BREAKING THE CYCLE: A CULTURALLY SENSITIVE EARLY INTERVENTION AND PREVENTION GROUP FOR ADOLESCENT LATINA GIRLS BETWEEN THE AGES OF 15-17 WHO HAVE WITNESSED INTIMATE PARTNER VIOLENCE IN THEIR FAMILY OF ORIGIN

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DEDICATION

This graduate project is dedicated to the two most important individuals in my life, my parents. Both instilled within me a love for learning at an early age and have welcomed the idea of my pursuit of a graduate degree with open arms. Mom and dad, your trust and belief in me has enabled me to get to where I am today. What you mean to me is beyond letters, adjectives, syntax, and elaborate description. You have been my compass, protective factors, and most truest friends of all. I am extremely grateful and privileged to have you as my parents. You’re living angels here on earth and I am forever indebted to you, I love you.

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ABSTRACT

BREAKING THE CYCLE: A CULTURALLY SENSITIVE EARLY INTERVENTION AND PREVENTION GROUP FOR ADOLESCENT LATINA GIRLS BETWEEN THE AGES OF 15-17 WHO HAVE WITNESSED INTIMATE PARTNER VIOLENCE IN THEIR FAMILY OF ORIGIN

By

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The current understanding of intimate partner violence (IPV) in the Latino population as a whole is relatively limited and even less is known about IPV among adolescent Latinos as they are not well represented in adolescent dating violence research. According to the U.S. Census Bureau (2013), the Latino population has increased by more than 50% since 1990 and is currently the largest racial or ethnic minority group in the United States. Thus, the well-being of Latinos is of great importance to the general health of the United States. Given that adolescent females are less likely to seek refuge from their male partners beating if they have had witnessed their mothers as victims of abuse, this project aims to provide early intervention and prevention services to adolescent Latina youth that are currently not readily available for adolescents, specifically in mental health agencies that only provide IPV services to mother victims of IPV. This project is an equally balanced program for adolescent Latina youth who identify deeply with the Latino community and also the American culture they too grew up in as a result of their parents immigration from their country of origin to the
land of opportunity. It is a unique group that offers necessary services with a preventative approach to Latina youth during adolescence, an important window of opportunity to thwart the perpetuation of violence and abuse. Most importantly, it takes into account cultural factors unique to her experiences in a culture that due to a lack of IPV understanding, places her at higher risks to continue the cycle of IPV.
CHAPTER 1

Introduction

Tsavoussis, Stawicki, Stoicea and Papadimos (2014) assert that intimate partner violence (IPV) is a devastating problem that affects individuals around the world. Every year, roughly 1.5 million women in the U.S. report being physically or sexually abused by their romantic partners (Zosky, 2011). According to Moylan et al. (2010), among those most affected by IPV are the 3.3 million to 10 million children who are exposed to IPV in their family of origin. Numerous studies have demonstrated that children exposed to IPV are most likely to experience a wide range of adverse psychosocial and behavioral outcomes as they mature. Low self-esteem, social withdrawal, depression, anxiety, aggression, violence, and delinquency are outcomes seen in adolescents and young adults who have been exposed to IPV as children (Moylan et al., 2010). Holt, Buckley, and Whelan (2008) contend that where children were previously thought of as being tangential and disconnected to the violence between their parents and commonly labeled “silent witnesses,” more recent qualitative research has disputed that opinion, finding IPV significantly effects younger individuals - so much so that the impact extends beyond childhood and into adolescence; a crucial time of development.

Statement of Need

According to U.S. Department of Health & Human Services (DHHS, 2011), IPV is nondiscriminatory; it strikes all genders, sexual orientations, races, cultures, income, educational levels, and people of all ages. The group most affected by IPV is the Latino population as Lown and Vega (2011) posit that amongst those reporting IPV, the number of Latinos ranges from 10.5% to 17.3% compared with rates among Whites of 3.4% to
11.6%. According to Hazen & Soriano (2007), existing statistics suggest that IPV is a significant concern in the Latino population, as the National Family Violence Survey reported 17.3% of Latino families experience husband-to-wife physical violence, with 7.3% reporting severe incidents involving violence. Analogously, the National Alcohol Survey found 17.0% of Latino couples reported male-to-female intimate partner violence. According to Hazen and Sariano (2007), the National Violence Against Women Survey (NVAWS) reported 21.2% of Latina women reported physical assault, 7.9% reported being raped by an intimate partner, 21% of women reported verbal abuse, 10% physical abuse, and 4% sexual assault by a partner. As a result, high suicidal ideation, depression, low self-esteem, and alarming death rates are found among Latinas (Krishnan, Hilbert, & Vanleeuwen, 2001).

In a sample of 102 predominantly Latina women IPV survivors seeking shelter, Krishnan, Hilbert, and VanLeeuwen (2001) found participants experienced physical, verbal, emotional, and sexual abuse, harassment, stalking, and abuse with a weapon in their current intimate relationships. Alarmingly, Latinas in the sampled population reported staying in their abusive relationships longer than 10 years as opposed to their non-Latina counterparts (2001). Ingram (2007) posits that although there are few studies specific to this statistic, general findings of studies aimed to better understand help-seeking behavior among Latino women indicate that Latino women underutilize IPV services and are less willing than non-Latino women to seek help for IPV. Furthermore, over half of the Latino population reports being exposed to some type of IPV in their lives beginning in childhood (2007). More specifically, Kleven’s (2007) points out that the NVAWS reports a lifetime prevalence rate of exposure to IPV among Latinos of
23.4%, further shedding light to the magnitude and severity of IPV among Latinos. Due
to the fact that IPV victims are predominantly women, many of whom are mothers, the
well-being of the children of women victims of IPV are of great concern due to the wide
range of adverse psychosocial and behavioral outcomes associated with early exposure to
IPV (Moylan, et al., 2010; Ward & Ashley, 2012).

According to Kennedy, Bybee, Sullivan, & Greeson (2010), although parents try
to prevent exposing their children to the horrors of IPV, in a home where IPV exists,
protection from exposure to IPV is nearly impossible as abuse is typically ongoing and
co-occurs taking different forms. At its most basic level, exposure to IPV, more
specifically, exposure to the abuse of a mother, can be considered a form of emotional
abuse with negative implications for younger individuals’ emotional mental health and
future relationships as they mature to adolescence. This is specifically true for adolescent
females, as they are less likely to seek refuge from their male partners beating if they
have had witnessed their mothers as victims of abuse (Kennedy et al., 2010). According
to the U.S. Census Bureau (2013), the Latino population has increased by more than 50%
since 1990 and is currently the largest racial or ethnic minority group in the United
States, composing 17.1% of the population in 2013. Thus, the well-being of Latinos is of
great importance to the general health of the United States. According to Perilla, Serrata,
Weinberg and Lippy (2012), in order to address the prominence of IPV in the Latino
population, one must first appropriately consider cultural and historical factors unique to
this population that ultimately contribute to the perpetuation of violence.
Statement of Problem

Klevens (2007) asserts that IPV is a leading cause of death, disability, and hospitalization in the United States, and as such, it has been targeted for action in the nation’s public health plan. According to Holt et al. (2008), “the past three decades have witnessed unprecedented interest in the scope and consequences of children’s exposure to intimate partner violence, resulting in a depth of empirical knowledge about its prevalence and impact on children that often times carry over to adolescence and adulthood” (p. 798). However, Klevens (2007) contends that the funding the Centers for Disease Control and Prevention (CDC) has received since 1994 to develop and evaluate programs to prevent violence against women has failed to create an early intervention prevention program for adolescent daughters of Latino women whom unfortunately are a part of the 23.4% of Latinos exposed to IPV. As previously mentioned, the Latino population is the largest growing ethnic minority group in the country. In addition, Haxen and Soriano (2007) point out that the percentage of male-to-female IPV has also continued to increase. This rapid increase suggests more Latino women are becoming victims of IPV, are remaining in IPV relationships for over 10 years, and more innocent children are, as a result, exposed to the horrors of IPV and do not have early intervention preventative services available at their reach (Krishnan et al., 2001).

Purpose of Project

The purpose of this project is to create an 8-week early intervention prevention group for Latino adolescent girls between the ages of 15-17 who have witnessed IPV throughout their lives as a result of their mothers remaining in abusive relationships. Due to intimate relationships typically developing during adolescence, the participants’ age
group is specifically selected, as adolescence may offer an important window of opportunity to thwart the perpetuation of violence and abuse and for adolescents to learn more adaptive, nonviolent alternatives to dealing with conflict than what many have been exposed to all of their lives (Wekerle & Wolfe, 1999). According to Herrman (2009), current research demonstrates that a significant percentage of adolescents have experienced some degree of physical, sexual, or emotional abuse from a dating partner. Wekerle and Wolfe (1999) suggest that this exposure to coercive dynamics at an early age creates a fertile ground for a like-attracting like assertive mating phenomenon. As a consequence of selecting partners with similar hostile interactional styles, these researchers indicate that adolescent females increase their risk of being abused by a male partner, thus highlighting the need for psycho-education (1999). For this reason, this project will not only provide culturally competent services for Latinas living in the United States by incorporating the beliefs, values, and norms of the Latino population that ultimately make Latino adolescent girls and women more susceptible to abuse, but it will also implement psycho-education into every session in hopes of providing adolescent Latinas with the necessary information needed to prevent violence in their lives, their future families, and ultimately break the cycle of IPV among the Latino population.

**Statement of Significance**

In general, Sabrina, Cuevas and Rodriguez (2014) point out that the current understanding of intimate partner violence in the Latino population as a whole is relatively limited and that even less is known about IPV among adolescent Latinos as they are not well represented in adolescent dating violence research. This project offers a needed contribution to the field as it integrates not only the limited current literature on
IPV and its function in the Latino population but also the abundance of research published on IPV among youth not focused on a specific population in the United States. By incorporating both culturally competent services that are also tailored to the overwhelming amount of knowledge on the effects and consequences of IPV among youth, this project will be an equally balanced program for adolescent Latino youth who identify deeply with the Latino community and also the American culture they too grew up in as a result of their parents immigration from their country of origin to the land of opportunity.

