Resources for Battering Intervention and Prevention Programs in Texas to Mitigate Risk Factors Which Increase the Likelihood of Participant Drop Out

by

Peggy L. Helton

An Applied Research Project
(Political Science 5397)
Submitted to the Department of Political Science
Texas State University-San Marcos
In Partial Fulfillment for the Requirements
for the Degree of
Masters of Public Administration

Patricia M. Shields

Patricia M. Shields, Ph.D.

Howard R. Balanoff

Howard Balanoff, Ph.D.

Olivia Thompson

Olivia Thompson, MPA

Acknowledgements

My thanks go out to my daughters, who are extraordinary women and a source of daily inspiration to me. I could not have completed this project or the MPA program without their love, support, and encouragement. Additionally, I want to thank my friends who encouraged me throughout this process. Last but by no means least I want to thank Dr. Shields, the faculty, and staff in the Political Science Department at Texas State University, who provided guidance, encouragement, and the opportunity to fulfill a dream.

About the Author

Peggy Helton currently works in the sexual violence prevention field and serves on the Texas Primary Prevention Planning Committee, which recently completed a comprehensive primary prevention plan to end sexual violence in Texas. Before joining sexual violence prevention efforts, Ms. Helton worked with survivors of sexual assault and domestic violence and in program and community development for more than a decade. Ms. Helton holds a B.S. in Psychology from the University of Houston and a Master's Degree in Public Administration with a concentration in Legal and Judicial Administration from Texas State University.

Contact Peggy Helton at phelton@austin.rr.com with questions or comments regarding this Applied Research Project.

Abstract

Domestic violence is a significant public health issue with devastating consequences. A great deal of debate and research has focused on how to stop this type of violence. Individuals who commit acts of family violence are often ordered by courts to attend battering intervention programs. The goal of these programs is to change the offender's abusive behavior and stop the violence. Unfortunately, attrition rates in battering intervention programs are high, and many participants drop out before completing treatment.

The purpose of this applied research project (ARP) is two-fold. The first purpose of this ARP is to collect information on resources available in Texas that mitigate risk factors which increase the likelihood of participants dropping out of battering intervention programs. The second purpose of this ARP is to develop a guidebook of those resources for use by providers working in Texas Battering Intervention and Prevention Programs (BIPP). This guidebook can be used to refer batterers to community based programs and social service agencies in Texas and to find additional information on strategies which may assist providers in retaining participants in treatment. A thorough literature review was conducted to identify the risk factors of participant drop out. These factors were classified into the following categories: lifestyle instability, behavioral/mental health issues, weak motivation/commitment, and demographic factors.

Descriptive categories were used as a conceptual framework to classify risk factors. Document analysis, a telephone survey, and a literature review were conducted to identify strategies and Texas resources useful for addressing risk factors of participant drop out. The information collected is contained in a guidebook organized by risk factors and can be found in Appendix C of this document.

Table of Contents

Chapter 1

Introduction

For many people, home is a sanctuary where they feel loved and supported. A home provides shelter from nature's storms and holds our most prized possessions. For victims of family violence, however, the storm is often raging inside their homes. In fact, their homes may be the most dangerous places on earth. In 2009, in Texas alone, 12,213 adults received shelter from abusive relationships and 111 women were killed by their intimate partner (TCFV 2011). While both men and women can be victims of family violence,[1] women tend to be disproportionately represented. According to the Bureau of Justice Statistics, women accounted for 85% of the victims of intimate partner violence between 1993-2001. The same statistic for men was approximately 15%.

Since the 1970s, battering intervention programs have offered treatment to individuals, termed batterers,[2] who commit these acts of family violence. The majority of treatment recipients participating in battering intervention programs are men. The primary focus of these treatment programs is on stopping participant's abusive behavior. While some batterers voluntarily seek out these programs, the majority are court mandated in response to family violence offenses.

In Texas, battering intervention programs are termed Battering Intervention and Prevention Programs (BIPPs) and are under the authority of the Texas Department of Criminal Justice,

[1] The Texas Family Code defines family violence as "an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself."

[2] In Texas a batterer is defined as a person who commits repeated acts of violence or who repeatedly threatens violence against another who is: (A) related to the actor by affinity or consanguinity, as determined under Chapter 573, Government Code; B) is a former spouse of the actor; or C) resides or has resided in the same household with the actor. (Article 42.141 Texas Code of Criminal Procedure)

Criminal Justice Assistance Division (TDCJ-CJAD), which is legally mandated to adopt guidelines for BIPPs and to accredit battering intervention programs. According to the TDCJ-CJAD website, the mission of the Battering Intervention and Prevention Program is to eliminate male-to-female battering by providing services to batterers, promoting safety for victims, and bringing about social change necessary to facilitate an end to battering and all other forms of relationship abuse.

BIPP guidelines were first developed in 1993-1994 for TDCJ-CJAD by a strategic planning workgroup of the Texas Council on Family Violence (TCFV). In 1998, TCFV and TDCJ-CJAD revised the initial BIPP guidelines which became effective December 1, 1999. During the 80th Texas Legislative Session, Senate Bill 44 (Article 42.141 of the Texas Code of Criminal Procedure) was passed which established the parameters of BIPP programs and laid the groundwork for BIPP accreditation. In 2007, TDCJ-CJAD formed a committee to re-examine the accreditation guidelines with the goal of clarifying the standards of a BIPP program or provider for accreditation by TDCJ-CJAD. The committee included representatives from family violence shelters, Community Supervision and Corrections Departments, TDCJ-Parole Division, social workers, professional counselors, marriage and family therapists, psychologists, and Battering Intervention and Prevention Programs that were both funded and non-funded. The committee made recommendations for revisions which were submitted to the committee members, BIPP programs, licensing authorities, and other interested stakeholders for comment and review. The newly revised BIPP Accreditation Guidelines became effective as of July 2009.

According to the Texas Council on Family Violence (TCFV), which monitors Battering Intervention and Prevention Programs for compliance with state standards, there are 27 BIPPs

operating throughout Texas.[3] TDCJ accreditation guidelines include thirty-three guidelines for Texas Battering Intervention and Prevention Programs, ranging from requirements for background checks and training of providers to the number of hours participants are required to attend to complete the treatment, which is a minimum of 36 hours of group sessions in a minimum of 18 weekly sessions, not to exceed one session per week. The guidelines also give a snapshot of the types of individuals who serve as providers of BIPPs, which includes but is not limited to licensed counselors, social workers, marriage and family therapists, psychologists, and psychiatrists.

For individuals convicted of an offense involving family violence in Texas, if the courts grant community supervision, the Texas Code of Criminal Procedures allows the court to require a batterer attend a BIPP at the direction of the assigned community supervision and corrections department officer. On any given day in Texas, batterers come together to talk about their violent behavior and support each other in choosing new non-violent behaviors. Trained providers facilitate these groups and hold a great deal of responsibility for assessing participants and for providing appropriate interventions. It is evident that Texas is invested in utilizing Battering Intervention and Prevention Programs as a response to family violence offenses. With so much at stake (literally the lives of victims and potential victims) the effectiveness of these programs takes on special significance.

Several studies show that battering intervention programs have a positive effect on a participant's abusive behavior. According to Cadsky (1996), offenders who completed treatment were less abusive than those who did not participate. Cadsky's findings were later substantiated by Gordon and Moriarty (2001, 122), who found recidivism rates were lower for batterers who

[3] Current TDCJ-CJAD accreditation guidelines can be accessed on the Internet at: http://www.tdcj.state.tx.us/cjad/BIPP%20Accreditation%20Guidelines%20Final%207-2-09.pdf

attended treatment than those who did not. Gordon and Moriarty (2001, 128) also found that the number of sessions participants attended had a significant influence on the likelihood of re-offending. They concluded that the more treatment sessions participants completed the less likely they were to be re-arrested for family violence offenses. Participants who completed treatment by attending all sessions were less likely to re-offend than participants who dropped out (Gordon and Moriarty 2001). Furthermore, Bennett et al (2007, 42) found that "14.3% of completers and 34.7% of non-completers were re-arrested for domestic violence," indicating that non-completers had a much higher rate of re-arrest for domestic violence than completers.

As demonstrated, completing a battering intervention program reduces the likelihood of re-offending. Unfortunately, many participants drop out before completing. Research shows dropout rates in battering intervention programs are high. Conservative estimates indicate dropout rates range from 36-42% (Rooney and Hansen 2001), while others report rates ranging from 40-60% (Eckhardt et al 2006). These statistics translate into a lot of empty chairs in Battering Intervention and Prevention Programs across Texas. Given that the goal of battering intervention programs is to reduce violent behavior, dropping out reduces the treatment's overall effectiveness and compromises violence prevention efforts. Daly et al (2010) concluded that poor attendance meant that participants do not have the opportunity to realize the benefit of the treatment and are therefore at a greater risk of re-offending. Earlier research by Tollefson et al (2008) found that participating in some treatment, as compared to only attending a single session, made a difference in abusive behavior. For example, "53% of those who completed only the intake session reoffended compared to 16% of those who participated in some treatment"(464). Although the hope is that every batterer will complete treatment and remain violence free, the

research suggests that is not the case. Dropout is a serious issue for battering intervention programs and continued violence is the consequence.

While research supporting the strength of battering intervention programs in reducing violent behavior is strong, it is important to remember that the crux of battering intervention programs' success depends on participants' engagement and participation. Battering intervention programs have no chance of working, even if court ordered, if participants drop out. Therefore, it is imperative to identify risk factors[4] which make it more likely that a batterer will drop out of treatment. To address these risk factors appropriate strategies and resources must first be identified. Finally, this information should be readily available to providers who work with Battering Intervention and Prevention Programs in Texas.

[4] For purposes of this ARP risk factors are defined as attributes and characteristics which increase the likelihood of participants dropping out of battering intervention programs.

Research Purpose

The purpose of this applied research project (ARP) is two-fold. The first purpose of this ARP is to collect information on resources available in Texas that mitigate risk factors which increase the likelihood of participants dropping out of battering intervention programs. The second purpose of this ARP is to develop a guidebook of those resources for use by providers working in Texas Battering Intervention and Prevention Programs. This guidebook can be used to refer batterers to community based programs and social service agencies in Texas and to find additional information on strategies which may assist providers in retaining participants in treatment. The guidebook will be organized by risk factors with corresponding strategies and resources. An Internet search showed no such guidebook was available that identified risk factors specific to participants dropping out of battering intervention programs and provided strategies/resources to address those risk factors. To ensure a broad applicability to Battering Intervention and Prevention Programs operating throughout Texas, the guidebook will include only federal and state of Texas organizations meeting the following criteria:

- The organization is a federal or state of Texas government agency providing non-fee based services for the identified risk factor
- The organization is a national Non-governmental Organization (NGO) providing non-fee based services for the identified risk factor
- The organization provides a direct link to local community resources with the location determined by the potential client

Research Implications

This Applied Research Project has important implications for addressing risk factors which make it more likely that a batterer will drop out of treatment. Resources identified specifically for Texas will give providers a practical tool to use to refer batterers to needed services. Organized by risk factor, providers will have an easy to use resource guide addressing risk factors associated with participant dropout. Battering Intervention and Prevention Programs (BIPP)s are widely used by Texas courts as a response to family violence offenses. In their current form, accreditation guidelines were the result of an extensive review by the TDCJ-CJAD with input from Battering Intervention and Prevention Programs, family violence shelters, licensed professional counselors and other stakeholders. These groups coming together to review BIPP guidelines demonstrates that Texas has a vested interest and commitment in utilizing Battering Intervention and Prevention Programs as a response to family violence offenses. With widespread utilization comes a responsibility to make Battering Intervention and Prevention Programs as effective as possible in addressing the abusive behavior of participants. Keeping batterers in treatment long enough for the treatment to work is critical.

Organization of Paper

Chapter I shows the need and purpose of this applied research project. Chapter II discusses the findings of the literature review and identifies risk factors which make it more likely batterers will drop out of treatment. Strategies and resources are also identified which can mitigate the risk factors. The conceptual framework, descriptive categories, is used in this chapter to classify risk factors and identify strategies and resources. Chapter III details the methodology used to collect the information needed to develop the guidebook. Chapter IV shows the results of the research. Chapter V provides a brief summary of the research project. The guidebook can be found in Appendix C.

Chapter II

Conceptual Framework and Literature Review

Chapter Purpose

The purpose of this chapter is to discuss the results of the review of literature on attrition from battering intervention programs. The first part of this chapter identifies risk factors that increase the likelihood of participants dropping out of these types of programs and provides strategies and resources which can be used to address these risk factors. A summary of the conceptual framework is discussed and a table of the conceptual framework linked to supporting literature is provided.

Introduction

Battering invention programs are widely used in Texas as a strategy to decrease abusive behavior in participants and increase safety for the batterer's family; however, many batterers drop out before completing treatment, which increases the likelihood that they will reoffend. Research shows that a variety of risk factors increases the likelihood of batterers dropping out of battering intervention programs. The conceptual framework, descriptive categories, was used to group the risk factors identified by the literature review into like categories, making it easier to identify corresponding strategies and resources for each risk factor. The categories of risk factors are bulleted below and are summarized along with the corresponding strategies and resources in the remainder of this chapter.

- Lifestyle Instability
- Behavioral/Mental Health Issues
- Weak Motivation/Commitment
- Demographics

Lifestyle Instability

Lifestyle instability "is a way of life characterized by frequent major life changes, unproductiveness, irresponsibility, and low self control" (Rooney and Hansen 2001, 143). Manifestations of lifestyle instability include 1) alcohol and drug abuse, 2) criminal history, 3) low education attainment, 4) residence instability, 5) unemployment or low income, and 6) witnessing abuse as a child. Any of these manifestations of lifestyle instability can interfere with a batterer's ability to complete a battering intervention program and increase the likelihood that they will drop out of treatment. These manifestations are thus identified as risk factors in this ARP. Additionally, research shows that many participants experience multiple risk factors as they attempt to participate in treatment. Of all risk factors that increase the likelihood of dropping out of battering intervention programs, lifestyle instability "is the highest predictor of attrition" (Rooney and Hanson 2001, 143).

1) Alcohol and Drug Abuse

Brookoof (1997) conducted a survey on the characteristics of family violence offenders. Respondents were surveyed at the scene of domestic violence police calls. Results showed that ninety-two percent (92%) reported they used alcohol or other drugs on the day of the assault and seventy-two percent (72%) had previously been arrested for substance abuse. Given these facts,

it is safe to assume many batterers who begin battering intervention programs will have issues with alcohol and drug use and/or abuse.

According to the Centers for Disease Control and Prevention (CDC), manifestations of alcohol abuse include failure to fulfill major responsibilities at work, school, or home. It should come as no surprise that alcohol and drug use also impairs a batterer's ability to complete a battering intervention program. According to a meta-analysis conducted by Jewell and Wormith (2010), participants with alcohol issues were 12% less likely to complete treatment and participants with drug abuse issues were 10% less likely to complete treatment than batterers without those issues. An earlier study by Cadsky et al (1996) found that participants who dropped out of treatment drank more alcohol.

Although Chang and Sanders (2002) found only a slight difference in completion rates between participants indicating alcohol use, results showed that the group completing only a portion of the treatment had significantly "higher scores on the Drug Abuse scale and nearly significant higher scores on the Alcohol scales" (282).

Hamberger et al (2000) conducted a study between 1986 and 1993 with 534 participants with the goal of identifying predictors of battering intervention program dropout. The study showed that participants who failed to acknowledge their alcohol abuse dropped out of treatment earlier in the process than participants who acknowledged alcohol abuse issues. Substance abuse also influences the number of sessions a batterer completes. According to Daly et al (2001, 971), batterers with a "history of alcohol related problems completed fewer sessions" than batterers without such a history.

Additionally, alcohol and drug abuse when combined with other risk factors increases the likelihood of dropping out of treatment. According to Dalton (2001), whose study interviewed

batterers during treatment, those least likely to complete treatment were "unemployed and have indicated at least one symptom of drug abuse on the CAGE[5] for drugs" self-assessment tool (1234). Additionally, another study showed that "dropouts were more likely to have substance abuse problems" along with other risk factors (Rooney and Hanson 2001, 143).

