

CULTURALLY FOCUSED BATTERER COUNSELING FOR AFRICAN AMERICAN MEN

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According to clinical observations and research findings in other fields, cultural issues may explain the poor outcomes associated with African American men in conventional batterer counseling. Practitioner-researchers recommend culturally focused batterer counseling as an appropriate response to these issues. Culturally focused counseling includes a curriculum that identifies specific cultural topics, counselors that respond to emergent cultural issues, and racially homogeneous groups that encourage disclosure. The outcome research on culturally sensitive counseling and racially homogeneous counseling in general is, however, very limited and offers only tentative support for culturally focused batterer counseling. Only some very preliminary research has been conducted on culturally focused batterer counseling. Clinical trial evaluations that control for cultural identification are therefore needed to substantiate the effectiveness of culturally focused batterer counseling. Other components, such as specialized case management and community linkages and development, might be necessary to achieve a substantial improvement in counseling outcomes.

Key words: *batterer counseling, cultural diversity, domestic violence, African American men*

IN MANY MAJOR URBAN AREAS, African American men compose at least half of the men arrested for domestic violence and referred to batterer educational or counseling programs (Gondolf, 1999a). The dropout and reassault rates of these men tend to be higher than those for White men in the same programs. African American researchers and practitioners working on domestic violence have argued that the

conventional approach to working with these men needs to be revised to improve outcomes (e.g., Blake & Darling, 1994; Hampton, Carrillo, & Kim, 1998; Oliver, 1994; Williams, 1994, 1998). Their recommendation echoes that in related fields (e.g., alcohol treatment, psychotherapy, and social work): culturally focused counseling should supplement conventional counseling developed primarily for White middle-class cli-

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ents (e.g., Brodsky, 1982; Ponterotto & Casas, 1991; Rasheed & Rasheed, 1999). The need for culturally focused batterer counseling has been endorsed by a recent conference on domestic violence intervention convened by the National Institute on Domestic Violence in the African American Community (Nelson, 1999) and by the African American Task Force on Violence Against Women of New York City (Garfield, 1998).

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cultural issues that may reinforce violence or present barriers to stopping violence. The approach also promotes the positive aspects of culture that can strengthen a man's effort to be nonviolent. A set curriculum progressively leads men to and through cultural issues, and counselors are trained to acknowledge and elaborate cultural issues that emerge during group discussion. The counselors are to hear out the men's viewpoint and understand the different styles of interaction and expression.

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

KEY POINTS OF THE RESEARCH REVIEW

Cultural Issues and Counseling in General

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

Outcome Research

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

Batterer Counseling Outcomes

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

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

A recent survey of batterer programs indicates that very few of these programs specifically address cultural issues through any of these forms (Williams & Becker, 1994). Most of the programs asserted that they were open to working with African American men. Approximately half of the programs ($n = 142$) actually had some activity addressing cultural issues, such as outreach to minority communities, but only one fourth of the programs had cultural components in their curriculum. There appears to be a perception among most batterer programs that they are at least culturally sensitive even though they are doing little in their counseling approach to ensure this.

Unfortunately, very little research examines the outcomes of culturally oriented counseling in general, and the research that is available offers some contradictory results. 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, more than half of adult African Americans have negative reactions to the criminal justice system, which might further affect their response to court-referred batterer counseling (Stone, 1999). These are reactions that do not necessarily apply to the mental health or alcohol treatment programs where most of the previous research has been conducted.

If culturally focused counseling does appear to reduce dropout and reassault among African American men, then more should be done to implement the clinical recommendations for such counseling that have thus far been largely ne-

glected. 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. This finding would suggest some criteria for assigning and admitting men to culturally focused counseling.

We review the clinical recommendations for counseling African Americans, outcome research of culturally oriented counseling, and preliminary findings regarding batterer counseling with African Americans. Culturally focused counseling appears to warrant more consideration. It might be more widely implemented to develop and refine its curriculum and training. Currently, there are only a few articles describing such counseling and only a couple of manuals for culturally focused counseling in circulation (Williams, 1994, 1998, 1999; Williams & Donnelly, 1997; Wilson, Donnelly, Mederos, Nyquist, & Williams, 2000).