**Terminology**

**Abuse.** “Physical, sexual, or emotional harm to a person perpetrated by a relative, caregiver, or spouse, or others in a social relationship with the abused person. Common forms of abuse include intimate partner violence, partner or marital rape, and elder abuse. All of these forms of abuse are typically contained within the broad term *domestic violence or intimate partner violence*” (Encyclopedia of Counseling, 2008, p. 443).

**Abuser/Perpetrator.** “The person who inflicts the IPV” (CDCP, 2015).

**Acculturation.** “Cultural change associated with social group movement, be it movement within or across nations, that results in persons who have different cultures intersecting” (Encyclopedia of Counseling, 2008, p. 941).

**Coercive behavior.** “Any attempt to force another to think or act in a different way. Examples include but are not limited to: threatening to report the victim to Child and Family Services or police, forcing a victim to drop charges against the abuser, and or
forcing a victim to participate in or commit illegal activities” (DCCADV, 2015, p. 3)

**Control.** In the context of domestic violence, control is maintained through the use of threats and intimidation. The abuser eliminates the partners opportunity to choose anything for themselves (University of Michigan, 2009, http://stopabuse.umich.edu/resources/definitions.html)

**Culturally Competent Services.** “The desire, skills, and knowledge necessary to enable organizations, systems, and or individual providers to work effectively and provide services consistent with the cultural context of the client” (Thompson-Robinson, Reinninger, Sellers, Saunders, Davis, & Ureda, 2006, p. 99). “The degree to which a clinician is knowledgeable about the culture of the client” (Encyclopedia of Counseling, 2008, p. 944).

**Intimidation.** “When one person uses threats to cause another person fear and/or coerce her/him into doing something. Examples include, but are not limited to: making someone afraid by using looks, actions, gestures, and/or a loud voice, destroying property, abusing pets, and/or displaying weapons” (DCCADV, 2015, p. 5).

**Intimate Partner.** “A person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other’s lives” (CDCP, 2015, p. 11). The relationship need not involve all of the above dimensions. Current or former spouses, boyfriends or girlfriends, dating partners, or sexual partners are included. Intimate partners may or may not be cohabitating and can be of opposite or same sex (CDCP, 2015).
**Intimate Partner Violence.** A serious and preventable health problem that affects millions. It describes physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner” (CDCP, 2015, p. 11)

**Familism.** “A Latino cultural value that emphasizes obligation, filial piety, family support and obedience” (Stein, Cupito, Mendez, Prandoni, Huq, & Westerberg, 2014, p. 224).

**Latina.** Anyone born or with ancestors from Central America including Mexico, and any Spanish-speaking countries in South America and the Caribbean. The term Latino/Latina also includes new immigrants, descendants of immigrants, citizens, residents, and undocumented persons, as well as both English and Spanish speakers (Postmus, McMahon, Silva-Martinez, & Warrener, 2014, p. 463)

**Machismo.** A derivative of the Spanish word *macho* that describes both negative and positive sets of hypermasculine behaviors among Latino men. Negative behaviors are: exaggerated aggressiveness, emotionally restrictive, controlling, and homophobic. The positive dimensions of the term include: honor, respect, bravery, dignity, and family responsibility (Encyclopedia of Counseling, 2008).

**Respeto.** “Deference afforded to those individuals with higher authority in the relationship, such as parents, elders, and authority figures (i.e., doctors, religious officials, and those with higher education)” (Encyclopedia of Counseling, 2008, p. 1196). In the context of intimate partner violence, this concept promotes and supports male dominance over anyone including family, implying that males, especially fathers, are to
be respected regardless of their ill doings (Perilla et al., 2012).

**Victim/Survivor.** “A person who is abused, harmed, or killed by another person”
(DCCADV, 2015, p. 7)

**Layout of Project**

This present work is organized into four main sections. In order to better understand the prevalence, challenges, and possible consequences of IPV forLatinas and adolescents in the United States, it is necessary to review previous studies and research regarding the growing epidemic of IPV among the Latino population, all of which will be covered in chapter two. Chapter three states the intended audience for this project and presents an outline of topics included in the 8-week group curriculum. Chapter four is the project: an early intervention and prevention group for adolescent Latina girls between the ages of 15-17 who have witnessed intimate partner violence in their family of origin. It is a group that will provide culturally competent services for Latinas living in the United States by incorporating the beliefs, values, and norms of the Latino population that ultimately make Latino adolescent girls and women more susceptible to abuse. The hope is to prevent violence in the participant’s lives, their future families, and ultimately break the cycle of IPV among the Latino population by implementing psycho-education in each group session. The goal is for adolescents to learn more adaptive, nonviolent alternatives to dealing with conflict than what many have been exposed to all of their lives. Lastly, chapter five includes a project summary, recommendations, and final remarks.
CHAPTER II

Literature Review

This chapter was organized with the objective of providing readers with an in-depth understanding of cultural factors which perpetuate intimate partner violence (IPV) in the Latino population and the unique challenges Latina women typically encounter when faced with violence. The following will provide readers with a description of IPV, its prevalence in the United States, what IPV looks like in the Latino population, effects and consequences of IPV, unique barriers and challenges to treatment, cultural beliefs and influences that foster IPV, the effects of early exposure to IPV, IPV and adolescents, applicable theories, development of adolescents, and the relevance of group therapy for adolescents.

Intimate Partner Violence

According to Zosky (2011), intimate partner violence (IPV) was first identified in the 1970s and since then, has continued to be a significant social issue. “Nearly 25% of women will be victims of IPV at least once in their lifetime, and 1.5 million women a year in the United States will be victimized by their partners” (2011, p. 2001). Despite IPV prevalence, threats to funding in federal programs through the Violence Against Women Act and the Victim of Crime Act have jeopardized dire IPV services of which roughly 1.5 million women need to survive IPV and eventually seek safety not only for themselves but their children. Although research has shown that women who have access to IPV services within their community are likely to experience less violence and are less likely to be re-abused repeatedly than are
women who do not, IPV services are declining rapidly. Zosky asked survivors of IPV what they would do if their current services were no longer available in a qualitative study conducted in 2007. Three general themes emerged from their answers: 1) at first women would meet the lack of services with resilience and continue to look for a way to escape abuse; 2) then uncertainty would prevail to hopelessness and fear; and 3) end with resignation by staying in the abusive relationship. In order to understand why research findings such as that of Zosky are alarming and a pervasive problem with serious health and safety consequences for those involved, one must first understand the dynamics of IPV in order to understand why “receiving services is literally a matter of life and death” for some (Zosky, 2011, p. 209).

Herrman (2009) defines intimate partner violence as the occurrence of physically, sexually, and/or psychologically violent episodes in the intimate interpersonal relationship. The violent relationship includes a victim and a perpetrator in which one individual commits an act interpreted as violent against another within the context of the dating relationship (2009). According to the DHHS (2011), violence is nondiscriminatory; it strikes all genders from all sexual orientations, races, cultures, incomes, education levels, and ages. Victims can be attacked anywhere: on the street, at work, and at home. IPV encompasses four types of abuse: physical, emotional, verbal and sexual. Hitting, shoving, kicking, biting, or throwing things describes physical abuse. Yelling, name-calling, bullying, embarrassing, keeping victims away from friends and loved ones, being told one deserves the abuse, and the gifting of gift to “make up” for the abuse encompasses emotional abuse and because of the yelling and name-calling, verbal abuse. Lastly, the forcing of engaging a victim to do something sexual or something
sexual when the individual cannot agree to it, illustrates sexual abuse (DHHS, 2011).

According to the Rape Abuse & Incest National Network (RAINN, 2009), IPV is an issue of power and control where the perpetrator of violence utilizes acts of violence as well as a series of behaviors to gain power and control over the victim and the relationship in general. Perpetrators of violence typically intimidate by smashing things, abusing pets, destroying victim’s property, and displaying weapons. The making of or carrying out of threats to harm the victim, to commit suicide, to report the victim to authorities for a “wrong doing” in order to persuade the victim to drop charges against him or her illustrate the kind of threats perpetrators typically make. Jealousy lead perpetrators to isolate their victims by controlling what they do, see, read, and with whom they speak. Overall, IPV is an act in which there are constant mind playing games and where warning signs are present but not clearly visible to victims as a result of self-blame. This self-blame describes victims’ tendency to believe that the abuse is a result of their behaviors. Along with self-blame, the belief that violence is temporary and caused by unusual circumstances, financial dependence, fear of severe physical injuries, and the absence of social support are reasons why victims of IPV typically remain in their abusive relationships (RAINN, 2009).

**IPV Among the Latino Population**

According to Murdaugh, Hunt, Sowell and Santana (2004), for generations, violence against women has been expressed and maintained within Latino families, making IPV an issue that is not unique to only U.S born citizens but rather a serious global issue affecting many. It is specifically a significant health issue for Latinas in the
United States, with 54.9% reporting violent victimization. According to the United States Department of Justice, an estimated 4.5 million women are violently victimized in the United States every year and 22-37% of emergency room visits made by women are for injuries sustained from IPV. Shockingly, although survivors of IPV tend to underreport incidents of IPV, the percentage of women visiting hospitals due to IPV injuries being re-victimized is an alarming 75%. Even more alarming and devastating are the psychological and physical effects of violence against women. Phobias, anxiety, depression, Post Traumatic Stress Disorder (PTSD) are prevalent in 45-85% of abused women, as well as chronic health problems such as pelvic pain, arthritis, malignancies, cardiovascular disease, and autoimmune disorders due to the emotional and physiological effects of IPV among women (Mundaugh et al., 2004)

Mundaugh et al., (2004) stress Latino women face unique challenges in coping with IPV due to stressors such as immigration, challenges of acculturation, language, legal, and economic pressures. In addition, over 30% of Latinos in the United States live in poverty and compromise 25% of the individuals in the U.S. without health insurance. As a result of IPV, victims of IPV have more than double the number of medical visits in the United States when compared to nonabused women. With the issue of not holding legal status in the United States as an issue, one can understand how poverty presents itself as an additional challenge for the Latino population. In a longitudinal study of 309 women participating over a six month period, Mundaugh et al. found that the most frequent acts of violence reported by the immigrant women who participated included being slapped, pushed, grabbed, or shoved, kicked, beaten, punched, or choked, forced to have sex without consent, threatened with a knife, and over 14 women had been
stabbed or shot in the past year. Of the 309 women, 56% had two or more children and 17% disclosed being abused for 10 years or more by the same intimate partner (Mundaugh et al., 2004).

