of the co-authors of the manual served as a consultant, collaborator, and trainer in our clinical trial to ensure proper implementation and supervision of the culturally-focused option. Admittedly, the manual is not the only curriculum available for culturally-focused counseling or the only approach to addressing cultural issues. Its prominence in the field, inclusion of acknowledged issues, and logical format, however, make it a prime candidate for evaluation.

COUNSELING IMPLEMENTATION

Group Counselors

The group counselors were selected from current agency staff who met the experience requirements and characteristics prescribed for each counseling option. To accommodate the assigned African-American men, four racially-mixed groups led by four different counselors were used. The group counselors in the racially-mixed groups were white men or women with at least one year of previous experience leading batterer groups and a year or more at other social

service agencies. All of these counselors had at least a bachelor's degree in social work or psychology, and one had a master's degree.

The group counselor for the two conventional all-African-American groups was an African-American man who worked as a manager and trainer for a retail coffee chain. He had a high school degree and manager training from his business, and approximately six months of on-the-job training as a group counselor at the batterer program. The counselor for the two culturally-focused groups was an African-American man who had previously worked only a few months as a group counselor and had worked at other community-based programs prior to his employment at the batterer program. He was a resident of a predominantly African-American neighborhood with strong identification with its cultural and social issues, and had a bachelor's degree in high school teaching. In sum, the two African-American counselors were not advanced therapists, but had strong ties to predominately African-American neighborhoods.

The criteria for the culturally-focused counselor, in particular, raised a difficult challenge: finding a man with strong ties to the African-American neighborhoods of the city and yet with group counseling skills sufficient to guide the discussion of the curriculum topics and issues. African-American men might perceive a counselor with advanced group skills and experiences as too "professional" and detached from their experience, yet a counselor with extensive neighborhood involvement is less likely to have the group skills needed for the culturally-focused approach and perhaps would over identify with some of the culturally issues. Our efforts to recruit an appropriate counselor illustrate this point.

Initially, the batterer program identified an African-American man who had worked with the program previously and even done community training for the battered women's shelter. The man had previously been in treatment for drug treatment and jail for a drug-related crime.

As a result, he had experience as a participant in the group process that enhanced his skills as a group counselor, and involvement with the criminal justice system that helped him relate with the men court-ordered to batterer counseling. Unfortunately, this man lasted only about six weeks as a culturally-focused counselor. The culturally-focused curriculum apparently heightened his concerns about the discrimination in the criminal justice system and batterer counseling programs. Conflicts developed with the batterer program administrators over what batterer program procedures should apply to the culturally-focused groups. The counselor wanted to be in charge of them and independent from the program administrators. Then issues with his family and friends re-emerged. The combined pressure of the program conflicts and the relationship problems led him to resign. His replacement had much less group experience and skill, but fewer conflicts with the program administrators and problems outside the program. Tensions did emerge, however, between this new counselor and the female clinical director over procedures and authority. The culturally-focused curriculum appeared to reinforce or raise racial issues that added to the tension.

Some of the tensions may have in part been due to the separate training and monitoring of the culturally-focused counselors. The counselors using the conventional counseling approach were trained and supervised by the clinical director of the batterer program following the program's established manual of procedures, policies, and curriculum. An external expert in culturally-focused curriculum conducted a 3-day training with the group counselor for the culturally-focused groups, and further instructed this counselor by observing and commenting on his performance in the groups. The latter was done on a monthly basis over a 4-month period. The counselor for the culturally-focused groups followed a manual developed by the expert trainer and a colleague (Williams & Donnelly, 1997). The separate training for the culturally-

focused counseling and the association with the external trainer may have created the impression that the counselor was exempt from the administrators' authority and had special knowledge beyond those administrators.

Treatment Integrity

All the groups were monitored for "treatment integrity" every six weeks through a combination of direct observation and audio tapes. The agency's clinical director monitored the racially-mixed and all-African-American groups using the conventional counseling approach, and the culturally-focused expert regularly monitored the all-African-American groups with both culturally-focused and conventional counseling. He also observed racially-mixed groups twice to offer a contrast to his observation of the other groups. The monitoring of the conventional all-African-American groups by both the clinical director and culturally-focused expert was designed to help identify any convergence among the counseling options. Specifically, they were to observe whether the conventional all-African-American group varied from the conventional racially-mixed group, and whether the conventional all-African-American group remained distinct in approach from the culturally-focused all-African-American group. A monitoring form was used to rate the group sessions on several aspects: curriculum presentation, group process, group leader, men's participation, and overall impact (see Figure 2). For instance, the form assessed the degree to which the group leader conformed to the prescribed curriculum and approach, and the extent of discussion as opposed to instruction.

Additionally, 100 of the program participants were contacted by phone following the minimum requirement of 16-weeks of program attendance, and asked for their rating of these components and their impressions of the program curriculum (see Figure 3). These men were the

first 100 contacted by sequentially calling subjects recruited for our study. The men were called a maximum of four different times over a two-week period. If there was no response, that subject was replaced until 100 men were contacted. The response rate was 52% out of 242 men recruited over the first half of our study. The ratings on these forms, discussions with group monitors, and impressions of the counseling observers were used to qualify the results of the study, as well as to advise and guide the group counselors.

Counseling Monitoring and Rating Results

The direct observation of the groups indicated that the counselors were adequately implementing the prescribed curriculum, but the observers raised some suspicions of inconsistency later in the project. After the first three months of the training period, the observers consistently rated the counselors in all the options at 80% or better in meeting the overall ideal of the respective curriculums. The highest ratings were for one of the racially-mixed counselors at 90%. The observers' interpretation of 80% ratings was that the counselor was adequately implementing the curriculum and conducting the group. They considered this an acceptable performance in the "real world" of program implementation. In other words, few counselors were able to achieve the ideal itself.

The culturally-focused expert initially noted, however, that the culturally-focused counselor was weakest in group process and occasionally wandered from the curriculum. Both the culturally-focused expert and the program clinical director were suspicious that the counselor leading the culturally-focused group was not as consistent in implementing the curriculum and following program procedures as the other counselors. They suspected that he lapsed into a directive and condescending posture at times. This suspicion was bore out in a couple of

sessions that were audio taped without observers present. It is difficult to assess the extent and impact of this potential inconsistency, especially given the relatively positive ratings from the direct observations and the group participants' positive ratings of the counselors.

The men's ratings suggest that the counseling options were adequately implemented but that a substantial portion of men actually preferred conventional counseling (see Table 1). The men in the culturally-focused option were, in fact, more likely to rate the counselor/group leader as "very effective" (CF: 84% vs. AA: 67% vs. MX: 64%; $\chi^2(2)=3.52$, $p<.05$; $N=100$; $\eta_p^2=.034$ for CF vs. AA/MX). The men in the culturally-focused counseling were also much more likely to indicate that "special issues of African-Americans were addressed to a "great extent," as the culturally-focused curriculum intends (CF: 77% vs. AA: 39% vs. MX: 11%; $\chi^2(2)=32.06$; $p<.001$; $N=100$; $\eta_p^2=.437$ for CF vs. MX and $\eta_p^2=.152$ for CF vs. AA). (Ratings for the amount of discussion across the three options were, however, equivalent.) Furthermore, the men in the culturally-focused option were slightly more likely to appreciate the counseling, as the previous preliminary study of specialized counseling suggests (Williams, 1993). They tended to rate the program overall as "very helpful," its effect on them to a "great extent," and the comments from other men as "very helpful" (e.g., program overall "very helpful"-- CF: 70% vs. AA: 59% vs. MX: 61%; $\chi^2(2)=.90$; $p=.64$; $N=100$; $\eta_p^2=.009$ and .014).

The men in the two all-African-American options were, however, more likely to prefer being in a conventional racially-mixed group compared to the African-American men assigned to the racially-mixed group wanting to be in an all African-American counseling group (CF: 67% vs. AA: 80% vs. MX: 30%; $\chi^2(2)=18.18$; $p<.001$; $N=100$; $\eta_p^2=.089$ for CF vs. MX and $\eta_p^2=.236$ for AA vs. MX). This finding may reflect the diversity of racial identification shown on the Racial Identity Attitudes Scale and comments from some men's partners questioning the use of

all African-American groups. (These latter findings are discussed in the “Results” section below.)

Setting and Context

The context of the batterer counseling, namely its linkage to the courts and enforcement of compliance, appear to contribute to program outcomes (Gondolf, 2000b); therefore, these aspects of the context are considered as part of the setting and discussed in some detail here. We might speculate from the previous research that a batterer program with weaker linkage and enforcement would have less favorable outcomes and that changes in this context over time could influence the outcomes (e.g., Gondolf, 2001).

All three counseling options required a minimum of 16 weekly group sessions. In our previous multi-site evaluation of batterer intervention systems, this 16-week program had similar re-assault rates to other programs requiring 5½ and 9 months (Gondolf, 1999a). Pittsburgh’s periodic court-review appears to contribute to program compliance and effectiveness despite the shorter program (Gondolf, 2000b). Arrested men first appear in a domestic violence court for a pre-trial hearing. At that point the vast majority of men are ordered to batterer counseling as a stipulation of their bond. The men must appear in court again at 30 and 90 days following the initial court order. If they fail to demonstrate compliance at that time, they are given additional penalties. They may be held over for full prosecution, receive fines or jail time, or be required to attend additional program sessions. If the court-ordered men complete the program, their assault charges are generally reduced to harassment.

All of the men are assessed a weekly fee based on a sliding scale ranging from \$5 to \$50. One-eighth of the men in our sample were required to pay \$5 or less, and approximately one-

fifth paid over \$20 ($M=\12, $SD=\$17$). Two missed payments resulted in a 2-week suspension from the program. If payment was not made within that time, the man was dismissed from the program and sent back to court for additional penalties. Men with three absences were also dismissed and returned to court. In these cases, the court required additional group sessions, or imposed jail time and full prosecution. The batterer program also charged a \$25 penalty for men returned to the program. Over a quarter of the men (28%) in our sample were given additional sessions because of absences or overdue fees.

The dismissal policy was uniformly enforced and records systematically maintained through a centralized computer system. Each counselor had a laptop pre-programmed with the assigned group participants. At the beginning of each session, the counselor entered the appropriate data for attendance and payment. This data was downloaded by modem into the main computer where it was merged with previous data. The computer automatically sent dismissal notifications to the men and the court, and compiled each man's attendance and payment records used in our research. However, counselors or the program office did initially allow some men more time to make payments or accepted some undocumented excuses for absences.

RANDOMIZATION AND SAMPLE

Assignment Procedure

A staff member from the batterer program in Pittsburgh was stationed in the court to receive men ordered to batterer counseling and set an appointment for program intake within a week. The staff directed African-American men to one of two sites in the city's predominantly African-American neighborhoods. At the program intake, the men completed a structured

background questionnaire, the Short Michigan Alcoholism Screening Test (SMAST; Selzer, Vinokur, & Van Rooijen, 1975), the Racial Identity Attitudes Scale (RIAS; Helms & Parham, 1996), a research consent notice, and a contact information form. At the end of the orientation, the men were randomly assigned to one of the three counseling options and began attending group counseling the next week. There were four groups available at each of the two sites: one culturally-focused group, one all-African-American group, and two racially-mixed groups (two groups were needed to accommodate those assigned to that option). Each group had a maximum enrollment of 20 men with an average attendance of 13 and met on a weekday evening.

The participation refusal rate was 4%. The point of random assignment is the main reason for the relatively low rates of refusal in our study. The men in this study were assigned following program intake rather than in the court. Refusal to participate in the study would not, therefore, exempt a man from being assigned to some group and possibly the same group as the study assignment. Furthermore, our clinical trial did not involve withholding “treatment” as other experimental evaluations have done to establish a control group. Withholding treatment generally contributes to higher refusals by those men who want to avoid treatment altogether.

Sample

The total sample initially recruited for the clinical trial is 503 men. This number includes all the African-American men ordered to the batterer counseling program in Pittsburgh between November 2001 and May 2003. (An additional 18 men were not included in this sample because they refused to participate in the research, and another 20 men were excluded because their assault did not involve their female partner.) The sample includes, however, two major implementation contingencies: some men whose assignment was overridden at program intake

because of scheduling or location conflicts (n=65), and some who were reassigned to another group during the course of counseling for these and other reasons (n=64). Nearly all of these men were reassigned from the specialized counseling sessions that met only on Tuesday and Thursday evenings, to one of the racially-mixed groups that met on other days and at other times. Also, if the subject needed to change buses more than once to reach the assigned site, he was reassigned to a racially-mixed group nearer his residence.

Reassignments were made during the course of the program if a man obtained or changed jobs, began working another shift, or moved to a new location. These reassignments contributed to a larger sub-sample in the racially-mixed option (culturally-focused=165, all-African-American=152, racially-mixed=186). Both men who were non-randomly assigned at intake and men who changed assignment during the program were, in fact, more likely to pay higher fees (which reflects their income), and be employed (60% changed vs. 47% unchanged; $\chi^2(1)=.33$; $p=.57$; $n=65$; $\eta_p^2=.005$; and 60% nonrandom vs. 49% random.; $\chi^2(1)=.22$; $p=.64$; $n=68$; $\eta_p^2=.003$). These two implementation contingencies leave a randomized sample with no assignment changes of 373 (75% of the initial 503) and a more even distribution across the three options (culturally focused=121, all-African American=117, racially-mixed=135).

