Log Number _____

Indiana University of Pennsylvania Institutional Review Board
for the Protection of Human Subjects

Human Subjects Review Protocol

1. **Principal Investigator**

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Date of Submission____January 17, 2001

2. **Co-Investigator (e.g. thesis/dissertation committee chair; use a second sheet for any additional names):**

Name_____ Department

Position/Rank_____ Office Phone

Address_____ E-Mail Address:

3. **Project Title: Culturally-focused batterer counseling for African American men.**
_____Check one:
Thesis ____Dissertation____Faculty Research_X__Student Research

Dates during which project will be conducted: From__9/01_____To: 2/05

4. **A. Project Funding Source: Check as many as apply:**

__X_ Extramural Grant: Agency name:__National Institute of Justice_____ IUP Grant
___ Non-funded thesis or faculty research
___ Other

B. If grant funded, application deadline or date of transmittal Jan. 17, 2001
Please submit one copy of grant proposal as soon as it is available.

5. Consider each of the following separately and place an X next to each to indicate that the information is complete. PLEASE NUMBER ALL PAGES!!!

_X_ A. PURPOSE, RESEARCH VARIABLES, AND POPULATION

Purpose of the study-State concisely and realistically what the study is intended to accomplish.
Background-Briefly state the background of the study, including some relevant references and identify the main questions the current study is intended to address.
Characteristics of the Subject Population-The following information should be provided:

a. Age Range-What is the age range and why was it chosen?
b. Sex-What is the sex of the subjects? If there is a restriction, provide the rationale.
c. Number-What is the estimated number of subjects?
d. Inclusion Criteria-What are the specific inclusion criteria?
e. Exclusion Criteria-What are the specific exclusion criteria? Clear rationale should be provided for the exclusion of any particular population group, unless the title of the study reflects the restricted population range.
f. Vulnerable Subjects-If vulnerable subjects will be included (children, pregnant women, fetuses, prisoners, mentally disabled persons), provide justification of the need to use these subjects in research.

_X_ B. METHODS AND PROCEDURES

Method of Subject Selection-Describe the study's method(s) of identification and recruitment of prospective subjects. Provide a copy of any planned advertisements.
Study Site-State the location(s) where the study will be conducted. Include letters of approval to conduct the study from all non-IUP sites.
Methods and Procedures Applied to Human Subjects-Describe in detail the study design and all procedures (sequentially) to be applied to subjects. Attach copies of any instruments to be used, such as surveys, rating scales, or questionnaires.

_X_ C. RISKS/BENEFITS
Potential Risks-Identify the potential risks of the study. Specify the types and levels of risk.

Protection Against Risks-For all studies involving greater than minimal risk, specify the procedures for preventing or minimizing any potential risks.
Potential Benefits-Describe any potential non-monetary benefits of the study, both for subjects and for society in general.
Compensation for Participation-Describe any monetary or other forms of compensation which will be provided to subjects, and any conditions which must be fulfilled to receive compensation.
Alternatives to Participation-Describe any alternatives to participation in the study which might be advantageous to the subject. If the subjects are to receive academic credit for research participation, describe the alternatives available to earn equivalent academic credit.
Information Withheld-Identify the nature of any information to be purposely withheld from subjects, and provide justification for the non-disclosure.
Debriefing-Describe the procedure for post-study debriefing of subjects.

_X_ D. CONFIDENTIALITY
Describe explicitly how confidentiality of data will be maintained. If any information with subject identifiers will be released, specify the recipients. Include a statement that all data will be retained for at least three years in compliance with federal regulations.

_X_ E. COPY OF CONSENT FORM. See attached Essentials of Informed Consent and Informed Consent Form. Please note that an informed consent form addresses five critical points: 1) subject participation in the study is voluntary (provide a description of the procedure to be used if choosing not to participate); 2) a statement of the subject's right to withdraw at any time and a clear description of the procedures for withdrawal from the study without penalty; 3) subjects are informed of the level of risk (from 'no known risk' through the level appropriate to the study) and the means of protecting the subjects from known risks or minimizing the risk; 4) confidentiality is ensured; and 5) the means by which confidentiality is to be ensured is elucidated. While it is not mandatory that an Informed Consent Form is identical to the example, the five points listed above are critical elements of any form an investigator may develop. It is important to include sufficient specific information regarding the purpose and nature of your study to ensure that subjects are fully informed. A copy of the Informed Consent Form should be given to each subject who participates in the study. Please note: the IRB will not accept "blanket waivers" of the right to privacy. Subjects (or their legal agents must sign a consent form for each research study.)

Mailed surveys ordinarily receive expedited reviews and do not need consent forms except when one of the following conditions prevail: 1) the person's name or other identifier is known to the researcher; or 2) the content of the survey puts the respondent at risk for emotional, physical, or other types of distress. If an informed consent form is not required, the researcher should use a cover letter to potential

subjects which addresses all the elements of informed consent previously described. Please include a copy of this cover letter with your protocol.