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CULTURALLY FOCUSED VERSUS CONVENTIONAL COUNSELING

Conventional Batterer Counseling

“Conventional batterer counseling” follows the parameters common to most state guidelines for batterer programs (Austin & Dankwort, 1999) and the gender-based cognitive-behavioral treatment outlined in published manuals (e.g., Pence & Paymar, 1993; Stordeur & Stille, 1989). The main curriculum topics include the nature and impact of abuse, the conse-

quences and costs of abuse, taking responsibility for one's abuse, ways to avoid abusive behavior, and beliefs and attitudes that sustain abusive behavior. The counseling sessions generally begin with a check-in period in which the participants report any particular accomplishments or problems from the previous week. A topic about domestic violence is presented followed by exercises, role plays, or demonstrations. Responses and discussions are integrated into the session or solicited in a period near the end of the session.

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

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

The effectiveness of conventional batterer counseling is, however, in question. Several reviews of quasi-experimental program evaluations suggest a weak effect (e.g., R. Davis & Taylor, 1999; Babcock, Green, & Robie, in press). Men who complete batterer programs do not have substantially lower reassault rates than men who drop out. Two recent experimental evaluations compared those assigned to batterer programs with men assigned to control groups without counseling (R. Davis, Taylor, & Maxwell, 1998; Feder & Forde, 2000). They found little or no program effect. These evaluations,

however, encountered implementation and follow-up problems that may have compromised their results (Gondolf, 2000a). One of the evaluations examined a program in New York City, and the other studied one in South Florida. Both evaluations appeared to have had problems with the intervention system as a whole (e.g. the court response to noncompliance, probation supervision of men, referrals to drug and alcohol treatment) and low completion rates (less than 50%), which may have affected the results. Replication at other sites with better developed and operated programs is needed to confirm the initial findings.

Our multisite evaluation of batterer intervention systems did show a program effect that lends support to well-established batterer programs. This evaluation compared the outcomes of four different batterer programs across the country ($n = 840$). Approximately one third of the men who enrolled in the programs reassaulted their partners during a 15-month follow-up, according to reports from 70% of the men's initial and new female partners (Gondolf, 1997b). The rate of reassault increased only slightly, to 41%, by the 30-month follow-up (2½ years after program intake). The men who completed at least 2 months of program sessions were significantly less likely to reassault than were men who dropped out within 2 months and had access to their female partners (67% vs. 40%, for 27% difference). This difference remained significant when controlling for demographics, previous violence and criminality, alcohol abuse, and psychological problems (Gondolf, 2000b). Moreover, instrumental-variable structural equations were used to control for the batterer characteristics, the association of these characteristics to program dropout and completion, and the program context (e.g., availability of victim services, probability of arrest for reassault, local unemployment rates). This more complex analysis identified a moderate program effect (.44 to .65) (Gondolf & Jones, in press).

Culturally Focused Counseling

As mentioned at the outset, culturally focused counseling comprises the conventional

batterer counseling and several components to accommodate the cultural issues of African American men (Williams, 1999; Williams & Donnelly, 1997). Culturally focused counseling goes beyond cultural sensitivity or cultural competency in placing violence against women within a cultural context and in explicitly integrating cultural issues into the curriculum. The components include (a) only men who identify themselves as African American in the group, (b) an African American counselor trained to identify and elaborate cultural issues suggested in the participants' comments, and (c) specific cultural topics that are introduced for discussion as part of the curriculum (Williams, 1994, 1999; Williams & Donnelly, 1997).

Some of the distinguishing curriculum topics are African American men's perceptions of the police, relationships with women, sense of African American manhood, past and recent experiences of violence, reactions to discrimination and prejudice, and support in the African American community. These topics address the major cultural issues facing African American men, according to clinicians and researchers (see counseling issues below). The curriculum also varies from conventional batterer counseling in that it is more structured with concrete examples, vignettes, and directive questions. This structure is to help engage men of less education, more resistance, and less counseling experience. It also ensures that the cultural issues will be systematically introduced and not neglected or overlooked as taboo.