The most frequent types of injuries reported in the Mundaugh et al., (2004) study were bruises, black or swollen eyes, cuts, bleeding, knife wounds, fractured bones, muscular injury, scratches, and psychological injury. Of the 309 women, 77% were treated for their injuries in the emergency room or at a hospital but an alarming 74% of them also disclosed not telling the doctor or person treating them how the injuries were inflicted. Women typically felt ashamed, embarrassed, could not speak English, did not have a translator, were afraid the abuser would find out if they reported and make things worse and leave them without money, felt it was a private matter to be handled personally, feared deportation and that their children will be removed from their custody, and overall felt they could not tell the doctor treating them or their health care provider. Such barriers typically preventing IPV victims from reporting violence provides valuable information in the development of programs to provide services, which will benefit Hispanic women in the United States who suffer from IPV (Mundaugh et al., 2004).

Ecology of the Latino Culture

Mundaugh et al., (2004) state that it is imperative that IPV services are: linguistically and culturally congruent; respect individual experiences of being battered, female, Latino, and economically disadvantaged in the U.S.; include psycho-education regarding IPV, specifically including special provisions offered to undocumented, immigrant women in accord with the Violence Against Women Act; include civil
protective orders, as well as other legal avenues available; and be delivered carefully, using client language in order to help them make informed decisions about their current situation. In order for service providers to be able to do that successfully however, Edelson, Hokada, and Ramos-Lira (2007) believe the entire ecology of the Latino culture must be taken into consideration if the effects of IPV on Latina women are to be fully understood. Ultimately, mental health providers need to understand the value system of the culture – that is, violence within the family or involving women is not seen as competitive or hate-motivated but rather as a means of putting an individual in “his or her place” so that respect is learned (Bavolek, 1997). Gender roles, respeto, familism, spirituality, language and immigration status, and acculturation within the Latino population are factors that cannot be ignored and will be discussed in the following section.

**Gender roles.** According to Perilla, Bakeman and Norris (1994), gender roles within the Latino population are clearly and rigidly defined, with the traditional Latino family structure operating within a patriarchal hierarchy where men are superior and have full power and control over women. Men are dominant, authoritarian figures and women nurturers in charge of taking care of everyone else before themselves; they are raised to be caregivers and dependent on men. For example, a mother is in charge of ensuring children are cooperating with their father’s decisions as he has the final say in all family matters (Bavolek, 1997). The terms marianismo and machismo stem from women’s submissiveness, self-sacrificing philosophy, and stoicism in the Latino culture that influence the interaction between Latino males and females (Perilla et al., 1994). According to Bavolek (1997), the real meaning of machismo refers to a man’s ability and
responsibility to provide for his family, which is directly attached to his pride and sense of self. While there are positive aspects to machismo such as a sense of honor, pride, courage, responsibility, and obligation to the family on behalf of men, for the most part, machismo represents sexual prowess, heavy alcohol consumption, and aggressive behavior (1997). Cultural concepts such as machismo ultimately support an imbalance of power in traditional Latino families and create an environment where IPV can flourish (Perilla et al., 1994).

**Respeto.** According to Perilla et al., (2012), respeto describes hierarchical relationships within the Latino culture, where one is expected to respect authority figures at all times. This concept promotes and supports male dominance over anyone including family, implying that males, especially fathers, are to be respected regardless of their ill doings. Women grow up wholeheartedly embracing such a way of thinking. Therefore when they find themselves in dangerous relationships, they struggle reporting their perpetrator to authorities as it is frowned upon and viewed as a disrespectful act within the culture (Perilla et al., 2012).

**Familism.** Familism further contributes to the susceptibility and allowance of IPV within the Latino population, as it is the belief that family needs should and will take precedence over individual needs no matter the circumstances (Perilla et al., 2012). According to Bavolek (1997), this belief has been a trait of ancient indigenous people who lived in tribes and city/states. Edelson et al. (2007) describe Latino relationships as intense, where constant involvement in one another’s lives is acceptable. Extended family members such as grandparents, aunts, uncles, and cousins are essentially immediate family where aunts and uncles are thought of as second parents and cousins, second
siblings. As a result, the family is a Latina’s primary support system and therefore she will do what is needed to fulfill her role as an adequate wife, mother and daughter (2007). Perilla et al. (1994) believe that in dedicating her all into fulfilling gender roles, the Latina woman is left socially isolated as a result of having to fulfill roles and leaving most of her friends and family behind in her countries of origin. According to Bavolek (1997), it is important to remember that today individualism is an American pseudo-concept in which the individual’s needs outweigh those of the family or community.

**Religion and Spirituality.** Religion and spiritual beliefs play a central role in the daily lives of Latinos (Bavolek, 1997). Historically, Latinos have been Catholic (Behnke, Ames, & Hancock, 2012). Over the last two decades however, Behnke, Ames and Hancock (2012) point out that those who have immigrated to the United States have been drawn to evangelic and other Protestant churches. Typically, though not always the case, such religious organizations perpetuate silence around IPV, as women are encouraged to remain patient in the relationship, forgive their abusers, and call on God for support rather than seek professional help (Behnke et al., 2012). According to Rivera (1994), spirituality plays a crucial role in help-seeking behavior among Latino women, as it serves as a major source of strength and support depending on their preferred religious teachings. Typically, Latino women believe it is not themselves but rather a higher power who is in control of their life (1994).

**Language and immigration status.** Kasturirangan and Williams (2003) believe that language and immigration status are also barriers to women in IPV relationships. The inability to speak English makes it increasingly challenging for women to actively seek assistance in ending the cycle of IPV. These victims feel unable to effectively
communicate their lived experiences and fear the possibility of deportation if help is sought, and thus become immobilized, unable to become active participants in their quest for safety (2003). Klevens (2007) points out that negative past experiences with law enforcement either in their country of origin or during their journey to step foot in the land of opportunity, further hinders the likeliness that Latina women will seek help from law enforcement or government agencies.

The above factors lead Latino women to perceive their experiences with IPV as an expected part of a woman’s role in a relationship or marriage, which leads them to downplay their suffering as a result of IPV and not consider it an issue that necessitates immediate attention (Perilla et al., 2012). Ultimately, such cultural and institutional norms produce an environment that is susceptible to and allows IPV, in addition to impeding Latina’s ability to seek the help she deserves and desperately needs.

**Children of Women Victims of IPV**

Due to IPV victims being predominantly women, the well-being of the children of women victims of IPV are of great concern (DHHS, 2011). According to Kennedy, Bybee, Sullivan, & Greeson (2010), although parents try to prevent exposing their children to the horrors of IPV, in a home where there is IPV, protection from exposure to IPV is nearly impossible as abuse is typically ongoing and co-occurs taking different forms. The DHHS (2011) reports that children exposed to IPV typically overhear adults fighting verbally, sometimes witness physical abuse, and see bruises after the abuse is over, which lead to serious adverse effects. In summary, problems with attachment, behavior at home and at school, feelings of guilt as a result of being unable to stop the
abuse from occurring, depression, anxiety, affect regulation, internalizing problems that lead to mental health issues, developmental challenges, inability to develop reciprocal relationships with peers, are common consequences of exposure to IPV (DHHS, 2011).

**What Do Children Feel?** According to Crager & Anderson (1997), children of women victims of IPV feel: 1) scared, 2) powerless, 3) confused, 4) bad, 5) helpless, angry, 6) self-blaming, 7) anxious, 8) guilty about loving the abusive parent, 9) guilty about not protecting abused parent, 10) worried about the future, 11) worried about possible loss of a parent, 12) insecure, 13) hopeless, 14) split down the middle, and 15) numb.

**What Do Children Learn?** According to Crager & Anderson (1997), children of women victims of IPV learn: 1) others individuals are responsible for my behavior; 2) I am responsible for other peoples’ behaviors; 3) men have the right to control women; 4) violence is an appropriate way to solve problems; 5) my mother is to blame for my father’s violence; 6) the violence is my mother’s fault; 7) women have no rights; 8) my mother cannot protect me; 9) nothing is safe; 10) intimate partner violence is normal; 11) intimidation is the way to get what you want; 12) other people have the right to abuse me; 13) my father’s violence is my fault; 14) its okay to abuse my mother.

**How Do Children Act?** According to Crager & Anderson (1997), children of women victims of IPV typically: 1) wet the bed; 2) whine; 3) tantrum; 4) fight at school; 5) lie; 6) steal; 7) withdraw; 8) have difficulty concentrating and sleeping; 9) receive bad grades at school; 10) experience unusual shyness; 11) display Attention Deficit Disorder (ADD) symptoms; 12) become physically ill (i.e., stomach aches, nausea, headaches); 13)
become aggressive toward other children; 14) treat their mother’s the way their father treat their mother’s; and 15) are easily distracted, startled, forgetful, anxious, unable to play, and highly sensitive to noise.

Black, Sussman, & Unger (2010) contend that the witnessing of interparental violence in the family of origin during childhood has permeated the research regarding families experiencing IPV, and helps explain the etiology of IPV, shedding light on violence being a socially learned behavior. The link between a history of witnessed interparental violence and violence enacted in subsequent generations of children is due to the family of origin being the main socializing institution and the main source of childhood learning (Black et al., 2010). According to Bandura (1973), aggression modeled between parents and observed by their children not only provides scripts for violent behaviors but also teaches children that violence is a viable and effective means of conflict resolution with intimate partners or a means of gaining control, hence explaining the intergenerational transmission of violence. Children mature with the misunderstanding that violence is acceptable.