Battering intervention programs challenge deeply ingrained attitudes, beliefs, and behaviors on interpersonal issues. The effects of alcohol and drug abuse can impair a participant's ability to engage in the rigors of these types of programs. Stalans and Seng (2010) concluded, "substance abuse impairs a participant's ability to understand and participate in group" (154). Just as alcohol and drug abuse impairs an individual's ability to meet their responsibilities in general, alcohol and drug abuse issues decreases the likelihood that batterers will complete their treatment program.

Strategy/Resource: Dalton (2001), found that participants most likely to complete were those who had no symptoms of drug abuse. Additionally, according to Jewell and Wormith (2010), substance abuse issues need to be addressed before treatment can be effective. Alcohol and drug abuse counseling can provide an opportunity for participants to address their alcohol and drug abuse issues thereby increasing the likelihood of treatment completion.

2) Criminal History

Research shows that participants with a criminal history are more likely to drop out of treatment. In addition, the more police contact that a batterer has had, the earlier in the treatment process they drop out. Jewell and Wormith (2010) conducted a meta-analysis of 30 studies on batterer's treatment attrition and found that "batterers who had a criminal history (i.e. they had

[5] CAGE is a self-assessment tool that helps the participant to assess whether or not they have a problem with alcohol and/or drug abuse.

been arrested or convicted for crimes separate from the domestic violence incident that placed them in treatment) were 10% more likely to drop out" (1006).

Additionally, there appears to be a correlation between extensive criminal records and high dropouts rates. According to DeMaris (1989), whose study assessed the role of social and demographic factors on attrition from battering intervention programs, "men who had ever been arrested were almost twice as likely to drop out (31% compared to 18%) as men who had never been arrested" (147). Hamberger et al (2003) found that "early dropout was predicted by high rates of police contact for violent crimes and late dropout was predicted by both high and moderate levels of police contact for violent crimes" (538). Furthermore, according to Rooney and Hensen (2001) "men who abandoned treatment had a higher incidence of conflicts with the judicial system" (138). Finally, Cadsky et al (1996) found that those with more extensive criminal records were less likely to complete treatment. Generalized aggressors, individuals who have a tendency towards violence of both family and non-family members, were found to have "a longer criminal history" and were most likely to drop out of treatment, indicating that the participants who need the treatment the most are the least likely to complete it (Stalans and Seng 2007, 153).

Especially vulnerable to dropout are batterers with offenses related to domestic violence. Gordon and Moriarty (2003) conducted a study on the effects of treatment on domestic violence recidivism and found "the successful group had a lower average of prior domestic violence arrests and convictions than did the unsuccessful group"(130). Given that most batterers who attend battering intervention programs are court ordered (and therefore usually have had a domestic violence arrest) batterers are at risk of dropping out of the very treatment that could help them stop their violent behavior and stay out of jail.

Strategy/Resource: Research shows a connection between unemployment and crime. Raphael and Winter-Ember (2001) found that a "1 percent point drop in the unemployment rate causes a decline in the property crime rate of between 1.6 and 2.4 percent and a 1 percentage point decline in the unemployment rate causes a decline in the violent crime rate of one-half of a percent"(271-272). This data suggests that the best way to address the criminal history risk factor may be to offer employment and other financial resources to keep batterers in treatment long enough for the treatment to work.

3) Low Education Attainment

The education attainment of batterers influences treatment completion. Participants who have less education are less likely to complete treatment (Cadsky et al 1996). Additionally, Chang and Saunders (2002) found that "less educated men drop out at higher rates" which may be "related to the educational level of written materials used in programs"(276). Furthermore, dropping out of high school increases the likelihood of dropping out of battering intervention programs. Stalans and Seng (2007) who conducted a study which assessed the effects of a high school education on dropout rates of battering intervention programs found that dropping out of high school predicted treatment failure; furthermore, completing a high school diploma increased the chances of completing treatment. Education attainment was also related to the number of sessions participants attended. Results showed men with lower educational attainment attended significantly fewer sessions (Daly et al 2001).

Strategy/Resource: As the research shows participants with low education attend fewer sessions and are more likely to drop out. "Those with low education may have trouble understanding the interventions" and therefore are more likely to drop out of treatment (Cadsky

et al 1996, 53). Participants need to be able to understand the program materials to benefit from treatment and those without the capacity to understand program materials may get frustrated or embarrassed and drop out. Providers should be sensitive to participant's lack of educational skills in order to identify a need for resources in this area. Adult education programs can provide an opportunity for participants to increase their level of comprehension of program materials. Adult education programs may also increase employability, which could positively influence other risk factors for dropping out of battering intervention programs such as unemployment and/or low income.

4) Residence Instability

Residence instability or an unstable living environment is generally characterized by frequent moves. Participants who are faced with the challenge of residence instability are more likely to drop out of battering intervention programs. Rooney and Hansen (2001) assessed participants on lifestyle instability including an unstable housing arrangement. Results revealed, "lifestyle instability was the strongest predictor of attrition." Compared to participants who completed treatment, "dropouts were more likely to have frequently moved residences" (143). Cadsky et al (1996) found that the number of times a participant moved influenced dropout rates and participants who dropped out of treatment reported more frequent moves than those who completed.

Strategy/Resource: Participants may find it difficult to concentrate on treatment when they do not have a stable home environment or are worried about where they will live. Cadsky et al (1996) found that participants who completed treatment moved far less in the proceeding five years than those who did not complete treatment. Rent assistance can provide participants

the opportunity for a stable place of residence and allow them to concentrate on changing their abusive behavior.

5) Unemployed/Low Income

Batterer intervention programs typically require batterers to pay for treatment as one form of accountability for their abuse. It is important to note that some programs terminate participants for failure to pay, so in these cases dropping out may be involuntary. Furthermore, some programs allow participants who cannot pay to continue treatment, but they are not given credit for attendance until payment is received. This practice may lower the motivation of participants to attend.

According to Cadsky et al (1996), participants with less consistent employment and lower incomes are less likely to complete treatment. In addition, Tollefson et al (2008) found that "those who failed to complete treatment earned about half as much income as those who completed treatment" (465). It is understandable that unemployed participants or participants with low incomes have little resources to pay for treatment and therefore are more likely to drop out. Rooney and Hansen (2001) looked at the impact of unemployment and other risk factors on treatment dropout and found that "dropouts were more likely to be unemployed" (143). Additionally, according to Dalton (2001), unemployed participants are least likely to complete treatment. Dalton concluded that some batterers drop out because they can't afford the fees. Tollefson et al (2008) found that "unemployed batterers were nearly three times as likely to drop out of treatment as were employed batterers" (467). Likewise, Stalans and Seng (2007) found that one predictor of treatment failure was being unemployed.

Strategy/Resource: Participants struggling with unemployment or low incomes are more likely to have priorities that are focused on finding work and/or additional funds to pay for basic living essentials. Attending battering intervention programs may be a luxury they cannot afford. Rondeau (2001) found that "men who work completed the treatment program in greater proportions than those who were unemployed" (134). Finding employment may be especially challenging for this population since most batterers also have criminal records. Employment assistance, which takes into account criminal history, is needed so batterers have the opportunity to pay for their treatment and provide basic living essentials for themselves and their families.

Additionally, according to Jewell and Wormith (2010), participants with higher incomes were more likely to complete treatment. Although employment assistance may help participants' in the long term, more immediate resources for utility and/or food assistance may be needed for participants with low incomes. Utility and/or food assistance can provide a safety net for participants while they seek more long term solutions to unemployment issues and other risk factors affecting employment, such as a lack of education.

6**)** **Witnessing Abuse**

Family violence involves patterns of learned abusive and controlling behavior. Individuals who witness family violence as children are at a greater risk of carrying that behavior into their adult relationships and are also at an increased risk of dropping out of battering intervention programs. According to Cadsky et al. (1996), "witnessing parental violence or being physically abused as a child were both associated with dropping out after beginning treatment" (59). In addition, Chang and Saunders (2002) found that witnessing abuse appeared to be one of the strongest predictors of premature dropout.

Daly, Power, and Gondolf (2001) state "on measures of exposure to violence, non completing offender men were more likely to report witnessing or being harmed by violence as a child than were completing offenders" (979). Given that family violence is a learned behavior, and that witnessing family violence increases an individual's risk of both becoming a batterer and dropping out of treatment, it appears that batterers may already have two strikes against them even before they start treatment.

Strategy/Resource: One strategy to mitigate this risk factor may be the involvement of participants in community efforts to prevent family violence. TDCJ Battering Intervention and Prevention Program Accreditation Guidelines state "community service or community restitution designed to expand batters understanding of family violence and involvement in its prevention" is of benefit to batterers. O'Brien et al (2003) found that community members were willing to get involved in community safety efforts when they were allowed to be a part of the planning and decision making process. Men against interpersonal violence groups are forming in Texas and are dedicated to end family violence through community solutions and social change. Connecting batterers with men who are working to end violence against women gives batterers an opportunity to become part of the solution. Special care needs to be taken to ensure these groups allow batterers as participants.

Table 2.1 below is a visual illustration of the risk factors associated with lifestyle instability and the studies that support those attributes as risk factors which increase the likelihood participants will drop out of battering intervention programs. As the literature review suggests and Table 2.1 illustrates lifestyle instability and the resulting manifestations of alcohol and/or drug abuse, criminal history, low education attainment, residence instability, unemployed/low income, and witnessing abuse as a child are well supported by research. These

risk factors increase the likelihood of a batterer dropping out of treatment. Alcohol and/or drug abuse impairs a participant's ability to participate in battering intervention programs. Participants with a past criminal history are more likely to drop out. Low education attainment can lower a participant's ability to understand program materials. Residence instability can divert a participant's focus from treatment to finding a suitable place to live. Unemployment/low income can affect a participant's ability to pay for treatment or attend treatment at all, and witnessing abuse as a child provides a model of abusive behavior which can be a barrier to treatment.

Table 2.1 Manifestations of Lifestyle Instabilities and Research which Supports the Risk Factor's Association with Dropping out of Battering Intervention Programs

Research Study	Alcohol and/or Drug Abuse	Criminal History	Low Education Attainment	Residence Instability	Unemployed Low Income	Witnessing Abuse
Brookoff et al (1997)	√	√				
Cadsky et al (1996)	√	√	√	√	√	√
Centers for Disease Control and Prevention	√					
Chang and Sanders (2002)			√		√	√
Dalton (2001)	√				√	
Daly, Power and Gondolf (2001)	√		√			√
DeMaris (1989)		√				
Gordon and Moriarty (2003)		√				
Hamberger, Lohr and Gottlieb (2000)	√	√				
Jewell and Wormith (2010)	√	√				
Rooney and Hensen (2001)	√	√				
Stalans and Seng (2010)	√	√	√		√	
Tollefson, Gross and Lundahl (2008)			√		√	

√= supports the risk factor's association with dropping out of battering intervention programs.

Quantitative and qualitative studies are summarized in this table and there are no implications for statistical significance.

Behavioral/Mental Health Issues

This section discusses behavioral and mental health issues including 1) mental health diagnosis, and 2) physical aggression and abusive behavior. These risk factors when present increase the likelihood that participants will drop out of battering intervention programs.

1) Mental Health Diagnosis

A variety of mental illnesses can impair an individual's ability to engage in life's responsibilities and process complex concepts relating to changing an individual's undesirable behavior. Batterers are no exception, and studies show that batterers with a mental illness diagnosis are more likely to drop out of battering intervention programs. The Millon Clinical Multiaxial Inventory (MCMI) assesses psychopathology, including disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM). According to Daly, Power, and Gondolf (2001) "non completing offender men reported more clinical and personality characteristics on all MCMI scales" (980). For example, batterers diagnosed with DSM-IV Axis 1 conditions (depression and anxiety) and DSM-IV Axis II psychiatric disorders, (antisocial or narcissistic personality disorder) were "approximately 1 ½ - 5 times respectively more likely to drop out of treatment than batterers not diagnosed with psychiatric problems at intake[6]" (Tollefson et al, 2008, 467). Additionally, participants with paranoid personality characteristics and borderline personality characteristics are more likely to dropout (Hamberger et al 2000).

Mental illness can have a devastating effect on anyone, and in the case of batterers, even if they attend battering intervention programs, mental illness can prohibit participation. Hamberger et al (2000) assert "the suspiciousness, hostility, and aloofness characteristic of paranoid tendencies may predispose a threat response to the rigors of assessment that involve

[6] Intake occurs at a participant's initial assessment before treatment begins.

detailed inquiry into the client's personal life" (548). Battering intervention programs certainly require participants to disclose details of their most intimate relationships. For participants diagnosed with mental illness, completing a battering intervention program brings extra challenges.

Strategy/Resource: Mental health treatment can increase the chances that a batterer will complete treatment. Gondolf (2009) found that "over two thirds of the treated men completed the batterer program compared to about half of the untreated men" (585). Additionally, an ongoing assessment of medicine compliance is recommended for those in treatment of mental health issues. Brookhoff et al (1997) found that at the time of the assault six of the assailants had been prescribed fluphenazine, haloperidol, or chlorpromazine, which are medicines used to treat psychotic disorders. Five of the six assailants participated in the study and all five reported that they were not medicine compliant at the time of the assault. Resources which provide mental health screening, mental health services, and medicine management can help batterers with these issues, leaving them free to concentrate on their battering intervention program.

2) Physical Aggression/Abusive Behavior

A general tendency towards physical aggression and abusive behavior increases the likelihood that participants will drop out of battering intervention programs. Rooney and Hansen (2001, 145) found that participants reporting the most abusive behavior were the most likely to drop out. In addition, individuals labeled as generalized aggressors were found as the most likely to dropout. Family violence offenders typically limit their abuse to family members. They don't hit a police officer if stopped for a traffic ticket, and they don't deck their boss at work; rather, they save their violence for their intimate partner. Generalized aggressors, on the

other hand, are violent toward family members and non-family members. Not only does this group have a greater risk of treatment failure, they also commit more frequent and serious violent offences (Stalans and Seng 2007). Additionally generalized aggressors typically experience multiple risk factors, such as mental illness and alcohol and drug abuse issues. Stalans and Seng (2007) found that generalized aggressors were more likely to have alcohol and drug issues and anti social personality. These additional risk factors added to their general tendency toward violent behavior, significantly increases their risk of dropping out.

Furthermore, according to Buttell and Carney (2202) "program dropouts were more passive/aggressive in responding to their partners than were treatment completers; and had a greater propensity for abusiveness" (37). In addition, Rooney and Hansen (2001) found that "dropouts reported more abuse on the abuse inventory than completers" (145). Finally batterers that scored higher on anti social[7] scales were more likely to drop out of treatment (Chang and Saunders 2002).

These findings are not surprising, but they are disturbing, given that batterers attend treatment because of their abusive behavior. Batterers[8] by definition are individuals who commit repeated acts of violence or who repeatedly threaten violence against another person, typically their significant other. The very behavior that necessitates treatment, such as the tendency towards physical aggression and abusive behavior, also makes it more likely that they will drop out before completing treatment.

[7] Anti-social personality, as defined by the American Psychiatric Association's Diagnostic and Statistical Manual, is a pervasive pattern of disregard for and violation of the right of others.

[8] In Texas a batterer is defined as a person who commits repeated acts of violence or who repeatedly threatens violence against another who is: (A) related to the actor by affinity or consanguinity, as determined under Chapter 573, Government Code; B) is a former spouse of the actor; or C) resides or has resided in the same household with the actor. (Article 42.141 Texas Code of Criminal Procedure)

Strategy/Resource: Battering Intervention and Prevention Programs in Texas are required to assess the violent tendencies of participants at intake. The Texas Department of Criminal Justice Battering Intervention and Prevention Program Accreditation Guidelines suggests that a participant exhibiting generalized violence may not be appropriate for a BIPP and that batterers with this determination should be referred back to the referral source. However, as studies show some batterers who exhibit generalized violence may find their way into treatment.

Due to the nature of their work, BIPP providers deal with individuals who have been violent in the past and may be at risk for being violent again. During the course of treatment providers may have contact with the victims of their participants and therefore should have information on domestic violence shelters readily available so they can refer victims or potential victims to the nearest shelter if necessary.

