

*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

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Introduction

The purpose of this guidebook is 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 organized 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

<i>Introduction</i>	2
<i>Table of Contents</i>	3
<u><i>Lifestyle Instability</i></u>	5
<i>Alcohol and/or Drug Abuse</i>	5
<i>Alcohol and/or Drug Abuse Counseling and Treatment Services</i>	5
2-1-1	5
Alcohol Anonymous	5
Al-Anon Family Groups	6
Texas Department of State Health Services	6
Substance Abuse & Mental Health Services Administration (SAMHSA)	7
<i>Criminal History</i>	8
<i>Low Educational Attainment</i>	9
<i>Adult Education Programs</i>	9
2-1-1	9
The Adult Education and Family Literacy Program (AEFLT)	9
Texas Center for the Advancement of Literacy and Learning (TCALL)	10
Texas Workforce Commission (TWC)	10
<i>Residence Instability</i>	11
<i>Housing/Rent Assistance</i>	11
2-1-1	11
U.S. Department of Housing and Urban Development (HUD)	11
<i>Unemployed/Low Income</i>	12
<i>Employment Assistance</i>	12
2-1-1	12
Texas Workforce Commission (TWC)	12
Project Rio (Re-Integration of Offenders)	13
<i>Utility/Food Assistance</i>	14
Texas Department of Housing and Community Affairs (TDHCA)	14
Snap Food Benefits	14
2-1-1	15
Texas Food Bank Network (TFBN)	15

<i>Witnessing Abuse</i>	16
<u><i>Behavioral/Mental Health Issues</i></u>	
<i>Mental Health Diagnosis</i>	17
<i>Mental Health Treatment and Medicine Compliance Services</i>	17
2-1-1	17
Texas Department of State Health Services (TDHS)	18
<i>Physical Aggression/Abusive Behavior</i>	19
<i>Referral of Victims to Domestic Violence Shelters</i>	19
The National Domestic Violence Hotline (NDVH)	19
<i>Ineffective Parenting</i>	20
<i>Parenting Classes</i>	20
2-1-1	20
<u><i>Weak Motivation/Commitment</i></u>	
<i>Denial/Minimization/Rationalization and Justification</i>	21
<i>Lack of Consequences</i>	21
<i>Unwillingness to Change</i>	22
<i>Behavior Change Models</i>	22
<u><i>Demographic Factors</i></u>	23
<i>Minority Groups</i>	23
<i>Culturally Competent Programs and Materials</i>	23
<i>Connection to Community</i>	23
<i>Training on Cultural Competency</i>	24
U.S. Department of Health and Human Services	24
<i>Younger Age</i>	25
<i>Mentor Programs</i>	25
<i>Unmarried/Childless</i>	25
<i>Identification of Positive Motivators</i>	25

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

Al-Anon/Alateen

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/jsembsub5.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

Reintegration of Offenders

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>.



Texas Health and Human Services Commission

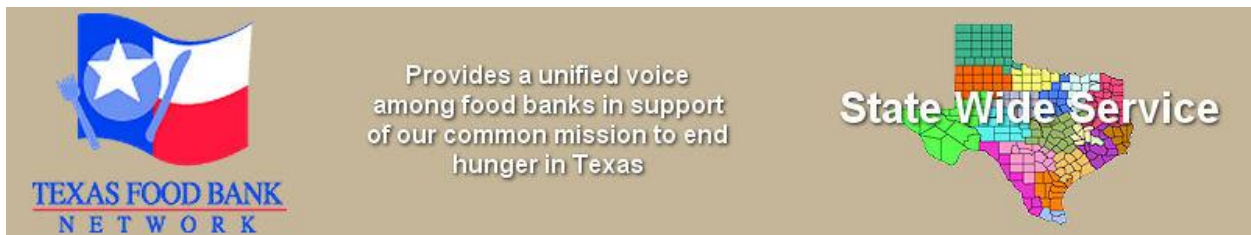
SNAP Food Benefits - (used to be called food stamps) is administered by the Health and Human Services Commission (HHSC) and assists individuals with low incomes with the purchase of food. This website gives information on applying for SNAP. Benefits are available for single persons or families as long 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.211texas.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 is 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 code. 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