According to the DHHS (2011), adolescent IPV is a direct result of witnessing IPV in childhood and in the United States, adolescents experience the highest rates of relationship violence. Alarmingly, one in ten adolescent girls in high school report being physically abused by a dating partner in the past. These rates suggest understanding adolescent IPV as equally as important as understanding adult IPV, especially if attempts to prevent the intergenerational transmission of IPV are to be made. In the Latino population specifically, when violence occurs, it serves as the groundwork for intergenerational patterns of abuse to unravel (Perilla et al., 1994).
IPV and Adolescents

According to Ball, Kerig, & Rosenbluth (2009), contrary to popular belief, research indicates that adolescent IPV differs from adult IPV where studies show males perpetrate the violence far more frequently than females. In adolescent IPV, adolescent girls act as perpetrators of IPV at rates equal to or greater than boys’ rates. Despite such findings, it is important to recognize that adolescent girls are significantly more likely than boys to be sexually victimized and that the physical and psychological consequences of male aggression against females are more severe (Ball et al., 2009). Girls most often inflict minor physical and psychological abuse on a partner and boys are more likely to commit severe physical and sexual abuse. Herman (2009) indicates that when girls do abuse, they tend to commit minor to moderate abusive acts, including scratching, slapping, and throwing objects. The abuse from boys has more severe consequences, including those rendered from the use of weapons, punching, and forced sexual activity. Males tend to develop patterns of abuse, females tend to hold roles as victims, and these relationships are characterized by ongoing power and violence rather than being episodic or related to single stimuli despite ages (Herrman, 2009).

Knowing adolescents understanding and definition of abuse is important in order to intervene with the issue of intimate partner violence among adolescents. According to Herrman (2009), adolescents define abuse according to context, intent, and actual harm associated with violent episodes. In cases of revenge, retaliation, or to “save face,” adolescents disclose that hitting and other acts of abuse were justified actions or reactions toward the other individual. Furthermore, significant differences between adolescent male and females’ definition of interpersonal violence exist. Adolescent females perceive
violence as a means to exert control or to dominate, view their own violent behaviors as “joking around” events, and judge an episode as violent if the events result in uneasiness, physical, emotional hurt, or fear. Adolescent males, tend to link violent acts with being provoked or “forced” into violent episodes, view their own violent behaviors as “serious” when they inflicted pain, feel females are able to “get away” with the minor offenses for which boys would be punished, and define abuse based on whether it was intended to cause pain as opposed to it being “an accident” or if “there is anger behind it” (2009).

Among adolescents, Herman (2009) describes a "cycle of violence" similar to that of adults where it is related to the exertion of power and control over another individual. This cycle includes the first phase of tension (including increasing levels of arguing, blame, and anger), the phase of violence (characterized by hitting, slapping, kicking, choking, use of objects or weapons, verbal threats or abuse, and sexual abuse), and the "honeymoon" phase (noted by calm, denial, apologies, excuses, and promises)” (Herrman, 2009, p. 164). According to U.S. Department of Health and Human Services (DHHS) (2011) however, warning signs of IPV among adolescents differs from that of adults. Constantly receiving texts to monitor the victim, insisting on getting serious quickly, acts of bossiness and jealousy on behalf of the perpetrator, pressure to engage in sexual activities, distribution of sexual photos of the victim online without consent, threats to hurt the victim or the self (i.e., the perpetrator) if victim breaks up with perpetrator, instilling guilt, justifying abusive behavior (i.e., blaming substance abuse), and blaming victim for the abuse, are noted warning signs adolescents unfortunately miss (DHHS, 2011).

Herman (2009) states that ultimately, IPV is a pervasive problem with serious health
and safety consequences for youth and according to the Center for Disease Control and Prevention, it is believed that dating violence begins to emerge as a key issue in the 10th grade, with rates increasing in subsequent grade levels, further highlighting the severity of exposure to IPV as most adolescents who perpetuate, were witness to IPV in their family of origin and the need to address this epidemic that is significantly harming youth and thus our future generations. Ward and Ashley (2012) point out that according to the World Assembly, although IPV is rising at an alarming rate, “violence is not an inevitable part of the human condition to which the world must be resigned to but rather it is a preventable condition” (p. 45) that as a result of the severe effects and consequences associated with IPV, the world at large should be interested in ending.

**Development of Adolescent Girls**

In relation to the fragility of adolescence, Ward and Ashley (2012) note that William Shakespeare once stated, “I would there were no age between ten and three and twenty, or that youth would sleep put the rest; for there is nothing in the between but getting wenches with child wronging the anciently, stealing, fighting” (p. 43). Adolescence is a time for risk taking, exploration, searching, growth, and development. Whereas most adolescents pass through this stage unharmed, the growing epidemic of violence is destroying many youth and jeopardizing their future (Ward & Ashley, 2012). Hence De Koker et al. (2014) posit that, “interventions need to be started in adolescence to break cycles of violence perpetration and victimization that can otherwise easily continue on to adulthood” (p. 4). Despite effects such as low self-esteem, unhealthy coping skills, poor emotion regulation, self-injury, and insecure attachments as a result of trauma history in childhood, researchers have found parental relationships in adolescence
are still viewed favorably. Such findings speak to the importance of assisting adolescents to process their trauma history in order for a value, such as parental relationships, to be appropriately carried out (2014).

**Applicable Theories**

According to Zosky (2011), there has been an evolution of theories among the IPV community that explain IPV and how survivors of domestic violence respond to their situations. The theories have evolved from explanations of passivity to strength-based understandings of women’s pursuit of safety. Walker’s (1978, 1984) early theories of learned helplessness and the battered women syndrome attributed women’s passivity to a chronic cycle of physical and psychological abuse that diminished women’s sense of self-esteem and self-efficacy, which resulted in victims’ capitulation to their abusers. Although Walker’s contributions to the understanding of domestic violence helped illuminate the scope of what had been largely an invisible social issue, theories such as feminist theory, survivor theory, social entrapment theory, social learning theory, and attachment theory further explain the complexity of intimate partner violence (Zosky, 2011).

According to Zosky (2011), feminist theory began to shape the discourse of domestic violence from victimization to survival and empowerment, as it is founded on several principles that influence practice. An egalitarian relationship between providers and users of services in the domestic violence community exists and is a central principle. Users of services are seen as the experts regarding their situations, being both resilient and responsible, and with adequate support from service providers, fully capable of
making changes in their lives. This theory embodies and promotes a strengths perspective of women and dismisses labels of pathology by replacing the word victim to survivor. In addition to this “depathologizing” approach to practice seen in the shift of language, providers of IPV work in collaboration and equality with survivors to help them effect changes in their lives and ultimately live in safety (2011).

Zosky (2011) describes survivor theory as the theory that essentially acknowledges that women are not passive recipients of abuse but in fact active in their attempts to attain safety. This theory states that women use many methods to attempt to escape their abuse, thus making them active help seekers, which was a new approach in comparison with previous theories. Survivor theory acknowledges that women often face an indifferent society and insufficient supports from the helping system despite their many attempts to seek help. As a result of such unsuccessful outcomes when attempting to seek help, women feel they have little choice but to stay in abusive relationships. This theory specifically moves away from labeling such decisions as learned helplessness but rather calling the actions a decision made from helplessness. Social entrapment theory is often associated with survivor theory as it states sexism and patriarchy contributes to social and institutional failures to respond to victims’ repeated requests for help, shifting the explanation for the difficulty of women leaving an abusive relationship from microexplanations to macroexplanations (2011).

Social learning theory is described by Wekerle & Wolfe (1999) as one of the most influential perspectives of interventions in relationship violence, as it is consistent with the intergenerational transmission hypothesis that states an aversive and coercive interpersonal style is learned from prior experiences of violence from one’s family of
origin. It is based on the premise that one acquires interactional skills through observational learning, suggesting witnessing or directly experiencing violence as a child places the person at future risk for interpersonal violence due to messages learned about the functional nature of violence, that is, to express oneself, to solve problems, to control and dominate another. Social learning extends beyond the dynamics of a family and to the media and cultural factors as these acknowledge such factors to significantly influence one’s personal understanding of interpersonal violence (1999).

Attachment theory is described by Wekerle & Wolfe (1999) as the idea that one’s history of relationships with significant caregivers forms a child’s mental representation of relationships. This representation of all elements in the relationship, such as the relationship, the self, and the other, is both a prototype and template for forging future relationships. Romantic love is an attachment process based on perceptions of the attachment figures’ responsiveness and guided by the same relationship style tendencies evident in childhood. Secure attachment stems from healthy partnerships such as consistent and responsive childrearing. Insecure attachment stems from dysfunctional relationships, including inconsistent, aversive, intrusive, or unresponsive caregiving. Due to adolescents’ tendency to select dating partners and situations that are consistent with their understanding of what relationships are about, who they are in relationships, and what to expect from a partner, attachment theory believes males and females with traumatic backgrounds are equally at-risk for relationship violence because they both gravitate toward: 1) partners and situations in which a victim-victimizer relationship model can be applied; and 2) victim and victimizer behaviors which could both be evidenced in the individual, given that both sides of the victim-victimizer relationship
have been learned (1999).

Although each of these theories contribute uniquely to one’s understanding of adolescent IPV, it is crucial to remember violence is multi-determined and that the theoretical approaches mentioned above ultimately suggest different directions for intervention efforts (Wekerle & Wolfe, 1999). Also influencing the direction for interventions is the developmental stage of the targeted population.