3) Ineffective Parenting

In 2009, in Texas, 15,906 children received shelter services as a result of family violence (Texas Council on Family Violence, 2011) indicating that many batterers are fathers. Since family violence is a learned behavior, parenting by batterers is of special interest. There is limited research connecting a specific parenting style to attendance at battering intervention programs, although Tollefson et al. found that "participants with past involvement with CPS were less likely to complete treatment than those with no history of Child Protective Services involvement" (2008, 465).

There is research which shows a connection between manipulative parenting and a batterer's readiness to change abusive behavior. "Manipulative parenting occurs when one parent undermines how their children perceive the other parent" (Hellman and Dobson 2010,

438). Hellman and Dobson (2010) found a significant relationship between manipulative parenting and readiness to change with participants who were ready to make changes to abusive behavior less likely to participate in manipulative parenting. Given that participants who are not yet ready to change their abusive behavior are more likely to drop out of treatment, if manipulative parenting is identified it may give some insight to a participant's commitment to complete treatment and their willingness to change their violent behavior.

Strategy/Resource: According to Bancroft (2002), boys who witness family violence, have a greater risk of becoming batterers due to learned values and attitudes about the use of violence as a means of gaining and maintaining control of their partners and/or families. Parenting classes can teach batterers about the effects of physical and emotional violence on children and assist batterers in learning and modeling appropriate parental behavior.

Table 2.2 below is a visual illustration of the behavioral/mental health issues risk factors, as well as the studies that identify those attributes as risk factors for dropping out of battering intervention programs. Depression, anxiety disorders, and narcissistic personality disorder can impair a participants' ability to participate in a battering intervention program. Batterers with physical aggression and abusive behavior tendencies are more likely to drop out of treatment. Additionally, manipulative parenting if discovered may be an indicator that the participant may not be committed to treatment and may be reluctant to change abusive behavior.

Table 2.2 Behavioral/Mental Health Issues and Research which Supports the Risk Factor's Association with Dropping out of Battering Intervention Programs

Research Study	Mental Health Diagnosis	Physical Aggression Abusive Behavior	Ineffective Parenting
Buttell and Carney (2002)		√	
Chang and Saunders (2002)		√	
Daly, Power and Gondolf (2001)	√		
Hamberger, Lohr and Gottlieb (2002)	√		
Hellman and Dobson (2010)			√
Jewell and Wormith (2010)		√	
Rooney and Hensen (2001)		√	
Stalans and Seng (2007)		√	
Tollefson, Gross and Lundahl (2008)	√		√

√ = supports the risk factor's association with dropping out of battering intervention programs.
Quantitative and qualitative studies are summarized in this table and there are no implications for statistical significance

Weak Motivation/Commitment

This category of risk factors which increase the likelihood of participants dropping out of treatment programs includes 1) denial, minimization, rationalization and justification of the abuse; 2) the lack of consequences; and 3) the batterer's willingness to change violent behavior.

1) Denial/Minimization/Rationalization and Justification

At the core of most battering intervention programs is the principle that batterers must take responsibility for their abusive behavior. This is the first step to stop their abuse. Buttell and Carney (2002) found that most offenders "share a common set of defenses (minimization, denial, and blame) that foster aggressive behavior," which may prevent the batterer from taking responsibility for their abuse and can inhibit behavior change (34).

When batterers fail to take responsibility for their behavior by denying, minimizing, rationalizing, and/or justifying their abuse, completion of a battering intervention program is

unlikely. Cadsky et al (1996) conducted a study that found "of the 34 men who denied any physical abuse of their partners only 3 completed" (60). Participants who are more likely to complete are those that admit their abuse and spend their time in the treatment program working to change their behavior. Taft et al (2001) studied this idea and found that "clients who failed in general to self-identify problems with domestic abuse were more likely to drop out of treatment when compared to those whose self-identified problems matched the program focus" (397) . Furthermore, a participant's failure to admit their issues with anger increased the likelihood of dropping out of treatment. According to Chang and Saunders (2002), "men who completed treatment had higher self-reported anger," suggesting that participants who admitted their anger could move more quickly towards a solution instead of spending precious time denying they had any issues with anger is the first place (282).

Catlett, Toews, and Walikdo (2010) conducted a study that explored how men made sense of their violence. The following is an excerpt from one participant that illustrates the powerful depth of denial and the way a batterer justifies the abuse:

> "Actually you know what – with this girl, I mean, she like brought out like the anger, I don't know. It's just I turned into a whole different person when I was with her. It's like, you know, she totally changed me. I was always one to be calm and you know collective about everything, and it's like I don't know, it's just with her I turned into a monster". (Catlett, et al 2010, 114)

For change to occur an individual must first see the need to change. Batterers who continue to deny, minimize, rationalize, and justify the abuse, have little motivation to stay in a treatment program that requires honesty and accountability. It is easy to see why batterers drop

out of treatment if they believe the violence is the victim's fault, if they justify the abuse, or if they deny the abuse happened in the first place. Cadsky et al (1996) found that participants were more likely to complete treatment if they admitted their abuse during the intake and freely admitted they had marital problems. Additionally, Cadsky et al (1996) indicated that the strongest predictor of remaining in battering intervention programs was an acknowledgment by the participant of the need for treatment.

Strategy/Resource: Texas Battering Intervention and Prevention Program Accreditation Guidelines require battering intervention programs to use a curriculum which includes an approach that assigns responsibility for the abuse to the batterer. Battering intervention programs by their very nature challenge participant's denial, minimization, rationalization, and justification of the use. To mitigate this risk factor, providers can focus on providing resources for other risk factors which increase the likelihood of participants dropping out of treatment in order to engage the participant long enough for the treatment to begin breaking down the participant's denial, minimization, rationalization or justification of the abuse.

2) Lack of Consequences

The lack of consequences makes it more likely a batterer will drop out of treatment. Scott (2004) found the threat of legal consequences was a factor in explaining participants' attendance. Specifically, "men motivated by probation were more likely to complete" (43) and "men who were attending treatment on a voluntary basis were 3.14 times as likely to drop out of treatment as men attending on the basis of a court order" (41). Additionally, Tollefson et al (2008) found that "batterers monitored through unsupervised and supervised probation were slightly less likely to drop out of treatment than batterers not on probation" (467). Given that

most batterers are court ordered to attend battering intervention programs, the threat of legal consequences should solve the attrition issue, but it has not. Other factors such as employment or marital status may influence motivation to complete treatment more than the threat of legal consequences.

While the threat of legal consequences motivates some batterers to stay in treatment, research shows other types of consequences may influence completion rates. Studies showed that employed, married men are more likely to complete treatment. Completion of a battering intervention program may be one way that a batterer can show their partner that they are committed to a violence free life. Furthermore, Bennett et al (2007) suggests, "men who are employed and men who are married are assumed to have a greater stake in the nonviolent social order" (50). In another study, Daly et al (2001) found participants who were "employed at intake may be concerned about social desirability and the potential consequences of noncompliance" (985-986). Married and employed men may feel more connected to their communities and may feel they have more to lose than single, unemployed men. Socially desirable responsibilities, such as employment and a family, may motivate these participants to complete treatment.

Strategy/Resource: Research shows that consequences both legal and personal may work to keep batterers in treatment programs. Participants connected to a community may feel they have more to loose from dropping out of treatment. The Texas Department of Criminal Justice Battering Intervention and Prevention Program Guidelines state that "programs and providers should encourage batterers that are ready for change to engage in elements of community service or community restitution designed to expand batterers' understanding of family violence and involvement in it prevention" (2009, 15). Participating in men's groups and organizations, whose mission is to stop violence against women, may provide batterers an

opportunity to become part of the solution and give them positive influences. As stated earlier, care needs to be taken to ensure that such community groups would welcome batterer's participation.

3) Unwillingness to Change

Whether or not a participant is willing to change has a significant impact on program completion. The "strongest single predictor of remaining in treatment was self identification of the need for treatment" (Cadsky et al 1996, 60). Participants who do not see the need for treatment are at a greater risk of dropping out.

Additionally, once a participant is in treatment their level of participation may predict dropout. Daly et al (2001) found that poor group participation may predict premature termination. with men who attended fewer sessions being "less engaged in group activities, less likely to access other sources for help, less willing to accept responsibility and less likely to use program techniques then men who attend more sessions" (986).

The Transtheoretical Model of Stages of Change describes change as a six-step process, which includes pre-contemplation (not ready to take action), contemplation (getting ready), preparation (ready), action (overt change), maintenance (sustained change), and termination (no risk of relapse). According to Scott (2004) "men classified by their counselors in the pre-contemplation state were just over twice as likely as men in the contemplation state and almost nine time as likely as men in the action stage to drop out" (43). Furthermore, Bennett et al (2007) found that motivation to change can predict if a batterer will complete treatment. Specifically, participants at the active or maintenance stage of change are most likely to complete. Finally, willingness to change may be influenced by whether or not the participant believes that the program meets their needs or addresses any particular issue they feel is

important. According to Cadsky et al (1996), "client treatment congruence refers to the extent to which the client's assessment of their own problems matches their perception of the potential benefits of the specific treatment they are receiving" (53). Additionally, Cadsky et al (1996), found that batterers are more likely to attend if they believe that the treatment is addressing their problems, and "the strongest single predictor of remaining in treatment was self identification of the need for treatment" (60). Batterers must be motivated to stay in treatment. If they cannot recognize the program's benefits, it is unlikely that they will persevere and complete the treatment program. Some battering intervention programs last up to a year. Batterers must believe the treatment is meeting their needs to invest that much time to complete the treatment.

Strategy/Resource: It is clear that participants must be willing to change before treatment can be of benefit. "Although most men entering a BIP[9] are going to be in the pre-contemplation or contemplation stage of change, most battering intervention programs provide interventions more appropriate for the action stage (as cited by Bennett et al, 2007, 52). A thorough knowledge of the Transtheoretical Model of Stages of Change and other behavioral change theories can assist a practitioner in assessing a participants' willingness to change. Sessions can then be tailored to assist participants along the continuum toward the action stage of change.

Table 2.3 below illustrates the category weak motivation/commitment and identifies studies which support those attributes as risk factors which increase the likelihood of participants dropping out of battering intervention programs. As illustrated by Table 2.3, research shows denial, minimization, rationalization, justification, lack of consequences, and unwillingness to change are factors which increase the likelihood participants will drop out of treatment. Denial, minimization, rationalization, and justification of the abuse can inhibit a participant's ability to

[9] Battering intervention program (BIP)

take responsibility for their abusive behavior. Taking responsibility for abusive behavior is the first step in changing that behavior. Additionally, the lack of consequences both legal and personal can increase drop out but positive motivators such as family and a connection to the community can positively impact completion. Finally, participants must be willing to change their abusive behavior, or they may not see the need for treatment at all, and will therefore be at a greater risk of dropping out.

Table 2.3 Weak Motivation/Commitment and Research which Supports the Risk Factor's Association with Dropping out of Battering Intervention Programs

Research Studies	Denial Minimization Rationalization Justification	Lack of Consequences	Unwillingness to Change
Bennett et al (2007)		√	√
Butttell and Carney (2002)	√		
Cadsky et al (1996)	√		√
Catlett, Toews and Walikdo (2010)	√		
Chang and Saunders (2002)	√		
Daly, Power and Goldolf (2001)		√	√
Scott (2004)		√	√
Taft et al (2001)	√		
Tollefson, Gross and Lundahl (2008)		√	

√ = supports the risk factor's association with dropping out of battering intervention programs.
Quantitative and qualitative studies are summarized in this table and there are no implications for statistical significance

Demographic Factors

The following section describes demographic risk factors and summarizes the research that shows these risk factors indicate a participant may be more likely to drop out of battering intervention programs. Demographic risk factors include being in a minority group, younger age, unmarried, and childless.

1) Minority Group

Studies show that race may be an indicator of whether or not a participant completes treatment. Minority participants, particularly African American men, are more likely to drop out of battering intervention programs. According to Chang and Saunders (2002), "Non-white clients refused treatment more often than whites possibly due to mistrust of majority agencies" (287).

African Americans were marginally more likely to drop out of treatment (Hamberger et al 2000). Taft et al (2001) found that "fifty-five percent of African American clients versus seventy-nine percent of Caucasian clients attended three fourths or more of scheduled sessions" (396). African American individuals in general use formal social service agencies less than Caucasians. According to Taft et al., "minorities may turn to information support networks rather than to mainstream treatment providers, in part because of the lack of cultural awareness exhibited by many programs" (2001, 396).

While African American batterers may be more likely to drop out, Bennett et al (2007) found "Latino men are more likely to complete treatment" (50). Additionally, Hamberger et al. (2000), also found that Hispanic men were more likely to remain in treatment.

Strategy/Resource: Race can be viewed as an indicator a participant may be more likely to drop out of treatment. Strategies/resources are available which can increase the likelihood of minority participants completing treatment. Bennett et al (2007) found that Latino men are more likely to complete treatment indicating that "when they batterer in Chicago they hear about it from Mexico, suggesting an elevated sense of community feedback and responsibility for Latino Men may be a factor in their attendance" (50). Rondeau et al (2001) found that "men who completed the treatment program identified 3.7 supportive people, while those who had

abandoned it reported receiving support from only 2.8 people". Providing batterers with a way to connect with a community, which models healthy behaviors, may provide a measure of motivation to remain in treatment programs. As previously discussed, connecting batterers to groups of men working to end violence against women gives batterers the opportunity to become involved in prevention efforts and may provide supportive male role models, while batterers are working to change their abusive behavior. Again special care should be taken to ensure these groups allow participation by batterers.

Additionally, Chang and Saunders (2002) found that outreach to minority communities and culturally competent materials may increase the likelihood of minorities attending and completing treatment. Resources on how to build culturally competent programming can assist providers in meeting the needs of minority batterers.

2) Younger Age

There is evidence that younger batterers are more likely to drop out of battering intervention programs. Participants who are more likely to complete battering intervention programs are older (Cadksy et al 1996; Chang and Saunders 2002; Scott 2004). Chang et al (1996,) states, "older men may recognize the consequences of violence and therefore are more likely to stay in treatment" (288). Additionally, Cadsky et al (1996) found that "young clients may have yet to acquire the life experience necessary to benefit from therapy" (53).

Furthermore, according to Jewell and Wormith (2010), "older participants are 16% more likely to complete treatment than younger participants" (1104). An earlier study by Rooney and Hanson (2001) also found that dropouts are more likely to be young.

Strategy/Resource: Age and life experience influence attendance in battering intervention programs. Younger batterers may not have the maturity needed for the intensity of a battering intervention program (Cadsky et al, 1996), whereas older participants may be more socially established and may feel they have more to lose if they drop out. Mentoring programs matching younger individuals with their more mature counterparts are widely used in many settings. Younger participants of battering intervention programs may benefit from the experiences of individuals who are actively engaged in or have already completed treatment. Providers may be able to develop mentors within the group or utilize program graduates that can provide younger members a role model for attending and completing treatment. A review of professional literature will be used to determine whether such a mentoring program exists in battering intervention programs and if such as program may be appropriate for this population.

3) Unmarried/Childless

If a battering intervention program participant is unmarried and/or childless, they are more likely to drop out of treatment. Cadsky et al (1996) found that participants who were not legally married were significantly less likely to complete treatment programs than participants who were legally married. Another study found that one predictor of failure was that the participants were never married (Stalans and Seng 2007). Furthermore, Rondeau et al (2001) found that married men completed the program more often than single or separated/divorced men. Also, men with children completed more often than those with no children. Completion of a battering intervention program may be one way that a participant can show their spouse that they are committed to a violence free life. Having a spouse and/or a family can be a strong

motivator to stay in treatment since married fathers may feel they are at risk of losing their family if they drop out.

Strategy/Resource: Research suggests that participants who are married or those with children may perceive that they have more to lose by dropping out of treatment. Bennett et al (2007) suggests that men who are married may have "a greater stake in the nonviolent social order" (52). While family may motivate some participants to stay in treatment, identification of positive motivators for single or childless participants may produce the same effect.

Table 2.4 below illustrates demographic risk factors and the studies that support those attributes as risk factors which increase the likelihood of participants dropping out of battering intervention programs. As the chart shows, there is strong evidence that youth is a significant risk factor for drop out.