6. **<u>Protected Populations and Sensitive Subjects</u>: If <u>any</u> Human Subjects from the following list would be involved in the proposed activity, place an X next to the category.**

___minors	**___fetuses**	**___pregnant women**
___test subjects for new drugs or clinical devices	**___abortuses**	**__X_illegal behavior**
	___incarcerated	**___mentally disabled**
__X_educationally or economically disadvantaged persons		

7. **<u>Nature of Risk</u>. In your judgment, does your research involve more than minimal risk? "Minimal risk" means that the risk of harm anticipated in the proposed research is not more likely than those risks encountered in daily life, or during routine physical or psychological examinations/tests.**

   __X___Yes _____No

8. **In your judgment, does your research fall under one of the six exempt categories? (List of Exempt Categories attached.) If you believe it does, indicate the number of the category under which you are claiming an exemption.**

9. **Does your project fall under one of the categories eligible for expedited review? (List of Expedited Review Categories attached.) If you believe it does, indicate the number of the category under which you are claiming expedited review.**

10. **Additions to or changes in procedures involving human subjects as well as any problems connected with the use of human subjects once the project has begun must be brought to the attention of the IRB.**

    I agree to provide whatever surveillance is necessary to ensure that the rights and welfare of the human subjects are properly protected. I understand that I cannot initiate any contact with human subjects before I have received approval/or complied with all contingencies made in connection with the approval. I understand that as the principal investigator I am ultimately responsible for the welfare and protection of human subjects and will carry out the project as approved.

    _____

    Signature of Principal Investigator/Program Director Date

11. **Approval by Faculty Sponsor (required for all students):**

    I affirm the accuracy of this application, and I accept the responsibility for the conduct of this research and supervision of human subjects as required by law. THE PROPOSED PROJECT HAS BEEN APPROVED BY THE THESIS/DISSERTATION COMMITTEE.

    _____

    Signature Date

CULTURALLY-FOCUSED BATTERER COUNSELING FOR AFRICAN AMERICAN MEN

A. PURPOSE, RESEARCH VARIABLES, AND POPULATION

Purpose of study

The purpose of this research is to test the relative effectiveness of culturally-focused batterer counseling for African American men as compared to conventional batterer counseling. Recent program evaluations show that African American men are more likely to dropout of conventional batterer counseling and re-assault their partners, and the clinical literature in several related fields recommends culturally-focused counseling to improve counseling effectiveness with this population. Culturally-focused counseling refers here to the counselor recognizing and responding to cultural issues that emerge in group counseling sessions, and a program curriculum that includes the major cultural issues facing a particular group of participants. Culturally-focused counseling generally includes participants with a common racial or ethnic background to ensure some shared experience of the cultural issues and group support for addressing them. We hypothesize that: 1) African American men assigned to culturally-focused batterer counseling will have lower dropout, re-assault, and re-arrest rates than men assigned to racially-mixed conventional counseling or an all African-American group with conventional counseling, 2) improved outcomes for culturally-focused counseling over conventional counseling will persist for program completers over program dropouts, in what is considered a “dose-response” as opposed to “intention to treat” design, and 3) men with more culturally-specific attitudes will benefit the most from the culturally-focused counseling—that is, culturally-specific attitudes will moderate the counseling outcomes.

Background

In many major urban areas, African American men comprise at least half of the men arrested for domestic violence and referred to “batterer” educational or counseling programs (Gondolf, 1999b). Researchers and practitioners working within the African American community have argued the conventional approach to working with these men needs to be revised (e.g., Blake & Darling, 1994; Hampton, 1998; Oliver, 1994; Williams, 1994, 1998). Clinicians in the domestic violence field echo the recommendations of those in the related fields (e.g., alcohol treatment, psychotherapy, and social work) who have recommended culturally-focused counseling to supplement conventional counseling developed primarily for white middle-class clients (e.g., Brodsky, 1982; Ponterotto & Casas, 1991; Rasheed & Rasheed, 1999). They argue that dropout and re-assault rates among the African American men tend to be higher than for white men, because conventional batterer counseling fails to acknowledge and address important cultural issues facing African American men. A survey of batterer programs has shown that very few of these programs specifically address cultural issues relevant to African Americans (Williams & Becker, 1994), despite these long-standing recommendations.

Moreover, there is very little research on the outcomes of the recommended culturally-focused counseling in other fields, and the research that is available offers some contradictory results (Sue, Chun, & Gee, 1995; Sue, Zane, & Young, 1994).. One preliminary outcome evaluation of culturally-focused counseling has been conducted with African American men arrested for domestic violence (Williams, 1995). It seems particularly important to evaluate culturally-focused counseling in the domestic violence field because of its attachment to the criminal justice system. According to a Gallup Poll, over half of the adult African Americans have negative reactions to the criminal justice system that might further affect their response to court-referred batterer counseling (Stone, 1999). These are reactions that they do not necessarily apply to the mental health or alcohol treatment programs where most of the previous research has been conducted.

This research on culturally-focused batterer counseling would have major significance for development of batterer counseling programs around the country. If culturally-focused counseling does appear to reduce dropout and re-assault among African American men, then more should be done to implement the clinical recommendations for such counseling that have thus far been largely neglected. If the culturally-focused counseling does not have a significant effect, conventional counseling may be sufficient or other means of cultural support might be considered. We also may find that culturally-focused counseling is more effective with a subgroup of African American men who hold more culturally-specific attitudes, that is, who identify most with African American culture (Aponte & Barnes, 1995; Dana, 1998; Logan, 1990). This finding would suggest some criteria for assigning and admitting men to culturally-focused counseling.