**Group Therapy for Adolescents**

Ball et al. (2009) conducted a qualitative study to investigate the effects of adolescent IPV prevention programs for at risk youth and discovered that the emotional safety in groups and positive relationships among group members were instrumental in the youths’ learning process. These researchers further reported that the emotionally safe environment and social support in group formats proved critical in the increasing of resilience and relationship skills among at risk youth who participated in the groups studied. They also found that group formats created an emotionally safe environment for members to share feelings and experiences, give and receive feedback, and practice new skills. Most importantly, Ball et al. indicated that a group format allowed group facilitators to model respect and reinforce positive relationships among participating adolescents. Groups consistently proved to be great for targeting IPV because the relationships among the adolescents were often modeled on the same characteristics as their relationships with the group facilitators: respect, tolerance, openness, and “being real.” Sharing in a group with other adolescents whom had similar experiences of violence and abuse ultimately offered relief from isolation and shame as well as the
opportunity to learn about feelings. Per the reports of the adolescents participating in the groups studied by the researchers, being able to help each other through shared experiences was of great importance to them as they found value in receiving feedback from peers rather than adults. The trusting and affirming relationships that developed among participants were found by the researchers to be healing and provided an important source of emotional support and personal insight for adolescents participating in the group alone. The respect in groups translated into increased self-esteem and expectation for giving and receiving respect in personal relationships. Lastly, Ball et al. found that the group format was appropriate to address the issue of adolescent IPV because throughout group, adolescents experienced a sense of belonging and were able to practice new, healthy, relationship skills in a safe environment (2009).

Conclusion

According to Foshee et al. (1998), “Intimate partner violence burdens the health care system and the physical and mental health of individuals and family members; it is considered a major public health problem in the United States due to its intergenerational transmission that often begins with exposure to IPV as children, to adolescent IPV, and ultimately adult IPV” (p. 45). In general, the numeric extent of violence against females exceeds that of violence against males, the impact of the abuse is likely to be greater for females than males, females are at far greater risk of serious and lethal abuse at the hand of their male partner than males are at risk for their female partner, and adolescence marks a time where adolescent girls perpetuate at a rate equal to or greater than adolescent boys (Holt et al., 2008; Ball et al., 2009). The existing types of violence range from physical, emotional, verbal, and sexual abuse (DHHS, 2011). As such, early
intervention and psycho-education are key and should be readily available for adolescents, specifically those who have witnessed IPV as children and are in an abusive relationship as a result. *Breaking the Cycle* aims to provide such important services to adolescent Latino youth that are currently not readily available for adolescents, specifically in mental health agencies that only provide IPV services for the mothers of such children/adolescents.
CHAPTER III

PROJECT AUDIENCE AND IMPLEMENTATION FACTORS

The purpose of this project is to provide culturally competent services to Latina youth living in the United States through the creation of an early intervention and prevention program for IPV. This group will incorporate the beliefs, values, and norms of the Latino population that ultimately make Latinas more susceptible to abuse. Each session will provide clients with psycho-education in conjunction with group processing time in hopes to provide its participants with the necessary tools needed to prevent violence in their lives, their future families, and ultimately break the cycle of IPV among the Latino population. This group is unique in that it offers necessary services with a preventative approach to Latina youth during adolescence, an important window of opportunity to thwart the perpetuation of violence and abuse. The goal of this group is to allow Latina youth to learn more adaptive, nonviolent alternatives to dealing with conflict than what many have been exposed to all of their lives in their family of origin. Sabrina, Cuevas and Rodriguez (2014) point out that the current understanding of intimate partner violence in the Latino population as a whole is relatively limited and that even less is known about IPV among adolescent Latinos as they are not well represented in adolescent dating violence research. This project offers a needed contribution to the field as it integrates not only the limited current literature on IPV and its function in the Latino population but also the abundance of research published on IPV among youth not focused on a specific population in the United States. By incorporating both culturally competent services that are also tailored to the overwhelming amount of knowledge on the effects and consequences of IPV among youth, this project will be an equally balanced program
for adolescent Latino youth who identify deeply with the Latino community and also the American culture they too grew up in as a result of their parents immigration from their country of origin to the land of opportunity.

**Development of Project**

Haxen and Soriano (2007) point out that the percentage of male-to-female IPV continues to increase at rapid and alarming rates. This rapid increase suggests more Latino women are becoming victims of IPV, are remaining in IPV relationships for over 10 years, and more innocent children are, as a result, exposed to the horrors of IPV and do not have early intervention preventative services available at their reach (Krishnan et al., 2001). Specifically, Klevens (2007) contends that the funding the Centers for Disease Control and Prevention (CDC) has received since 1994 to develop and evaluate programs to prevent violence against women has failed to create an early intervention and prevention program for adolescent daughters of Latino women whom unfortunately are a part of the 23.4% of Latinos exposed to IPV. Although there are school-based programs available to adolescent youth, to this writer’s knowledge, an early intervention and prevention program tailored to the Latina experience does not exist.

The overall design of the group was developed through extensive analysis of: 1) current research involving IPV; 2) the cultural factors that perpetuate IPV in the Latino population; 3) unique challenges Latina women encounter when faced with violence; 4) effects and consequences of IPV on children; 5) present-day adolescent dating violence research; 6) adolescent development; and 7) applicable theories among the IPV community that explain IPV and how survivors of IPV respond to their situations. It is
built on the beliefs that: IPV is preventable, IPV is never the survivor’s fault, IPV is rooted in the relations of power and control in intimate family relationships, abusers/perpetrators have sole responsibility for their violence, and youth need to be educated on IPV and receive support in order to live in a violence free environment and thus prevent the intergenerational transmission of violence from re-occurring.

The group’s educational, supportive, and processing components are a direct result of literature demonstrating the importance of such components in effective adolescent IPV prevention programs (Foshee et al., 1998). The group was developed to meet once a week for a two hour session: one hour dedicated to psycho-education and one hour to group process. The psycho-education portion of the group was implemented as it is essential for prevention and is among the most effective of evidenced-based practices known to help increase insight, empower individuals, and enhance development. The group process portion was developed to give participants the opportunity to share ideas and exchange information, thoughts, and feelings regarding their experiences with IPV and the psycho-educational information presented. The group process was designed to be supportive in nature in order to lessen isolation, establish social bonds, and give participants access to collective strength.

Finally, the group was developed to prevent the cycle of IPV through: 1) education and raising awareness; 2) safety planning; 3) the expression and processing of IPV experiences; 4) normalization of thoughts and feelings associated with IPV experiences; 5) self-esteem building; 6) familiarizing participants of the societal and cultural factors that perpetuate IPV, laws and policies that protect them, and the resources available; and 7) exposure to a group with healthy interactional dynamics.
Intended Audience

This group will target Latina youth between the ages of 15 to 17 who are considered high risk in their susceptibility to IPV as a result of IPV in their family of origin. Although all genders could benefit from IPV prevention services, professionals do not recommend having both males and females in the same group as experiences of IPV are significantly different amongst genders (Herrman, 2009). Adolescent girls are the targeted population for this particular group because although both genders are affected by IPV, in general: 1) the numeric extent of violence against females exceeds that of violence against males; 2) the impact of the abuse is likely to be greater for females than males; 3) females are at far greater risk of serious and lethal abuse at the hand of their male partner than males are at risk for their female partner; and 4) adolescence marks a time where adolescent girls perpetuate at a rate equal to or greater than adolescent boys (Holt, Buckley, & Whelan, 2008).

Personal Qualifications

The group guidelines were developed for licensed mental health professionals such as: marriage and family therapists, psychologists, or licensed professional counselors. The licensed professionals must be knowledgeable about the unique issues and challenges Latinas encounter in respects to IPV and ultimately have an interest in assisting Latina youth break the cycle of violence. In addition, the licensed professionals must understand the group’s purpose and have an interest in providing culturally sensitive services to its participants. Moreover, the licensed professionals must genuinely hold the belief that the participants are: resilient and responsible, experts on their situations, and
fully capable of making changes in their lives with adequate support from service providers. They must embody a strengths perspective of women and “depathologizing” approach to practice. Licensed professionals do not need to be Hispanic or of Latin descent but must be proficient in both English and Spanish languages. Finally, licensed professionals interested in facilitating the group cannot be involved in current IPV relationships.

Environment and Equipment

The group was intended to be run in a community mental health agency where participant’s confidentiality, anonymity, and safety will be respected. Cultural centers, churches, and additional mental health centers are permitted so long as participants’ confidentiality, anonymity, and safety is honored. The room occupying the participants must be large enough to comfortably house 8 individuals. Other than the necessary paperwork needed in a group (i.e., consent form, visit logs, contact information in case of emergency, assessment paperwork, group contract of rules, etc.), materials for sessions include: art supplies, educational materials (i.e., photocopies of handouts/worksheets, paper for taking notes, pens and pencils), whiteboard, and white board markers.

Project Outline

Intake Session: Group Set Up

- Consent Form
- Intake Form
- Safety and Risk Assessment

Session 1: Group Introduction
• Group Rules and Assumptions
• Group Fears, Concerns, and Expectations
• Developing Group Skills

**Session 2: What is Intimate Partner Violence?**

• IPV Myth Buster
• IPV Definition
• Different Forms of IPV

**Session 3: Ecology of the Latino Culture**

• Prevalence of IPV in the Latino Community
• Latino Social and Cultural Influences of IPV
• Prevalence of IPV Among Adolescents

**Session 4: The Cycle of IPV**

• Power and Control Wheel(s)
• The Three Phases of IPV
• Effects and Consequences of IPV
• A Letter: IPV is Preventable

**Session 5: How to Spot An Abuser**

• Abusive Characteristics
• Am I Abusive?
• Safety Plan

**Session 6: Healthy Relationships and Self-Esteem**

• Equality Wheel
• Defining Self-Esteem
• Role of Self-Esteem in IPV
• How to Boost One’s Self-Esteem
  o Self-Esteem Group Activities

Session 7: I Matter

• My Bill of Rights
• Assertive Communication
• Protective Laws in the U.S
• IPV Resources