Table 2.4 Demographic Risk Factors and Research which Support the Risk Factor's Association with Dropping out of Battering Intervention Programs

Research Study	Minority Group	Younger Age	Unmarried Childless
Bennett et al (2007)	√		
Cadksy et al (1996)		√	√
Chang and Saunders (2001)	√	√	
Chang et al (1996)		√	
Hamberger, Lohr and Gottlieb (2000)	√		
Hanson (2001)		√	
Jewell and Wormith (2010)		√	
Rondeau et al (2001)			√
Scott (2004)		√	
Stalans and Seng (2007)			√
Taft et al (2001)	√		

√ = supports the risk factor's association with dropping out of battering intervention programs.
Quantitative and qualitative studies are summarized in this table and there are no implications for statistical significance

Conceptual Framework

This ARP utilizes a descriptive research purpose to identify risk factors that increase the likelihood of batterers dropping out of battering intervention programs and strategies/resources appropriate to address these risk factors. The conceptual framework, descriptive categories, was used to classify risk factors into like categories making it easier to identify corresponding strategies and resources for each risk factor. According to Shields and Tajalli (2006, 323) "Categories are linked to the descriptive purpose and paired with what questions". This ARP answers the following two "what" questions: 1) What are the risk factors which increase the likelihood that batterers will drop out of battering intervention programs; and 2) What are the strategies/resources available to address these risk factors. Therefore, description is an appropriate research purpose, and descriptive categories is an appropriate conceptual framework for this ARP.

The following table illustrates the risk factors which increase the likelihood of participants dropping out of battering intervention programs and the strategies and resources available to address these risk factors. Table 2.5 also shows how the risk factors and strategies/resources are supported by the literature.

Table 2.5 - Conceptual Framework Table - Descriptive Categories

Risk Factors Which Increase the Likelihood of Participants Dropping Out of Battering Intervention Programs and Strategies/Resources to Address These Risk Factors	**Supporting Literature**
Unstable Lifestyles	
Alcohol and/or Drug Abuse **Strategy/Resource** *Alcohol and/or Drug Abuse Counseling and Treatment Services*	Brookoff et al (1997); CDC; Jewell and Wormith (2010); Cadsky et al (1996); Chang and Sanders (2002); Dalton (2001); Rooney and Hanson (2001); Hamberger, Lohr and Gottlieb (2000); Daly, Power and Gondolf (2001); Stalans and Seng (2010) Dalton (2001); Jewell and Wormith (2010)
Criminal History **Strategy/Resource:** *Employment and Economic Resources*	Rooney and Hensen (2001); Cadsky et al (1996); Gordon and Moriarty (2003); Hamberger, Lohr and Gottlieb (2003); Stalans and Seng (2007); DeMaris (1989); Jewell and Wormith (2010) Raphael and Winter-Ebmer (2001)
Low Education Attainment **Strategy/Resource:** *Adult Education Programs*	Cadsky et al (1996); Chang and Saunders (2002); Stalans and Seng (2007); Daly, Power and Gondolf (2001) Cadsky et al (1996)
Residence Instability **Strategy/Resource:** *Rent Assistance*	Rooney and Hansen (2001): Cadsky et al (1996) Cadsky et al (1996)
Unemployed/Low Income **Strategy/Resource:** *Employment Assistance* *Social Service Programs Offering Utility/Food Services*	Cadsky et al (1996); Tollefson, Gross and Lundahl (2008); Rooney and Hansen (2001); Dalton (2001); Stalans and Seng (2007) Rondeau et al (2001) Jewell and Wormith (2010)
Witnessing Abuse **Strategy/Resource:** *Connection to Community*	Cadsky et al (1996); Chang and Saunders (2002); Daly, Power and Gondolf (2001) O'Brien et al (2003); TDCJ (2009)

Behavioral/Mental Health Issues	
Mental Health Diagnosis **Strategy/Resource:** *Mental Health Treatment and Medicine Compliance*	Daly, Power and Gondolf (2001); Hamberger, Lohr and Gottlieb (2000); Tollefson, Gross and Lundahl (2008) Gondolf (2009) Brookhoff et al (1997)
Physical Aggression/Abusive Behavior **Strategy/Resource:** *Referral of Victims to Domestic Violence Shelters*	Rooney and Hensen (2001); Buttell and Carney 2002); Chang and Saunders (2002); Stalans and Seng (2007) TDCJ (2009)
Ineffective Parenting **Strategy/Resource:** *Parenting Classes*	Tollefson, Gross and Lundahl (2008); Hellman and Dobson (2010) Bancroft et al (1997)
Weak Motivation/Commitment	
Denial/Minimization/Rationalization and Justification **Strategy/Resource:** *Retain participants long enough for the treatment to break down denial, minimization, rationalization and justification.*	Buttell and Carney (2002); Cadsky et al (1996); Taft et al (2001); Chang and Saunders (2002); Catlett, Toews and Walikdo (2010); Cadsky et al (1996), TDCJ (2009)
Lack of Consequences **Strategy/Resource:** *Connection to Community*	Scott (2004); Tollefson, Gross and Lundahl (2008); Bennett et al (2007); Daly, Power and Goldolf (2001) TDCJ (2009)
Unwillingness to Change **Strategy/Resource:** *Use of the Behavioral Change Models and Theories*	Cadsky et al (1996); Daly, Power and Gondolf (2001); Scott (2004); Bennett et al (2007) Bennett et al (2007)
Demographic Risk Factors	
Minority Group **Strategy/Resource:** *Culturally Competent Program* *Connection to Community* *Training on Cultural Competency*	Chang and Saunders (2002); Hamberger, Lohr and Gottlieb (2000); Taft et al (2001); Bennett et al (2007) Chang and Saunders (2002) Rondeau et al (2001); Bennett et al (2009) Chang and Saunders (2002)
Younger Age **Strategy/Resource:** *Mentor Programs*	Cadksy et al (1996); Chang and Saunders (2002); Scott (2004); Chang et al (1996); Jewell and Wormith (2010); Hanson (2001) Cadsky et al (1996)
Unmarried/Childless **Strategy/Resource:** *Identification of Positive Motivators*	Cadsky et al (1996); Stalans and Seng (2007); Rondeau et al (2001) Bennett et al (2007)

Chapter Summary

The purpose of this chapter was to discuss the literature review on attrition from battering intervention programs in order to identify risk factors that increase the likelihood of participant drop out and to identify strategies and/or resources which address these risk factors, thereby increasing the likelihood of participants completing treatment. The risk factors identified fell into the following four major categories:

1. Unstable lifestyles which includes alcohol and/or drug abuse, criminal history, low education attainment, residence instability, unemployment and/or low income and witnessing abuse as a child.
2. Behavioral/mental health issues which includes mental health diagnosis, physical aggression/abusive behavior and ineffective parenting.
3. Weak motivation/commitment which includes denial/minimization/rationalization and justification of the abuse, the lack of consequences both legal and personal, and an unwillingness to change the abuse behavior.
4. Demographic risk factors includes being in a minority group, young age, unmarried and/or childless.

Tables 2.1, 2.2, 2.3, and 2.4 are visual illustrations of the research on risk factors which increase the likelihood of participants dropping out of battering intervention programs. Additionally, in this chapter, the conceptual framework was discussed. Table 2.5 shows the risk factors sorted into categories, driven by the conceptual framework, the strategy/resource for each risk factor, and the corresponding supporting literature. The next chapter will detail the methodology used for the collection of information on the strategies and resources identified in this chapter.

Chapter III

Methodology

Chapter Purpose

The purpose of this chapter is to detail the methodology used to collect the information needed to develop a guidebook of resources that providers working in Texas' Battering Intervention and Prevention Programs can use to refer batterers to community based programs and social service agencies or to find additional information on strategies which may be helpful in retaining batterers in treatment. The chapter also details the operationalization of the conceptual framework and details some of the advantages and disadvantages of using document analysis, telephone survey, and professional literature as a research methodology.

Research Method

This ARP uses document analysis, telephone survey, and professional literature review to collect the information needed to develop a guidebook of resources for providers working in Texas Battering Intervention and Prevention Programs. The unit of analysis used in this ARP for the document analysis and telephone survey is federal and state of Texas governmental agencies, as well as national non-governmental organizations providing services associated with the identified risk factor. The organizations of interest were identified by conducting an Internet search using key terms associated with each risk factor. A list of the key terms can be found in Appendix B. The initial Internet word search produced numerous resources for each category of risk factors; however, narrowing the resources to those withing the unit of analysis proved to be time consuming, and very few organizations actually met the criteria sought. At least one strategy/resource was identified for each risk factor associated with document analysis and

telephone interview. For risk factors which cannot be addressed through participation in a community based program or receipt of social services, a professional literature review was conducted to find appropriate strategies/resources to address the risk factor.

Table 3.1, Oeprationalization of Conceptual Framework below shows how the descriptive categories were operationalized through the use of document analysis, telephone surveys and professional literature.

Table 3.1 Operationalization of Conceptual Framework

Risk Factor for Dropping Out of Battering Intervention Programs and Strategies/Resources to Address These Risk Factors	**Proposed Websites Searched/Telephone Survey Conducted**
Unstable Lifestyles	
Alcohol and/or Drug Abuse **Strategy/Resource** *Alcohol and/or Drug Abuse Counseling and Treatment Services*	2-1-1 Texas (www.211texas.org)/2-1-1 Alcoholics Anonymous (www.aa.org) Al-Anon Family Groups (www.al-anon.alateen.org/meetings/meeting.html) Texas Department of State Health Services (www.tcada.state.tx.us/treatment) Substance Abuse & Mental Health Services Administration (http://dasis3.samhsa.gov)
Criminal History **Strategy/Resource:** *Employment and Economic Resources*	See unemployment/low income section
Low Education Attainment **Strategy/Resource:** *Adult Education Programs*	2-1-1 Texas (www.211texas.org)/2-1-1 Adult Education and Family Literacy Program (http://www.tea.state.tx.us)/512-936-6060 Texas Center for the Advancement of Literacy and Learning (http://www-tcall.tamu.edu)/1-800-441-7323 Texas Workforce Commission (www.twc.state.tx.us)/512-381-4200
Residence Instability **Strategy/Resource:** *Housing/Rent Assistance*	2-1-1 Texas (www.211texas.org)/2-1-1 U.S. Department of Housing and Urban Development-

	(http://www.hud.gov)/512-474-7007
Unemployed/Low Income **Strategy/Resource:** *Employment Assistance* *Social Service Programs Offering Utility/Food Services*	2-1-1 Texas (www.211texas.org)/2-1-1 Texas Workforce Commission, Workforce Solutions (http://www.twc.state.tx.us)/512-381-4200 Project Rio (http://www.workforcelink.com)/1-800-453-8140 Texas Department of Housing and Community Affairs (http://www.tdhca.state.tx.us)/512-854-4113 SNAP Food Benefits (http://www.hhsc.state.tx.us)/1-877-541-7905 2-1-1 Texas (www.211texas.org)/2-1-1 Texas Food Bank Network (www.endhungerintex.org)/817-864-6995
Witnessing Abuse **Strategy/Resource:** *Connection of Community*	Texas Council on Family Violence (http://www.mensnonviolence.org)/512-794-1133
Behavioral/Mental Health Issue	
Mental Health Diagnosis **Strategy/Resource:** *Mental Health Treatment and Medicine Compliance*	2-1-1 Texas (www.211texas.org)/2-1-1 Texas Department of State Health Services, Mental Health and Substance Abuse Division (www.dshs.state.tx.us)/512-206-5960
Physical Aggression/Abusive Behavior **Strategy/Resource:** *Referral of Victims to Domestic Violence Shelters*	National Domestic Violence Hotline (www.thehotline.org)
Ineffective Parenting **Strategy/Resource:** *Parenting Classes*	2-1-1 Texas (www.211texas.org)/2-1-1
Weak Motivation/Commitment	
Denial/Minimization/Rationalization and Justification **Strategy/Resource:** *Address other risk factors to retain participants long enough for the treatment to break down denial/minimization/ rationalization and justification.*	

Lack of Consequences **Strategy/Resource:** *Connection to Community*	Texas Council on Family Violence (www.tcfv.org)/512-794-1133
Unwillingness to Change **Strategy/Resource:** *Use of the Behavioral Change Models and Theories*	Literature review on behavioral change theories and models.
Demographic Factors	
Minority Group **Strategy/Resource:** *Culturally Competent Program* *Connection to Community* *Training on Cultural Competency*	Literature review on cultural competent programming. Texas Council on Family Violence (www.tcfv.org)/512-794-1133 The U.S. Department of Health and Human Services (http://www.hrsa.gov/culturalcompetence/index.html)
Younger Age **Strategy/Resource:** *Mentor Programs*	Literature review on mentor programs.
Unmarried/Childless **Strategy/Resource:** *Identification of Positive Motivators*	Literature review on behavioral change theories and models.

Document Analysis

Document analysis, which is an analysis of written communication including information found on the Internet, is a convenient and reliable way of obtaining information. Strengths include information stability and the ability to receive the information repeatedly (Yin 2009, 102). An advantage of document analysis is that many organizations actively market their services on the Internet and often link to other organizations providing similar services. Document analysis is particularly suited for this ARP, which depended upon the identification of resources provided by organizations that are typically detailed on the organization's website. Weaknesses include the fact that the information can be hard to find or may be withheld deliberately (Yin 2009, 102). These weaknesses are not an issue for this project since resource information is readily available on the Internet and the goal was to find as many resources as possible.

Telephone Survey

Because some resources may exclude individuals with criminal records, document analysis alone would not be enough to ensure resources are available to participants of Texas battering treatment programs many of which are court ordered with criminal records. To that end, two telephone surveys, which can be found in Appendix A, were developed and used as adjunct information to the initial document analysis. The first telephone survey was used to verify whether or not resources identified in the document analysis were available to individuals with criminal records. Because veterans have an array of additional resources available to them because of their status as a veteran, the telephone survey included a question as to whether or not the organization asked the caller if they were a veteran. If respondents indicated they asked the

caller if they were a veteran, a follow up question asked if the organization provides additional resources specifically for veterans. Furthermore, certain strategies/resources suggest involvement in family violence prevention efforts. In those cases, a second survey was used to determine if the organization allows participation from batterers. According to Babbie (2010), telephone survey's greatest advantages are money and time. Telephone surveys are cheaper and quicker than face-to-face surveys. One weakness of telephone surveys is the fact that they are limited to people/organizations with telephones (Babbie 2010). This weakness was not an issue for this ARP since all organizations within the unit of analysis had phone numbers posted on their website.

Professional Literature

Additionally, not all identified risk factors can be addressed by a community program or social service agency. In those cases, resources which give providers additional information on strategies that may assist them in retaining participants in treatment are identified through a review of professional literature.

Human Subjects Protection

This APR was conducted under the guidance of an educational institution and involves examining existing documents. Survey questions pertain only to services provided by community organizations to determine the appropriateness of referring batterers to the resource. Most service providers welcome the opportunity to market their services. The intention of this ARP is to benefit service programs, providers, and participants in Texas Battering Intervention

and Prevention Programs. A human subjects' exemption is appropriate for this type of ARP and was received on January 13, 2011 #Exp2011T5466.

Chapter Summary

The combined use of document analysis, telephone survey, and review of professional literature provided a comprehensive way to collect information needed to develop a guidebook for providers working in Texas Battering Intervention and Prevention Programs. Many batterers are court ordered to battering intervention programs and as such have criminal records. Document analysis alone is not sufficient to ensure resources are available to those with criminal records. To that end, a telephone survey was used to verify if resources identified in the document analysis were available to individuals with criminal records, including those with family violence offenses. Additionally, some strategies/resources suggested involvement in community based family violence prevention efforts. A telephone survey was used to determine if these organizations allowed batterers participation. Finally, not all identified risk factors could be addressed by a community program or social service agency. In these cases, a professional literature review was conducted to identify additional information which providers may find helpful in retaining participants in treatment. Document analysis, telephone survey, and professional literature reviews together provided a comprehensive and thorough way to collect information needed for the development of a guidebook.

Chapter IV
Results

The purpose of this chapter is to detail the results of the document analysis, telephone interview, and professional literature review and to provide an overview of the strategies and resources available in Texas, which address risk factors which increase the likelihood of batterers dropping out of treatment. The following information on strategies and resources is organized by risk factors and were identified and assessed as a part of this applied research project.