Population:

Self-identified African American men arrested for domestic violence in Pittsburgh, ordered by the Domestic Violence Court in Pittsburgh to attend batterer counseling, and appearing at the counseling program intake session.

Age: 18-60 range; 33 mean

Sex: male

Number: 600

Inclusion: African American, arrested for domestic violence, court-referred to batterer counseling, attending program intake

Exclusion: court-order for violence against family members other than intimate partners

Vulnerable subjects: none

Variables

Outcome variables: The three principal outcome variables for comparing the conventional and culturally-focused counseling are: dropout, re-assault, and re-arrest for domestic violence. We will use "dropout" because of the established relationship of dropout to re-assault (Gondolf & Jones, under review) and the court's consideration of dropout as "non-compliance. "Dropout" will be assessed as completing less than the court-required 16 weekly sessions. The women's report of "re-assault" will be used because it remains a relatively objective measure of woman abuse, and is the reason for domestic violence arrests and program referral. Our previous multi-site evaluation shows, moreover, that other forms of abuse did not result in program referral across the four sites [Gondolf, 1997b]. Also, re-assault was directly correlated with the women's perceptions of safety and of "well-being" in our previous research (Gondolf, 1997b). "Domestic violence re-arrests" will be used as an outcome, as well, because they are of particular concern and cost to the court, and considered by the court as a relatively objective indicator. Pittsburgh arrest records indicate "domestic violence" for simple or aggravated assault against a family member or known female partner. As explained further below, Pittsburgh police currently make this determination at the time of arrest and indicate it on the incident report that is later recorded in the county-wide arrest record database. The analysis will focus on the "domestic violence" arrests, which are the main arrests being addressed by the program intervention, but will also compute a comparison in other kinds of re-arrests for interest.

"Re-assault" will be defined as physical abuse of the subject's female partner reported by that partner during follow-up interviews. "Reassaults" will be assessed through a series of questions that include an open-ended question about "how is the relationship going," descriptions of any conflicts and their circumstances, and an inventory using the categories of the Conflict Tactics Scale (Straus, 1979). The nature of battering injuries and medical assistance received for those injuries, and the woman's response to the abuse will also be obtained, as further descriptive information to elaborate the re-assault findings. A re-assault is considered any incident that included one of the tactics on the physical aggression subscale of the Conflict Tactics Scale (i.e., push, shove, grab; slap; hit with a fist, bit, kick; hit with something, attempt to hit with something; choke or burn; threatened with a knife or gun; used a knife or gun; forced sex against will). "Severe" re-assault will also be considered. It will be defined as use of any of the so-called "severe" tactics of the Conflict Tactics Scale (i.e., hit with a fist, bit, kick; hit with something, attempt to hit with something; choke or burn; threatened with a knife or gun; used a knife or gun; forced sex against will).

Several other forms of abuse will also be assessed to complement the re-assault findings. Inventories for <u>controlling behaviors</u> (i.e., kept from talking on the phone, kept from spending time with friends, stopped from going someplace, followed against will or knowledge, kept from using income or savings, taking money from the person), <u>verbal abuse</u> (i.e., swore or screamed at; accused of other relationship; put-down, insulted, called names), and <u>threats</u> (i.e., threatened to hit, attack, or harm the woman; kill any person; take away or harm children; harm other people; kill or hurt self) will be converted into variables that indicate a "yes" response during any of the follow-up interviews to any of the possible items in that category of abuse. These inventories were compiled from several abuse scales that attempt to identify non-physical abuse (e.g., Marshall, 1992; Shepard & Campbell, 1992; Straus, 1979; Tolman, 1989).

Finally, the women's subjective appraisal of their own safety and well-being will also be considered, as we have done in our previous multi-site evaluation, in order to complement further the re-assault findings. These variables offer some indication of the subjective experience of the women beyond the behavioral acts (e.g., re-assaults) of the man. The women will be asked a global question "Would you say that your life overall is generally better, worse, or the same?" They will also be asked

to estimate how safe they felt at that point, and how likely it is that their partners will hit them in the next three months (using a Likert scale). As mentioned above, these indicators were very highly correlated with the reports of reassault in our previous study (Gondolf, 1997b, 2000c).

Culturally-Specific Attitudes: To assess the hypothesized moderating variable of "culturally-specific attitudes," instruments for racial acculturation and racial identity will be administered at program intake. "Acculturation" is defined as the acceptance of, and participation in, mainstream norms, attitudes, and status of one's racial culture, as opposed to the dominant culture. "Racial identity" is defined as having internalized attitudes of one's racial or ethnic group and being suspicious of the attitudes prevailing in the dominant group or culture. The racial acculturation is based primarily on behavioral indicators, and racial identity is based primarily on attitudinal indicators. The two concepts are highly correlated, but individuals may be high in one and low in another (Pope-Davis et al., 2000). We have chosen two widely-used instruments of cultural-specific attitudes, both of which have strong psychometric properties, have been used together (Pope-Davis et al., 2000), and have been recommended for use with clinical populations (Sabnani & Ponterotto, 1992): The African American Acculturation Scale and the Racial Identity Attitude Scale.