Session 8: Termination

• Group Summary
• Advocacy
• Our Story Tree
• Staying Safe
CHAPTER IV

Conclusion

Summary of Project

IPV is a devastating problem that affects individuals all over the world. It does not discriminate as it occurs throughout all levels of society and there is no evidence that suggests that any income level, occupation, social class, or culture is immune from IPV. The group most affected by IPV however, is the Latino population. Lown and Vega (2011) posit that amongst those reporting IPV, the number of Latinos range from 10.5% to 17.3% compared with rates among whites of 3.4 to 11.6%. Although the distressing realities of IPV victims has gained attention, many women in the United States, specifically Latinas, are dying at the hands of their abusers and underutilizing IPV services due to a lack of IPV education. For Latinas, there are cultural and historical factors unique to their culture that ultimately place them at higher risk of IPV. Strict gender roles, language barriers, immigration status, a history of IPV in their family of origin, religion, and spirituality produce an environment that is susceptible to and allows IPV. Such factors lead Latina women to perceive their experiences with IPV as an expected part of a woman’s role in a relationship or marriage, which leads them to downplay their suffering as a result of IPV and not consider it an issue that necessitates immediate attention (Perilla et al., 2012). According to the U.S. Census Bureau (2013), the Latino population has increased by more than 50% since 1990 and is currently the largest racial or ethnic minority group in the United States, composing 17.1% of the population in 2013. Thus, the well-being of Latinos is of great importance to the general health of the United States.
Due to intimate relationships typically developing during adolescence, adolescence may offer an important window of opportunity to thwart the perpetuation of violence and abuse and for adolescents to learn more adaptive, nonviolent alternatives to dealing with conflict than what many have been exposed to all of their lives (Wekerle & Wolfe, 1999). The purpose of this project is to provide culturally competent services to adolescent Latina girls by developing an early intervention and prevention group designed to take into account the cultural variables unique to their experiences in a culture that perpetuates violence at a much higher rate than their non-Latino counterparts. This guide book is designed to assist mental health professionals in providing early intervention and prevention services to a population that is more susceptible to abuse and at higher risk of continuing the cycle of violence. Each session will provide clients with psycho-education in conjunction with group processing time in hopes to provide its participants with the necessary tools needed to prevent violence in their lives, their future families, and ultimately break the cycle of IPV among the Latino population. The goal of this group is to allow Latina youth to learn more adaptive, nonviolent alternatives to dealing with conflict than what many have been exposed to all of their lives in their family of origin. By incorporating both culturally competent services that are also tailored to the overwhelming amount of knowledge on the effects and consequences of IPV among youth, this project will be an equally balanced program for adolescent Latino youth who identify deeply with the Latino community and also the American culture they too grew up in as a result of their parents immigration from their country of origin to the land of opportunity.
Recommendations for Implementation

Aside from the personal qualifications for group facilitators discussed in chapter III, it is advised selected group facilitators have experience working with the battered population. Group facilitators who are not Hispanic or of Latin descent must have experience working with the Latino population in a mental health setting. Group facilitators who are not familiar with the Latino culture and the many factors that contribute to Latinos understanding and conceptualization of violence and abuse, should not facilitate group until receiving proper education through training. Holding and maintaining such cultural frame of reference throughout the group will increase participants motivation, likelihood of making a connection to the group and information, improve their learning of IPV, and ultimately decrease drop-out rates. Finally, it is advised two group facilitators run group if group is made up of 4 participants or more.

Recommendations for Future Research

Cuevas and Rodriguez (2014) point out that the current understanding of intimate partner violence in the Latino population as a whole is relatively limited and that even less is known about IPV among adolescent Latinos as they are not well represented in adolescent dating violence research. This project offers a needed contribution to the field as it integrates not only the limited current literature on IPV and its function in the Latino population but also the abundance of research published on IPV among youth not focused on a specific population in the United States. I recognize and acknowledge that early intervention and prevention groups specifically targeting adolescent Latino males are needed. Just as adolescent Latino girls need to be taught at an early age to claim their
human right to safety and healthy relationships, adolescent Latino males need to be taught to re-envision traditional gender roles that contribute to the perpetuation of IPV.

In general there is a need for more comprehensive early intervention and prevention programs for adolescent Latino youth. Mental health professionals need to increase student access to accurate information regarding their culture and the factors that place them at risk of abuse. This can be accomplished through periodic psychoeducational presentations and assemblies in academia and by supporting local community cultural centers with common goals. It is crucial Latino and bilingual mental health professionals become involved in increasing self-awareness, knowledge of resources, and consciousness of human rights among Latino youth. It is my recommendation that IPV prevention programs for youth expand beyond the academic setting and become readily available in community mental health agencies. It is time mental health agencies support and provide IPV services to adolescent youth just as they support and provide IPV services to their mothers.

Finally, although there are many social and cultural factors unique to Latinos that ultimately contribute to the perpetuation of IPV, it is recommended that future IPV programs remain strength-based by reframing such factors and finding positive aspects and strengths of the Latino culture that can ultimately assist Latino youth in protecting themselves from IPV.

**Conclusion**

The well-being of Latinos is of great importance to the general health of the United States given that they are the largest minority group and the most affected by IPV.
Culturally competent and preventative services built through the Latina experience are necessary to address a health issue that has become major in this United States. *Breaking The Cycle* aims to answer the need for culturally competent services for Latinas in the United States. It aims to provide important services to adolescent Latina youth that are currently not readily available, specifically in mental health agencies that only provide IPV services to mothers who fall victim to IPV. It is a unique group that offers necessary services with a preventative approach to Latina youth during adolescence, an important window of opportunity to thwart the perpetuation of violence and abuse. Most importantly, it takes into account cultural factors unique to her experiences in a culture that due to a lack of IPV understanding, places her at higher risk to continue the cycle of IPV.
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Appendix A

Group Guide

Breaking the Cycle of Intimate Partner Violence

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2015
Introduction

The purpose of this project is to provide culturally competent services to Latina youth living in the United States through the creation of an early intervention and prevention program for IPV. This group will incorporate the beliefs, values, and norms of the Latino population that ultimately make Latinas more susceptible to abuse. Each session will provide clients with psycho-education in conjunction with group processing time in hopes to provide its participants with the necessary tools needed to prevent violence in their lives, their future families, and ultimately break the cycle of IPV among the Latino population. This group is unique in that it offers necessary services with preventative approach to Latina youth during adolescence, an important window of opportunity to thwart the perpetuation of violence and abuse. The goal of this group is to allow Latina youth to learn more adaptive, nonviolent alternatives to dealing with conflict than what many have been exposed to all of their lives in their family of origin. Sabrina, Cuevas and Rodriguez (2014) point out that the current understanding of intimate partner violence in the Latino population as a whole is relatively limited and that even less is known about IPV among adolescent Latinos as they are not well represented in adolescent dating violence research. This project offers a needed contribution to the field as it integrates not only the limited current literature on IPV and its function in the Latino population but also the abundance of research published on IPV among youth not focused on a specific population in the United States. By incorporating both culturally competent services that are also tailored to the overwhelming amount of knowledge on the effects and consequences of IPV among youth, this project will be an equally balanced program for adolescent Latino youth who identify deeply with the Latino community and also the
American culture they too grew up in as a result of their parents immigration from their country of origin to the land of opportunity.
Haxen and Soriano (2007), point out that the percentage of male-to-female IPV continues to increase at rapid and alarming rates. This rapid increase suggests more Latino women are becoming victims of IPV, are remaining in IPV relationships for over 10 years, and more innocent children are, as a result, exposed to the horrors of IPV and do not have early intervention preventative services available at their reach (Krishnan et al., 2001). Specifically, Klevens (2007) contends that the funding the Centers for Disease Control and Prevention (CDC) has received since 1994 to develop and evaluate programs to prevent violence against women has failed to create an early intervention and prevention program for adolescent daughters of Latino women whom unfortunately are a part of the 23.4% of Latinos exposed to IPV. Although there are school-based programs available to adolescent youth, to this writer’s knowledge, an early intervention and prevention program tailored to the Latina experience does not exist.

The overall design of the group was developed through extensive analysis of: 1) current research involving IPV; 2) the cultural factors that perpetuate IPV in the Latino population; 3) unique challenges Latina women encounter when faced with violence; 4) effects and consequences of IPV on children; 5) present-day adolescent dating violence research; 6) adolescent development; and 7) applicable theories among the IPV community that explain IPV and how survivors of IPV respond to their situations. It is built on the beliefs that: IPV is preventable, IPV is never the survivor’s fault, IPV is rooted in the relations of power and control in intimate family relationships, abusers/perpetrators have sole responsibility for their violence, and youth need to be
educated on IPV and receive support in order to live in a violence free environment and thus prevent the intergenerational transmission of violence from re-occurring.

The group’s educational, supportive, and processing components are a direct result of literature demonstrating the importance of such components in effective adolescent IPV prevention programs (Foshee, Mauman, Arriaga, Helms, Kich, & Linder, 1998). The group was developed to meet once a week for a 2-hour session: 1 hour dedicated to psycho-education and 1 hour to group process. The psycho-education portion of the group was implemented as it is essential for prevention and is among the most effective of evidenced-based practices known to help increase insight, empower individuals, and enhance development. The group process portion was developed to give participants the opportunity to share ideas and exchange information, thoughts, and feelings regarding their experiences with IPV and the psycho-educational information presented. The group process was designed to be supportive in nature in order to lessen isolation, establish social bonds, and give participants access to collective strength.