Lifestyle Instability

1. Alcohol and/or Drug Abuse

Alcohol and/or drug abuse impairs an individual's ability to fulfill major responsibilities at work, school and home. Alcohol and/or drug abuse also impairs a batterer's ability to complete a battering intervention program and participants who abuse alcohol and drugs are more likely to drop out of treatment. Alcohol and/or drug abuse counseling and treatment services can provide participants an opportunity to address their substance abuse issues which can be a barrier to completing battering intervention programs.

Strategy/Resource: Alcohol and/or Drug Abuse Counseling and Treatment Services

2-1-1 Texas - is a program provided by the Texas Health and Human Services Commission that connects potential clients to local alcohol and/or drug abuse counseling and treatment services available in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

Results of the telephone survey found that acceptance of individuals with criminal records, including family violence offences are determined by the local providing agency. 211 does not offer resources specifically for individuals with criminal records including family violence offenses. 211 providers ask callers if they are a veteran and if so callers are referred to a military specialist for assistance with additional benefits available specifically for veterans.

Alcohol Anonymous (AA) - Alcoholics Anonymous® "is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership" (Alcoholics Anonymous 2011). Meetings are anonymous and are available online.

A telephone survey was not conducted. The AA website indicated that the only requirement for membership was a desire to stop drinking. The anonymous nature of the program made a telephone survey inappropriate and unnecessary.

The Al-Anon Family Groups (Al-Anon) – Al Anon Family Groups "are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. Al-Anon is based on the belief that alcoholism is a family illness and that changed attitudes can aid recovery. Al-Anon is not allied with any sect, denomination, political entity, organization, or institution. There are no dues for membership" (Al-Anon 2011). Al-Anon meetings are anonymous and are available on line.

A telephone survey was not conducted. The Al-Anon website indicated that all individuals who have been affected by someone's drinking is welcome. The anonymous nature of the program made a telephone survey inappropriate and unnecessary.

Texas Department of State Health Services (TDSH) - This website gives information on how to find outreach screening and referral providers for substance abuse issues in the geographic location of the user's choice. The user clicks on their location and is provided with licensed substance abuse sites by city.

Results of the telephone survey found that each treatment provider has its own set of rules and screening processes. Acceptance of individuals with criminal records, including family violence offenses, are determined by the local service provider. If callers identify as veterans resources specifically for veterans are offered.

Substance Abuse & Mental Health Services Administration (SAMHSA) U.S. Department of Health and Human Services - This website is a substance abuse treatment facility locator where users can search for resources by city and state. Individuals can also call the 1-800 help line for substance abuse resources in their area.

A telephone survey was not conducted. The website indicated that each site has their own set of rules and screening policies. Users can search by special programs/groups they may associate with including whether the user is a criminal justice client leading to the conclusion that individuals with criminal records including family violence offenses may quality for services.

2. Criminal History

Batterers with a criminal history are more likely to drop out of treatment. Given that most batterers who attend battering intervention programs are court ordered, and therefore have at least one domestic violence arrest, batterers by their nature are at risk of dropping out of the very treatment that could help them stop their violent behavior. Research shows a connection between unemployment and crime. One way to address this risk factor is to offer employment and other financial resources so the batterer has a legal way to meet financial obligations.

Strategy/Resource: Employment and Economic Resources

Employment and economic resources are identified under the Unemployed/Low Income section.

3. Low Educational Attainment

Batterers may drop out of treatment if they do not understand the materials. Adult education programs can provide an opportunity for participants to increase their level of comprehension of program materials. Adult education programs may also increase employability.

Strategy/Resource: Adult Education Programs

2-1-1 Texas - is a program provided by the Texas Health and Human Services Commission that connects potential clients to adult education programs available in their community. Information

can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

Results of the telephone survey found that acceptance of individuals with criminal records, including family violence offences are determined by the local providing agency. 211 does not offer resources specifically for individuals with criminal records including family violence offenses. 211 providers ask callers if they are a veteran and if so callers are referred to a military specialist for assistance with additional benefits available specifically for veterans.

The Adult Education and Family Literacy Program (AEFLT) – AEFLT "provides English language proficiency, basic academic and literacy functional skills, and high school equivalency for out-of-school youth and adults who are beyond the age of compulsory school attendance, who function at less than a high school completion level" (AEFLT, 2011).

Results of the telephone survey found that individuals with criminal records including family violence offenses are eligible for this program. The program does not have services specifically for individuals with criminal records including family violence offenses. Additionally, federal law prohibits this program from asking if the client is a veteran; however, if the caller identifies as a veteran, they are offered additional support services specifically for veterans.

Texas Center for the Advancement of Literacy and Learning (TCALL) - This website provides a searchable directory of adult literacy providers in Texas. Users can search resources by county.

Results of the telephone survey found that individuals with criminal records including family violence offenses are eligible for this program. Services specifically for individuals with criminal records including family violence offenses are determined at the local level. This program does not ask callers if they are veterans.

Texas Workforce Commission (TWC) Workforce Solutions - this website provides information on training providers and TWC approved career schools and colleges. Included in the information is a directory of approved institutions specifically for veterans. The website provides links to adult literacy information, apprenticeship programs in Texas, and other job training information.

The telephone survey was completed by a local Workforce Solutions program. Results found that individuals with criminal records including family violence offenses are eligible for this program. The program does not have services specifically for individuals with criminal records including family violence offenses. Callers are asked if they are veterans and, if so, are offered resources specifically for veterans.

4. Residence Instability

Participants may find it difficult to concentrate on treatment when they are worried about where they will live. Rent assistance can provide participants a stable place to live and allow them to concentrate on changing their abusive behavior.

Strategy/Resource: Housing/Rent Assistance

2-1-1 Texas - is a program provided by the Texas Health and Human Services Commission that connects potential clients to housing and rent assistance available in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

Results of the telephone survey found that acceptance of individuals with criminal records, including family violence offences are determined by the local providing agency. 211 does not offer resources specifically for individuals with criminal records including family violence offenses. 211 providers ask callers if they are a veteran and if so callers are referred to a military specialist for assistance with additional benefits available specifically for veterans.

U.S. Department of Housing and Urban Development (HUD) - This website gives a list of HUD approved housing counseling agencies located in Texas; their phone number, web site, and a list of housing services provided. Foreclosure prevention counseling and homeless prevention counseling are provided free of charge. Callers are required to identify the service needed and their zip code. An automated message gives the phone number of the nearest approved housing counseling agency. A telephone survey was attempted but not completed.

5. Unemployed/Low Income

For participants struggling with unemployment or low incomes, their priority is likely focused on finding work and/or additional funds to pay for basic living essentials. Attending battering intervention programs may be a luxury they cannot afford. Employment assistance can

give the opportunity for batterer's to provide basic living essentials for themselves and their families.

Strategy/Resource: Employment Assistance

2-1-1 Texas - is a program provided by the Texas Health and Human Services Commission that connects potential clients to employment assistance available in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

Results of the telephone survey found that acceptance of individuals with criminal records, including family violence offences are determined by the local providing agency. 211 does not offer resources specifically for individuals with criminal records including family violence offenses. 211 providers ask callers if they are a veteran and if so callers are referred to a military specialist for assistance with additional benefits available specifically for veterans.

Texas Workforce Commission (TWC) Workforce Solutions (WS) - This website provides a directory of Workforce Solutions offices and services. The user enters their zip code, the type of service needed, and confirms if they are a veteran. Information is provided for the nearest Texas Workforce Solutions office. If the user is a veteran, additional information is given on services specific to veterans. This website also provides a list of additional resources, including food, transportation, mental health services, etc.

Results of the telephone survey found that individuals with criminal records including family violence offenses are eligible for this program. The respondent indicated that the

organization provides services specifically for individuals with criminal records through Project Rio, which was then included as an additional resource. Callers are asked if they are veterans and, if so, resources specifically for veterans are offered.

Project Rio (Re-Integration of Offenders) – Project RIO is administered by the Texas Workforce Commission. Services are limited to individuals who have been or are currently involved in the Texas Department of Criminal Justice or the Texas Youth Commission facilities. Services include an individualized treatment plan identifying a career path, goal setting, assistance with obtaining documents necessary for employment, and assistance with educational and vocational services. Services are provided before and after release. Specifically after release, Project Rio provides job preparation and job search assistance. Workshops are available on completing an employment application, preparing a resume, and interviewing.

Results of the telephone survey found that individuals with criminal records including family violence convictions are eligible for this program if they are currently or have been incarcerated within the Texas Department of Criminal Justice or Texas Youth Commission facilities. Services are provided before and after release. Callers are asked if they are veterans and, if so, resources specifically for veterans are offered. Due to budget cuts, Project Rio will not provide any pre release services after April 15, 2011, and post release services may be affected after August 31, 2011.

Strategy/Resource: Social Service Programs Offering Utility/Food Services

For participants struggling with unemployment or low incomes, employment assistance may help participants in the long term; however, more immediate resources for utility and/or

food assistance may be needed as a safety net, while participants seek more long term solutions to employment issues.

Texas Department of Housing and Community Affairs (TDHCA) - This website provides a list of Comprehensive Energy Assistance Programs (CEAP) throughout Texas, which are funded by the TDHCA. Eligibility determinations are made by each service provider.

A telephone survey was attempted but not completed. The website indicates that applications, income verification, and determination of client services is handled by each service provider.

SNAP Food Benefits – SNAP (used to be called food stamps) is administered by the Health and Human Services Commission (HHSC) and assists individuals with low incomes purchase food. This website gives information on applying for SNAP. Benefits are available for single persons or families as long as they meet the program's requirements. Duration of benefits range from 1 month to 3 years with most benefit periods lasting 6 months. SNAP benefits are typically limited to 3 months in a 3-year period for most adults between the ages of 18 and 50 who do not have a child in the home. The benefit period can be longer if the client is in a job training program or works 20 hours a week. Certain individuals may not have to work to get benefits such as people with disabilities. HHSC provides these benefits through the Lone Star Card, which is used like a credit care at the cash register. Each month the approved SNAP amount is placed in the card holder's account.

A telephone survey was not conducted. The number on the program's website routes the potential client to 211, which was surveyed. Those results are included in this chapter.

2-1-1 Texas - is a program provided by the Texas Health and Human Services Commission that connects potential clients to utility and food assistance available in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

Results of the telephone survey found that acceptance of individuals with criminal records, including family violence offences are determined by the local providing agency. 211 does not offer resources specifically for individuals with criminal records including family violence offenses. 211 providers ask callers if they are a veteran and if so callers are referred to a military specialist for assistance with additional benefits available specifically for veterans.

Texas Food Bank Network (TFBN) - This website directs users to one of 19 food banks across Texas depending on location. The user clicks on "Get Help" and is directed to a local provider for direct access to food support in their area.

Results of the telephone survey found that each individual provider of food determines their own criteria for eligibility. As this is a network of service providers, a confirmation on whether or not these services are available for individuals with criminal records including family violence offenses could not be obtained.

6. Witnessing Abuse

Family violence in a learned behavior. Individuals who witness family violence as children are at a greater risk of carrying that behavior into their adult relationships and are also at an increased risk of dropping out of battering intervention programs. One strategy to mitigate this

risk factor may be involvement of participants in prevention efforts. TDCF accreditation guidelines suggest that batterers who are ready for community involvement may benefit from participation in prevention efforts.

Strategy/Resource: Connection to Community to Violence for Violence Prevention Efforts

Texas Council on Family Violence (TCFV) - The Men's Nonviolence Project encourages men to actively engage in efforts to end men's violence against women. MNP provides information and resources to support the involvement of men and boys in prevention efforts. Results of the telephone survey found that this program is no longer facilitated by TCFV.

Table 4.1 below shows the strategies/resources available for the risk factor: Unstable Lifestyles in an easy to read format.

Table 4.1 Strategy/Resources for the Risk Factor: Unstable Lifestyles

Unstable Lifestyles	
1. Alcohol and/or Drug Abuse Strategy/Resource: Alcohol and/or Drug Abuse Counseling and Treatment Services Alcohol	**2-1-1** Texas is a program provided by the Texas Health and Human Services Commission which connects potential clients to local community alcohol and drug abuse counseling and treatment services. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages. www.211texas.org or call 2-1-1
	Alcoholics Anonymous (AA). "is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership" (Alcoholics Anonymous, 2011). Meetings are anonymous and are available online. Individuals can find the nearest AA meeting by going to the website or calling the number below". http://www.aa.org/?Media=PlayFlash or call 212-870-3400
	The Al-Anon Family Groups (Al-Anon) are a "fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. Al-Anon is based on the belief that alcoholism is a family illness and that changed attitudes can aid recovery. Al-Anon is not allied with any sect, denomination, political entity, organization, or institution. There are no dues for membership" (Al-Anon 2011). Al-Anon meetings are anonymous and are available on line. Individuals can find the nearest meeting by going on the website or calling the number below. http://www.al-anon.alateen.org/meetings/meeting.html or call 757-563-1600

	Texas Department of State Health Services (TDSHS). This website gives information on how to find outreach screening and referral providers for substance abuse issues in the geographic location of the user's choice. The user clicks on their location and is provided with licensed substance abuse sites by city. The information can also be accessed by calling the number below. www.tcada.state.tx.us/treatment or call 1-877-966-3784
	Substance Abuse & Mental Health Services Administration (SAMHSA) U.S. Department of Health and Human Services. This website is a substance abuse treatment facility locator where users can search for resources by city and state. Users can also search by special programs/groups they may associate with including whether the user is a criminal justice client. Each site has their own set of rules and screening policies. Individuals can also call the 1-800 help line for substance abuse resources in their area. http://dasis3.samhsa.gov or call1-800-662-HELP (4357)
2. Criminal History Strategy/Resource: Employment and Economic Resources	See unemployment/low income section
3. Low Education Attainment Strategy/Resource: Adult Education Programs	**2-1-1 Texas** is a program provided by the Texas Health and Human Services Commission and connects potential clients to adult education programs in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages. www.211texas.org or call 2-1-1
	The Adult Education and Family Literacy Program (AEFLT) "Provides English language proficiency, basic academic and literacy functional skills, and high school equivalency for out-of-school youth and adults who are beyond the age of compulsory school attendance who function at less than a high school completion level" (AEFLT, 2011). http://www.tea.state.tx.us/index2.aspx?id=7266&menu_id=814 or call 512-936-6600
	Texas Center for the Advancement of Literacy and Learning (TCALL). This website provides a searchable directory of literacy providers in Texas. Users can search resources by county. http://www-tcall.tamu.edu/provider/search.htm or call 1-800-441-7323
	Texas Workforce Commission (TWC). This website provides information on training providers and TWC approved career schools and colleges. Included in the information is a directory of approved institutions specifically for veterans. The website provides links to adult literacy information, apprenticeship programs in Texas and other job training information. www.twc.state.tx.us/customers/jsemp/jsempsub5.html Phone numbers are not provided.

4. Residence Instability Strategy/Resource: Housing/Rent Assistance	**2-1-1** Texas is a program provided by the Texas Health and Human Services Commission and connects potential clients to housing/rent assistance in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week over 90 languages. www.211texas.org or call 2-1-1
	U.S. Department of Housing and Urban Development (HUD). This website gives a list of HUD approved housing counseling agencies located in Texas; their phone number, web site and a list of services provided. Foreclosure prevention counseling and homeless prevention counseling are provided free of charge. Callers are required to identify the service needed and their zip code. An automated message gives the phone number of the nearest approved housing counseling agency. http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?&webListAction=search&searchstate=TX
5. Unemployed/Low Income Strategy/Resource: Employment Assistance	**2-1-1Texas** is a program provided by the Texas Health and Human Services Commission and connects potential clients to employment assistance in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages. www.211texas.org or call 2-1-1
	Texas Workforce Commission (TWC) Workforce Solutions (WS). This website provides a directory of Workforce Solutions offices and services. The user enters their zip code, the type of service needed and confirms if they are a veteran. Information is provided for the nearest Texas Workforce Solutions office. If the user is a veteran additional information is given on services specific to veterans. This website also provides a list of additional resources including food, transportation, mental health services, etc. http://www.twc.state.tx.us/dirs/wdas/wdamap.html http://www.twc.state.tx.us/customers/serpro/serprosub5.html
	Project Rio (Re-Integration of Offenders). Administered by Texas Workforce Commission, services are limited to individuals who have been or are currently involved in the Texas Department of Criminal Justice or the Texas Youth Commission facilities. Services include an individualized treatment plan identifying a career path, goal setting, assistance with obtaining documents necessary for employment and assistance with educational and vocational services. Services are provided before and after release. Specifically after release, Project Rio provides job preparation and job search assistance. Workshops are available on completing an employment application, preparing a resume and interviewing. Due to budget cuts Project Rio will not provide any pre release services after April 15, 2011 and post release services may be affected after August 31, 2011. http://www.workforcelink.com/html/rio/default_rio.html or call1-800-453-8140
Strategy/Resource: Social Service Programs Offering Utility/Food Services	**Texas Department of Housing and Community Affairs** (TDHCA). This website provides a list of Comprehensive Energy Assistance Programs (CEAP) throughout Texas funded by the TDHCA. Eligibility determinations are made by each service provider. http://www.tdhca.state.tx.us/ea/docs/11-CEAPSubrecipients.pdf Phone numbers are provided depending on location.