The African American Acculturation Scale (Landrine & Klonoff, 1994, 1995) was developed to assess an individual's adherence to and participation in African American culture as opposed to the dominant culture. The scale consists of 33 items (short form) that measure 10 dimensions of African American culture (e.g., Preference for Things African American, Interracial Attitudes/Cultural Mistrust, Religious Beliefs/Practices). Participants respond using a 7-point, Likert-type scale (1 = totally disagree, 7 = strongly agree). The Cronbach alphas are .81 for the total score and range from .83 to .44 for the subscales (Landrine & Klonoff, 1995). Because of the low reliability of some subscales, researchers recommend using only the total score (Sabnani & Ponterotto, 1992). The total scores on the African American Scale range from 33 to 231. The African American Acculturation Scale has been associated with perceived counselor competence and credibility (Pope-Davis et al., 2000). The scale has been used in a variety of studies that include college students, parents, professionals, and mental health patients.

The Racial Identity Attitude Scale (RIAS) (Parham & Helms,1981; Helms & Parham, 1990, 1996) is a 30-item scale that measures attitudes associated with a developmental model of racial identity (Cross, 1971). The RIAS uses a Likert-type scale (1 = strongly disagree and 5 = strongly agree) to rate agreement with each item (e.g., "I believe that Black people should learn to think and experience life in ways that are similar to White people"). The scoring categorizes the respondent in one of four developmental stages (i.e., pre-encounter, encounter, immersion, internalization) that range from low to high in racial identity. (Scores are obtained by summing the responses for each stage subscale and dividing the sums by the number of items in each subscale.) Internal consistency reliability for the subscales range from .67 to .80 (Burlew & Smith, 1991; Helms, 1990, Parham & Helms, 1981), and factor analysis strongly supports the subscale construct (Ponterotto & Wise, 1987). The Racial Identity Attitude Scale is related to emotional states and psychological functioning (Carter, 1991; Parham & Helms, 1985; Pyant & Yanico, 1991) and preference for racially-matched counselors (Parham & Helms, 1981), as predicted by racial identify theory (Helms, 1990). Social class and education do not appear to determine the scoring for either scale.

Other Variables: Several other variables will be assessed at program intake to help describe the sample, test for equivalent subsamples in the random assignment, and offer controls for subsequent analyses. The background questionnaire will include close-ended questions about the man's demographics, employment relationship status, past assault, alcohol and drug use, prior social service and criminal justice contact, and the women's previous help-seeking. These encompass variables that have been shown in previous program evaluations to be associated with program outcomes (Daly & Pelowski, in press; Tolman & Bennett, 1990). The follow-up interviews will include variables about man's and woman's employment status, the man's alcohol and drug use, partner contact, the man's additional social service contact, and the woman's additional help-seeking. These offer situational variables that may mediate outcomes, as suggested in previous evaluations (Jones & Gondolf, in press).

Drinking and drug use are assessed using men's and women's reports of kind of substance, frequency of use, and frequency of "drunkenness" or "getting high." In our previous research, we found that these reports were much stronger predictors of outcomes than the results of conventional screening tests or scales (Jones & Gondolf, in press). The men's social service contact and women's help-seeking are based on inventories developed in our previous research (Gondolf & Fisher, 1988; Jones & Gondolf, in press). The responses are grouped into categories such as alcohol treatment,

other counseling, and battered women's services; and used as categorical or interval (total number of services contacted) variables in the analysis.

B. METHODS AND PROCEDURES

Overview

The research design will be a clinical trial comparing the dropout, re-assaults, and re-arrests in a 12-month follow-up for culturally-focused batterer counseling in an all African-American group, conventional batterer counseling in an all African-American group, and conventional batterer counseling with a racially mixed group in Pittsburgh. Six hundred African American men arrested for domestic violence will be randomly assigned to one of two culturally-focused groups, two African-American conventional groups, or four mixed-race conventional groups. A background questionnaire and tests of cultural-specific attitudes (i.e., African American Acculturation Scale and Racial Identity Attitude Scale) will be administered to the men at program intake. Clinical records of the number of sessions attended will be used to identify dropout from the required 16 weekly group counseling sessions. The men's female partners will be interviewed at 3, 6, and 12 months after program intake to assess their partners' re-assault (with a projected response rate of 70%), and arrest records will be obtained to identify re-arrests for domestic violence and other crimes. After testing for equivalent samples, the outcomes of the three groups will be compared for both "intention to treat" and "dose response" effects using conventional bivariate analyses. The moderating effect of cultural attitudes on the outcomes will be examined using logistic regressions for the re-assault outcome reported by the victims.

Subject selection

The subjects for the clinical trial will be all African American men recruited from those referred by the Pittsburgh Domestic Violence Court to DACC for the required 16 weekly counseling sessions. At the court, the DACC court coordinator individually informs each referral about the program and makes an appointment for orientation at the DACC central office. The coordinator customarily asks a few demographic questions at that time, including the man's racial and ethnic background. (These questions will be used later to help identify the number of men who may be missed because they do not self-identify as African American during the subject recruitment at the orientation meeting.) At the orientation meeting all the men entering the DACC will complete a background questionnaire and a contact form (names and addresses of relatives, friends, neighbors, etc., of the men and their female partners) developed in previous research. A procedure is in place to help address semi-literacy. The staff reads aloud all written materials and the group of men follow along on their copies indicating the numbered response that applies to them.