Finally, the group was developed to prevent the cycle of IPV through: 1) education and raising awareness; 2) safety planning; 3) the expression and processing of IPV experiences; 4) normalization of thoughts and feelings associated with IPV experiences; 5) self-esteem building; 6) familiarizing participants of the societal and cultural factors that perpetuate IPV, laws and policies that protect them, and the resources available; and 7) exposure to a group with healthy interactional dynamics.
Intended Audience

This group will target Latina youth between the ages of 15 to 17 who are considered high risk in their susceptibility to IPV as a result of IPV in their family of origin. Although all genders could benefit from IPV prevention services, professionals do not recommend having both males and females in the same group as experiences of IPV are significantly different amongst genders (Herrman, 2009). Adolescent girls are the targeted population for this particular group because although both genders are affected by IPV, in general: 1) the numeric extent of violence against females exceeds that of violence against males; 2) the impact of the abuse is likely to be greater for females than males; 3) females are at far greater risk of serious and lethal abuse at the hand of their male partner than males are at risk for their female partner; and 4) adolescence marks a time where adolescent girls perpetuate at a rate equal to or greater than adolescent boys (Holt, Buckley, & Whelan, 2008).
Personal Qualifications

The group guidelines were developed for licensed mental health professionals such as: marriage and family therapists, psychologists, or licensed professional counselors. The licensed professionals must be knowledgeable about the unique issues and challenges Latinas encounter in respects to IPV and ultimately have an interest in assisting Latina youth break the cycle of violence. In addition, the licensed professionals must understand the group’s purpose and have an interest in providing culturally sensitive services to its participants. Moreover, the licensed professionals must genuinely hold the belief that the participants are: resilient and responsible, experts on their situations, and fully capable of making changes in their lives with adequate support from service providers. They must embody a strengths perspective of women and “depathologizing” approach to practice. Licensed professionals do not need to be Hispanic or of Latin descent but must be proficient in both English and Spanish languages. Finally, licensed professionals interested in facilitating the group cannot be involved in current IPV relationships.
The group was intended to be run in a community mental health agency where participant’s confidentiality, anonymity, and safety will be respected. Cultural centers, churches, and additional mental health centers are permitted so long as participant’s confidentiality, anonymity, and safety is honored. The room occupying the participants must be large enough to comfortably house 8 individuals. Other than the necessary paperwork needed in a group (i.e., consent form, visit logs, contact information incase of emergency, assessment paper work, group contract of rules, etc.), materials for sessions include: art supplies, educational materials (i.e., photocopies of handouts/worksheets, paper for taking notes, pens and pencils), personal journals for every participant, mirrors, TV, a DVD player, and a whiteboard.
Note to Readers

This curriculum and psycho-educational hand-outs were created with the input from the following organizations. Thank you for your contribution to the field and for making your information available.

Centers for Disease Control and Prevention
For more information visit: www.cdc.gov/ncipc

Love is Respect
For more information visit: www.loveisrespect.org

Break the Cycle
For more information visit: www.breakthecycle.org

Love is Not Abuse
For more information visit: www.loveisnotabuse.com

Safe Place
For more information visit: www.safeplace.org

Salt Lake Area Domestic Violence Coalition
For more information visit: www.health.utah.gov

Hollywood Homeless Youth Partnership
For more information visit: www.hhyp.org

Virginia Sexual & Domestic Violence Action Alliance
For more information visit: www.vsdvalliance.org
Curriculum Outline

Intake
- Group Set Up
  - Consent Form
  - Intake Form
  - Safety and Risk Assessment

Week 1
- Group Introduction
  - Group Rules and Assumptions
  - Group Fears, Concerns, and Expectations
  - Developing Group Skills

Week 2
- What is Intimate Partner Violence?
  - IPV Myth Buster
  - IPV Definition
  - Different Forms of IPV
Week 3
• Ecology of the Latino Culture
  • Prevalence of IPV in the Latino community
  • Latino Social and Cultural Influences of IPV
  • Prevalence of IPV Among Adolescents

Week 4
• The Cycle of IPV
  • Power and Control Wheel(s)
  • The Three Phases of IPV
  • Effects and Consequences of IPV
  • A Letter: IPV is Preventable

Week 5
• How to Spot An Abuser
  • Abusive Characteristics
  • Am I Abusive?
  • Safety Plan
Week 6
- Healthy Relationships and Self-Esteem
  - Equality Wheel
  - Defining Self-Esteem
  - Role of Self-Esteem in IPV
  - How to Boost One's Self-Esteem
  - Self-Esteem Group Activities

Week 7
- I Matter
  - My Bill of Rights
  - Assertive Communication
  - Protective Laws in the U.S
  - IPV Resources

Week 8
- Termination
  - Group Summary
  - Advocacy
  - Our Story Tree
  - Staying Safe
Facilitator(s) Instructions

Group facilitator is to schedule an intake session a week prior to the onset of group, where all group members are to sign and complete: 1) Consent Form, 2) Intake Form, and 3) Risk Assessment.

Intake Form

Consent Form

Risk Assessment

All forms are to be carefully reviewed by group facilitator(s) and clinical supervisor.
**Consent Form**

**Breaking the Cycle Introduction**

Breaking the Cycle is a culturally sensitive early intervention and prevention group for adolescent Latina girls between the ages of 15-17 who have witnessed intimate partner violence (IPV) in their family of origin. The group facilitators lead group in hopes to provide adolescent girls with a safe place to speak about their thoughts, feelings, and experiences with IPV with other adolescent girls. The purpose of the group is to incorporate the beliefs, values, and norms of the Latino population that ultimately makes Latinas more susceptible to abuse. Breaking the Cycle aims to teach adolescent girls the tools needed to prevent violence in their lives, their future families, and ultimately break the cycle of IPV among the Latino population. Participating members of Breaking the Cycle, learn more adaptive, nonviolent alternatives to dealing with conflict than what many have been exposed to all of their lives. Breaking the Cycle is an equally balanced group for adolescent Latino youth who identify deeply with the Latino community and also the American culture they grew up in.

**Consent to Treatment**

___ I authorize __________________(group facilitator(s)) to provide all therapeutic and psychological services that may be deemed advisable or necessary for me.

___ I acknowledge and accept that it is my responsibility to discuss my goals and needs with the group facilitator(s) and that the group facilitator will present possible approaches to these goals and needs.

**Confidentiality and Privilege**

___ I agree to keep the location and time of the group meetings confidential.

___ I agree to keep all information about other group participants confidential.

___ I acknowledge and accept that __________________(group facilitator(s)) adhere to the standards of confidentiality and privilege defined by ethical counseling practice. I understand that what I talk about to the Breaking the
Cycle group facilitator(s) is confidential, which means the group facilitator(s) will not repeat it to others.

I acknowledge and accept that the group facilitator(s) of Breaking the Cycle may share any information pertinent to my wellbeing or of others, as there are exceptions to confidentiality and privilege, which arise from certain legal and ethical mandates. Such exceptions are:

- The obligation of reporting to authorities, without the participant’s consent, any suspicion of abuse, endangerment or neglect, either physical or sexual of the participant, any child, or dependent adult.
- The duty to warn the intended victim and the authorities when it appears that the participant, or a person known to the participant, intends to hurt another person.
- The need to take appropriate steps when it appears evident that the participant will most probably make a suicide attempt to prevent such attempt.
- When disclosure is required pursuant legal proceeding.

In each of the above cases an attempt will be made to inform the participant that a report or disclosure will be made. The client will also be encouraged to make any report to authorities themselves. Please ask the group facilitator if you have any questions regarding confidentiality and its exceptions.

**Attendance, Appointment Timing, and Cancellations**

I acknowledge and accept that it is my responsibility to attend each week for the scheduled appointment time of group.

I acknowledge and accept that each group session is 2 hours in length and begin at the appointed time.

I acknowledge and accept that I will not be allowed to participate in group if I arrive 15 minutes past the appointed time, which will be considered an absence.

I acknowledge and accept that it is my responsibility to make up any sessions missed and am to contact my group facilitator(s) to schedule a make up session.

I acknowledge and accept that if there are two consecutive absences without giving
any notice, this may cause immediate termination of services.

I acknowledge and accept that any time I need to cancel and reschedule a missed session I will directly contact the group facilitator(s) at least 24 hours in advance at ( ) _____________ - _____________.

I understand that I may call my group facilitator(s) if I need to speak with him/her regarding a non-urgent matter. The group facilitator will attempt to call me back as soon as possible. This may not be immediately.

I agree that, in a life-threatening emergency, I will contact 911.

Agreement

I have read and fully understand all of the above terms and conditions and agree to abide by this contract as a condition of receiving services and participating in Breaking the Cycle.

_________________________       _________________________           _____________
Client Name                                     Client Signature                                   Date

_________________________       _________________________           _____________
Parent/Caregiver Name                    Parent/Caregiver Signature                 Date

_________________________       _________________________           _____________
Group Facilitator Name                    Group Facilitator Signature                Date

_________________________       _________________________           _____________
Group Facilitator Name                    Group Facilitator Signature                Date
Client Name: ____________________________________
Client Case Number: ____________________________
Date of birth: __________________________________
Client age: ____________________________________
Date of Assessment: ____________________________

1. Reason for seeking therapy at this time?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

2. Current symptoms or problems you are experiencing? (Please describe any behavior(s) that are out of the ordinary)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

3. How do you think this group can help you?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

66
Disclosure of Abuse

4. Please circle the type of abuse you have experience (you may circle more than one).
   - Emotional
   - Physical
   - Sexual
   - Other

5. Describe the circumstances and details of the abuse:

6. Please circle who the abuse was reported to (you may circle more than one).
   - Department of Children and Family Services (DCFS)
   - Police (List Division): __________________________
   - A family member (specify): ______________________
   - Other: _________________________________________
   - Date of report: _________________________________

7. How do you feel about the abuse you have experienced? How are you coping with it?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
8. Do you currently feel you are safe from harm? Explain.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

9. Have you ever received counseling before? Circle.  

   Yes  No

10. Can we obtain a two-way release? This will allow us to communicate with your therapist should we need to in case of an emergency and better help you. Circle.

   Yes  No

<table>
<thead>
<tr>
<th>Name and Agency of Therapist</th>
<th>Date and Focus</th>
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<tbody>
<tr>
<td>1. _________________________</td>
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</table>


   Yes  No

   If so, conduct a thorough suicide assessment.

   Was a suicide assessment conducted? Circle.