During the course of the subject recruitment, we observed two other contingencies that could confound the results. These contingencies were related to program structure: an additional referral source and a shift in dismissal policy. Near the start of the subject recruitment, the probation department began to refer men to the program for 32 weeks, as opposed to the 16 weeks required by the Domestic Violence court through the procedures elaborated above under “Setting.” Prior to the study, nearly all the men were referred to the program through a preliminary hearing in the Domestic Violence court. In contrast, the men from probation had

been fully prosecuted because they had an extensive arrest record, had previously been in the batterer program, or were charged with severe aggravated assault. The probation referrals amounted to 10% of the total sample (n=48). The total number of subjects randomly assigned with no initial override and no later group reassignment, and also with the typical 16 required sessions was 335, or 67% of the recruited sample (culturally focused=112, all-African American=103, racially mixed=120).

Midway through the recruitment process, the dismissal policy was shifted from three to two weeks of unexcused absences or delinquent payments, and was automated through a new computerized record system. The computerization especially limited the discretion of counselors to occasionally allow some exceptions. The number of men recruited prior to the stricter dismissal policy was 238 and after its implementation was 263.

One concern with deleting “override” non-random cases is that the remaining sample would not likely be representative of the typical population eligible for program participation (Gondolf, 2001). We therefore retained the initial recruited sample of 503 and compared the outcome results for this full sample of 503 against the “pure” randomized sample of 373. Using the total recruited sample also offered greater statistical power for the multivariate analyses employed in the study. Experimental designs have also been criticized for overlooking the program context that includes the referral system and dismissal practices (Dobash & Dobash, 2000). In this case, there was referral from the domestic violence court versus from the probation department, and a shift in dismissal and monitoring procedures. We therefore tested for the impact of these contingencies by comparing results of domestic violence court referrals to those of the probation department, and those men recruited under the less strict dismissal policy to those under stricter enforcement. These sampling and contingency variables were also entered

into multivariate analyses as control variables to further examine their potential impact on the outcomes.

VARIABLES

Outcome Variables

The three principal outcome variables for comparing the conventional and culturally-focused counseling were: program dropout, re-assault, and re-arrest for domestic violence. We used “dropout” because of the established relationship of dropout to re-assault (Gondolf & Jones, 2001) and the court’s consideration of dropout as “non-compliance.” “Dropout” was assessed as completing less than the court-required 16 weekly sessions (1=dropout and 0=completion). An alternative more precise measure for attendance was also used. Since attendance is highly skewed, the number of sessions attended was coded into four categories: 1=0-3 sessions attended, 2=3-15 sessions, 3=16 sessions, 4=more than 16 sessions.

“Re-assault” was the major outcome used because it remains a relatively objective measure of woman abuse, and is the reason for the domestic violence arrests and program referral. Also, re-assault was directly correlated with the victim’s perceptions of safety and of “well-being” in our previous research (Gondolf, 1997a). As explained below, re-assault was based on the report of the man’s female partner—that is, the victim of the assault that led to the man’s arrest and mandate to batterer counseling. Any new partner who was identified at program intake or during the course of the follow-up was also contacted for re-assault information.

More specifically, “re-assault” was defined as physical abuse of the subject’s female partner reported by that partner during follow-up interviews. It was assessed through a series of questions that included an open-ended question about “how is the relationship going,”

descriptions of any conflicts and their circumstances, and an inventory using the categories of the Conflict Tactics Scale (Straus, 1979). A re-assault was considered any incident that included one of the tactics on the physical aggression subscale of the Conflict Tactics Scale (i.e., push, shove, grab; slap; hit with a fist, bit, kick; hit with something, attempt to hit with something; choke or burn; threatened with a knife or gun; used a knife or gun; forced sex against will). “Severe” re-assault was also considered, and defined as use of any of the so-called “severe” tactics of the Conflict Tactics Scale (i.e., hit with a fist, bit, kick; hit with something, attempt to hit with something; choke or burn; threatened with a knife or gun; used a knife or gun; forced sex against will). The nature of battering injuries and medical assistance received for those injuries were also obtained and any injury resulting in at least a bruise (i.e, coloration that lasted more than one day) was indicated in a variable for “bruises.” (The reliability of the women’s reports is discussed further in the “Follow-up” section below.)

Additionally, the women’s subjective appraisal of their own safety and well-being were considered, as we and others have done in previous batterer program evaluations (Dobash et al., 2000; Gondolf, 2000a), in order to supplement further the re-assault findings. These variables offer some indication of the subjective experience of the women beyond the behavioral acts (e.g., re-assaults) of the man, and an indication of whether their quality of life is improving along with cessation of the violence. The women were asked a global question “Would you say that your life overall is generally better, worse, or the same?” They were also asked to estimate how safe they felt at that point, and how likely it is that their partners will hit them in the next three months (using a Likert scale). These indicators were not only very highly correlated with the reports of re-assault in our previous study (Gondolf, 1977a, 2000a), but were also the strongest predictors of the outcomes (Heckert & Gondolf, 2004).

“Domestic violence re-arrests” were used as an outcome, as well, because they are of particular concern and cost to the court, and considered by the court to be a measure of recidivism and therefore “failure” of a particular case. Pittsburgh arrest records indicate “domestic violence” for simple or aggravated assault against a family member or known female partner. As explained further below, Pittsburgh police currently make this determination at the time of arrest and indicate it on the incident report that is later recorded in the county-wide arrest record database. The analysis focuses on the “domestic violence” arrests, which are the main arrests being addressed by the program intervention, but it also compares other kinds of re-arrests across the counseling options to see if the culturally-focused counseling extends its impact beyond domestic violence.

Domestic violence arrests were determined by reviewing the arrest records of each subject provided by the Pittsburgh police department (details on obtaining these records appear below under “Follow-up Data Collection”). The criminal counts for each arrest during the 12-month follow-up period (i.e., 0-12 months after program intake) were coded on a hierarchy of offenses as follows: any count for domestic violence=1, no domestic violence count, but other violent offense=2; no violence-related count, but alcohol or drug related count=3, and no violence-related or alcohol-related count, but another offense=4. These codes were tabulated across the 12-month follow-up period to also identify the occurrence of “any arrest” and the “total number of arrests.” The arrest records were similarly coded for any arrests prior to the domestic violence incident that brought the man to batterer counseling.

Racial Identification

To assess the hypothesized moderating variable of “cultural or racial identification,” the Racial Identity Attitude Scale (RIAS) was administered at program intake (Parham & Helms, 1981; Helms & Parham, 1990, 1996). The developers of the scale define “racial identity” as having internalized attitudes of one’s racial or ethnic group and being suspicious of the attitudes prevailing in the dominant group or culture. RIAS is a 30-item scale that measures attitudes associated with a developmental model of racial identity (Cross, 1971). The RIAS uses a Likert-type scale (1 = strongly disagree and 5 = strongly agree) to rate agreement with each item (e.g., “I believe that Black people should learn to think and experience life in ways that are similar to White people”). The scoring categorizes the respondent in one of four developmental stages (i.e., pre-encounter, encounter, immersion, internalization) that range from low to high in racial identity. (Scores are obtained by summing the responses for each stage subscale and dividing the sums by the number of items in each subscale.) In our analysis, an average score of greater than 4 (for the 5-point Likert response) on the internalization subscale was used to indicate high racial identification. “Internalization,” according to the test developers, represents a confident and assertive black identity and preference for a black counselor. (The scale and our use of it are not continuous or interval measures, but categorical ones based on developmental theory.)

The Racial Identification Attitudes Scale (RIAS) is a tool designed to help clinicians assess the racial identification of African-American clients in order to adapt counseling to their cultural needs (Helms & Parham, 1996). Internal consistency reliability for the subscales range from .67 to .80 (Burlew & Smith, 1991; Helms, 1990; Parham & Helms, 1981), and factor analysis strongly supports the subscale construct (Ponterotto & Wise, 1987). The Racial Identity Attitude Scale is related to emotional states and psychological functioning (Carter, 1991; Parham

& Helms, 1985; Pyant & Yanico, 1991) and preference for racially-matched counselors (Parham & Helms, 1981), as predicted by racial identify theory (Helms, 1990). Social class and education do not appear to determine the scoring for either scale.

We also pre-tested another measure of cultural attitudes which has been used in a variety of studies with college students, professionals, and mental health patients: The African American Acculturation Scale (AAAS; Landrine & Klonoff, 1994, 1995). Both the AAAS and RIAS were administered individually to 20 African-American males recruited through sociology classes at a university with which our research institute is associated. After completing the tests, a research assistant, also of minority background, asked each respondent about their impressions of the two tests. The African-American men overwhelmingly dismissed the AAAS as “too dated”, “not relevant”, and “somewhat insulting.” They still had some reservations about the RIAS, such as it sounding “racist” in places, but thought its questions about attitudes were easier to answer and “more real” to them. The development model of the RIAS and its definition of the “internalization” subscale were closer to the conception of racial identification used in previous counseling studies, than the one-dimensional conception of acculturation in the AAAS. Therefore, we decided not to use the AAAS as an alternative or supplement to the RIAS.

Other Variables

Several other variables were assessed at program intake to help describe the sample, test for equivalent subsamples in the random assignment, and offer controls for subsequent analyses. The background questionnaire administered at intake included close-ended questions about the man’s demographics, employment, relationship status, alcohol and drug use, past abuse and assault, prior social service and criminal justice contact, and the women’s perceptions of safety

and the likelihood of re-assault (see Table 10). These encompass variables that have been shown in previous program evaluations to be associated with program outcomes (Daly & Pelowski, 2000; Tolman & Bennett, 1990). Many of the men's past behaviors, including their violence and drinking prior to program intake, were also asked of the men's partners during the initial phone interview with them (within two weeks of the man's program intake). The women's reports were used as controls in the multivariate analyses since they tend to be more reliable than the men's reports on these particular behaviors (Heckert & Gondolf, 2000).

Heavy drinking and particularly drunkenness are highly associated with program outcomes (e.g., Jones & Gondolf, 2001). To more precisely assess this variable, the Short Michigan Alcohol Screening Test (SMAST; Selzer, Vinokur, Van Rooijen, 1975) was administered at program intake. The SMAST is a widely-used clinical screening instrument that identifies alcoholic tendencies. It uses 13 true-false items to detect possible drinking problems even amidst a high level of denial. A positive answer (SMAST>0) to any of the items is recommended as an indicator for "possible alcoholism" in clinical samples of heavy drinkers. Drinking and drug use were also assessed using men's and women's reports of the kind of substance, frequency of use, and frequency of "drunkenness" or "getting high." In our previous research, we found that these reports were much stronger predictors of outcomes than the results of conventional screening tests or scales (Jones & Gondolf, 2001).

One additional background variable was assessed during program intake: exposure to violence. After observing several group sessions, the culturally-focused expert recommended that the African-American men's previous exposure to violence be assessed. His clinical conjecture was that the past exposure to violence could contribute to traumatic reactions in the men that adversely affected their response to counseling. A checklist of violent tactics towards

(or from) different categories of people was developed. It included observed and experienced incidents during pre-teen, teen, and adult periods of one's life (see Figure 4). Incidents for the violent tactics, age period, and persons involved were tabulated and compared to the results of 106 Caucasian program participants. These comparison men were the first 106 Caucasians entering the program during the middle of the subject recruitment period.

FOLLOW-UP DATA COLLECTION

Attendance Records

The outcome variable of program dropout was obtained from the computerized attendance records maintained by the batterer program on each program participant. The attendance at each session was recorded by the counselor and reported on a laptop computer and downloaded into a centralized database at the administrative office of the batterer program. As discussed in the section on "Setting," the program director uniformly enforced the attendance and dismissal policy across all groups, although there was a revision in the enforcement during the subject recruitment. Two unexcused absences (e.g., excused = documented illness, court appearance, work overtime) resulted in an automatic dismissal and a return to court. To receive credit for attendance, the participant had to arrive by the designated start time of the session and stay for the full 1½ hour period.

Victim Reports

The victim reports of re-assault were obtained through follow-up interviews at 3, 6, 9, and 12 months after an initial interview at the time of the men's program intake. The follow-up interviews asked a combination of open-ended and closed-ended questions about the women's

relationship status, abusive behavior and circumstances, and help-seeking and additional intervention. The interview format was developed to encourage the women to develop their “story,” rather than respond mechanically to an inventory (Heckert, Matula, & Gondolf, 2000). The women were first asked about how their relationship was going and prompted to elaborate. This open-ended questioning was followed by more specific questions that ended with items from the Conflict Tactics Scales (Straus, 1979). This procedure appears to increase rapport and disclosure of abuse, according to debriefing questions about the interviews at the conclusion of our previous multi-site evaluation of batterer programs (Gondolf, 2000c). The phone interview took from 10 to 20 minutes to administer with some interviews lasting 45 minutes if the woman has suffered severe abuse.

The follow-up intervals are selected for practical and conceptual reasons. The 3-month follow-up is soon enough after program intake to minimize loss of the women to change of residence or telephone. The 6-month interval helps to further establish rapport with, and tracking of, the women, and also captures the majority of first-time re-assaults. We found in our multi-site evaluation that over two-thirds of the first-time re-assaults occurred within six months of program intake and continued to decline after that (Gondolf, 1997a, 2000a). The 12-month follow-up captures over 80% of first-time re-assault committed in a 2 ½ year period (Gondolf, 2000a). It also offers a cumulative period that is comparable to the majority of other batterer program evaluations.