At the end of the orientation, the African American men will be asked to stay for a few more minutes. These men will be informed of the clinical trial and asked to complete consent forms. The consent form will indicate release of the background questionnaire and contact forms to the researcher, follow-up contact with their partners, and review of attendance and arrest records. The refusal rate has been under 7% in our previous program evaluation in a large part because the consent is merely for "release" of information that the men have to provide as part of the program. All program participants are notified that partner follow-up, attendance records, and review arrest records are part of the program's monitoring of its participants. Also, the group assignment remains at the discretion of the program whether they enter the program or not. The consenting men will be administered two inventories of cultural-specific attitudes explained in the section on "Variables."

Men will be recruited over a one-year period until a total of 600 men (200 per counseling option) are recruited. The court is currently referring 40 African American men per month to DACC. Allowing for some refusals, it will take 18 months to recruit and assign 600 African American men. The current dropout rate for the African American men is 45% which means that two culturally-focused groups, two African-American conventional groups, and four mixed-race conventional groups (14-18 participants each) will be needed to accommodate the 35-40 men per month.

Study site

The setting for the clinical trial will be the Domestic Abuse Counseling Center (DACC) in Pittsburgh, Pennsylvania. DACC offers weekly sessions of 1½ hours for groups of 13-18 men for a required duration of 16 weeks. A staff counselor follows a primarily instructional or didactic approach that conforms to the gender-based cognitive behavioral curriculum prevalent in the field (e.g., Pence & Paymar, 1993; Stordeur & Stille, 1989). The program begins with an initial group orientation meeting where program staff gather necessary information, present an overview of the program and its policies, introduce abuse and violence avoidance, assign men to a neighborhood meeting site, and set fees on a sliding scale. Two unexcused absences or an arrest for re-assault results in the man's dismissal from the program and return to court. The referrals come from a preliminary hearing in a specialized domestic violence court which has been developed to ensure a "swift and certain" response to domestic violence arrests. The referrals must appear 30 days after court referral to demonstrate compliance to the referral and again at 90 days to demonstrate program completion of the program. This "judicial oversight" is in contrast to the slow and uncertain response of the vast majority of probation offices to non-compliance (see Gondolf, 1999a).

Procedures Applied to Human Subjects

Random Assignment: The recruited subjects will be told at the end of the orientation that they will receive their group assignment via phone and mail the following day. Subjects on an alphabetized list will be consecutively assigned to either the culturally-focused counseling, the African-American conventional counseling, or the mixed-race conventional counseling. Men's work schedules and residence will be considered determining which group within each option is assigned. Both options (i.e., culturally-focused counseling and convention counseling) have morning and evening groups and have groups dispersed across the predominately African American and racially-mixed neighborhoods of the city. Also, the racial composition of the conventional counseling groups will be maintained at 50% or less African American men in order to help offset the possibility of an African American majority simulating the culturally-focused option.

The most difficult and important part of clinical trials is implementation of the random

assignment. The random assignment is used to ensure two equivalent groups of participants for comparison with potential selection bias at a minimum. Random assignment in experimental studies comparing batterer counseling to a probation-only control group have, however, been seriously compromised by lawyer opposition, judge overrides, subject non-compliance, and program instability (Davis, Taylor, & Maxwell, 1998; Feder & Forde, 2000). Our setting and procedures should preclude these problems for the following reasons:

1) The random assignment will not involve withholding treatment (as some experimental designs do), but only a potential enhancement of it.

2) The random assignment will be made after program referral by the batterer program rather than by the court. The court already grants the batterer program discretion for group assignment.

3) During the previous year, less than 5% of the program assignments were changed. If a man does not attend his assigned group he is returned to the court as “non-compliant.”

4) In a recent experimental study at the site, there was no override of the program’s random assignment and no significant difference in non-compliance rates across the two groups (Gondolf, 1997a). Men with children (n=150) were randomly assigned to only batterer counseling or to batterer counseling plus a parenting class.

Follow-up

Attendance Records: The attendance records maintained by DACC on each court-referral will be obtained for our subjects. The attendance at each session is recorded by the counselor and reported directly to the DACC main office, where it is entered into a centralized database

Victim Reports: The female partners will be interviewed at 3, 6, and 12 months after program intake primarily to obtain reports of re-assault. The follow-up interviews ask a combination of open-ended and closed-ended questions about the women’s relationship status, abusive behavior and circumstances, and help-seeking and additional intervention. The interview was previously developed to encourage the women to develop their “story” (Heckert, Matula, & Gondolf, in press). This procedure appears to increase rapport and disclosure of abuse, according to debriefing questions about the interviews at the conclusion of previous study (Gondolf, 2000a). The interview questions used in the multi-site evaluation have been reduced to the essential questions for this study, and to make for a more efficient interview in terms of time. The revised interview takes from 10 to 20 minutes to administer with some interviews lasting 45 minutes if the woman has suffered severe abuse.