	SNAP Food Benefits. SNAP (used to be called food stamps) is administered by the Health and Human Services Commission (HHSC) and assists individuals with low incomes with the purchase of food. This website gives information on applying for SNAP. Benefits are available for single persons or families as long as they meet the program requirements. Duration of benefits range from 1 month to 3 years with most benefit periods lasting 6 months. SNAP benefits are typically limited to 3 months in a 3-year period for most adults between the ages of 18 and 50 who do not have a child in the home. The benefit period can be longer if the adult is in a job training program or works at least 20 hours a week. Certain individuals may not have to work to get benefits such as people with disabilities. HHSC provides these benefits through the Lone Star Card which is used like a credit care at the cash register. Each month the approved SNAP amount is placed in the card holder's account. http://www.hhsc.state.tx.us/help/food/foodstamps/index.html Phone numbers are provided depending on location.
	2-1-1 Texas is a program provided by the Texas Health and Human Services Commission that connects potential clients to utility and food services in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages. www.211texas.org or call 2-1-1
	Texas Food Bank Network (TFBN). This website directs users to one of 19 food banks depending on location. The user clicks on "Get Help" and is directed to a local provider for direct access to food support in their area. www.endhungerintex.org/banks.asp Phone numbers are given depending on location.
6. Witnessing Abuse Strategy/Resource: Connection to Community	**Texas Council on Family Violence (TCFV)**. The Men's Nonviolence Project encourages men to actively engage in efforts to end men's violence against women. MNP provides information and resources to support the involvement of men and boys in prevention efforts. http://www.mensnonviolence.org This program is no longer facilitated by the TCFV.

Behavioral/Mental Health Issues

1. Mental Health Diagnosis

A variety of mental illnesses can impair an individual's ability to engage in life's responsibility or to process complex concepts relating to changing an individual's undesirable behavior. Resources which provide mental health screening, mental health services, and medicine management can help batterers with these issues leaving them free to concentrate on their violence treatment program.

Strategy/Resource: Mental Health Treatment and Medicine Compliance

2-1-1 Texas - is a program provided by the Texas Health and Human Services Commission that connects potential clients to mental health services available in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

Results of the telephone survey found that acceptance of individuals with criminal records, including family violence offences are determined by the local providing agency. 211 does not offer resources specifically for individuals with criminal records including family violence offenses. 211 providers ask callers if they are a veteran and if so callers are referred to a military specialist for assistance with additional benefits available specifically for veterans.

The Texas Department of State Health Services (TDHS) Mental Health and Substance Abuse Division – TDHS funds local organizations to provide mental health services. This website gives callers a number to call if contemplating suicide and directs users to an online mental health services search form, which allows the user to search for their Local Mental Health Authority by county, city or zip cope. The search brings users back to the Mental Health Authority/Mental Retardation Authority in their county. Users can also access the local referral line identified on this website, which is answered 24 hours a day 7 days a week. Services include diagnostic and treatment of mental health issues.

Results of the telephone survey found that services were available for individuals with criminal records including family violence offenses. This program does not provide services

specifically for individuals with criminal records including family violence offenses. Callers are asked if they are veterans and if so resources specifically for veterans are offered.

2. Physical Aggression/Abusive Behavior

The Texas Department of Criminal Justice Battering Intervention and Prevention Program accreditation guidelines suggest individuals with generalized violence may not be appropriate for a BIPP program. Even so, BIPP providers work with individuals who have been violent in the past and may be at risk for using violence again. In the course of treatment providers may have contact with their participants' victims. Knowing how to refer a victim of family violence to their local family violence shelter is vital for those working with batterers.

Strategy/Resource: Referral of Victims to Domestic Violence Shelters

The National Domestic Violence Hotline (NDVH) – The NDVH is a free call which routes the caller to the hotline of the closest domestic violence shelter. This hotline is anonymous and confidential and is available 24 hours a day 7 days a week. A telephone survey was not applicable for this resource.

3. Ineffective Parenting

Individuals who witness family violence have a greater risk of becoming batterers due to learned values, attitudes, and behaviors about the use of violence. Parenting classes can teach batterers the effects of physical and emotional violence on children and assist batterers in learning and modeling appropriate parental behavior.

Strategy/Resource: Parenting Classes

2-1-1 Texas - is a program provided by the Texas Health and Human Services Commission that connects potential clients to parenting classes available in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

Results of the telephone survey found that acceptance of individuals with criminal records, including family violence offences are determined by the local providing agency. 211 does not offer resources specifically for individuals with criminal records including family violence offenses. 211 providers ask callers if they are a veteran and if so callers are referred to a military specialist for assistance with additional benefits available specifically for veterans.

Table 4.2 below shows the strategies/resources available for the risk factor: Behavioral/Mental Health Issues in an easy to read format.

Table 4.2 Strategies/Resources for the Risk Factor: Behavioral/Mental Issues

Behavioral/Mental Health Issues	
1. Mental Health Diagnosis Strategy/Resource: Mental Health Treatment and Medicine Compliance	**2-1-1 Texas** is a program provided by the Texas Health and Human Services Commission and connects potential clients to mental health treatment services in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages. 211 screens callers for need and location and provides resources to match. www.211texas.org or call 2-1-1

	The Texas Department of State Health Services (TDHS) Mental Health and Substance Abuse Division funds organizations to provide mental health services. This website gives callers a number to call if contemplating suicide and directs users to an online mental health services search form which allows the user to search for their Local Mental Health Authority by county, city or zip cope. The search brings users back to the Mental Health Authority/Mental Retardation Authority in their county. Users can also access the local referral line identified on this website which is answered 24 hours a day 7 days a week. Services include diagnostic and treatment of mental health issues. www.dshs.state.tx.us/mhsa-mh-help Phone numbers are given based on location. If contemplating suicide call 1-800-273-8255
2. Physical Aggression/Abusive Behavior Strategy/Resource: Protective Shelter Services for Victims	**The National Domestic Violence Hotline (NDVH)**. This is a free call which routes the caller to the hotline of the closest domestic violence shelter. This hotline is anonymous and confidential and is available 24 hours a day 7 days a week. Individuals can also access the organization on the web at www.thehotline.org. 1-800-799-7233
3. Ineffective Parenting Strategy/Resource: Parenting Classes	**2-1-1 Texas** is a program provided by the Texas Health and Human Services Commission and connects potential clients to parenting classes in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages. www.211texas.org or call 2-1-1

Weak Motivation/Commitment

1. Denial/Minimization/Rationalization/Justification

Batterers who deny, minimize, rationalize, and justify their abuse are more likely to drop out of treatment. Since battering intervention programs work to break down the denial, minimization, rationalization and justification of participant's abusive behavior, participation in the treatment itself is the best way to address this risk factor.

Strategy/Resource: Address other risk factors to retain participants long enough for the treatment to break down denial, minimization, rationalization and justification of abusive behavior.

2. Lack of Consequences

Lack of consequences can make it more likely a batterer will drop out of treatment. A connection to community may give batterers a positive accountability which may mitigate this risk factor. Participating in men's groups and organizations, whose mission is to stop violence against women, may give batterers the opportunity to become part of the solution in working to end interpersonal violence.

Strategy/Resource: Connection to Community

The Texas Council on Family Violence (TCFV) - This website includes information on the Men's Nonviolence Project which encourages men to actively engage in efforts to end men's violence against women. MNP provides information and resources to support the involvement of men and boys in prevention efforts. Results of the telephone survey found that this program is no longer facilitated by TCFV.

3. Unwillingness to Change

Participants must be willing to change before treatment can be of benefit. Models of behavior change can be useful in addressing a participant's unwillingness to change.

Strategy/Resource: Use of Behavior Change Theories

A literature review was conducted on the Transtheoretical Model of Stages of Change; the Theory of Reasoned Action/Planned Behavior; Social Cognitive Theory; and the Health Belief

Model. These are commonly used theories on behavioral change. Providers may benefit from further information and education on these theories. Resources where providers can get additional information on these theories was found on the Internet and included in the guidebook.

Table 4.3 below shows the strategies/resources available for the risk factor: Weak Motivation/Commitment in an easy to read format.

Table 4.2 Strategies/Resources for the Risk Factor: Weak Motivation/Commitment

Weak Motivation Commitment	
1. Denial, Minimization, Rationalization and Justification Strategy/Resource: Address other risk factors to retain participants long enough for the treatment to break down denial/minimization/ rationalization and justification.	
2. Treat of Consequences Strategy/Resource: Connection to Community	**Texas Council on Family Violence (TCFV)**. The Men's Nonviolence Project encourages men to actively engage in efforts to end men's violence against women. MNP provides information and resources to support the involvement of men and boys in prevention efforts. http://www.mensnonviolence.org This program is no longer facilitated by the TCFV.
3. Unwillingness to Change Strategy/Resource: Use of Behavioral Change Models and Theories	Providers may benefit from education on the following theories on behavioral change. Transtheoretical Model of Stages of Change; the Theory of Reasoned Action/Planned Behavior; Social Cognitive Theory; and the Health Belief Model http://www.comminit.com/changetheories.html http://www.csupomona.edu/~jvgrizzell/best_practices/bctable.html

Demographic Factors

1. Minority Group

Minority groups, particularly African American men, are at a greater risk of dropping out of battering intervention programs. Culturally competent programs, connection to community,

and providers trained on cultural issues are vital to ensuring the treatment is meeting the needs of minority participants.

Strategy/Resource: Culturally Competent Programs and Materials

A Model Cultural Competency Handbook for Health Care Professionals: Creating an Ideal Handbook to Reduce Disparities, is a Texas State University Applied Research Project (ARP) completed by Krystal Gilliam in 2010. This ARP gives valuable information on culturally competency as it relates to service delivery.

Strategy/Resource: Connection to Community

The Texas Council on Family Violence's – This website includes information on the Men's Nonviolence Project which is an initiative to engage men and boys in domestic violence prevention efforts. Results of the telephone survey found that this program is no longer facilitated by TCFV.

Strategy/Resource: Training on Cultural Competency

The U.S. Department of Health and Human Services provides the following website that contains information on cultural competency, which may provide providers vital information on interacting with participants of minority groups.

http://www.hrsa.gov/culturalcompetence/index.html

2. Younger Age

Age and life experience influence many facets of life. Younger batterers may not have the maturity needed for the intensity of a battering intervention program. Mentoring programs have been widely used in a variety of settings and may be of benefit to younger BIPP participants.

Strategy/Resource: Mentor Programs

A literature review found numerous models of mentor programs but no research on the use of these types of programs within battering intervention programs. More research is needed to explore whether a mentor program within a batterers intervention program is appropriate.

3. Unmarried/Childless

Participants who are married or those with children may feel they have more to lose by dropping out of battering intervention programs than single men with no children. Providers may be able to identify positive motivators for single or childless participants that have the same motivating affect as family.

Strategy/Resource: Identification of Positive Motivators

A literature review found that identification of positive motivators are often a component of behavior change theories. The Transtheoretical Model of Stages of Change; the Theory of Reasoned Action/Planned Behavior; Social Cognitive Theory; and the Health Belief Model were reviewed. These are commonly used theories on behavioral change. Providers may benefit from further information and education on these theories. Additional information on these theories

can be found http://www.comminit.com/changetheories.html and

http://www.csupomona.edu/~jvgrizzell/best_practices/bctable.html

Table 4.4 below shows the strategies/resources available for the risk factor: Demographic Factors in an easy to read format.

Table 4.4 Strategies/Resources for the Risk Factor: Demographic Factors

Demographic Factors	
1. Minority Group Strategy/Resource: Culturally competent Programs	*A Model Cultural Competency Handbook for Health Care Professionals: Creating an Ideal Handbook to Reduce Disparities*, was completed in 2010 by Krystal Gilliam, a Texas State University student. This ARP gives valuable information on culturally competency as it relates to service delivery. The research project can be accessed at http://ecommons.txstate.edu/arp/323
Strategy/Resource: Connection to Community	**Texas Council on Family Violence (TCFV)**. The Men's Nonviolence Project encourages men to actively engage in efforts to end men's violence against women. MNP provides information and resources to support the involvement of men and boys in prevention efforts. http://www.mensnonviolence.org This program is no longer facilitated by the TCFV.
2. Younger Age Strategy/Resource: Mentor Programs	A literature review found numerous models of mentor programs but no research on the use of mentoring programs in battering intervention programs. More research is needed to explore whether a mentor program within a battering intervention program is appropriate.
3. Unmarried/Childless Strategy/Resource: identification of Positive Motivators	Providers may benefit from education on the following theories of behavioral change. Transtheoretical Model of Stages of Change; the Theory of Reasoned Action/Planned Behavior; Social Cognitive Theory; and the Health Belief Model http://www.comminit.com/changetheories.html and http://www.csupomona.edu/~jvgrizzell/best_practices/bctable.html

Summary

The purpose of this chapter is to detail the results of the document analysis, telephone survey, and professional literature review and to provide an overview of the strategies/resources available in Texas that address risk factors which increase the likelihood of batterers dropping out of treatment. This ARP was successful in finding the information needed to develop a

guidebook of resources that providers working in Texas' Battering Intervention and Prevention Programs can use to refer batterers to community based programs and social service agencies or get additional information on strategies which may be helpful in retaining participants in treatment. The Conclusion chapter follows and provides a summary of this applied research project.

Chapter V

Conclusion

The purpose of this applied research project (ARP) is two-fold. The first purpose of this ARP is to collect information on resources available in Texas that mitigate risk factors which increase the likelihood of participants dropping out of battering intervention programs. The second purpose of this ARP is to develop a guidebook of those resources for use by providers working in Texas Battering Intervention and Prevention Programs. To that end, this ARP accomplished its goals. The guidebook, which is organized by risk factors, can be found in Appendix C. Using this guidebook, Texas BIPP providers will have the information needed to provide resources to batterers which can reduce their risk of dropping out of treatment and thereby reduce their risk of re-offending. This guidebook also provides information on strategies and other resources which may assist providers in retaining participants in battering intervention programs. An Internet search showed no such guidebook was available which both identified risk factors specifically to dropping out of battering intervention programs and linked the risk factors to available strategies and resources.

Table 5.1 below represents a summary of risk factors, corresponding strategies and resources found to address each risk factor. The resources are listed by name and contact information only.