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

The support for culturally focused counseling comes primarily from the cultural issues identified by clinicians and counselors in related fields, with some tentative reinforcement from outcome studies of culturally oriented counseling. There is only preliminary evidence in the batterer counseling research that culturally focused counseling is effective in reducing dropout and reassault beyond the current levels achieved in conventional counseling.

Counseling Issues

Clinical explanations from social work and psychotherapy suggest that cultural differences contribute to African American men dropping out of batterer counseling or reassaulting if they do complete it (e.g., Blake & Darling, 1994; Franklin, 1999; Logan, 1990; Lum, 1986; Rasheed & Rasheed, 1999; D. W. Sue & D. Sue, 1999; Thorn & Sarata, 1998). Three main types of issues are noted. The first type is subcultural or community-based issues. Many African American men draw on a more personalistic culture that values personal reputation and familiarity over ascribed position or authority (Gondolf, 1980; Williams, 1998). They are more likely to rely on kinship and friendship networks to talk about their problems. Consequently, they tend to be reluctant to disclose information to a group of strangers in group counseling or to test the sincerity and understanding of the group leader. Counselors may, therefore, see them as unresponsive to treatment and "unserviceable" (Logan, 1990). They are also likely to have different learning styles as well as communications patterns. Many of the batterer programs use highly cognitive—and even cerebral—approaches that slight the action and emotive orientation of many African American men referred to such programs.

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The second type of issue is interracial differences and cultural clash. Some African American men are simply confused by the demands to change certain attitudes and behaviors that they see as normative and even essential to survival in their neighborhoods (Blake & Darling, 1994; Franklin, 1999; Oliver, 1994). This is especially the case with some of the antiviolence positions promoted in conventional batterer program curriculums. Furthermore, many Black men have historically been faced with a different model of male-female relationships than have middle-class White professionals (Asante, 1981; Bell, Bouie, & Baldwin, 1990). They have experienced a greater fluidity of roles and responsibilities in contrast with the gender assumptions asserted in some batterer programs. There is, moreover, the daily impact of prejudice, racism, and oppression that contributes to feelings of powerlessness, hopelessness, and rage. Not only do counselors often overlook or discount these feelings, but also they tend to criticize or condemn African American men who acknowledge these feelings (Franklin, 1999; Oliver, 1994; Williams, 1993, 1994).

The third type of issue is a reaction to racial discrimination or insensitivity (Hu, Snowden, Jerrell, & Nguyen, 1991; Logan, 1990; Rasheed & Rasheed, 1999). Some men are suspicious of social services in general because they are dominated by Whites. They see the Whites as unfamiliar and unsympathetic to their social reality and experiences. As a result, many African

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American men expect to be misunderstood or "screwed over" (Gary, 1985). White counselors are often trained with a middle-class perspective that views individual and intrapsychic factors as fundamental to behavior and neglects the social and cultural circumstances affecting many African American men (Brodsky, 1982; Oliver, 1994; Richardson &

Molinaro, 1996). In many cases, there are few resources and services within African American neighborhoods, and the ones that do exist are primarily used to correct or punish Black men or deal with perceived deficits in the African American community (Logan, 1990).

The literature on counseling African American men uniformly prescribes greater social and cultural consideration to mitigate these issues and improve counseling participation and outcomes. The means to accomplish this prescription vary in terms and design but are similar in substance. One means is to learn to conduct a cultural assessment of program participants, as part of their individual assessment or program intake (Dana, 1998; Logan, 1990). This sort of assessment addresses the availability and access to needed resources and services, the assimilation of positive community norms and expectations, and emotional reactions to prejudice and racism. A second means is developing greater cultural competence among group counselors (Lum, 1986; Ponterotto, 1995; Richardson & Molinaro, 1996). Counselors need to be better educated about cultural differences, skills for identifying cultural issues, and collaboration with staff, community leaders, and program participants from diverse cultural backgrounds. A third means is a different dynamic and focus in group counseling (Robinson & Howard-Hamilton, 1994). The counselor establishes personal familiarity and shared meanings, probes cultural issues and digressions, and identifies community-based responses and solutions (Rasheed & Rasheed, 1999).