The women will be tracked using the contact forms of names and address obtained from the male subjects at program intake and updated with each follow-up interview. They will be informed about the study, explained safety measures, and asked for consent over the phone, as was done in our previous multi-site study. We acknowledge that safety and ethical issues are involved in conducting follow-up interviews with a clinical sample of battered women and have taken care to develop procedures for addressing this. We report these procedures in a recently published book chapter (Gondolf, 2000a), along with evidence of the minimal negative impact of the interviews. The women will be paid $10 for each completed interview through a check mailed to an address they designate. We have found the payment contributes to the response rate, as well as offers a suitable compensation for the interviews.

Arrest Records: The arrest records will be obtained from the county police department through the court coordinator of DACC. As indicated in a letter-of-agreement, the police official in charge of the police records has agreed to print out the arrest records of the subjects in our study, as he has for our previous research at this site. Using the dates of arrests, program intake, and 12-month follow-up as a guide, the arrest records for each subject will be coded for arrests prior to the program and those during the follow-up. The offense of the arrests will also be coded as domestic violence, other assaults, and non-assault offenses. Pittsburgh currently indicates simple or aggravated assaults against a family member or known-partner as “domestic violence.”

C. RISKS/BENEFITS

Risk to Subjects

The risks of the research to the subjects are minimal for the male subjects. The only possible risk of the proposed research to the subjects is related to the information to be collected during the follow-up period. Information concerning acts of violence, alcohol abuse and illegal drug use, other criminal acts, and psychiatric history could be damaging to the subjects' reputation causing loss of job,

possibility of incarceration, and public embarrassment. To offset these possibilities, all subject information is to be maintained in anonymous form by using a number code for each subject. Names and addresses of subjects will be maintained on tracking sheets only. These sheets will be stored in locked files separately from other number-coded materials, and accessible only to the Principal Investigator and research assistants. This list will be destroyed at the completion of data collection.

If subject information were ever subpoenaed for a court case, it could not be drawn from the anonymous database entries in a way that was of any use in court. Also, the information in the follow-up interviews would be considered "hearsay" evidence in court since it was collected over the phone through women's reports. In a previous multi-site evaluation that included follow-up information, 4 subjects out of 840 did inquire about verification of their "good reports" in the study for custody cases but we were not able to supply it and it would have been of no use to their case. None of their female partners requested any of the men's "bad reports" for use in a court case.

Risk to female partners

The female partners will be interviewed three times during the 12-month follow-up. They face some risk in that subjects might threaten to retaliate if their partners report detrimental information to the researchers. None of the collateral information is available to the subjects, however, and the subjects would, therefore, have no grounds for retaliation, harassment, or threat. In our estimation, the risks to the woman are therefore low. In the event that subjects are agitated by interviews, become threatening, or act violently, the collaterals will be encouraged to contact the local women's center and shelter. The women's center and shelter has been advised of the proposed research, and formally agreed to provide crisis counseling, supportive advisement, and/or protective shelter to women in our study faced with threat or attack.

In general, the researchers are not to intervene directly with the subjects or collateral interviewees. Procedures have been established to address threats of suicide, overt threats of violence, and evidence of physical injury that have not been reported to appropriate authorities. The research assistants are trained to identify cues for these behaviors and to probe for more specific information about severity, duration, intent, and service contact. The principal investigator will be notified of incidents that are current, escalating, or endangering, and will in turn discuss those incidents with staff from the Women's Center and Shelter of Pittsburgh to determine appropriate action. At least three interventions will be considered: 1) suggest the subject and/or collateral contact a batterer program and/or women's center staff for assistance, 2) warn an identified intended victim, 3) contact police, child protective services, psychiatric, or hospital staff directly. The intervention will depend on the severity, likelihood, and imminence of the violence or suicidality. Subjects who are asked to contact a program for assistance will be called again within two days to ensure that they have complied and if the contact was sufficient. Additionally, research assistants will continue to meet jointly with the principal investigator and project coordinator to review problematic cases and identify additional actions that need to be taken or procedures that need to be revised. These procedures comply with those developed in prior research on violent psychiatric patients funded by the National Institute of Mental Health (Monahan et al., 1993).

A safety protocol is also in place for interviewing the female subjects over the phone. The women are asked if it is a safe time to speak, instructed to hang up if their partner arrives or can overhear them, told to identify our calls as "a cosmetic survey," and given an "800" number to call back at a more convenient and private time.

In the over 3,000 interviews completed with women in the 15-month follow-up, approximately 25 cases have warranted review under the above criteria. About 15 of the cases had information that suggested possible child abuse, 4 cases involved severe depression and suicide ideation, and 6 cases had severe escalating violence. All but 5 of the potential child abuse cases were resolved with further information; the women in these cases were urged to contact the battered women's services in their area and all complied. All the other types of cases contacted battered women's services in order to address the identified risks, except for two cases in which the program was contacted and asked to intervene. In one of those cases the woman was in the midst of severe depression and threatening to end her life, and, in the other case, the woman was experiencing severe escalating violence and was too discouraged to take action. In both cases, the women were told that a program was being contacted on her behalf and would attempt to reach her (Gondolf, 2000).