Two research assistants tracked the women using the contact forms of names and address information obtained from the male subjects at program intake and updated with each follow-up interview. The women were informed about the study, explained safety measures, and asked for consent over the phone, as was done in our previous multi-site study. We acknowledge that

safety and ethical issues are involved in conducting follow-up interviews with a clinical sample of battered women and have worked to develop procedures for addressing these (see Gondolf, 2000c). The women were paid \$10 for each completed interview through a check mailed to an address they designated. The payment appears to improve the response rate, as well as offers a suitable compensation for the interviews. We also interviewed new partners when identified at program intake, but did not seek out new partners that the men may have picked up during the follow-up period. In our previous multi-site study new partners identified during follow-up increased the cumulative re-assault rates by less than one percent and of course required more time and expense to identify and track (Gondolf, 1997a).

A response rate of between 60% and 70% is generally considered necessary in order to establish a representative sample, and in our case sufficient to detect significant differences across the counseling options. A response rate of 65% would produce approximately 110 respondents in each option from our total sample of 503 subjects. Projecting a cumulative re-assault rate at 12-months of 35% to 40% based on previous outcome studies (Gondolf, 1997a), this response rate would give sufficient power (.77-.98) to detect a statistically significant effect, if the difference in re-assault rates between the options is at least 15 percentage points. A difference of less than 15% would arguably not be clinically and substantively important enough to merit policy recommendations in light of the additional costs necessary to provide culturally-focused counseling.

The follow-up interviews were completed in July 2004 with a 66% response rate for the full 12-month period (0-12 months after intake; n=333), and 68% for the full 6 months after program intake (n=343). There were 34 new partners interviewed at the 6-month follow-up in addition to 328 of the initial female victims; and 31 new partners at the 12-month follow-up in

addition to 320 initial victims. When both an initial victim and a new partner were interviewed, their responses regarding re-assault were combined (i.e., any report of re-assault was counted). Initially, a female partner was interviewed for 399 of the male subjects at program intake (80% of the 503 sample). A total of 383 men had a partner interviewed at the 3-month or 6-month follow-up (76% of the 503 sample), and 396 men had an interviewed partner sometime during the 12-month follow-up period (0-12 months after program intake; 79% of the 503 sample).

The analyses were conducted with both those women who were interviewed for the full follow-up interval (i.e., at each 3-month follow-up interval), and those who had been interviewed at least once during the follow-up period. The results were nearly identical with the rates of re-assault varying 1-2 percentage points across the counseling options. Results for the more conservative set of respondents—those who were interviewed for the full follow-up period—are reported.

Arrest Records

The re-arrests for domestic violence and other offenses were determined from arrest records obtained from the county police department thanks in part to the support of the Chief Administrator of the City Courts. The police department printed out and forwarded the arrest record for each of our subjects in its database after the completion of the follow-up interviews. We received arrest records for 491 men out of the 503 men recruited for our study. The 12 missing cases were men who voluntarily participated in the program and had no arrest record, or men who were from other jurisdictions and without local records.

As mentioned, the Pittsburgh police records currently indicate simple or aggravated assaults against a family member or known-partner as “domestic violence.” Admittedly this

designation may still miss some domestic violence incidents that are classified as non-specified assaults. The arrest records include arrests in the greater Pittsburgh area and may also miss some in other jurisdictions, but given the relative stability of the population and geographical isolation, the county arrest records are generally considered comprehensive for our type of sample. Even though the arrest records may under represent the actual number of domestic violence arrests or potential arrests, this would most likely produce random error that would not invalidate the comparison of re-arrests across the counseling options.

ANALYSIS

We first computed the percentages for the variables indicating the selected characteristics of the men in the sample, and compared these sample characteristics to other samples of African-American men and Caucasian men to help assess the representativeness of the current sample. We also compared the characteristics of the men in the three counseling options to expose potential variations across the option sub-samples that might contribute to differences in outcomes. This was done for each of the contingency samplings discussed above (e.g., full recruited sample, no assignment change, 16-session mandates only, etc.).

To test for the effect of culturally-focused counseling on the program outcomes, we computed cross-tabulations using Chi Square statistics (X^2) for each outcome variable with the counseling options. (A significance level or p-value of .05 was used in interpreting the results.) The tabulations were repeated with various samplings that accounted for the randomization of implementation and program contingencies, discussed in the “Assignment Procedures” and “Setting and Context” sections (e.g., full recruited sample, no assignment change, stricter dismissal enforcement, 16-session mandates only, etc.). These samplings enabled us to inspect

further for differences in the outcomes of the various samplings which might suggest an impact of the implementation or contingencies. Three-way cross-tabulations, with the program outcomes and counseling options, were also computed using “high racial identification” as a control variable in order to test for a moderating effect on the racial identification of the outcomes.

It is increasingly popular to also report a statistic for effect size because effect size is not as heavily influenced by sample size as Chi Square (see Cohen, 1994). Effect size was computed using the statistic Partial Eta Squared (η_p^2) derived from a two-way analysis of variance (ANOVA). This statistic is used instead of other effect measures because it addresses singular factors (e.g., group assignment) distinct from possible controlling variables. The Partial Eta² must be interpreted with caution, however, because it assumes an interval dependent or outcome variable, and our outcomes are categorical. Also, the conventional cutoffs with Eta² are generally .01 for small, .06 for moderate, and .14 for large, but they are less clear with Partial Eta² and vary with the circumstances or issues in question.

Next, we conducted confirmatory multivariate analyses to control for the possible influence of the sub-sample characteristics, randomization implementation, and program contingencies on the outcomes. Forward stepwise logistic regressions with the full recruited sample were conducted as follows: The subject characteristics were first entered into the equation as blocks for demographics, relationship status, past behaviors, past interventions, subject and partner perceptions, and study implementation (see Tables 6 and 10). Where several variables were available to indicate an influential factor, specifically alcohol use and previous violence or criminality, regressions were conducted with different variables and the regression using the most influential variable was reported. For instance, prior arrest for violence, any prior

arrest, the number of prior arrests, and prior arrest and incidence of violence reported by the man were tested for “past violence or criminality.”

Lastly, variables for the counseling options were directly entered into the regressions. In one regression model, the three counseling options were entered as dummy variables, and in a second model, the two specialized options (i.e., culturally-focused and conventional all-African-American counseling) were combined and compared against the racially-mixed option. The latter model was used to examine whether specialized counseling in general (either the culturally-focused or all-African-American options) had an effect on the attendance outcome. Besides identifying factors that significantly influenced the outcomes, we also inspected the odds ratios of the counseling option variables to see if they were significant after controlling for the potential moderating, mediating, and confounding factors. Their significance would confirm our expectation or hypothesis that specialized counseling had an effect on program completion.

Additionally, the time-to-re-assault was also examined using Kaplan-Meier Survival Analysis and Cox regressions controlling for sample characteristics. This computation was done in order to take advantage of the longitudinal follow-up data, as opposed to the cumulative outcomes addressed in the cross-tabulations, and to test for an effect of the duration of non-violence as opposed to just a re-assault sometime during the follow-up. In one instance where a counseling effect was detected, effect size was also computed using the Partial Eta Square derived in an analysis of variance (ANOVA) among the three counseling options. Further details of these procedures are incorporated into the presentation of the findings in the “Results” section.

RESULTS

SAMPLE CHARACTERISTICS

We first examined the characteristics of the men recruited for our clinical trial. As shown in Table 2, over half of the African-American men sent to the batterer program were over 30 years old (56%), not living with their partners (56%), not fully employed (60%), screened positive for alcoholism (57%), and had been previously arrested for violent crimes other than domestic violence (56%). As discussed in the “Methods” section, an inspection of characteristics across the counseling subsamples (i.e., culturally-focused all-African-American, and racially-mixed) suggests nearly equivalent groups of men. Men in the racially-mixed option were, however, significantly less likely to have scored positive on the SMAST for alcoholism, but were more similar to the other groups in the proportion of men who reported being drunk at least once a month. This distribution of characteristics remains constant when the non-random cases are deleted and cases that changed group assignment are deleted. These implementation contingencies do not appear to bias the sub-samples.

In order to gain a sense of the representativeness of this time-bound and site-bound sample, we compared the characteristics of this current sample to African-Americans at this site in 1995 and at other previous research sites (see Table 3). Our current sample of African-American men in Pittsburgh is less likely to be employed than the previous sample of African-American men at the same site and almost twice as likely to not be fully employed as African-Americans at other sites previously studied. These differences reflect the marked decline in Pittsburgh’s economy during the past five years.

Specifically, the current sample is more likely to be unemployed (46% vs. 31%), not living with partner (55% vs. 44%), and have been previously arrested (44% vs. 35%) than our previous 1995 sample of African-American men at the same site, but similar in other demographic and behavioral characteristics (see Gondolf, 1999b). The African-American men in Pittsburgh were, moreover, more likely to have lower socioeconomic status than African-American men at the other sites in our previous study (i.e., Houston, Dallas, and Denver). They were significantly less likely to have some college education (25% vs. 37%), be fully employed (35% vs. 63%), and be married (28% vs. 49%). The Pittsburgh men were also significantly more likely to report being drunk in the previous three months (68% vs. 42%) and having used marijuana (31% vs. 16%), but were more similar in the proportion scoring positive on the SMAST (55% vs. 49%). The educational level and full-time employment rates of the current Pittsburgh African-American men were markedly lower than those of the Baltimore men in the attendance study mentioned in the introduction (Taft et al., 2001).

A comparison of the characteristics of the African-American men in the current sample to Caucasian men entering the program at the same period (N=71) confirmed some expected differences but also exposed some broad similarities across the racial groupings (see Table 4). As in our 1995 study at the Pittsburgh site (Gondolf, 1999b), the African-American men were less likely to be married (34% vs. 54%; $p < .05$) and more likely to have children living with them (44% vs. 31%; $p < .05$). However, the two groups of men had similar levels of partner contact (e.g., “living with partner” and “see partner daily”). The African-American men were also more likely to report having used drugs in the past year (39% vs. 20%; $p < .001$), but less likely than the Caucasian men to report being drunk (32% vs. 41%; $p = .16$). The portion of African-American men asserting that their partner feels “very safe” is higher than the portion of white men (63% vs.

49%; $p < .05$). The difference in marital status across the two racial groupings did not account for the difference in “very safe” ratings. Of particular interest is the fact that the two groups of men appeared very similar in the nature of their past domestic violence (e.g., “severity of assaults” and “partner also arrested”) and intervention against them (e.g., protection order, domestic violence arrest, currently on probation). The main differences to address in counseling might be, therefore, socioeconomic ones and the cultural issues raised by clinicians and previous researchers (see “Introduction” for a review of the cultural issues).

VIOLENCE EXPOSURE AND PRIOR ARRESTS

As mentioned in the “Methods” section, we further examined the men’s previous experience of violence and arrests for prior crime because of the high association between these variables and future violence and crime and a suspicion that this previous violence might further distinguish the African-American men from Caucasian men in batterer counseling. According to the self-report checklist of exposure to violence, the vast majority of African-American men (85-90%) had been exposed to interpersonal violence throughout the three periods of their lives (pre-teen, teenager, and adult). However, there was no significant difference in overall exposure between the African-American men and Caucasian men enrolled in the batterer counseling program.

The African-American men were more likely to have been threatened with guns/knives or witnessed shootings/stabbings (e.g., Teenager—African-American: 54% vs. Caucasian: 30%; $X^2(2) = 14.36$; $p < .001$; $N = 424$; $\eta_p^2 = .186$). The exposure to gun violence was highest for the youngest adults in the counseling program (<30 years old: 50%; 30-39 years old: 36%; 40+ years old: 33%; $p < .05$; $n = 106$). Both the African-American and Caucasian men were much more

likely to be exposed to non-family violence than family violence in the past. Approximately a quarter of the men were victims of family violence and a third witnessed violence among family members while they were children and teens.

According to arrest records, the vast majority of men had been previously arrested for some crime. Over eighty percent (82%) had been arrested at least once prior to the current arrest that brought the men to the batterer program. Over half (59%) had 3 or more prior arrests, and over a third (37%) had 6 or more prior arrests. Nearly half of the men (45%) had been previously arrested for domestic violence or other violent crimes, and a fifth (21%) had been arrested 4 or more times for previous violence. A high portion of the men also had alcohol or drug related arrests: 60%. These high rates of prior arrests for violent crimes, not surprisingly, correspond to the men reporting that they were threatened with a knife or gun, or witnessed someone else being threatened, while a teenager (54%). We did not have prior arrest information for the Caucasian men assessed at the site for exposure to violence.

PROGRAM DROPOUT

Our first outcome of concern was program dropout and completion. The culturally-focused counseling did not appear to improve program dropout as expected. As indicated in Table 5, approximately half (55%) of the men in each of the counseling options completed the minimum required number of 16 sessions regardless of the sampling (e.g., all recruited subjects or just those who maintained the random assignment)—and approximately half dropped out. The possibility of an effect of specialized counseling was tested further by collapsing together the culturally-focused and all-African-American groups. The program completion rate was 55% for the collapsed groups and the racially-mixed option.

The overall completion rate for the current sample of African-American men is nearly the same as that of African-American men recruited at the same site in 1995 for our previous evaluation (n=105). In the previous study, the program completion rate for the previously required 12 group sessions was 56% (82% for the Caucasians; n=106). For those men who completed 12 sessions in the current study, the completion rate was 59% (N=503).