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

Outcome Research in Other Fields

A comprehensive review of the racial and ethnic outcome research concludes that culturally sensitive counseling produces more positive changes than does counseling that does not explicitly consider cultural factors (S. Sue, Chun, & Gee, 1995; S. Sue, Zane, & Young, 1994). (The term *culturally sensitive* refers here to a variety of means to identify and address distinguishing cultural attitudes and behaviors.) However, the limited research on this topic presents a less than clear and decisive picture. The few outcome treatment studies on conventional counseling groups provide only slight evidence that African American men necessarily have poorer outcomes in such groups. A few past evaluations showed that African American men tend to be equivalent to White men in terms of drop-out and symptom improvement, and a few more current evaluations suggested they may do slightly worse (S. Sue et al., 1994). For instance, a major evaluation of a variety of drug treatments did find that African American outpatients were more likely to drop out and relapse (Brown, Joe, & Thompson, 1985), and a study of more than 1,000 mental health patients found that African Americans had the lowest improvement scores on the Global Assessment Scale among Asian Americans, Mexican Americans, and Whites (S. Sue, Fujino, Hu, Takeuchi, & Zane, 1991). Research on alcohol and drug use has detected different usage patterns among African American men as compared with Whites (Caetano, Clark, Tam, 1998; Harper, 1980). According to the researchers, this difference in itself implies the need for specialized treatment, as do the differences in communication and learning styles (Wade, 1994).

The limited research on African-American-only counseling groups and racially matched counselor-and-client treatment has produced inconclusive results (S. Sue et al., 1994). A few studies indicate similar mental health and alcohol use outcomes after conventional counseling in African-American-only groups or counselor-client matched treatment (Jones, 1982; Rosenheck, Fontana, & Cottrol, 1995). In the mental health treatment study, African Americans matched with African American counsel-

ors were less likely to drop out compared with those with a counselor of another race, but they were no more likely to improve (S. Sue et al., 1991). It may be that the cultural sensitivity of the counselor and the cultural focus of the curriculum mediate these results. If counseling clients perceive the counselor to be culturally aware and addressing cultural issues, they are more likely to judge the counseling positively, according to a study of African American college students (Parham & Helms, 1981, Pomales & Williams, 1989). African American students with mistrust or suspicion of other races, moreover, are less likely to seek or accept counseling help (Nickerson, Helms, & Terrell, 1994). In addition, African Americans living in a predominantly African American neighborhood are more likely to attend mutual help groups than are African Americans who live in predominantly White areas (Humphreys & Woods, 1993). These sorts of findings imply that local African-American-only counseling groups are more likely to draw and retain African Americans better than are racially mixed groups, but racial matching by itself does not necessarily improve outcomes.

An additional line of research has suggested that the less than emphatic findings supporting culturally focused counseling are due in part to the cultural diversity within the African American community. The few studies that considered cultural attitudes found that the conventional counseling outcomes worsen with fewer African American men in a group and higher racially specific attitudes (Aponte & Barnes, 1995). Cultural attitudes of African Americans are also associated with the client's response to aspects of counseling. African American students with a greater sense of racial identity are also more likely to prefer racially matched counselors (Parham & Helms, 1981; Ponterotto, Anderson, & Grieger, 1986), and racial acculturation appears

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to contribute to dropout and relapse in conventional drug treatment (Pena & Bland, 2000). As suggested in the clinical literature, it is not only race that needs to be identified but also the cultural attitudes that accompany one's racial and ethnic background (Dana, 1998; Logan, 1990).

BATTERER COUNSELING OUTCOMES

Our multisite evaluation of batterer intervention systems offers information that appears to support the need for a specialized response to African American men arrested for domestic violence (Gondolf, 1997b, 1999b, 2000b). This evaluation of racially mixed conventional batterer counseling was conducted by the first author of this review article. The multisite study was a longitudinal follow-up (every 3 months initially for 15 months and extended to 48 months) of men who were referred to batterers programs by the court because of an assault against their female partners ($n = 840$). Pittsburgh was one of the four geographically distributed sites in the multisite evaluation, and its outcomes were based on unusually high response rates and verification procedures. Nearly one half of the Pittsburgh subsample ($n = 210$) was African American men (the percentages were lower at other sites that also included a substantial portion of Latino men). The African American men, as compared with the White men in Pittsburgh, were more likely to drop out of what was a 12-week batterer program at the time. They were also more likely to be rearrested according to police records.