Potential Benefits

The main potential benefit to the subjects is that some of them will be exposed to culturally-

focused counseling that may improve their outcomes for batterer counseling. The main benefit for their partners is that, for many, the follow-up interviews provide an opportunity to further discuss and clarify their experience of abuse and, in some cases, leads to further referrals and assistance. The primary benefit to the field is the information the study will provide for the development of culturally sensitive domestic violence intervention. The study results should help in refining and directing the course of batterer programs for African American men. A letter of support from the National Institute on Domestic Violence in the African American Community verifies this possibility.

Compensation: The subjects will not receive any compensation for participating in the study. Their only research activity, above the court required counseling, is completing informed consent forms, releasing their intake information, and taking two attitude tests. They are also not compensated because of resistance to their profiting from the criminal activity that brought them into the study.

The female partners will, however, be given $10 for each interview they complete. This amount is to compensate them for the interview time that will average under ½ hour and provide an incentive for study participation. The checks will be mailed to an address designated by the women to avoid having it being intercepted by their male partners. The $10 was effectively used in our previous CDC-funded multi-site study.

Alternatives to participation: none

Information withheld: none

Debriefing: At the end of each follow-up interview, the female partners will be debriefed in order to identify and ease potential emotional disturbance as a result of the interview. The research assistants will ask three questions: How are you feeling at this point? What feelings related to the abuse has the interview raised? What depression, anxiety, or fear are you aware of right now? Using probing and reflective listening, the interviewers will encourage subjects to elaborate on their responses. The research assistants will encourage subjects who raise feelings of depression, anxiety, or fear to talk further with a program counselor, and provide them the telephone numbers of the program counselors.

D. CONFIDENTIALITY

The following information is drawn from the “Privacy Certificate” forms required by the funder, the National Institute of Justice.

Procedures to notify subjects:

Subjects will be notified of the research at the intake/orientation sessions of the batterer counseling program. A research assistant will ask self-identified African American men to stay after the session to be informed of the research. The research will be explained and an informed consent form will then be administered. The female partners will be informed by phone of the research and administered an informed consent form over the phone with an interviewer signature witnessing consent. For safety reasons, a copy of the informed consent form will be mailed to the women upon permission only.

Justification for the collection of any identifiable data:

The names of the subjects and their female partners will be initially obtained in the background questionnaire in order to track the female partners during the follow-up period and to identify the men’s attendance and police records at the end of the follow-up period. The names will be removed from the database during analysis and any record of the names will then be destroyed.

Procedures for data storage:

Completed background questionnaires obtained at program intake will be delivered by the research assistant to the research office. These forms, the follow-up questionnaires, and other collected materials will be stored at the research offices in locked file cabinets. There is only locked entry into the research offices which are in a building of their own. The materials and forms will be transferred to a computerized database maintained on an internal computer network with secured access and located at the research office.

Description of any institutional limitations:

none.

Name and title of individual with authority to transfer data:

Edward W. Gondolf, Associate Director of Research, Mid-Atlantic Addiction Training Institute, Indiana, University of Pennsylvania, Indiana, PA 15705

Procedures to insure the physical and administrative security of data:

All staff will be advised in writing of confidentiality guidelines and need-to-know access will be controlled through key entry to the file cabinets and password-entry to the computer database controlled by the project coordinator. All information can be accessed only within the research office and under supervision of the project coordinator and principal investigator. Campus security checks building daily to make sure it is properly locked and secure.

Procedures for the final disposition of the data:

After the data has been entered into a computerized file and stored by identification numbers only, all paper material with identifying information will be shredded by research staff under supervision of the project coordinator, and the shredded remains will be incinerated. The computerized data, with no identification of subjects, will be maintained by the Mid-Atlantic Addiction Training Institute, Indiana University of Pennsylvania.

Access to data is restricted to the following individuals:

Edward Gondolf, Co-Investigator	Mid-Atlantic Addiction Training Institute, Indiana University of Pennsylvania
Oliver Williams, Clinical Consultant	School of Social Work and National Institute on Domestic Violence in the African American Community, University of Minnesota
Alex Heckert, Analyst	Department of Sociology and Mid-Atlantic Addiction Training Institute, Indiana University of Pennsylvania
Alison Snow Jones, Statistician	Department of Heath Policy and Management, School of Public Health, Johns Hopkins Medical Institutes

Project Staff (Mid-Atlantic Addiction Training Institute, Indiana University of Pennsylvania)

Crystal Deemer, Project Coordinator
Eric Beiniek, Data Manager
Angie Beeman, Research Assistant
Michelle Shandick, Data Entry

E. CONSENT FORM

See attached.

Research assistants will administer the first form in-person to the potential male subjects at the end of the intake/orientation session for the batterer counseling program. Research assistants will administer the second form by phone to female partners of the male subjects to establish consent for the follow-up interviews.