We also tested for the possible influence of a major program implementation or context change: the stricter enforcement of attendance and payment policies. Prior to the stricter enforcement that began midway through the subject recruitment, the completion rates were slightly higher for the culturally-focused and conventional all-African-American options compared to the racially-mixed option (CF: 60% vs. AA: 62% vs. MX: 54%; $\chi^2(2)=1.40$; $p=.50$; $n=238$, $\eta_p^2=.004$ and $.007$) but during the stricter enforcement, the culturally-focused and conventional all-African-American options had slightly lower completion rates (CF: 45% vs. AA: 49% vs. MX: 56%; $\chi^2(2)=.2.71$; $p=.26$; $n=268$; $\eta_p^2=.013$ and $.005$). As observed in our previous evaluations, the program's stricter enforcement appears to have influenced the completion rates (Gondolf, 2000b). (Note: CF=Culturally-Focused Counseling; AA=Conventional Counseling in an all-African-American group; MX=Conventional Counseling in a racially-mixed group).

There was some tentative support for our additional expectation or hypothesis that racial identification would have a moderating effect on program completion. The men with "very high" racial identification were 30% more likely to complete the culturally-focused and all-African-American options (CF: 63% vs. AA: 65% vs. MX: 48%; $p=.15$; $n=159$). These results were not, however, statistically significant at less than .05 according to the Chi Square statistic, in part because of the decreased cell size resulting from this three-way cross-tabulation (for a

discussion of statistical power and significance levels, see Cohen, 1962, 1994). When the two specialized counseling options were collapsed to make a larger subsample, the moderating effect of racial identification was significant with a small effect size (CF/AA: 64% vs. MX: 48%; $X^2(1)=3.7$; $p<.05$; $n=159$; $\eta_p^2=.024$). Conversely, those men with less than very high racial identification were less likely to complete the specialized counseling options (i.e., the culturally-focused or conventional all-African-American groups) (CF/AA: 49% vs. MX: 58%; $X^2(1)=2.44$; $p=.12$; $n=324$; $\eta_p^2=.008$). While this latter finding is suggestive, it is not statistically significant and has a negligible effect size.

Our multivariate analysis controlling for the potential differences in characteristics across the counseling options confirmed the findings of our cross-tabulations (see Table 6). After controlling for a variety of characteristics, the counseling options still did not significantly contribute to program completion. A few of the men's characteristics significantly reduced the likelihood of program completion: some college education, highest fees (related to income), unemployment, and being on probation or parole. In short, men at both extremes of the economic continuum were at risk for dropout. As our previous research showed (Jones & Gondolf, 2001), drunkenness was also a strong predictor of program dropout, but not the results of the SMAST. However, racial identification, along with other measures of the men's perceptions, was not significantly associated with the outcome. Only one of the study implementation or context controls (i.e., maintained random assignment; 32-sessions required, and recruited in second half) significantly contributed to program completion: being recruited in the second half of the study period when under stricter dismissal enforcement. The stricter dismissal enforcement reduced the likelihood of program completion, reinforcing the effect of program context on program completion rates.

RE-ASSAULT

In terms of our second outcome, and one of greatest concern, there was again no evident benefit in assigning African-American men to culturally-focused counseling (see Table 7). Racial identification, as measured by the RIAS, also did not significantly influence the re-assault rates across the counseling options. The re-assault rate for the full sample of African-American men during the 12-month follow-up was 23% according to their partners' reports. This rate is less than the re-assault rate of 30% for a 1995 sample of African-American men at the same program site (n=105 with a response rate of 75%) for the same time period. This difference may be attributable to the increased length of the program (formerly 12 weeks instead of 16 weeks) and the lower partner contact during the follow-up period (70% for current sample vs. 89% for the previous sample over the 12 months after program intake).

The cumulative re-assault rates were also not statistically different across the options at the 6-month or 12-month follow-up. At the 6-month follow-up, the cumulative re-assault rates for the culturally-focused and conventional all-African-American counseling were actually slightly higher than the re-assault rate for the racially-mixed counseling (CF: 18% vs. AA: 19% vs. MX: 14%; $X^2(2)=1.79$; $p=.41$; $n=343$; $\eta_p^2=.004$). The men in the culturally-focused and racially-mixed options had nearly identical re-assault rates at the 12-month follow-up (program intake to 12 months after intake) and slightly lower rates than men in the conventional all-African-American option (CF: 21% vs. AA: 27% vs. MX: 19%; $X^2(2)=2.34$, $p=.311$; $n=357$; $\eta_p^2=.001$ for CF vs. MX; $\eta_p^2=.004$ for CF vs. AA). There was, furthermore no significant difference in "severe" re-assault across the counseling options (CF: 17% vs. AA: 23% vs. MX: 19%--overall 19%; $X^2(2)=612$; $p=.74$; $n=267$; $\eta_p^2=.001$ and .004).

We also examined the re-assault outcomes for the post-program period—that is, the 9-month period following treatment (3 months to 12 months after program intake). The outcomes during this period consider any benefits gained from full exposure to the counseling, whereas the full follow-up period beginning at program intake includes men who re-assault prior to exposure to the required program duration and men who dropped out of the program. The pattern of “no difference” persisted with all the subjects across the three counseling options (CF: 17% vs. AA: 23% vs. MX: 17%; $X^2(2)=1.96$, $p=.38$, $n=366$; $\eta_p^2=.006$ for AA vs. MX) and with only program completers (CF: 14% vs. AA: 18% vs. MX: 17%; $X^2(2)=.55$, $p=.76$, $n=201$; $\eta_p^2=.003$ and $.004$). Other victim-reported outcomes (e.g., felt “very safe” at 12-mo. follow-up: CF: 84% vs. AA: 72% vs. MX: 80%; $X^2(2)=3.67$; $p=.16$, $n=307$; $\eta_p^2=.003$ for CF vs. MX and $\eta_p^2=.019$ for CF vs. AA) were overall very positive, but again showed no significant differences across the counseling options.

Our expectation that men with high racial identification would have a moderating effect on the re-assault outcomes was also not supported. While the men with high racial identification were more likely to complete the culturally-focused and conventional all-African-American options, they were more likely to re-assault their partners than their counterparts in the racially-mixed option at 6-months after program intake (CF: 20% vs. AA: 21% vs. MX: 12%; $X^2(2)=1.47$; $p=.48$; $n=119$; $\eta_p^2=.014$) and 12-months after program intake (CF: 23% vs. AA: 32% vs. MX: 17%; $X^2(2)=2.71$; $p=.26$; $n=130$; $\eta_p^2=.006$).

RE-ARREST

Arrests During Follow-up

The findings for our third outcome of re-arrests also did not support our expectation for lower arrest rates with the culturally-focused and conventional all-African-American counseling (see Table 8). The re-arrest rate for domestic violence was overall relatively low—10% during the one-year follow-up (i.e., 12 months after program intake). However, over twice as many women reported being re-assaulted than had partners arrested for domestic violence (23% vs. 10%). The re-arrest rate for any violent crime (i.e., domestic violence or other violence) rose to 18%. Nearly a third (32%) of the men were re-arrested for some crime. (Approximately 12% were arrested for alcohol or drug related crimes and another 13% for other non-violent crimes.) These re-arrest rates are comparable to those in our previous multi-site evaluation that included men recruited in 1995 at the Pittsburgh site.

A comparison of the re-arrest rates across the counseling options shows that the re-arrest rates for the culturally-focused option were no better than the rates for the other options. In fact, the men in the culturally-focused option were twice as likely to be re-arrested for domestic violence as the men in the racially-mixed counseling—a difference that was also statistically significant but with a relatively small effect size (CF: 15% vs. AA: 11% vs. MX: 7%; $\chi^2(2)=6.42$; $p<.05$; $n=484$; $\eta_p^2=.019$). The trend in favor of the racially-mixed option persists when controlling for program completion. In other words, the re-arrest rate for domestic violence among program completers (16 weeks of required group counseling sessions) is still lowest for men in the racially-mixed option.

There is no significant difference in re-arrest for other crimes of violence (CF: 11% vs. AA: 9% vs. MX: 8%; $\chi^2(2)=6.11$; $p=.74$; $n=484$; $\eta_p^2=.001$ for CF vs. MX). The men in the

conventional African-American option were, however, much less likely to be re-arrested for alcohol/drug-related crimes than men in either of the other two options (CF: 14% vs. AA: 4% vs. MX: 17%; $\chi^2(2)=19.79$; $p<.001$; $n=484$; $\eta_p^2=.047$ for MX vs. AA and $\eta_p^2=.39$ for CF vs. MX). This lower rate is reflected in the re-arrest rates for any crime during the follow-up. It is not a statistically significant difference but is still substantial: the conventional African-American option had an overall re-arrest rate that was 20% lower than the other two options (CF: 38% vs. AA: 30% vs. MX: 37%; $\chi^2(2)=2.23$; $p=.33$; $n=484$; $\eta_p^2=.007$).

Prior Arrests and Re-Arrests

Because of the known association between prior arrests and latter arrests in criminal justice studies in general, we examined the relationship of prior arrests to re-arrests during the follow-up of our study (see Table 9). Men with a high number of previous arrests were much more likely to be re-arrested following enrollment in the batterer program. For instance, men who had four or more prior arrests for violent crimes were 2½ times more likely to be re-arrested for domestic violence than those with no prior violent offenses (18% vs. 7%). Similarly, men with higher than 6 or more prior arrests for any crime were 2½ times more likely to be re-arrested for domestic violence (16% vs. 6%). Attending the batterer program and especially the racially-mixed option appeared, however, to reduce the re-arrests of even the men with multiple prior arrests.

The re-arrest rates for domestic violence or any crime are nearly 50% lower for men who completed the required 16 weeks of group counseling sessions, as compared to those who dropped out (*Domestic violence*: 7% for completers vs. 13% for non-completers; $\chi^2(1)=.414$; $p<.05$, $n=484$; $\eta_p^2=.010$ and *Any crime*: 24% for completers vs. 42% for non-completers;

$X^2(1)=18.11$; $p<.001$; $n=484$; $\eta_p^2=.045$). The apparent effect of program completion persists when controlling for prior arrests. Controlling for prior arrests also shows that the racially-mixed option had its greatest effect in reducing domestic violence re-arrests among the men with 4 or more prior violence arrests (CF: 42% vs. AA: 28% vs. MX:10%; $X^2(2)=11.02$; $p<.01$; $n=103$; $\eta_p^2=.143$) or six or more prior arrests for any crime (CF: 28% vs. AA: 17% vs. MX: 8%; $X^2(2)=9.05$; $p<.01$; $n=183$; $\eta_p^2=.070$ for CF vs. MX). In sum, men with multiple prior arrests (e.g., the 37% with 6 or more prior arrests) are the most likely to be re-arrested regardless of the counseling option, but the batterer counseling, especially the racially-mixed option, appears to reduce the re-arrests for these men more than the other options.

CONFIRMATORY MULTIVARIATE ANALYSIS

Logistic regression analyses were used to confirm the outcomes of the cross-tabulations with the three counseling options by controlling for possible differences in the characteristics of the program participants across these options. As explained in the “Methods” section, variables for demographics, relationship status, past behavior, prior domestic violence, past intervention, perceptions of safety, and program dropout were entered into the equation followed by the counseling option. The logistic regressions basically confirmed the results of the cross-tabulations of both the cumulative re-assault and re-arrest outcomes (see Table 10).

The culturally-focused and all-African-American options, compared against the racially-mixed option, did not significantly predict the re-assault reported by the men’s female partners during the 12-month follow-up. Less than daily contact (decreased likelihood), previous severe assault (increased likelihood), the man’s perception that the man’s partner felt “very safe”

(decreased likelihood), and program completion (decreased likelihood) were the only significant predictors of re-assault.

The culturally-focused and the all-African-American options were significantly associated with the likelihood of domestic violence re-arrest. Specifically, men in the culturally-focused group were 3.5 times more likely to be re-arrested than the racially-mixed group (Beta=1.25; $p < .01$; $n=450$) and the all-African-American group was 2.7 times more likely to be re-arrested than the racially-mixed group (Beta=.99; $p < .05$; $n=450$). However, the effect size of the culturally-mixed group was small (Partial $\eta^2 < .05$), and the effect size of the African-American group was negligible (Partial $\eta^2 < .005$). The control variables that were statistically significant in predicting re-arrest were common arrest predictors in criminology research: younger age, unemployment, and any prior arrests.

The regression analysis for re-arrest for any violence (domestic violence OR other violence) showed that men in the all-African-American option were more likely to be re-arrested (O.R.=2.14; Beta=.66; $p < .05$; $n=469$), and the regression analysis for re-arrest of any crime showed no significant association for any of the counseling options. Program dropout however was a significant predictor of both categories of re-arrest.

Proportional hazards analyses were computed to determine the cumulative probability of time-to-event for domestic violence reports by women over the 12-month follow-up period. That is, they tested for differences across the counseling options in terms of the duration of “no violence” following program intake. A Kaplan-Meier Survival analysis shows no significant difference across the cumulative curves for the time-to-re-assault in the three counseling options (Log Rank=1.97; $p > .05$; $n=414$). In other words, the time-to-re-assault by the African-American program participants is similar across the three counseling options. A Cox Regression controlling

for the men's characteristics was used to confirm the survival analysis (which does not accept these controls). The only significant predictor in the analysis was program dropout (Beta=.466; $p<.05$). Even when we control for possible differences in individual characteristics, there is still no evidence of variation across the counseling options in the time-to-re-assault.