More specifically, only one half (52%) of the African American men completed the program in 1995, as compared with 82% of the White men ($n = 210$). The current difference in completion rates is more than 40%. The African American men were more than twice as likely to be rearrested for domestic violence (DV) than were the White men (13% vs. 5%) and were substantially more likely to be rearrested for any crime (45% vs. 28%) and for any assault (29% vs. 17%). The reassault rates reported by the women did not significantly differ and were in fact slightly lower for the African American men (32% vs. 39%, $n = 180$). (Interestingly, the reassault rates are significantly higher for African American

men in Colorado, 46% for African Americans and 27% for Whites; less in Dallas, 28% for African American men and 45% for Whites; and equivalent in Houston, both approximately 35%). The relationships for dropout and rearrest in Pittsburgh persist when controlling for the possible differences in partner contact, marital status, and prior arrests.

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

An evaluation of a culturally sensitive curriculum for racially mixed groups is to begin this spring. The 26-week curriculum has been developed and implemented as part of a U.S. Department of Justice demonstration grant in Connecticut. It was designed to accommodate

men who have multiple domestic violence arrests. Furthermore, it will be accompanied by enhanced monitoring of the men and services for the victims. This evaluation is, therefore, of an intervention system for a special category of offenders and does not include a controlled comparison of culturally focused counseling in African-American-only groups (E. Lyon, personal communication, January 5, 2000).

What may ultimately be needed is a series of clinical trials of culturally focused batterer counseling for African American men. In an experimental program evaluation, African American men would need to be randomly assigned to culturally focused counseling, conventional counseling in a group of only African Americans, and conventional counseling in a racially mixed group. The African-American-only conventional counseling would be necessary to help isolate the effect of culturally focused counseling beyond the racial composition of the group. Attendance records, victim reports, and arrest records might then be compared across the three counseling options. The counseling approaches would need to be explicitly articulated in manuals and monitored regularly to ensure that no "leakage" occurred across the options, especially between the culturally focused counseling and the African-American-only conventional counseling. The latter could easily evolve into an approximation of the culturally focused counseling.

In addition, the cultural attitudes of the men might be tested with instruments such as the African American Acculturation Scale (Landrine & Klonoff, 1994, 1995) and the Racial Identity Attitude Scale (Helms & Parham, 1990, 1996; Parham & Helms, 1981). These attitudes are likely to modify the outcomes, according to the previous research. African American men with higher culturally specific attitudes are more likely to have better outcomes in culturally focused counseling than in racially mixed conventional counseling. Men with lower culturally specific attitudes, conversely, are likely to do best in the racially mixed conventional counseling as opposed to the African-American-only counseling groups.

Conducting a clinical trial of this scope is, however, more easily described than done. Re-

cent experimental program evaluations have encountered major difficulties in implementing random assignment of the men and follow-up interviews with their female victims (Gondolf, 2000b).

ADDITIONAL CONSIDERATIONS

There are admittedly several additional considerations in addressing the needs of African American men arrested for domestic violence. For one, we cannot assume that all or most African American men have the same cultural experience or identification. Their response to similar cultural experiences may also vary. Men from different socioeconomic classes or different geographic regions are especially likely to differ culturally. The curriculum in culturally focused counseling does attempt to assert commonalities between African American men who are referred to batterer counseling programs and raises these for consideration. It is safe to assume that most African American men are aware of the cultural issues presented in the curriculum, if not directly affected by them. These men can help others in a counseling group who are affected by the issues. The overwhelming recommendation within the fields of clinical psychology and counseling is that cultural issues be recognized, discussed, and addressed in treatment and counseling.