Table 5.1 Risk Factors and Corresponding Strategies/Resources

Risk Factors	Resources
Unstable Lifestyles	
1. Alcohol and/or Drug Abuse Strategy/Resource: Alcohol and/or Drug Abuse Counseling and Treatment Services Alcohol	**2-1-1 Texas** www.211texas.org or call 2-1-1
	Alcoholics Anonymous (AA)http://www.aa.org/?Media=PlayFlash or call 212-870-3400
	The Al-Anon Family Groups (Al-Anon) http://www.al-anon.alateen.org/meetings/meeting.html or call 757-563-1600
	Texas Department of State Health Services (TDSHS) www.tcada.state.tx.us/treatment or call 1-877-966-3784
	Substance Abuse & Mental Health Services Administration (SAMHSA) http://dasis3.samhsa.gov or call1-800-662-HELP (4357)
2. Criminal History Strategy/Resource: Employment and Economic Resources	See unemployment/low income section
3. Low Education Attainment Strategy/Resource: Adult Education Programs	**211** www.211texas.org or call 2-1-1
	The Adult Education and Family Literacy Program (AEFLT) http://www.tea.state.tx.us/index2.aspx?id=7266&menu_id=814 or call 512-936-6600
	Texas Center for the Advancement of Literacy and Learning (TCALL). http://www-tcall.tamu.edu/provider/search.htm or call 1-800-441-7323
	Texas Workforce Commission (TWC) www.twc.state.tx.us/customers/jsemp/jsempsub5.html Phone numbers are not provided.
4. Residence Instability Strategy/Resource: Housing/Rent Assistance	**211** www.211texas.org or call 2-1-1
	U.S. Department of Housing and Urban Development (HUD) http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?&webListAction=search&searchstate=TX Phone number is given after user identifies location and type of service needed.
5. Unemployed/Low Income Strategy/Resource: Employment Assistance	**211** www.211texas.org or call 2-1-1
	Texas Workforce Commission (TWC) Workforce Solutions (WS). http://www.twc.state.tx.us/dirs/wdas/wdamap.html http://www.twc.state.tx.us/customers/serpro/serprosub5.html Phone numbers are given based on location.
	Project Rio (Re-Integration of Offenders) http://www.workforcelink.com/html/rio/default_rio.html or call1-800-453-8140

Strategy/Resource: Social Service Programs Offering Utility/Food Services	**Texas Department of Housing and Community Affairs** (TDHCA). http://www.tdhca.state.tx.us/ea/docs/11-CEAPSubrecipients.pdf Phone numbers are provides depending on location.
	SNAP Food Benefits. http://www.hhsc.state.tx.us/help/food/foodstamps/index.html Phone numbers are provided depending on location.
	211www.211texas.org or call 2-1-1
	Texas Food Bank Network (TFBN) www.endhungerintex.org/banks.asp Phone numbers are given depending on location.
6. Witnessing Abuse Strategy/Resource: Connection to Community for Violence Prevention Efforts	**Texas Council on Family Violence (TCFV)** http://www.mensnonviolence.org This program is no longer facilitated by the TCFV.
Behavioral/Mental Health Issues	
1. Mental Health Diagnosis Strategy/Resource: Mental Health Treatment and Medicine Compliance	**211** www.211texas.org or call 2-1-1
	The Texas Department of State Health Services (TDHS) Mental Health and Substance Abuse Division www.dshs.state.tx.us/mhsa-mh-help Phone numbers are given based on location. If contemplating suicide call 1-800-273-8255
2. Physical Aggression/Abusive Behavior Strategy/Resource: Protective Shelter Services for Victims	**The National Domestic Violence Hotline (NDVH)**. This is a free call which routes the caller back to the hotline of the domestic violence shelter nearest to the caller. This hotline is anonymous and confidential and is available 24 hours a day 7 days a week. Individuals can also access the organization on the web at www.thehotline.org. 1-800-799-7233
3. Ineffective Parenting Strategy/Resource: Parenting Classes	**211** www.211texas.org or call 2-1-1
Weak Motivation Commitment	
1. Denial, Minimization, Rationalization and Justification Strategy/Resource: Address other risk factors to retain participants long enough for the treatment to break down denial/minimization/ rationalization and justification.	
2. Treat of Consequences Strategy/Resource: Connection to Community	**Texas Council on Family Violence (TCFV)** http://www.mensnonviolence.org This program is no longer facilitated by the TCFV.

3. Unwillingness to Change Strategy/Resource: Use of the Behavioral Change Models and Theories	Transtheoretical Model of Stages of Change; the Theory of Reasoned Action/Planned Behavior; Social Cognitive Theory; and the Health Belief Model. http://www.comminit.com/changetheories.html http://www.csupomona.edu/~jvgrizzell/best_practices/bctable.html
Demographic Factors	
1. Minority Group Strategy/Resource: Culturally competent Programs	*A Model Cultural Competency Handbook for Health Care Professionals: Creating an Ideal Handbook to Reduce Disparities*, was completed in 2010 by Krystal Gilliam, a Texas State University student. The research project can be accessed at http://ecommons.txstate.edu/arp/323
Strategy/Resource: Connection to Community	**Texas Council on Family Violence (TCFV)** http://www.mensnonviolence.org This program is no longer facilitated by the TCFV.
2. Younger Age Strategy/Resource: Mentor Programs	A literature review found numerous models of mentor programs but no research on their use in battering intervention programs. More research is needed to explore whether a mentor program within a battering intervention program is appropriate.
3. Unmarried/Childless Strategy/Resource: identification of Positive Motivators	Transtheoretical Model of Stages of Change; the Theory of Reasoned Action/Planned Behavior; Social Cognitive Theory; and the Health Belief Model. http://www.comminit.com/changetheories.html and http://www.csupomona.edu/~jvgrizzell/best_practices/bctable.html

The information collected as a result of this applied research project and the corresponding guidebook which was developed gives providers, who work with Texas batterers, a tool they can use to refer participants to community based organizations and social service agencies for needed services. For risk factors that cannot be addressed through participation in a community based program or receipt of a social service, resources have been provided on where providers can get additional information on strategies which may help them retain batterers in treatment. To the extent that this ARP and guidebook is useful to providers in Texas BIPPs, the objectives of this ARP have been met.

Bibliography

Adult Education and Family Literacy Program. 2011. Accessed at www.tea.state.tx.us

Alcohol Anonymous. 2011. Accessed at www.aa.org

Al-Anon Family Groups. 2011. Accessed at www.al-anon.alateen.org

Babbie, Earl. 2010. The Practice of Social Research. Belmont, CA: Wadsworth, Cengage Learning.

Bancroft, Lundy. 2002. The Batterer as a Parent. National Council of Juvenile and Family Court Judges Newsletter. *Synergy*. 6(1), 6-8.

Bennett, Larry W., Charles Stoops, Christine Call and Heather Flett. 2007. Program Completion and Re-Arrest in a Batterer Intervention System. *Research on Social Work Practice.* 17: 42-54.

Brookoff, Daniel, Kimberly K. O'Brien, Charles S. Cook, Terry D. Thompson and Charles Williams. 1997. *JAMA*. 277 (17): 1369-1373.

Buttell, Frederick P. and Michelle M. Carney. 2005. Do Batterer Intervention Programs Serve African American and Caucasian Batterers Equally Well? An Investigation of a 26-Week Program. *Research on Social Work Practice*. 15: 19-18.

Cadsky Oto R. Karl Hanson, Michael Crawford and Coralie Lalonde. 1996. Attrition From a Batterer Treatment Program: Client – Treatment Congruence and Lifestyle Instability. *Violence and Victims*. 11 (1): 51-64.

Catlett, Beth S., Michelle L. Toews and Vanessa Walilko. 2010. Men's Gendered Constructions of Intimate Partner Violence as Predictors of Court-Mandated Batterer Treatment Drop Out. *American Journal of Psychology*. 45: 107-123.

Centers for Disease Control and Prevention. 2010. Frequently Asked Questions, Alcohol. http://www.cdc.gov/alcohol/faqs.htm.

Chang, Heesuk and Daniel Saunders. 2002. Predictors of Attrition in Two Types of Group Programs for Men Who Batter. *Journal of Family Violence*. 17 (3): 273-292.

Dalton, Bruce. 2001. Batterer Characteristics and Treatment Completion. *Journal of Interpersonal Violence.* 16: 1223-1238.

Daly, Jennifer E., Thomas G. Power and Edward W. Gondolf, 2001. Predictors of Batterer Program Attendance. *Journal of Interpersonal Violence*. 16: 971-991.

DeMaris, Alfred. 1989. Attrition in Batterers' Counseling: The Role of Social and Demographic Factors. *Social Service Review* (March 1989): 142-154

Eckhardt, Christopher, Christopher Murphy, Danielle Black and Laura Suiir. 2006. Intervention Programs for Perpetrators of Intimate Partner Violence: Conclusions from a Clinical Research Perspective. *Public Health Reports.* 121: 369-381.

Gilliam, Krystal, "A Model Cultural Competency Handbook for Health Care Professionals: Creating an Ideal Handbook to Reduce Disparities" (2010). *Applied Research Projects, Texas State University-San Marcos.* Paper 323. http://ecommons.txstate.edu/arp/323

Gondolf, Edward W., 2009. Outcomes from Referring Batterer Program Participants to Mental Health Treatment. *Journal of Family Violence.* 24: 477-588

Gordon, Jill A., and Laura J. Moriarty. 2003. The Effects of Domestic Violence Batterer Treatment on Domestic Violence Recidivism: The Chesterfield County Experience. *Criminal Justice and Behavior*. 30: 118-134.

Hamberger, L. Kevin, Jeffrey M. Lohr and Mark Gottlieb. 2000. Predictors of Treatment Dropout from a Spouse Abuse Abatement Program. *Behavior Modification.* 24: 528-552

Hellman, C.M., C.V. Johnson, and T. Dobson. 2010. Taking Action to Stop Violence: A Study on Readiness to Change Among Male Batterers. *Journal of Family Violence.* 25: 431-438.

Jewell, Lisa M and J. Stephen Wormith. 2010. Variables Associated With Attrition From Domestic Violence Treatment Programs Targeting Male Batterers: A Meta-Analysis. *Criminal Justice and Behavior.* 37: 1086-1113.

Jones, Alison and Edward Gondolf. 2001. Time-Varying Risk Factors for Re-assault Among Batterer Program Participants. *Journal of Family Violence.* 16 (4): 345-359.

Ledesma, Andreana Denise, "Risk Factors Associated with Child Abuse and Mitigating Services: A Conceptual Framework" (2007). *Applied Research Projects, Texas State University-San Marcos.* Paper 264. http://ecommons.txstate.edu/arp/264

O'Brien, Sandra, Dennis Maloney, Judge Don Owen Costello and Dale R. Landry. 2003. Bringing Justice Back to the Community. *Juvenile and Family Court Journal.* Summer: 35-46.

Raphael, Steven and Rudolf Winter-Ember. 2001. Identifying the Effect of Unemployment On Crime. *Journal of Law and Economics*. ILIV: 259-283.

Rondeau Gilles, Normand Brodeur, Serge Brochu, and Guy Lemire. 2001. Dropout and Completion of Treatment among Spouse Abusers. *Violence and Victims*: 16: 127-143

Rooney, Jennifer and R. Karl Hanson. 2001. Predicting Attrition From Treatment Programs for Abusive Men. *Journal of Family Violence.* 16 (2): 131-149.

Scott, Katreena L. 2004. Stage of Change as a Predictor of Attrition Among Men in a Batterer Treatment Program. *Journal of Family Violence* 14 (1): 37-47.

Shields, Patricia M. and Tajalli, Hassan, "Intermediate Theory: The Missing Link to Successful Student Scholarship" (2006). *Faculty Publications-Political Science.* Paper 39. http://ecommons.txstate.edu/polsfacp/39

Stalans, Loretta J., and Magnus Seng. 2007. Identifying Subgroups at High Risk of Dropping Out of Domestic Batterer Treatment: The Buffering Effects of a High School Education. *International Journal of Offender Therapy and Comparative Criminology*. 51: 151-169

Taft, Casey T., Christopher M. Murphy, Jeffrey D. Elliott and Michael C. Keaser. 2001. Race and Demographic Factors in Treatment Attendance for Domestically Abusive Men. *Journal of Family Violence* 16(4): 385-400.

Texas Council on Family Violence accessed at www.tcfv.org.

Texas Department of Criminal Justice, Community Justice Assistance Division, Battering Intervention and Prevention Program Accreditation Guidelines accessed at http://www.tdcj.state.tx.us/cjad/BATTERER'S INTERVENTION PROGRAMSP%20Accreditation%20Guidelines%20Final%207-2-09.pdf

Tollefson, Derrik R., Emma Gross and Brad Lundahl. 2008. Factors that Predict Attrition from a State-Sponsored Rural Batterers Treatment Program. *Journal of Aggression, Maltreatment & Trauma.* 17(4): 453-588.

Yin, Robert. 2009. *Case study research: Design and methods.* 4th ed. Thousand Oaks, CA: Sage Publications.

Appendix A

Telephone Survey I Questions

1. Does your organization provide (insert strategy/resource) for individuals with criminal records including family violence offenses?

2. Does your organization provide (insert strategy/resource) specifically for individuals with criminal records including family violence offenses?

3. If your organization provides (insert strategy/resource) specifically for individuals with criminal records including family violence offenses, describe the unique services offered to this population.

4. Does your organization ask callers if they are veterans?

5. If so, does your organization refer veterans to resources specific to veterans?

Telephone Survey 2 Question

1. Does your organization allow individuals with family violence convictions to participate in prevention activities?

Appendix B
Internet Search Key Words

Risk Factors Which Increase the Likelihood of Participants Dropping Out of Battering Intervention Programs and Strategies/Resources to Address These Risk Factors	**Internet Search Key Words**
Unstable Lifestyles	
Alcohol and/or Drug Abuse Strategy/Resource Alcohol and/or Drug Abuse Counseling and Treatment Services	Alcohol and drug treatment; alcoholic; substance abuse services; alcohol and drug treatment; alcohol abuse; drug abuse
Criminal History Strategy/Resource: Employment and Economic Resources	
Low Education Attainment Strategy/Resource: Adult Education Programs	Adult education; continuing education services;
Residence Instability Strategy/Resource: Housing/Rent Assistance	Housing assistance; rent assistance
Unemployed/Low Income Strategy/Resource: Employment Assistance Social Service Programs Offering Utility/Food Services	Employment assistance; job assistance; career assistance Utility assistance; electric bill assistance; gas bill assistance; food assistance; food stamps; welfare; hunger assistance
Behavioral/Mental Health Issues	
Mental Health Diagnosis Strategy/Resource: Mental Health Treatment Medicine Compliance	Mental health treatment; mental illness treatment; free mental health help; depression assistance
Physical Aggression/Abusive Behavior Strategy/Resource: Domestic Violence Shelters	Domestic violence shelters
Ineffective Parenting Strategy/Resource: Parenting Classes	Parenting classes

Weak Motivation/Commitment	
Denial/Minimization/Rationalization and Justification Strategy/Resource: Address other risk factors to retain participants long enough for the treatment to break down denial/minimization/ rationalization and justification.	N/A
Lack of Consequences Strategy/Resource: Connection to Community	Domestic violence prevention efforts; prevention violence against women
Unwillingness to Change Strategy/Resource: Use of the Behavioral Change Models and Theories	Models of behavior change; Transtheoretical Model of Stages of Change
Minority Group Strategy/Resource: Culturally Competent Program Connection to Community Training on Cultural Competency	Outreach strategies minority communities; African American outreach strategies; Hispanic outreach strategies Domestic violence prevention efforts; prevention violence against women Cultural competency training
Younger Age Strategy/Resource: Mentor Program	Batterers intervention mentor programs
Unmarried/Childless Strategy/Resource: Identification of Positive Motivators	Positive motivators assessment; behavioral change theories

Appendix C

Guidebook

The following pages contain the guidebook developed as a result of this ARP. The guidebook contains information on risk factors which increase the likelihood of participants dropping out of battering intervention programs. Providers who work in Texas Battering Intervention and Prevention Programs can use the guidebook to provide batterers with referrals to community based programs and social services agencies or find additional information on strategies which may assist providers in retaining participants in treatment. The guidebook can be used as a stand-alone document.

A Guidebook of Resources for Battering Intervention and Prevention Programs in Texas to Mitigate Risk Factors Which Increase the Likelihood of Participant Drop Out

---

by

Peggy Helton
Texas State University, San Marcos

Introduction

The purpose of this guidebook is to twofold. The first purpose is to give providers who work in Texas Battering Intervention and Prevention Programs information on risk factors which increase the likelihood participants will drop out of treatment. The second purpose is to provide strategies and resources which may mitigate these risk factors. Providers can use this guidebook to refer batterers to local community organizations or social services agencies. For risk factors which cannot be addressed with a referral to an organization or service, resources are included where providers can find additional information on strategies which may assist them in retaining participants in treatment.

The guidebook is organization by the following categories of risk factors: Unstable Lifestyles; Mental Health Issues; Weak Motivation and Commitment and Demographic Factors.

If resources are needed which are not found in this handbook, call 2-1-1. 211 is available 24 hours a day, 7 days a week and operators have access to over 60,000 health and human service resources across Texas.