WOMEN'S PROGRAM RECOMMENDATIONS

The female partners of the African-American men were asked about their impressions of the batterer counseling in four open-ended questions at the 3-month follow-up ($n=330$). These open-ended questions aimed to explore women's views on the operation and impact of the batterer counseling beyond the designated outcomes of dropout, re-assault, and re-arrest. The women's comments were tallied and summarized by two coders who established an interrater reliability of greater than .80.

The majority of the women appear to support or tolerate the batterer counseling with no recommendations or objections. Over eighty percent (82%) of respondents indicated the batterer counseling caused them no problems or particular difficulties ("In what ways has the program caused you any problems or difficulties?"). The women's main concern was the cost of the program (10%), and a small portion of the women were troubled by blame from their partners, worsening attitudes, or continuing violence (6%).

The women tended to identify the counseling objectives as the main ways their partner's counseling participation benefited or helped them ("In what ways has the program been helpful or effective for you?"). Nearly half of the women (45%) mentioned that their partner was less angry (17%), communicating better (14%), arguing less (4%), simply stopping his violence (4%), taking "time outs" (3%), or thinking more about his behavior (3%). About a fifth (21%) of

the women indicated the counseling had not been helpful at all. Their partners had continued their violence, dropped out of the program or become more hostile. Another fifth (22%) of the women had no response or nothing special to say.

Nearly two-thirds of the women (62%) had nothing to say when asked, “How the counseling program might be improved?” They did not know enough about the program to make a recommendation, or did not think any change was necessary. The main suggestions were to offer different kinds of counseling (e.g., individual counseling, couples counseling, alcohol counseling) (14%) or to change the program structure in terms of location, cost, or length (11%).

In response to the question, “Should the batterer program do anything special or different with the African-American men sent to it?”, the majority of the women (82%) said “no.” A few of these women explained that there should be no difference between treatment of the races, and that domestic violence was a “man” or “human” problem—not a racial one. Only a small portion (8%) of the women mentioned something about the need to address cultural differences or use specialized counseling. The remainder of the women (10%) mentioned a variety of changes that went beyond racial differences: drug counseling, employment assistance, church involvement, and fee reduction.

DISCUSSION

SUMMARY

Major Findings

The objective of this study was to test culturally-focused batterer counseling against all-African-American and racially-mixed groups of conventional batterer counseling. A clinical trial with randomized assignment of 503 men compared the outcomes of program dropout, re-assault, and re-arrests over a 12-month follow-up period starting at program intake. The three principal hypotheses were: 1) the culturally-focused counseling would produce more positive outcomes than the other two options of conventional counseling, 2) the conventional all-African-American counseling would have more positive outcomes than the conventional racially-mixed counseling, and 3) men with high racial identification would have more positive outcomes in the culturally-focused counseling than in the other two options. That is, racial identification would have a moderating effect on the outcomes.

The findings show no apparent benefit from culturally-focused or conventional all-African-American counseling in terms of lower program dropout, partner re-assault, or domestic violence re-arrest rates. There are some variations within these outcomes, however, that warrant further consideration. Specifically, the dropout rates were equivalent across the three counseling options. However, the dropout rates during the first half of subject recruitment were lower in the culturally-focused and conventional all-African-American groups. After stricter enforcement for absenteeism and delinquent payment, the dropout rate slightly increased and equalized across the counseling options. This change suggests the effect that counseling context can have on counseling outcomes. It also suggests that the all-African-American groups were more

susceptible to the stricter enforcement. The program administration explained the disproportionate impact as the result of greater counselor lenience in the culturally-focused and conventional all-African-American groups.

The re-assault rates also did not significantly differ across the counseling options. The similarity in re-assault rates persists for a post-program follow-up period (3 to 12 months after program intake) for both the full sample (i.e., dropouts and completers) and just program completers. There was also no significant difference across the related indicators for severe assault and injury. The conventional all-African-American option, however, did show a slightly higher rate of re-assault than the other two options, and lower rates of women's perceptions of safety. These differences were not statistically significant but warrant further attention in future research. That is, conventional all-African-American counseling should be used as a comparison group in additional studies.

The domestic violence re-arrest rates for culturally-focused and conventional all-African-American counseling were significantly higher than those of the racially-mixed group. This finding was confirmed in a logistic regression controlling for a variety of men's characteristics. Interestingly, the lowest rates of domestic violence re-arrests were produced by the conventional racially-mixed option, where there is likely to be a more direct and emphatic message about stopping violence and the consequences for it. This effect is most noticeable for men with multiple prior arrests. These men may be more responsive to the structured counseling and uniform accountability offered in this option, despite their racial identity or cultural background. However, prior arrests are highly associated with re-arrests overall. As numerous criminal justice studies indicate, prior arrests are a decisive and readily available risk factor; consequently, men with multiple arrests appear to warrant more intensive counseling and extensive supervision.

The men in the conventional all-African-American groups did however have a significantly lower re-arrest rate for alcohol/drug-related crimes, and as a result a slightly lower re-arrest rate overall. This finding remained even after controlling for potential differences in alcohol use and previous arrests. The only speculation we have to offer in this regard is that maybe the conventional all-African-American group established a more decisive message about the likelihood and consequences of re-arrest in general. The large portion of men who had been previously arrested in both the all-African-American options (i.e., culturally-focused and conventional counseling) may have reinforced the undesirability of re-arrest, but the conventional counseling groups allowed less projection and excuses for it.

We did find tentative support for a moderating effect of high racial identification on program dropout. The men with high racial identification were significantly less likely to drop out of the culturally-focused or conventional all-African-American groups than the racially-mixed groups. These men were, however, more likely to re-assault after the culturally-focused or conventional all-African-American counseling. This latter finding was not statistically significant in the cross-tabulations of the options nor in the confirmatory logistic regression controlling for sample characteristics. Racial identification did not appear to influence the re-arrest rates of any category of crimes.

Confirmatory Analyses

The results were confirmed in two analytical ways: One, the outcome comparisons were replicated in cross-tabulations using only the men who fully complied with the initially random assignment. That is, any overrides at program intake or reassignment during the counseling were removed from the sample, and the results were virtually the same. Two, logistic regressions

controlling for a variety of background characteristics also supported the initial findings of the cross-tabulation comparisons. The regressions were performed with and without the overrides and reassignments, and produced the same results. The nearly identical distribution of background characteristics across the full sample of counseling options, moreover, suggests that the subsamples of counseling options are equivalent—and approaching the goal of the randomized assignment. Consequently, we would assume that the results apply to all the African-American men enrolled in the Pittsburgh batterer program during the recruitment period in 2001 to 2003, and not just to an exceptional group that fully complied with the random assignment.

We also explored the representativeness of these men by comparing their characteristics and outcomes with African-American men in previous evaluations of batterer programs. The current sample of African-American men was lower in socio-economic status (e.g., employment and education) than the previous batterer programs' samples of African-American men at the same site and at other sites, and than Caucasian men at the same site. They were also less likely to have contact with their partners at program intake and through the follow-up. We might expect that the lower socio-economic status would contribute to less favorable outcomes in the current sample of African-American men, and less partner contact would contribute to more favorable outcomes. The latter suggests less access and availability of the victim.

The program completion rates were similar for the current and 1995 samples of African-American men in Pittsburgh (56% and 59% for 12 group sessions), but the re-assault rate for the current sample was somewhat lower (23% vs. 30%). This lower rate may be due to the extended program of 16 sessions versus 12 sessions for the 1995 sample, or to the lower contact with partners. The re-arrest rates were also slightly lower for domestic violence offenses in the

current sample at 10% versus 13% for the 1995 sample, and for any crime at 32% in the current sample versus 39% in the 1995 sample. We would have expected less favorable outcomes in the current sample given the significant influence of unemployment on program outcomes in previous studies (e.g., Monahan, 1996). The greater transience suggested in less partner contact may have offset the impact associated with unemployment, and the changes in the program length or police practices may have also contributed to the slightly improved outcomes. Since our previous study, the Pittsburgh police department was placed under a “consent decree” for police offenses against African-Americans and has experienced cutbacks as a result of city deficits. There is a public concern that these measures have reduced police arrests in general, but especially in African-American neighborhoods.

QUALIFICATIONS

Implementation Issues

There are two additional threats to internal validity in clinical trials beyond the possibility of non-compliance to random assignment discussed above. These are treatment convergence or leakage, and counselor competence or compliance. That is, do the implemented treatments uniquely conform to their intended design, and do the counselors adequately fulfill their prescribed roles and interaction? In our estimation, the weight of the evidence on both of these implementation issues leans toward an adequate implementation of the counseling options, and relatively strong internal validity overall. Nevertheless, the construct validity of the culturally-focused curriculum and the racial identity instrument raise some concern. Does the curriculum and instrument accurately represent their respective conceptions?

Treatment Integrity: Our monitoring of “treatment integrity” did find some evidence of treatment convergence. The men in the conventional African-American group had more discussion of African-American issues than the racially-mixed group despite the identical curriculum. This may in part be due to the fact that the racially-mixed groups consisted of 55% African-American men on average, and occasionally as high as 75%, because of attendance and enrollment cycles. As a result, the racially-mixed groups may have approached the “comfort-level” found in the conventional all-African-American and culturally-focused groups. The debriefing interviews with the counseling participants also reported similar amounts of discussion across the counseling options. However, these interviews confirmed that the culturally-focused group was much more likely to address African-American issues, as it was intended to do.

Counselor Competence: The variation in counselor training and skills also might have affected the outcomes. The counselors leading the racially-mixed groups may have been able to compensate for the lack of specialized counseling with their greater experience and training. Moreover, the counselor leading the culturally-focused group may have been deficient in group skills, as discussed in the “Methods” section. Both observers monitoring the counseling suspected that the culturally-focused counselor was not as consistent as the other counselors, and occasionally lapsed into a directive and condescending posture. However, the observers consistently rated the counselors in all the options at 80% or better in meeting the observers’ ideal, and substantially more men in the culturally-focused groups rated their counselor as “very effective.”

Curriculum Content: We are left however with a more difficult question regarding the implementation of the culturally-focused curriculum. The expected effects of culturally-focused

counseling may have been offset by the different components in its approach. For instance, the domestic violence message may have been diffused amidst the discussion within the culturally-focused groups, and as a result less explicit skill-building occurred (e.g., how to take “time-outs”). While skill-building was to be incorporated, the taped sessions suggest that the curriculum topics and encouraged discussion can turn the men’s attention toward their own personal needs or social excuses for their violence. Our consulting expert on culturally-focused curriculum later recommended that basic violence avoidance skills and the responsibility for violence be introduced in a separate orientation session in order to ensure that they receive full attention.

These considerations point to questions of content validity. Do the components of the culturally-focused counseling, as designed and implemented, adequately address the racial issues that contribute to counseling dropout and re-assault? The largely clinical assumption that more explicit attention to the specific topics of black manhood, racial discrimination, neighborhood crime rates, lack of resources, etc., or that more open discussion of emergent issues in the sessions will improve outcomes, warrants further examination. Perhaps some of these components were not as fully or clearly implemented as others, and the ones that matter most were neglected. Or a fuller discussion of the emergent issues may be what is crucial to the outcomes. According to the group monitoring, the discussion in the culturally-focused counseling was the least developed of the components. We do not know if a modification of the counseling components and their implementation—or a different culturally-oriented curriculum—would have improved outcomes.

Racial Identity Measurement: Our study exposed a diversity of racial identification and cultural attitudes that needs to be considered in culturally-focused counseling and offers some

support for the moderating effect of high racial identification on outcomes. The moderating effect of racial identity must be considered tentative, however, because of the small subsample of men with high racial identification, and in part because of limitations in the racial identity instrument. Racial identification is obviously a complex and dynamic concept, and one that was only crudely measured by the instrument used in our study. Moreover, we used a cut score on one of the subscales of the Racial Identity Attitudes Scale rather than subjectively interpret each clinical profile created by the instrument's four subscales.

We cannot, nonetheless, assume that all or most African-American men have the same cultural experience or identification. Their response to similar cultural experiences may also vary. Men's cultural experience is likely to differ across socio-economic classes and geographic regions. The curriculum in culturally-focused counseling does attempt to assert commonalities among African-American men who are referred to batterer counseling programs. It is safe to assume that most African-American men are at least aware of the cultural issues presented in the curriculum, if not directly affected by them. Consequently, the overwhelming recommendation within the fields of clinical psychology and counseling is that racial and cultural issues be recognized, discussed, and addressed in treatment and counseling. The question that remains is the degree to which the men with lower racial identification benefit from considering these issues in batterer counseling.

Unidentified Counseling Factors

There are some additional issues regarding batterer counseling in general that might be weighed in interpreting the findings of our clinical trial. One possibility is that batterer counseling has little or no effect regardless of approach, as a meta-analysis of batterer program

evaluations suggests (Babcock, Green, & Robie, 2004). As mentioned in the “Introduction” section, we previously identified a moderate program effect in our multi-site evaluation using both instrumental variable analysis and propensity score analysis, and argue why this result might be more reliable than those of the experimental studies (Gondolf & Jones, 2001; Jones et al., 2004). Moreover, the logistic regressions applied to the current data showed that program completion was a significant predictor of partner re-assault and domestic violence re-arrest.