Second, the substantial portion of African American men being sent to batterer programs may reflect prejudice and discrimination in the criminal justice system and one of the consequences of so heavily relying on criminal justice remedies for domestic violence (Richie, 2000). In many urban areas, policing is more aggressive in predominately African American neighborhoods, and services to deal

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with family problems are much less available. As a result, family problems that might be resolved by voluntary counseling or other supports are more likely to be addressed by the police (Hutchison, Hirschel, & Pesackis, 1994). The courts also may be more likely to send African American men to counseling or jail rather than order a fine or release. The apparent inequity of counseling referral, no doubt, adds to the resistance to batterer counseling. The criminalization of family problems may itself need to be addressed in order to improve counseling outcomes.

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Third, a fully competent cultural response ultimately extends well beyond group format and approach, as the second author acknowledges in his work (Garfield, 1998; Williams, 1993). Linkages with the community, additional referrals and resources, specialized case management, and collaboration in social change efforts have also been recommended (Lum, 1986). We would expect these components to help reinforce what is being learned in group counseling sessions through the tone of the group and the experiences after the group. An initial focus on the group format may be warranted because it is the most immediate, fundamental, and malleable component of broader social intervention.

The concerns about counseling African American men appear to apply to other racial and ethnic categories of men, such as Latinos, Asians, and Native Americans (e.g., Carrillo & Tello, 1998). These men might also benefit from culturally focused counseling that identifies and addresses cultural issues. Obviously, there are differences in communication styles, relationship patterns, family structures, police contact, and employment opportunities across racial and ethnic groups. Is it practical, however, to have separate culturally focused counseling groups for each racial or ethnic category? A few programs, such as Emerge in Boston, do manage to have separate racial and ethnic groups for the men who want them. Others may approxi-

mate the effect of such groups with culturally diverse staff and staff otherwise trained in cultural sensitivity. Some previous research suggests that the counselor's cultural sensitivity has some impact (e.g., Parham & Helms, 1981; Pomales & Williams, 1989) and that inclusiveness can be achieved in racially mixed groups (L. Davis, 1984). In both cases, the principles of culturally focused counseling are at least partially adapted and employed.

CONCLUSION

Our review of the clinical observations and research findings of culturally oriented counseling suggests that culturally focused counseling seems an appropriate response to the cultural issues associated with diminished outcomes. The outcome research substantiating this recommendation is very limited, and the sparse research offers only tentative support for culturally focused counseling. There is only some very preliminary research on culturally focused counseling for African American men arrested for domestic violence. Although this is encouraging, much more extensive and rigorous evaluation is in order. Ideally, clinical trials, comparing culturally focused batterer counseling with conventional batterer counseling, might be developed to test the effectiveness of this recommendation. Other components, such as specialized case management and community linkages and development, need to be implemented and tested. Ultimately, a broader system or community approach might be necessary to achieve a substantial impact. These broader approaches are, however, much more difficult to assess and evaluate (Gondolf, 1997a).

In the meantime, culturally focused counseling appears to be sufficiently endorsed to warrant implementation and development in more batterer programs nationwide. Culturally focused, or any culturally oriented counseling, is not being used in any systematic or extensive way across batterer programs. This counseling might be implemented, furthermore, with more community involvement, linkage, and outreach to enhance the counseling outcome and to develop new models of intervention. It may be that innovations such as neighborhood-based

groups, local mentors, and church-affiliated organizations may be more appropriate and effective in the African American community. More attention to culturally focused counseling

seems at least a logical first step toward addressing the cultural issues at hand.

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- Clinical trials comparing culturally focused batterer counseling to conventional counseling are ultimately needed to test the effectiveness of one approach versus another.
- Cultural attitudes need to be assessed with existing validated scales because they may have a modifying influence on African Americans' response to batterer counseling.
- The criminalization of family problems and aggressive policing in the African American neighborhoods have disproportionately affected African

American men and may ultimately need to be addressed to improve counseling outcomes.

- Linkages with the community, specialized case management, and collaboration in social change efforts are also needed to broaden the scope and impact of the counseling.
- Culturally sensitive approaches with racially mixed groups may be a substitute where resources or racial diversity preclude culturally focused counseling with African-American-only groups.

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