PROGRAM EVALUATION NOTICE
(men in-person)

The Domestic Abuse Counseling Center is participating in a program evaluation. You are being asked to participate in this evaluation. The purpose of the evaluation is to examine the effect of special counseling for African American men. The evaluation will test whether special counseling is more effective than the regular counseling currently being used. The participants in this evaluation will be randomly assigned to either a group with the regular counseling or one using the special counseling. The special counseling will be for only African American men and specifically address racial and cultural issues, as well as woman abuse. The evaluation will not otherwise influence your program participation and requirements. It will also not influence your status with the courts.

The evaluation will require the following:

1) You will be randomly assigned to either a regular counseling group or a special counseling group for African Americans.
2) You will be asked to release your questionnaire and contact information to the researchers for use in the evaluation.
3) You will complete two "true-false" tests about racial attitudes.
4) Your program attendance and police records will be released to the researchers for use in the evaluation only.
5) Your current partner will be phoned 3 times over the next year and asked about your relationship and your situation in general.

All of the information will be anonymous--that is, your name will not be used in the evaluation. Your name will not be attached to the information you give us. The information will be stored by an identification number only. The interview information will not be given to your counselor, to your partner, or to the courts. The information will have no bearing on your standing in the program or with other services you may obtain.

There should be little or no emotional or physical risk to you for taking part in this evaluation. However, the researchers are obligated to report incidents of child abuse to the appropriate social services.

Your participation in this evaluation is voluntary, and you may withdraw from the evaluation at any time without consequence. To withdraw from the evaluation or ask any further questions, simply talk to your counselor, call DACC (412-431-3999), or call the program evaluation office (724-357-4405). You are still required by the court to complete the counseling.

Please sign the attached statement to indicate that you have been informed of the evaluation and agree to participate in it. If you do not wish to participate, do not sign the form. Thank you for your help.

Evaluation Supervisor:
Edward W. Gondolf, EdD, MPH
Mid-Atlantic Addiction Training Institute
1098 Oakland Ave.
Indiana University of Pennsylvania
Indiana, PA 15705
Phone: 724-357-4405
E-mail: EGondolf@Grove.IUP.edu

VOLUNTARY CONSENT FORM

I have read and understand the information on the form and I consent to participate in this program evaluation. I understand that my responses are completely confidential and that I have the right to withdraw from the evaluation at any time. I have received an unsigned copy of this informed consent form to keep in my possession.

NAME (please print): _____

Signature: _____

Date: _____

Phone number: _____

I certify that I have explained to the above individual the nature and purpose, the potential benefits, and possible risks associated with participating in this research study, have answered any questions that have been raised, and have witnessed the above signature.

_____ _____

date researcher's signature

CDC PROGRAM EVALUATION NOTICE
women by phone

Instructions: *The following is to be read by the interviewer to the woman interviewee and signed by the interviewer as indicated at the bottom.*

Let me first tell you about our program evaluation. The Domestic Abuse Counseling Center is participating in a special program evaluation. Your partner has agreed to participate in this evaluation. The purpose of the evaluation is to examine the effectiveness of specialized counseling for African American men. The evaluation will test whether specialized counseling is more effective than the regular counseling currently being used. The participants in this evaluation have been random assigned to either a group with the regular counseling or one using the specialized counseling. The evaluation is being conducted separately from the counseling program and will not affect your partner's requirement to attend the program and will not influence his status with the court.

As part of this evaluation, we also would like to call you 3 times over the next year to get your view of your partner's behavior and your opinion about the program. (This call will count as the first time.) YOU WILL BE PAID $10 for each of these phone calls. The calls should last about 10-20 minutes.

Let me assure you of a few things:

1) All the information used in the program evaluation will be private and confidential. The information will not be given to the program staff, to your husband or partner, or to the courts. Your name will not be attached to the information you give us. The information will be stored by an identification number only.

2) Your participation in the phone calls is voluntary, and you may stop the phone call or withdraw from the evaluation at any time without consequence to you. To stop the call or withdraw from the evaluation, simply tell the person who calls you that you wish to withdraw.

3) There may be some emotional or physical risk to you for taking part in this evaluation. Your partner may threaten or attack you for participating in the evaluation. If he does threaten or attack you, you may want to contact the local women's shelter, police, or our 800 number (1-800-251-9843). We will not report any conflict between you and your husband or partner without your approval, but we may have to report incidents of child abuse to appropriate social service agencies.

Do you have any questions about the program evaluation? _____ yes: _____ no

Do you understand the information that I have read to you? _____ yes: _____ no

Do you understand that your responses are completely confidential and that you have the right to withdraw at any time? _____ yes: _____ no

Do you consent to volunteer to participate in this program evaluation? _____ yes: _____ no

Would you like to receive a printed copy of what has been read to you in the mail?
_____ yes: _____ no

Woman's Name: _____ **ID#**_____

VOLUNTARY CONSENT FORM

Woman's Name: _____ **ID#**_____

(I have read the notice above to the interviewee and answered any questions she may have had about the notice. The interviewee understands the evaluation requirements and her risks and rights, and has agreed of her own will to participate as indicated.)

Research Assistant: _____

Signature: _____ Date: _____

Evaluation Supervisor
Edward W. Gondolf, EdD, MPH
Mid-Atlantic Addiction Training Institute
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Indiana University of Pennsylvania
Indiana, PA 15705
Phone: 724-357-4405
E-mail: EGondolf@Grove.IUP.edu

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