Another explanation within clinical trials comparing alternative treatments is the “dodo bird” effect. A longstanding tendency in clinical trials of psychotherapies or counseling approaches has been to produce similar outcomes across the different options (Luborsky, Singer, & Luborsky, 1975; Luborsky et al., 2002). The predominant explanation for this tendency is that the different options include similar components, structures, or interactions that supersede the differences in curriculum or approach. In our study, all of the counseling options had, for instance, a clear message of change, directions on how to change, and group support for change.

Furthermore, our options may have merely reflected the comparisons between process (i.e., discussion-oriented) and didactic (i.e., instructional) formats, or between dynamic and cognitive-behavioral modalities. Our culturally-focused counseling was very similar to the process and dynamic approaches, and our conventional counseling was aligned with didactic and cognitive-behavioral approaches. A smaller clinical trial of dynamic and cognitive-behavioral counseling with batterers in the early-1990s produced similar outcomes for both approaches in terms of re-assault and re-arrests (Saunders, 1996). Large clinical trials comparing different psychotherapies for depression and alcohol addiction have also found similar outcomes across approaches (Elkin, Shea, & Watkins, 1989; Project MATCH, 1997).

Additional Considerations

The strong endorsement of specialized batterer counseling by both clinicians and researchers alike (discussed in the “Introduction”) lead us to consider alternative explanations for the results. (Most of these are issues of external validity—that is, the ability to generalize our findings of “no effect” beyond our narrowly focused experiment.) As critics of clinical trials have argued (e.g., Dobash & Dobash, 2000; Pawson & Tilly, 1997; Van Voohis, Cullen, & Applegate, 1995), the clinical trial generally fails to account for the impact of program context on the outcomes. Our observations and staff feedback raised several concerns in this regard, but our research design did not specifically correlate these concerns with the outcome. They therefore remain speculative and in need of further research.

For one, the culturally-focused counseling was an appendage to a social service agency that exclusively relied on more conventional counseling and may not have been as supportive of culturally-focused counseling as an agency with a different approach. The court review and payment policies appeared, moreover, to neutralize the supportive intent of the culturally-focused counseling, as well as motivate resistant men in the racially-mixed groups, as our findings regarding stricter enforcement of attendance and payment policies suggest. (Dropout rates were lower in the culturally-focused counseling when enforcement was more lenient and higher when it was stricter).

Two, the close relationship of the program to the court and court review may also heighten the perception that the counseling, regardless of the approach, is an extension of the criminal justice system and to be viewed with suspicion. Perceptions may have been more positive and the men more responsive, if the culturally-focused counseling was embedded in a community-based organization. The culturally-focused curriculum does recommend active

linkages and collaboration with other African-American community organizations and services (e.g., Williams, 1999), but these were not developed in our clinical trial which focused on the group counseling. To further examine the impact of such community ties, we are completing a subsequent study that examines the additive effect of systematic referral of African-American men to other community services.

There are several broader social and cultural considerations that go beyond the counseling implementation and its immediate context. The impact of the larger criminal justice system that disproportionately arrests African-American men compared to Caucasians remains a topic of concern and debate in criminological research in general (see Websdale, 2001). Policing tends to be more aggressive in predominantly African-American neighborhoods, and services and resources for dealing with family problems are much less available. As a result, family problems that might be resolved by voluntary counseling or other supports are more likely to be addressed by the police (Hutchinson, Hirschel, & Pesackis, 1994). The courts also may be more likely to send African-American men to counseling or jail, rather than order a fine or release. In our own study, 41% of the men indicated that they experienced discrimination in their arrest and court appearance (to “some” or “a great” extent). The apparent inequity of counseling referral, no doubt, adds to the resistance to batterer counseling. Ultimately, the criminalization of family problems may itself need to be addressed in order to improve counseling outcomes and reduce the levels of domestic violence in general (e.g., Richie, 2000).

The broader social backdrop of racism, discrimination, and prejudice in society at large arguably has a role in the living conditions of many inner city neighborhoods, the contentious relationships between the police and many African-American residents, and the perceptions of black males as “trouble makers” and police as brutal and racist. There is no doubt that racism in

these forms has been particularly visible in Pittsburgh. Within the last decade, the city was confronted with the highly publicized Johnny Gamage case in which a young African-American man was killed by police in a run-away car. The case opened a federal investigation into the police department that led to several reforms, but also reinforced the perception of a “racist” criminal justice system. Opinion polls at the time of the O.J. Simpson case exposed the national scope of such a divide. We can only speculate on the impact of racism on batterer counseling, but assume that it adds to resistance, resentments, and rationalizations that affect outcomes. It may therefore need to be more explicitly addressed through culturally-focused counseling or some other means.

TREATMENT IMPLICATIONS

Conventional or Culturally-Focused Counseling

A study of this sort does not produce decisive recommendations for treatment and intervention. At face value, our clinical trial indicates no additive effect from culturally-focused counseling. However, the contextual qualifications raise limitations to the current implementation and possibilities for modifications of culturally-focused counseling. On the one hand, culturally-focused counseling might not seem worth the extra resources required to recruit and train appropriate African-American counselors, maintain specialized groups along with conventional counseling groups, and negotiate the intra-agency tensions that we observed from introducing culturally-focused counseling. There is likely to be some “backlash” as well to contend with. Two men in our study, for instance, protested to their probation officers for being assigned to the culturally-focused group. They claimed it was “racist” and were reassigned to a racially-mixed group. Very few women identified the need to address cultural or racial issues in

batterer counseling when asked, “Are there any special needs or issues that the counseling should address with African-American men.” Several women in fact asserted that domestic violence was a “human problem” and did not need any special treatment, except for an occasional mention of help with unemployment.

On the other hand, culturally-focused counseling was, for the most part, as effective as conventional batterer counseling. It might be offered at least as an option to which men might self-select rather than be assigned. The suggestive finding that racial identification contributes to the counseling outcomes supports this consideration. Culturally-focused counseling would not only accommodate men with high racial identification, but also send a message of accommodation that might help ease resistance and suspicion. It is an acknowledgement to the men and the community that differences in attitude, perception, and experience exist and will be considered. Moreover, introducing culturally-focused counseling enables more learning about counseling alternatives and further development of an alternative that might become even more effective with some modification. (The caveat here is that the men in the culturally-focused option were unexplainably more likely to be re-arrested for domestic violence despite the similarity in other outcomes.)

Our study exposes some modifications to consider. For one, the identification, training, and support of appropriate African-American counselors warrants more attention and resources. Particularly culturally-focused counseling, as well as conventional counseling with African-American men, logically benefits from counselors who have counseling and group skills and with whom the counseling participants can relate. However, being a part of the lower-income neighborhoods where many counseling participants reside often means dealing with limited opportunities for professional education and experience, and having the needed professional

education and experience may bring some resentment or suspicion from some counseling participants. In our debriefing interviews with the African-American men, several men assumed that the counselor leading the conventional all-African-American group was from a suburban middle-class community, but he was actually from one of their neighborhoods. This counselor was also working as a store manager and staff trainer at a local business and had skills and demeanor associated with such work.

Another modification might be in the culturally-focused curriculum itself. As mentioned, more systematic review of violence avoidance techniques and the message of change needs to be included. This might be done through an extended orientation and explicit incorporation in the sessions to avoid diffusion or distraction from these fundamental aspects. The curriculum could be reinforced with more written assignments, visual aids, and video presentations, as recommended in the culturally-focused counseling manual. Perhaps most importantly, the cultural issues contributing to dropout and re-assault need to be more clearly distinguished empirically. The curriculum topics could then be directly tailored to the issues of known impact.

Community Linkage and Association

The major modification to consider has to do with the program context. Our study exposed that the culturally-focused counseling was disproportionately affected by attendance and payment policies and also tensions with program administrators. Moreover, culturally-focused counseling was still relatively isolated from community supports and services that may have extended and reinforced its approach. As mentioned above, the culturally-focused curriculum calls for information about and linkages with resources and services in the African-American community. It recommends that men be informed about such resources and referred to them,

and that community services (e.g., church outreach, mentoring programs, and community-based alcohol treatment) be invited into the counseling process and the oversight of the batterer program.

This community involvement and association might be accomplished in two additional ways. One is to establish systematic assessment and referral at program intake that is monitored and updated during counseling. Some degree of “case management” seems appropriate given the deficits in education and employment, and previous arrests and alcohol problems of a high portion of the men court-mandated to batterer counseling. Case management is also a logical extension of the culturally-focused content itself. The culturally-focused curriculum raises discussion about employment, education, and living conditions. To merely discuss problems related to those and not pose some solutions for them could add to frustration and resentments. A structured way of making and ensuring referrals may help avoid this “dead-end” response, as well as ease some of the risk factors associated with re-assault.

A second way to increase community involvement is by embedding culturally-focused counseling in a community-based agency. Pittsburgh, for instance, has several agencies and programs operated primarily by African-Americans and for African-Americans. These community-based agencies offer a variety of services from alcohol and drug treatment to unemployment assistance. Not only might some agencies offer more support and better accommodation of culturally-focused counseling, but they might also help diffuse the perception that batterer counseling is a part of the criminal justice system to be resisted and even opposed. Such agencies tend, furthermore, to have established affiliate services and referral sources that might more readily supplement batterer counseling.

Culturally-Sensitive Counseling

A final treatment consideration is the implication of our findings for other ethnic and racial groups beyond African-Americans. The clinical and research recommendations calling for culturally-focused counseling for African-Americans usually extend these recommendations to Latinos, Asians, Native Americans, and other men of color as well (e.g., Carrillo & Tello, 1998). There men often have even more pronounced differences in communication styles, relationship patterns, family structures, police contact, and employment opportunities that need to be addressed. Consequently, they may benefit even more than African-American men from culturally-focused counseling, especially given the indications that racial identification may influence counseling outcomes.

Is it practical, however, to have separate culturally-focused counseling groups for each racial or ethnic category? A few programs, such as Emerge in Boston, do manage to have a variety of racial and ethnic groups for the men who want them. Others may approximate the effect of such groups with culturally diverse staff or staff trained in cultural sensitivity. Some previous research suggests that the counselor's cultural sensitivity has some impact, regardless of the counselor's race (e.g., Parham & Helms, 1981, Pomales & Williams, 1989), and that cultural inclusiveness can be achieved in racially-mixed groups (Davis, 1984). In both cases, the principles of culturally-focused counseling are at least partially adapted and employed.

The main features of culturally-focused counseling in all-African-American groups and conventional batterer counseling in racially-mixed groups might be combined. So-called "culturally-sensitive" counseling strives to do this combining (Williams, 1994). This approach alleviates the resource issue of establishing and supporting separate groups for African-American men, and asserts more directly the message of responsibility, non-violence, and change. It may

reduce as well, the “backlash” to culturally-focused counseling observed in our study, and accommodate a broader range of men. The implementation of culturally-sensitive counseling depends heavily on a counselor who has group skills and domestic violence knowledge, but also is particularly adept in identifying and responding to cultural issues as they emerge. These criteria require exceptionally experienced, skilled, and trained counselors. An increasing number of practitioner conferences are offering various forms of training in culturally-sensitive counseling that may help to develop such counselors.

Even culturally-sensitive counseling within a free-standing batterer program may still require some means of linkage and association with racial and ethnic communities. As mentioned in the “Introduction,” such linkage and association are featured in a “culturally-competent” agency, but are lacking in most batterer programs (Williams & Becker, 1994). Cultural competence is the structural and organizational component that helps to ensure ethnic and racial representation in the administration, staffing, and approach of the program. These features include ethnic and racial diversity on the board of directors, in the administration, and among the group counselors and office staff, as well as in the counseling approach. It may also include an advisory committee from community-based organizations and services and more direct involvement of agency staff in the community itself. The idea is that this sort of diversity and inclusion will foster interactions that increase awareness and responsiveness to cultural and racial issues.

RESEARCH IMPLICATIONS

Clinical Trial Replication

Our findings and qualifications have some obvious implications for further research. The most immediate need is for replication of our clinical trial at other sites and in different settings. As we have discussed, the African-American men in our study were not necessarily representative of other cities especially in terms of socio-economic status. Also, racial discrimination in the criminal justice system may be more acute in Pittsburgh than some other cities, given the recent investigation into and reforms of its police department. The largely segregated neighborhoods may also produce different levels of racial identification and criminal reinforcement than neighborhoods that are more integrated and better serviced.

Replications also need to address counselors' experience, training, and skills in order to ensure that culturally-focused counseling is fully and ideally implemented, and need to offer the same degree of support and supervision that other counseling options receive. Our study may have some deficiencies in this regard. Ideally, multiple counselors might be used to deliver each counseling option in order to help expose any counselor effect on the outcomes and to more clearly attribute outcomes to the counseling approach. As we experienced, however, recruiting, training, and supervising counselors can be a difficult and time consuming task—and therefore, require a substantial increase in resources.

The content of culturally-focused counseling may, as suggested above, warrant further development and investigation. The identification of the cultural issues specifically related to violence and non-violence needs to be more clearly established conceptually and empirically. Research that focuses on the most effective counseling techniques for presenting these issues would also help to refine and justify the culturally-focused approach. What are the potential

mediating and moderating factors that might help explain the nature of this relationship, as well? Currently, the role of instruction, discussion, assignments, exercises, visual aids, and community contacts in improving outcomes is unclear. Would additional content or different techniques be more appropriate and effective? Different culturally-based curriculum and approaches are also emerging that could be contrasted to the one tested here.