This guidebook was submitted by Peggy Helton to the Department of Political Science at Texas State University, San Marcos in partial fulfillment for the requirement for the Degree of Masters of Public Administration.

Additionally, Andreana Ledesma developed *A Handbook of Community Services for Parents in Texas* which providers may find helpful in their work with batterers. That handbook can be accessed at http://ecommons.txstate.edu/arp/265.

Table of Contents

Lifestyle Instability – Alcohol and/or Drug Abuse

Alcohol and/or drug abuse impairs an individual's ability to fulfill major responsibilities at work, school and home. Alcohol and drug use also may impair a batterer's ability to complete a battering intervention program and participants who abuse alcohol and drugs are more likely to drop out of treatment.

Alcohol and/or Drug Abuse Counseling and Treatment Services

211 – is a program provided by the Texas Health and Human Services Commission that connects potential clients to local alcohol and/or drug abuse counseling and treatment services available in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

www.211texas.org or call 2-1-1

Alcoholics Anonymous®

Alcohol Anonymous (AA) – "Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership" (Alcohol Anonymous, 2011 accessed at www.aa.org). Meetings are anonymous and are available online www.aa.org/?Media=PlayFlash or call 212-870-3400

The Al-Anon Family Groups (Al-Anon) – "are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. Al-Anon is based on the belief that alcoholism is a family illness and that changed attitudes can aid recovery. Al-Anon is not allied with any sect, denomination, political entity, organization, or institution. There are no dues for membership" (Al-Anon, 2011 accessed at www.al-anon.alateen.org). Al-Anon meetings are anonymous and are available on line www.al-anon.alateen.org/meetings/meeting.html or call 747-563-1600

Texas Department of State Health Services (TDSH) - this website gives information on how to find outreach screening and referral providers for substance abuse issues in the geographic location of the user's choice. The user clicks on their location and is provided with licensed substance abuse sites by city.

www.tcada.state.tx.us/treatment or call 1-877-966-3784

Substance Abuse & Mental Health Services Administration (SAMHSA) U.S. Department of Health and Human Services - this website is a substance abuse treatment facility locator where users can search for resources by city and state. Users can also search by special programs/groups they may associate with including whether the user is a criminal justice client. Each site has their own set of rules and screening policies.

http://dasis3.samhsa.gov or call 1-800 662-4357.

Lifestyle Instability - Criminal History

Batterer's with a criminal history are more likely to drop out of treatment. Given that most batterers who attend battering intervention programs are court ordered and therefore have at least one domestic violence arrest, batterers by their nature are at risk of dropping out of the very treatment that could help them stop their violent behavior.

Employment and Economic Resources

Research shows a connection between unemployment and crime. One way to address this risk factor is to offer employment and other financial resources so the batterer has a legal way to meet financial obligations. See Unemployed/Low Income section for resources.

Lifestyle Instability - Low Educational Attainment

Batterers may drop out of treatment if they do not understand program materials. Adult education programs can provide an opportunity for participants to increase their level of comprehension of program materials. Adult education programs may also increase employability.

Adult Education Programs

211 - is a program provided by the Texas Health and Human Services Commission which connects potential clients to adult education programs in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

www.211texas.org or call 2-1-1.

The Adult Education and Family Literacy Program (AEFLT) – "provides English language proficiency, basic academic and literacy functional skills, and high school equivalency for out-of-school youth and adults who are beyond the age of compulsory school attendance who function at less than a high school completion level" (AEFLT, 2011). If the caller identifies as a veteran they are offered additional supportive services specifically for veterans.

http://www.tea.state.tx.us/index2.aspx?id=7266&menu_id=814 or call 512-936-6600

TCALL

Texas Center for the Advancement of Literacy and Learning (TCALL) - this website provides a searchable directory of adult literacy providers in Texas. Users can search resources by county.

http://www-tcall.tamu.edu/provider/search.htm or call 1-800-441-7323

Texas Workforce Commission (TWC). This website provides information on training providers and TWC approved career schools and colleges. Included in the information is a directory of approved institutions specifically for veterans. The website provides links to adult literacy information, apprenticeship programs in Texas and other job training information.

www.twc.state.tx.us/customers/jsemp/jsempsub5.html. Phone numbers are not provided.

Lifestyle Instability - Residence Instability

Participants may find it difficult to concentrate on treatment when they are worried about where they will live. Rent assistance can provide participants a stable place to live and allow them to concentrate on changing their abusive behavior.

Housing/Rent Assistance

211 - is a program provided by the Texas Health and Human Services Commission that connects potential clients to housing/rent assistance in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

www.211texas.org or call 2-1-1

U.S. Department of Housing and Urban Development (HUD) - this website gives a list of HUD approved housing counseling agencies located in Texas; their phone number, web site and a list of housing services provided. Foreclosure prevention counseling and homeless prevention counseling are provided free of charge. Callers are required to identify the service needed and their zip code. An automated message gives the phone number of the nearest approved housing counseling agency.

http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?&webListAction=search&searchstate=TX

Lifestyle Instability - Unemployed/Low Income

For participants struggling with unemployment or low incomes their priority is likely focused on finding work or additional funds to pay for basic living essentials. Attending battering intervention programs may be a luxury they cannot afford. Employment assistance can give the opportunity for batterer's to pay for treatment and provide basic living essentials for themselves and their families.

Employment Assistance

211 - is a program provided by the Texas Health and Human Services Commission that connects potential clients to employment assistance services in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages. www.211texas.org or call 2-1-1

Texas Workforce Commission (TWC) Workforce Solutions (WS) - this website provides a directory of Workforce Solutions offices and services. The user enters their zip code, type of service needed and confirms if they are a veteran. Information is provided for the nearest Texas Workforce Solutions office. If the user is a veteran additional information is given on services specific to veterans. This website also provides a list of additional resources including food, transportation, mental health services, etc.

http://www.twc.state.tx.us/dirs/wdas/wdamap.html
http://www.twc.state.tx.us/customers/serpro/serprosub5.html

Project Rio (Re-Integration of Offenders) – is administered by Texas Workforce Commission. Services are limited to individuals who have been or are currently involved in the Texas Department of Criminal Justice or the Texas Youth Commission facilities. Services include an individualized treatment plan identifying a career path, goal setting, assistance with obtaining documents necessary for employment and assistance with educational and vocational services. Services are provided before and after release. Specifically after release, Project Rio provides job preparation and job search assistance. Workshops are available on completing an employment application, preparing a resume and interviewing. Callers are asked if they are veterans and if so resources specifically for veterans are offered. Due to budget cuts Project Rio will not provide any pre release services after April 15, 2011 and post release services may be affected after August 31, 2011.

http://www.workforcelink.com/html/rio/default_rio.html

1-800-453-8140

Utility/Food Assistance

For participants struggling with unemployment or low incomes, employment assistance may help long term; however more immediate resources for utility and/or food assistance may be needed as a safety net while participants seek more long term solutions to employment issues.

Energy Assistance

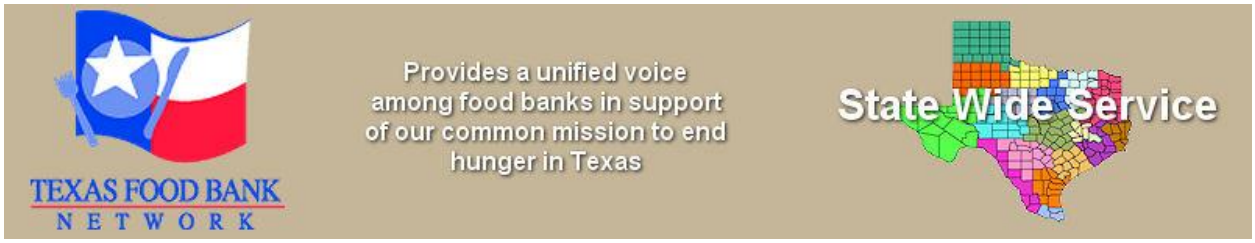
Texas Department of Housing and Community Affairs (TDHCA) – click on CEAP (utility assistance) for a PDF list of Comprehensive Energy Assistance Programs (CEAP) throughout Texas funded by the TDHCA. Eligibility determinations are made by each service provider. http://www.tdhca.state.tx.us/ea/index.htm.

SNAP Food Benefits - (used to be called food stamps) is administered by the Health and Human Services Commission (HHSC) and assists individuals with low incomes with the purchase of food. This website gives information on applying for SNAP. Benefits are available for single persons or families as long as they meet the program's requirements. Duration of benefits range from 1 month to 3 years with most benefit periods lasting for 6 months. SNAP benefits are typically limited to 3 months in a 3-year period for most adults between the ages of 18 and 50 who do not have a child in the home. The benefit period can be longer if the client is in a job training program or works at least 20 hours a week. Certain individuals may not have to work to get benefits such as people with disabilities. HHSC provides these benefits through the Lone Star Card which is used like a credit card at the cash register. Each month the approved SNAP amount is placed in the card holder's account.

http://www.hhsc.state.tx.us/help/food/foodstamps/index.html

2-1-1 Texas - is a program provided by the Texas Health and Human Services Commission that connects potential clients to utility and food assistance services in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

www.211 texas.org or call 2-1-1



Texas Food Bank Network (TFBN) - this website directs users to one of 19 food banks across Texas. The user clicks on "Get Help" and is directed to a local provider for direct access to food support.

www.endhungerintex.org/banks.asp

Lifestyle Instability - Witnessing Abuse

Family violence in a learned behavior. Individuals who witness family violence as children are at a greater risk of carrying that behavior into their adult relationships and are also at an increased risk of dropping out of battering intervention programs. One strategy to mitigate this risk factor may be involvement of participants in prevention efforts. TDCF accreditation guidelines suggest that batterers who are ready for community involvement may benefit from participation in prevention efforts. Groups of men dedicated to ending violence against women through social change are forming across Texas. Participation in these types of groups may give batterers the opportunity to become part of the solution and may help break the cycle of violence. Resources which allowed batterers participation were not found. This section is included in this guidebook to let providers be aware of possible strategies to address this risk factor but special care should be taken to ensure organizations allow participation by batterers.

Behavioral/Mental Health Issues - Mental Health Diagnosis

A variety of mental illnesses can impair an individual's ability to engage in life's responsibilities or to process complex concepts relating to changing an individual's undesirable behavior. Resources which provide mental health screening, mental health services and medicine management can help batterers address mental health issues leaving them free to concentrate on their violence treatment program.

Mental Health Treatment and Medicine Compliance Services

2-1-1 is a program provided by the Texas Health and Human Services Commission that connects potential clients to mental health treatment services in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

www.211texas.org or call 2-1-1

The Texas Department of State Health Services (TDHS) Mental Health and Substance Abuse Division – provides funding to organizations across Texas to provide mental health services. This website gives callers a number to call if contemplating suicide and directs users to an online mental health services search form which allows the user to find their local mental health authority by county, city or zip cope. Users can also access the local referral line identified on this website which is answered 24 hours a day 7 days a week. Services include diagnostic and treatment of mental health issues.

www.dshs.state.tx.us/mhsa-mh-help Phone numbers are given based on location.

If contemplating suicide call 1-800-273-8255

Behavioral/Mental Health Issues - Physical Aggression/Abusive Behavior

The Texas Department of Criminal Justice Battering Intervention and Prevention Program accreditation guidelines suggest individuals with generalized violence may not be appropriate for a BIPP program. Even so, BIPP providers work with individuals who have been violent in the past and may be at risk for using violence again. Additionally in the course of treatment providers may have contact with their participants' victims. Knowing how to refer a victim of family violence to their local family violence shelter is vital for those working with batterers.

Referral of Victims to Domestic Violence Shelters

The National Domestic Violence Hotline (NDVH) - this is a free call which routes the caller to the hotline of the closest domestic violence shelter. This hotline is anonymous and confidential and is available 24 hours a day 7 days a week.

www.thehotline.org.

1-800-799-7233

Behavioral/Mental Health Issues - Ineffective Parenting

Individuals who witness family violence have a greater risk of becoming batterers due to learned values, attitudes, and behaviors about the use of violence. Parenting classes can teach batterers the effects of physical and emotional violence on children and assist batterers in learning and modeling appropriate parental behavior.

Parenting Classes

2-1-1 is a program provided by the Texas Health and Human Services Commission and connects potential clients to parenting classes in their community. Information can be obtained either via phone or Internet and is available 24 hours a day 7 days a week in over 90 languages.

www.211texas.org or call 2-1-1

Weak Motivation/Commitment- Denial/Minimization/Rationalization and Justification

Batterers who deny, minimize, rationalize, and justify their abuse are more likely to drop out of treatment. Since battering intervention programs work to break down the denial, minimization, rationalization and justification of participant's abusive behavior, participation in the treatment itself is the best way to address this risk factor. Providers should focus on addressing other modifiable risk factors identified in this guidebook to keep participants engaged long enough for the treatment to work.

Weak Motivation/Commitment – Lack of Consequences

Lack of consequences can make it more likely a batterer will drop out of treatment. A connection to community may give batterers a positive accountability which may mitigate this risk factor. Participating in men's groups and organizations, whose mission is to stop violence against women, may give batterers the opportunity to become part of the solution in working to end interpersonal violence. Resources which allowed batterer's participation were not found. This section is included in this guidebook to let providers be aware of possible strategies to address this risk factor but special care should be taken to ensure organizations allow participation by offenders.

Weak Motivation/Commitment – Unwillingness to Change

Participants must be willing to change before treatment can be of benefit. Models of behavior change can be useful in addressing a participant's unwillingness to change.

Use of the Behavior Change Theories

A literature review was conducted on the Transtheoretical Model of Stages of Change; the Theory of Reasoned Action/Planned Behavior; Social Cognitive Theory; and the Health Belief Model. These are commonly used theories on behavioral change. Providers may benefit from further information and education on these theories. Additional information on these theories can be found http://www.comminit.com/changetheories.html and http://www.csupomona.edu/~jvgrizzell/best_practices/bctable.html

Demographic Factors – Minority Groups

Minority groups, particularly African American men, are at a greater risk of dropping out of battering intervention programs. A connection to community, culturally competent programs, and providers trained on cultural issues are vital to ensuring the treatment is meeting the needs of minority participants.

Culturally Competent Programs and Materials

A professional literature review found *A Model Cultural Competency Handbook for Health Care Professionals: Creating an Ideal Handbook to Reduce Disparities*, which is a Texas State University Applied Research Project (ARP) completed by Krystal Gilliam in 2010. This ARP gives valuable information on culturally competency as it relates to service delivery. The research project can be accessed at http://ecommons.txstate.edu/arp/323

Connection to Community

TDCF accreditation guidelines suggest that batterers who are ready for community involvement may benefit from participation in prevention efforts. Groups of men dedicated to ending violence through social change are forming across Texas. Participation in these types of groups may give batterers the opportunity to become part of the solution. Resources which allowed batterer's participation were not found. This section is included in this guidebook to let providers be aware of possible strategies to address this risk factor but special care should be taken to ensure organizations allow participation by offenders.

Training on Cultural Competency

The U.S. Department of Health and Human Services provides the following website which contains information on cultural competency which may provide providers vital information on interacting with participants in minority groups.

http://www.hrsa.gov/culturalcompetence/index.html

Demographic Factors - Younger Age

Age and life experience influence many facets of life. Younger batterers may not have the maturity needed for the intensity of a batterer's intervention program. Mentoring programs have been widely used in a variety of settings and may be of benefit to younger BIPP participants.

Mentor Programs

A literature review found numerous models of mentor programs but no research on the use of mentoring programs within battering intervention programs. More research is needed to explore whether a mentor program within a Batterers Intervention Program is appropriate.

Demographic Factors - Unmarried/Childless

Participants who are married or those with children may feel they have more to lose by dropping out of battering intervention programs than single men with no children. Providers may be able to identify positive motivators for single or childless participants that can have the same motivating affect as family.

Identification of Positive Motivators

A Literature Review indicated that identification of positive motivators is often a component of behavior change theories and models. The following models were reviewed: Model of Stages of Change; the Theory of Reasoned Action/Planned Behavior; Social Cognitive Theory; and the Health Belief Model. These are commonly used models when seeking to change behavior. Providers may benefit from additional information and education on these models which can be found at http://www.comminit.com/changetheories.html and http://www.csupomona.edu/~jvgrizzell/best_practices/bctable.html