Evaluation of culturally-focused counseling might also be extended to consider the impact of the counseling and program context. The culturally-focused counseling might incorporate linkages and associations with the neighborhoods' services and programs, as recommended by the developers of the curriculum. As mentioned, we are completing a study of the additive effect on outcomes of systematic assessment and referral with African-American men that will be completed in August 2005. Our preliminary results with a six-month follow-up of the men and their female partners show outcomes equivalent to batterer counseling only, but difficulties in implementing and gaining useful referral services (Gondolf, 2004) may account for these results.

Considering Counseling and Program Context

The influence of counseling or program context on counseling outcomes also needs to be tested or at least addressed. A clinical trial might be implemented in a community-based agency or organization, rather than as an appendage to an existing batterer program agency. This might bring greater support, more experienced staff, and additional resources to the "experimental" culturally-focused counseling and thus increase its effectiveness. Another way to address the context influence would be through measuring the cultural competence of programs including their community linkages, associations, and resources. These measurements could then be used

to compare clinical trials across multiple sites, batterer programs, or community-based agencies. Would the same culturally-focused curriculum have better outcomes in a community-based setting or culturally-competent agency?

Culturally-focused counseling also needs to be tested with other racial and ethnic groupings and ideally compared against the culturally-focused counseling with African-American men. Racial or cultural identification might be more extensively and precisely measured than in our study in order to better capture and calibrate its influence. If the culturally-focused counseling is more effective with other groupings or with other measures of cultural identification, it may help reinforce the need to screen men for such counseling in order to make the specialized counseling more effective. Finally, culturally-sensitive counseling in racially-mixed groups needs to be tested against conventional batterer counseling and culturally-focused counseling. Does its combination of the culturally-focused and conventional approach improve outcomes? If it does, culturally-sensitive counseling would offer an alternative requiring fewer resources, minimizing backlash, and accommodating a greater diversity of men.

CONCLUSION

The culturally-focused counseling tested in our study did not improve program outcomes over conventional batterer counseling in either all-African-American or racially-mixed groups. Simply addressing cultural issues in a counseling group may not in itself improve outcomes. Some preliminary evidence suggests, however, that culturally-focused counseling may benefit men who highly identify with African-American culture (in our study, about a third of the men). These findings may be used to argue against culturally-focused counseling especially considering the additional resources and support it requires in these times of financial

constraints. They may also be used to refine and develop culturally-focused counseling, rather than dismiss it. Men with high racial identification might be screened or self-select into culturally-focused counseling. Culturally-focused counseling may also show improved outcomes through linkages, referral, and association with community-based services and organizations.

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FIGURE 1: SUMMARY OF THE RESEARCH REVIEW

Cultural Issues and Counseling in General

- Clinical explanations from social work and psychotherapy suggest that cultural differences contribute to African American's dropping out of counseling.
- African-American men tend:
 - 1) to draw on a more personalistic approach to relationships and be reluctant to disclose to a group of strangers.
 - 2) to view some of the behaviors they are asked to change as normative or essential to survival in their neighborhoods.
 - 3) to be suspicious of social services in general because they are dominated by whites with different values and experience than theirs.
- Cultural assessment, cultural competence, and culturally-focused counseling are recommended to address these cultural issues.
- Culturally-focused counseling includes a curriculum that identifies specific cultural topics, counselors that respond to emergent cultural issues, and racially-homogenous groups that encourage disclosure.

Outcome Research

- A relative few outcome studies of conventional counseling for mental health and addiction suggests that African American men may do slightly worse than Latinos, Asians, and whites.
- The limited research on African-American-only group and racially-matched counselor-and-client counseling has produced inconclusive results.
- Cultural attitudes appear to be associated with clients' response to racially-homogeneous counseling.

Batterer Counseling Outcomes

- In many urban areas, African-American men comprise at least half of the men arrested for domestic violence.
- A multi-site evaluation of conventional batterer counseling showed African-American men to be much more likely to dropout and over twice as likely to be re-arrested for domestic violence than white men, but re-assault rates reported by women did not significantly differ.
- One small, preliminary evaluation of culturally-focused batterer counseling showed men in a culturally-focused group to be more likely to not feel alone with their problems, to feel comfortable talking in the group, and to feel more positive about the counselor.

Implications for Practice, Policy, and Research

- Clinical trials comparing culturally-focused batterer counseling to conventional counseling are ultimately needed to test the effectiveness of one approach over another.
- Cultural attitudes need to be assessed with existing validated scales, since they may have a moderating influence on African-American's response to batterer counseling.
- Linkages with the community, specialized case management, and collaboration in social change efforts are also needed to broaden the scope and impact of the counseling.

FIGURE 2: BATTERER GROUP MONITORING FORM

Group Date: _____ Group Type: Mixed AA CF
 Group Leader: _____ Observer: _____
 No. of Men Attending: _____ No. of AA men: _____

CURRICULUM SESSION TOPIC

Curriculum Session Topic: _____

	<i>Very great</i>	<i>great</i>	<i>some</i>	<i>little</i>	<i>none</i>
The session topic was clearly and explicitly explained near the beginning of the session	5	4	3	2	1
Session topic was accurately and completely presented?	5	4	3	2	1
Materials (e.g., video, handouts, etc.) for the topic were made available and used properly	5	4	3	2	1
Percent of sessions devoted explicitly to the topic _____					
How might the topic presentation be improved? _____					

ISSUES FROM GROUP PROCESS

Three Main Issues that emerged from the group process:

Characterize the nature of the issues (What broader themes did they point to?):

To what extent did the leader turn each of these issues into some discussion?

	<i>Very great</i>	<i>great</i>	<i>some</i>	<i>little</i>	<i>none</i>	<i>NA</i>
Issue #1	5	4	3	2	1	9
Issue #2	5	4	3	2	1	9
Issue #3	5	4	3	2	1	9

Percent of session devoted to discussion of issues: _____

Comments (strengths and weakness): _____

GROUP LEADER*Excellent Very-good Good Fair Poor Mixed NA***Leader Style**

<u>Clear</u> and organized presentation	5	4	3	2	1	0	9
<u>Enthusiastic</u> and energetic style	5	4	3	2	1	0	9
<u>Confronts</u> rationalizations/blaming	5	4	3	2	1	0	9
<u>Sensitive</u> and caring response to men	5	4	3	2	1	0	9

Preparation

Prepared <u>outline</u> of curriculum topic, and activities for the session (i.e., a lesson plan)	5	4	3	2	1	0	9
<u>Sets up</u> chairs in circle without table and positions rules and other aids	5	4	3	2	1	0	9
<u>Starts</u> on time with no interference from money and attendance problems	5	4	3	2	1	0	9
<u>Closes</u> with ritual and affirmation that engages the men	5	4	3	2	1	0	9

Group Procedure

Implements group <u>protocol</u> (e.g., opening, check-in, objectives)	5	4	3	2	1	0	9
Enforces and affirms <u>group rules</u> (e.g., no side conversations, speak from "I", etc.)	5	4	3	2	1	0	9
<u>Relates</u> emerging topics to African American experience	5	4	3	2	1	0	9
<u>Links</u> group information to real life situations	5	4	3	2	1	0	9

Group Interaction

Encourages a <u>balanced</u> participation (e.g., dominating speakers stopped, others invited to speak)	5	4	3	2	1	0	9
<u>Redirects</u> conflicts, resistance, or issues to the participants for a response	5	4	3	2	1	0	9
Identifies and <u>summarizes</u> main learning points of group discussion	5	4	3	2	1	0	9

Acts a model or guide, rather than an enforcer or probation officer. 5 4 3 2 1 0 9

Comments (strengths & weaknesses): _____

MEN’S PARTICIPATION

	<i>Very great</i>	<i>great</i>	<i>some</i>	<i>little</i>	<i>none</i>	<i>NA</i>
Men in the group <u>spoke more than once</u> during the session	5	4	3	2	1	9
Men <u>disclosed</u> personal information and experience (beyond abusive act)	5	4	3	2	1	9
Men <u>asked questions</u> about the topic or issues (not out of spite or deflection)	5	4	3	2	1	9
Men <u>interacted</u> with one another during the session	5	4	3	2	1	9

OVERALL RATINGS

	<i>Excellent</i>	<i>very-good</i>	<i>good</i>	<i>fair</i>	<i>poor</i>
Curriculum presentation	5	4	3	2	1
Issue identification/discussion	5	4	3	2	1
Group leader abilities	5	4	3	2	1
Men’s participation	5	4	3	2	1

Comments on ratings: _____

COMPARISON (answer below)

How does this session compare to the most recent session of the opposite approach (i.e., conventional DACC approach or culturally-focused approach) that you observed? How was this session similar (put under a heading “SIMILARITIES”), and how was it different (put under a heading “DIFFERENCES”)?

NOTE: The format of the form has been condensed to save space. More space was provided for responses to open-ended questions on the original form.

FIGURE 3: MEN'S RATINGS OF BATTERER COUNSELING

NOTE: Format has been revised to save space. Response areas for opened questions have been deleted.

ID#: _____ Group: CF AA Mixed
Interview Date: _____ RA Initials: _____
Man's Name: _____

PROGRAM COMPLETION

1. Did you complete the program? ____ 0) No ____ 1) Yes

1a. How many session did you attend? _____

1b. **If NO:** why didn't you complete the program?

- ____ 1) cost
- ____ 2) not need it anymore
- ____ 3) didn't help men/didn't apply to me
- ____ 4) transportation/location to far
- ____ 5) didn't like the counselor
- ____ 6) other: _____
- ____ 7) other: _____
- ____ 99) don't know

1c. **If YES:** Some men don't finish the program. Why did you stay in and complete it?

- ____ 1) court made me
- ____ 2) didn't what to go to jail
- ____ 3) keep my partner
- ____ 4) for the sake of the kids
- ____ 5) wanted to learn something
- ____ 6) help me make some changes in myself
- ____ 7) liked the counselor
- ____ 8) other: _____
- ____ 9) other: _____
- ____ 99) don't know

PROGRAM LIKES/DISLIKES

2. What did you like best about the program group sessions?

- ____ 0) nothing
- ____ 1) curriculum (things taught/learned)
- ____ 2) topics/discussion
- ____ 3) counselor/group leader
- ____ 4) other men
- ____ 5) how it helped me
- ____ 6) other: _____
- ____ 7) other: _____
- ____ 99) don't know

3. What did you like least about the program sessions?

- 0) nothing
 1) cost
 2) location
 3) curriculum/topics
 4) counselor
 5) other men
 6) didn't help me/didn't need it
 7) other: _____
 8) other: _____
 99) don't know

4. What would you most like to see changed or improved?

5. How helpful would you rate the program overall?

- 1) great extent/very helpful
 2) some extent/somewhat helpful
 3) uncertain/don't know
 4) little extent/a little helpful
 5) no extent/not helpful
 6) other: _____

PROGRAM IMPACT

6. What idea, topic, saying, or skill do you remember most from the program?

7. Do you think differently or do things differently now as a result of the program? If so, what?

8. How much did the program change or affect you (positively), if at all?

- 1) great extent
 2) some extent
 3) uncertain/don't know
 4) little extent
 5) no extent
 6) other: _____

CURRICULUM/CONTENT

9. Did you feel you were able to bring up personal problems, opinions, or issues? If so, how much?

- 1) great extent
 2) some extent
 3) uncertain/don't know
 4) little extent
 5) no extent
 6) other: _____

10. To what extent did the group sessions specifically address special issues that African-American men face?

- 1) great extent
 2) some extent
 3) uncertain/don't know
 4) little extent
 5) no extent
 6) other: _____

11. Did they do this enough, not enough, or too much?

- 1) too much
 2) enough
 3) not enough
 99) don't know

12. If issues of African-American men were addressed, what were a few of the main African-American topics that you can recall?

13. What additional issues or topics should they address in the groups?

14. How helpful was the curriculum or content (topics or subjects)?

- 1) great extent/very helpful
 2) some extent/somewhat helpful
 3) uncertain/don't know
 4) little extent/a little helpful
 5) no extent/not helpful
 6) other: _____

COUNSELOR

15. What did you like best about the counselor?

16. What did you like the least about the counselor?

17. How effective was the counselor or group leader?

- 1) great extent/very effective
 2) some extent/somewhat effective
 3) uncertain/don't know
 4) little extent/a little effective
 5) no extent/not effective
 6) other: _____

DISCUSSION

18. What did you think about the amount of discussion by or from the group members? Was it (read list):

- 1) too much
 2) about right
 3) not enough
 99) don't know

19. How helpful were the comments or discussion from other men?

- 1) great extent/very helpful
 2) some extent/somewhat helpful
 3) uncertain/don't know
 4) little extent/a little helpful
 5) no extent/not helpful
 6) other: _____

OVERALL

(NOTE: Please determine which question #20 needs to be asked and ONLY ask that question. Example: CF or AA group would be asked only question A, Mixed would be asked only question B.)

20. **A).** If you were in a group with all African-American men, would you have rather been in a mixed group of men?

- 1) yes
 2) unsure/don't care
 3) no
 4) other: _____

20. **B).** If you were in a racially mixed group of men, would you have rather been in a group with all African-American men?

- 1) yes
 2) unsure/don't care
 3) no
 4) other: _____

21. Do you have any other comments or suggestions?

FIGURE 4: PAST EXPERIENCES OF VIOLENCE

Many men who join DACC—and men in general—have been victims of violence themselves or observed violent incidents. On the next 3 pages, please check the violence done to you or you have seen in the past—but **not** from your wife or female partner and not from just from “playing around.” Each page is for a different time in your life.

Put an “**X**” in the box under the type of person who did any of the following violence. Leave box **blank** if answer is **No**.

WHEN YOU WERE UNDER 13 YEARS OLD.

	by Family Member or Relative	by Friend or Acquaintance	by Stranger or Enemy
Done to you:			
punching, choking, kicking			
attacking with an object (chair, lamp, stick, and so on)			
threats with a gun or knife			
shooting or stabbing			
You saw happen:			
punching, choking, kicking			
attacking with an object (chair, lamp, stick, and so on)			
threats with a gun or knife			
shooting or stabbing			

NOTE: This chart was followed by an identical chart for “When you were a teenager” and “When you were 20 years or older.”

TABLE 1: MEN’S RATINGS OF BATTERER COUNSELING (PERCENTAGES)

Topic of Ratings	Counseling Group			Total (n=100)
	CF (n=27)	AA (n=27)	MX (n=46)	
How helpful was <u>program overall</u> (very helpful)	70	59	61	63
How much did program <u>change you</u> (great extent)	48	39	38	41
How effective was the <u>counselor/group leader</u> (very effective)	84	67	64	70**
How helpful was the <u>curriculum</u> (very helpful)	52	50	46	48
How helpful were <u>comments from other men</u> (very helpful)	68	48	58	58
What about the <u>amount of discussion</u>				
Too much	8	8	5	6
Enough	76	68	80	76
Not enough	16	24	16	18
How much bring up <u>personal problems</u> , opinions, issues (great extent)	56	58	57	57
How much <u>special issues of African Americans</u> addressed (great extent)	77	39	11	37*
Were these (African-American) issues <u>addressed</u> <u>enough</u>				
Too much	12	8	2	6
Enough	77	73	67	71
Not enough	12	19	32	23
Would you rather be in <u>another kind of group</u> (CF/AA to MX and MX to CF/AA) (Yes)	67	80	30	51*

* p<.001; ** p=.08 (Fisher’s exact test) 2x2 CF vs. AA & MX

NOTE: CF=Culturally-Focused with all African Americans; AA=Conventional with all African Americans; MX=Conventional with mixed racial group. Responses were in a 5-point Likert scale (i.e., great extent, some extent, uncertain/don’t know, little extent, no extent), unless indicated (i.e., too much, enough, not enough or yes/no).

TABLE 2: SELECTED CHARACTERISTICS OF AFRICAN-AMERICAN PROGRAM PARTICIPANTS (PERCENTAGES REPORTED BY MEN; N=503)

Characteristics	Group Assignment			TOTAL N=503
	CF n=165	AA n=152	MX n=186	
DEMOGRAPHICS				
< 30 years old	46	40	44	43
Some college	23	22	32	26
Unemployed (other)	58	63	60	60
RELATIONSHIP STATUS				
Married	33	38	32	34
Living with partner	40	48	44	44
See Partner Daily	49	54	50	51
Children Living with	41	40	48	43
PAST BEHAVIOR				
Parent hit parent	26	28	29	28
Used drugs (past year)	35	42	41	39
Possible Alcoholism (SMAST>0)	57	66	48	57*
Drunk monthly or more (past year)	26	33	37	32
DOMESTIC VIOLENCE				
Threats (past 3 mos.)	21	17	27	22
Severe Assaults (ever)	21	27	22	23
Bruised (current incident)	39	40	43	41
Partner also arrested (current incident)	11	9	13	11
PAST INTERVENTION				
Protection Order (ever)	23	30	23	25
DV arrest (ever)	29	26	28	28
Batterer Counseling (ever)	16	14	16	16
Non-DV arrest (ever)	48	40	43	44
Probation/parole (current)	35	33	32	33
PERCEPTIONS				
Racial Discrimination (in arrest or court)	42	41	42	42
Very unlikely to hit again	72	72	75	73
Partner feels very safe	67	64	60	64
Racial Identification "Very High"	38	31	30	33

CF=culturally-focused, AA=all African-American, MX=racially-mixed; *p<.05

TABLE 3: SELECTED CHARACTERISTICS OF CURRENT AFRICAN-AMERICAN VS. 1995 AFRICAN-AMERICAN PROGRAM PARTICIPANTS AT SAME-SITE (PERCENTAGES REPORTED BY MEN)

Characteristics	Current n=503	1995 n=106
DEMOGRAPHICS		
< 30 years old	43	44
Some college	26	26
Unemployed (and other)	46	31*
RELATIONSHIP STATUS		
Married (present)	34	28
Living with partner (present)	44	55
See women several times/wk or more	62	74*
Children living with man	43	63*
CONTACT WITH PARTNER (daily)*		
At program intake	66	-
At 3-mo. follow-up	50	58
At 6-mo. follow-up	49	67
At 12-mo. follow-up	39	52
PAST BEHAVIOR		
Parent hit parent	28	33
Used drugs (past year)	61	68
Possible Alcoholism (MAST>0)	57	55
Drunk 1 or 3 times/mo or more	43	49
DOMESTIC VIOLENCE		
Severe Assaults (ever)	23	29
Caused bruises (ever)	48	45
PAST INTERVENTION		
Non-DV arrest (ever)	44	35
Protection Order (ever)	25	26
PERCEPTIONS		
Unlikely to hit again	85	82

*p<.05

TABLE 4: SELECTED CHARACTERISTICS OF CURRENT AFRICAN-AMERICAN AND CAUCASIAN PROGRAM PARTICIPANTS (PERCENTAGES REPORTED BY MEN)

Characteristics	African- American Men N=503	Caucasian Men N=71	TOTAL N=574
DEMOGRAPHICS			
< 30 years old	43	34	42
Some college	26	31	27
Unemployed (other)	60	41	58*
RELATIONSHIP STATUS			
Married	34	54	37*
Living with partner	44	47	44
See Partner Daily	51	47	50
Children Living with	44	31	42*
PAST BEHAVIOR			
Parent hit parent	28	23	28
Used drugs (past year)	39	20	37**
Possible Alcoholism (MAST>0)			
Drunk monthly or more (past year)	32	41	34
DOMESTIC VIOLENCE			
Threats (past 3 mos.)	22	30	23
Severe Assaults (ever)	23	16	22
Bruised (current incident)	39	38	39
Partner also arrested (current incident)	11	13	11
PAST INTERVENTION			
Protection Order (ever)	24	23	24
DV arrest (ever)	28	25	27
Batterer Counseling (ever)	16	14	15
Non-DV arrest (ever)	44	52	45
Probation/parole (current)	33	32	33
PERCEPTIONS			
Very unlikely to hit again	73	83	74
<i>Partner feels very safe</i>	63	49	62*

* $p \leq .05$; ** $p \leq .001$

TABLE 5: PROGRAM COMPLETION (16 WEEKS) FOR COUNSELING OPTIONS BY VARIOUS SAMPLINGS (PERCENTAGES)

Sampling	Counseling Option			Total
	Culturally-Focused	All African-American	Racially-Mixed	
Total Recruited Sample (N=503)	54	55	53	55
Randomly Assigned (n=435)	52	57	55	55
No Change in Assignment (n=433)	51	54	55	54
16-weeks Requirement Only (n=451)	52	56	54	54
Random/No Change (n=372)	52	53	54	53
Random/No Change/16-Weeks (n=335)	52	52	54	53

TABLE 6: ODDS RATIOS FOR STEPWISE LOGISTIC REGRESSIONS OF PROGRAM COMPLETION

Characteristics	Model	
	1 Culturally-Focused OR All-African American	2 Culturally-Focused AND All-African American
DEMOGRAPHICS		
Age		
30 to 39 years old		
over 40 years old		
Some college education	.421***	.421***
Unemployed	.527**	.527**
Program fees		
\$6 to 10.99/session		
\$11 to 20.99/session		
\$21 to 40/session	.348**	.348**
RELATIONSHIP STATUS		
Married		
Living with partner		
See partner daily		
Children living with man		
PAST BEHAVIOR		
Parent hit parent		
Used drugs (past year)		
Possible alcoholism (SMAST>0)		
Drunk monthly (past year)	.577*	.578*
DOMESTIC VIOLENCE		
Any threats (past 3 months)		
Severe assaults (ever in past)		
Caused bruised (current incident)		
Partner also arrested (current incident)		
PAST INTERVENTION		
Protection order (ever)		
DV arrest (previously in past)		
Batterer counseling (previously in past)		
Non-DV arrest (ever in past)		
Probation/parole (currently)	.496**	.496**
PERCEPTIONS		
Racial discrimination in court (great or some extent)		
Very likely program be helpful		
Very unlikely to hit again		
Partner feels very safe		
Racial identification: very high (RIAS)		

(continued)

STUDY IMPLEMENTATION

Random assignment

No change in assignment

32 sessions required

Stricter dismissal enforcement .568** .566**

COUNSELING GROUP

Culturally-focused counseling 1.045

All African American--conventional 1.076

Culturally-focused or African-American 1.062

Model chi-square	67.475***	67.464***
Degrees of Freedom	11	10
Cox & Snell R Square	.138	.138
Nagelkerke R Square	.184	.184

*p<.05; **p<0.01; ***p<0.001

**TABLE 7: RE-ASSAULT AND RELATED OUTCOMES BASED ON WOMEN'S REPORTS
(PERCENTAGES)**

Sampling	Counseling Option			Total
	Culturally- Focused	All African- American	Racially- Mixed	
RE-ASSAULT: 6 & 12 MO. FU				
Any re-assault—6-mo. FU (n=343)	19	19	14	16
Any re-assault—12-mo. FU (n=333)	21	28	20	23
Severe re-assault—12 mo. FU (n=333)	18	22	17	19
RE-ASSAULT: POST-PROGRAM (3-12 mo. after intake)				
Any re-assault—all subjects (n=366)	17	23	17	19
Any re-assault—program completers (n=201)	14	18	16	16
WOMEN'S PERCEPTIONS: 12 MO. FU				
Victim feels "very safe" (n=308)	84	72	80	79
Life overall "better" (n=308)	71	72	77	74

TABLE 8: RE-ARRESTS DURING ONE-YEAR AFTER PROGRAM INTAKE (PERCENTAGES)

Type of Arrest	Counseling Option			Total
	Culturally Focused	All African-American	Racially - Mixed	
Domestic Violence	15	11	7	10*
Domestic Violence or Other Violence	23	17	14	18
Alcohol or Drug Related	14	4	17	12**
Other Crimes	11	12	15	13
Any Crime	38	20	37	35
Any Crime: 2-6 arrests	17	10	14	13

*p<.05; **p<.001; N=491

TABLE 9: ARRESTS PRIOR TO PROGRAM INTAKE (PERCENTAGES)

Type of Arrest	Counseling Option			Total
	Culturally Focused	All African-American	Racially-Mixed	
Domestic Violence or Other Violence ¹	47	43	48	46
Alcohol or Drug Related	62	57	61	60
Other Crimes	66	59	60	62
Any Crime	83	77	85	82
Any Crime: 6 or more arrests	35	34	42	38

¹ Excludes the domestic violence arrest that led to referral to the batterer program; "Domestic Violence" and "Other Violence" are combined since some domestic violence arrests were classified as general violence in the past; N=491

TABLE 10: ODDS RATIIONS FOR STEPWISE LOGISTIC REGRESSIONS OF RE-ASSAULT AND RE-ARREST

Characteristics	Model	
	Re-Assault	Domestic Violence Re-Arrest
DEMOGRAPHICS		
Age		
30 to 39 years old		.213***
over 40 years old		.299**
Some college education		
Unemployed		1.482*
Program fees		
\$6 to 10.99/session		
\$11 to 20.99/session		
\$21 to 40/session		
RELATIONSHIP STATUS		
Married		
Living with partner		
NOT see partner daily	.515*	
Children living with man		
PAST BEHAVIOR		
Parent hit parent		
Used drugs (past year)		
Possible alcoholism (SMASST>0)		
Drunk monthly (past year)		1.692*
DOMESTIC VIOLENCE		
Any threats (past 3 months)		
Severe assaults (ever in past)	1.431*	
Caused bruised (current incident)		
Partner also arrested (current incident)		
PAST INTERVENTION		
Protection order (ever)		
DV arrest (previously in past)		
Batterer counseling (previously in past)		
Non-DV arrest (ever in past)		
Probation/parole (currently)		
Multiple Prior Arrests (>5 times)		5.164*
PERCEPTIONS		
Racial discrimination in court (great or some extent)		
Very likely program be helpful		
Very unlikely to hit again		
Partner feels very safe*	.501*	
Racial identification very high (RIAS)		

(continued)

STUDY IMPLEMENTATION

Random assignment

No change in assignment

32 sessions required

Stricter dismissal enforcement

COUNSELING GROUP

Program Completion (16 sessions)	.530*	.519*
Culturally-focused counseling	.744	3.503**
All African American--conventional	1.284	2.695*
Model chi-square	27.640***	43.272***
Degrees of Freedom	9	12
Cox & Snell R Square	.090	.092
Nagelkerke R Square	.135	.188

*p<.05; **p<0.01; ***p<0.001; n=469