   Yes  No

12. Are there any guns or weapons in your house? Circle.

   Yes  No
13. Does anyone in your family have any mental health problems or hospitalizations? Circle. Yes No
If yes, please explain.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

14. Has anyone in your family been given a psychiatric diagnosis? Circle. Yes No
If yes, please explain.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

15. Does anyone in your family use drugs or alcohol? Circle. Yes No
   • Individual(s) using? _________________________________________________________________
   • Substance: _________________________________________________________________
   • Date last used: _________________________________________________________________
   • Period of use: _________________________________________________________________
   • Frequency: _________________________________________________________________
   • Amount per occasion: ___________________________________________________________
Medical History

16. Do you have any major illnesses and surgeries? Circle.  
   Yes  No
   If yes, please explain.
   ________________________________________________________________
   ________________________________________________________________

17. Have you had any accidents or head injuries? Circle.  
   Yes  No
   If yes, please explain.
   ________________________________________________________________
   ________________________________________________________________

18. Have you had any high fevers or seizures? Circle.  
   Yes  No
   If yes, please explain.
   ________________________________________________________________
   ________________________________________________________________

19. Have you had any congenital defects or disabilities? Circle.  
   Yes  No
   If yes, please explain.
   ________________________________________________________________
   ________________________________________________________________

20. Do you have any other medical conditions? Circle.  
   Yes  No
   If yes, please explain.
   ________________________________________________________________
   ________________________________________________________________

21. Have you ever been hospitalized? Circle.  
   Yes  No
   If yes, please explain.
   ________________________________________________________________
   ________________________________________________________________
22. Name of current physician: ________________________________________________
   Phone number of current physician: ________________________________
   Address of current physician: _______________________________________
   Date of last physical exam: ___________________________________________

23. Have you previously undergone educational or neurological evaluation?
   Circle.                Yes   No
   Where? __________________________________________________________
   When? ___________________________________________________________
   What were the findings? ___________________________________________
                          _______________________________________________________

24. Do you have allergies or drug sensitivities? Circle.                Yes   No
   If yes, please explain.
                          _______________________________________________________
                          _______________________________________________________

25. Are you taking any prescriptions/medications? Circle.                Yes   No
   If yes, please explain.
                          _______________________________________________________
                          _______________________________________________________

**Family Relationships**

26. Who do you currently live with? _______________________________________
   Do you currently live in more than one household? Circle.                Yes   No
   Name, Address, Phone Number                                               Name, Address, Phone Number
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
Peer Relationships and Recreation

27. How many friends do you have? _________________________________

28. Do you have a best friend? Circle. 
   Yes   No
   How old is your best friend and what’s his or her name?
   ______________________________________________________________________

30. How well do you get along with your peers? _________________________________

31. How do you spend your free time? _________________________________

32. What special interests, hobbies, or sports do you engage in?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

33. Any other special concerns or information you would like to share?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

_______________________________________  ____________________________________________________________
Group Facilitator Name                  Group Facilitator Signature                        Date

_______________________________________  ____________________________________________________________
Clinical Supervisor Name                Clinical Supervisor Signature                        Date
Client Name: ________________________________
Date of birth: ________________________________
Client age: ________________________________
Date of Assessment: __________________________

1. Are you in a relationship or seeing anyone? Circle. Yes No
   If yes, what is the age of your partner? ______
   If no, have you been in a relationship in the past? Circle. Yes No

2. How are/were conflicts handled in your relationship?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. What do/did arguments look like between you and your partner/ex-partner?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Do you ever feel/felt afraid of your partner/ex-partner? Circle. Yes No

5. Has your partner/ex-partner ever hurt, threatened, or made you feel unsafe? Circle. Yes No
   Me  My Partner

7. Have your grades ever fallen because of your relationship/ex-relationship? Circle.  Yes  No

8. Have you ever missed or been late to school because of a fight with your partner/ex-partner? Circle. Yes  No

9. Have you ever quit an extra curricular activity so that you can spend that time with your partner/ex-partner? Circle. Yes  No

10. Does your partner/ex-partner try to control your money? Circle. Yes  No

11. Does your partner/ex-partner demand that you talk on the phone with him or her at all times and it interferes with your school, work, or time with your family? Circle. Yes  No

12. Has your partner/ex-partner ever shown up at your school, classroom, or home to “check up” on you because of jealousy? Circle. Yes  No

13. Have you ever had cuts, bruises, or other injuries as a result of a fight with your partner/ex-partner? Circle. Yes  No

14. Have you gained or lost a significant amount of weight since you’ve been in your relationship/ex-relationship? Circle. Yes  No
15. Has your partner/ex-partner ever forced you to have sex when you did not want to? Circle. Yes  No

16. Do you think or feel you cannot go on without your partner/ex-partner? Circle. Yes  No

17. Do you feel/felt more stressed, depressed, or anxious because of your relationship/ex-relationship? Circle. Yes  No

18. Did you start/increase smoking, drinking, or using drugs since you’ve been in your relationship/ex-relationship? Circle. Yes  No

19. Does/did your partner/ex-partner pressure you to use drugs or alcohol? Circle. Yes  No

20. Do you ever use/used drugs or alcohol to feel comfortable around your partner? Circle. Yes  No

21. Have you grown apart from your family and friends since you’ve been in your relationship/ex-relationship? Circle. Yes  No

22. Do your partner/ex-partner act jealous of your family and friends and tries to keep you away from them? Circle. Yes  No

23. Do/did you lie to your friends and family to cover up for your partner/ex-partner? Circle. Yes  No

24. Have you ever threatened your partner/ex-partner? Circle. Yes  No
25. Do you and your partner/ex-partner call each other names, make each other feel useless or dumb, or constantly put each other down? Circle. 

Yes  No

26. Have you and your partner/ex-partner shoved, grabbed, pinched, held down, kicked, or punched each other? Circle. 

Yes  No

27. When you get angry, are you afraid of what you might do? Circle. 

Yes  No


If yes, group facilitator should conduct a thorough suicide assessment and assess for present suicide risk.

Yes  No

29. Do you currently feel that you are in danger of hurting your partner/ex-partner? Circle 

If yes, group facilitator should evaluate for present risk of violence against their partner/ex-partner. Duty to warn.

Yes  No

30. Have you or your partner/ex-partner every physically hurt or put your hands on each other (i.e., hitting, pinching, slapping, biting, pushing, punching, pulling hair, choking, kicking, etc)? Circle. 

Yes  No

31. What strategies have you used in the past to de-escalate the situation (i.e., to make things better) between you and your partner/ex-partner?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________
32. How are/were disagreements handled in your family?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

33. Have you witnessed IPV with any friends or family members?

Circle. 

Yes  No

If so, how has it affected you?

• Do you have trouble sleeping? Circle.  

Yes  No

• Get into fights frequently? Circle.  

Yes  No

• Fear something bad is going to happen? Circle.  

Yes  No

• Constantly feel depressed, worried, or anxious? Circle.  

Yes  No

• Consume drugs or alcohol to cope with your thoughts and feelings? Circle.  

Yes  No

• Other ways IPV has affected you that was not previously mentioned?  

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

_______________________________________
__________________________________________________________

Group Facilitator Name  

________________________________________

Group Facilitator Signature  

________________________________________

Date

________________________________________

Clinical Supervisor Name  

________________________________________

Clinical Supervisor Signature  

________________________________________

Date
Group Introduction

**Goal(s)**
- Introduce group logistics
- Establish rapport and therapeutic alliance
- Creating a safe space and warm environment for participants
- Developing group skills

**Intervention(s)**
- Icebreaker
- Psycho-education
- You-Statements vs. I-Statements
- Feelings
- Effective Listening
- Effective Communication
- Group discussion

**Materials(s)**
- White board/White board markers
- You-Statements vs. I-Statements Hand-Out
- Feelings Hand-Out
- Effective Listening Hand-Out
- Tips for Effective Communication Hand-Out

Discussion

- Confidentiality
- Safety Issues
- Attendace Rules
- Assumptions
- Group Rules
- Group Fears, Concerns, and Expectations
- Developing Group Skills
- Introduction Part 2
Week 1

Agenda: Facilitator(s) Instructions

Re-introduce Yourself
- State your first and last name
- Share your personal qualifications
- Share an interesting/fun fact about yourself
- Share your hopes for the group

Describe Group Format
- Group is broken up into two sections
  - 1 hour of psychoeducation
  - 1 hour of group discussion to process thoughts and feelings regarding the psychoeducation provided

Welcome Group Participants
- Acknowledge and praise group participants for joining the group and for their commitment to break the cycle of IPV
- Ask group participants to introduce themselves by sharing their first names
- Ask group participants to share an interesting/fun fact about themselves
Agenda: Facilitator(s) Instructions

Establish Group Rules

- Begin brainstorming group rules with participants
- Examples:
  - All information about class participants is confidential
  - Participants may share your own experiences and knowledge from the group with friends and family members, but not discuss your classmates' experiences or mention their names
  - Speak respectfully to everyone you interact with in the group, including fellow classmates, facilitator(s), and any other supporting staff
  - Give your full attention to whoever is talking. Do not interrupt people who are talking, or start private conversations with other participants.
  - Participate to the best of your ability
  - No use of electronics during group sessions

Review Exceptions to Confidentiality

- Exceptions to confidentiality:
  - Any suspicion of abuse, endangerment or neglect, either physical or sexual of the participant, any child, or dependent adult
  - Duty to warn the intended victim and the authorities when it appears that the participant, or a person known to the participant, intends to hurt another person
  - The need to take appropriate steps when it appears evident that the participant will most probably make a suicide attempt to prevent such attempt
  - When disclosure is required pursuant legal proceeding
Agenda: Facilitator(s) Instructions

Review Safety Issues

- Participant's partners are not allowed at the group site
- Remind participants the time and location of group meetings are confidential as some participants may be in questionable relationships
- Example: current or possible IPV may exist in their relationships
- Promote help-seeking behavior by informing participants group facilitator(s) are a source/sources of support for participants

Attendance Rules

- Participants are required to attend group each week for the scheduled appointment time
- 8 weekly sessions total
- Sessions are 2 hours in length
- Participants cannot participate in group if they arrive 15 minutes past the appointed time, which will be considered an absence
- Missed sessions must be made up by contacting group facilitator(s) to schedule a make up session
- Two consecutive absences without giving any notice, may cause immediate termination of services
- Provide participants with group facilitator(s) contact information

Week 1
Week 1

Agenda: Facilitator(s) Instructions

Assumptions

- Ask participants: (Note their responses on the white board)
  - What do you all hope to gain out of group?
  - What are your assumptions about the group?
  - What are topics you are interested in discussing in group?

Group Fears, Concerns, and Expectations

- Ask participants: (Note their responses on the white board)
  - What are your fears about this group?
    - any concerns? specific topics that scare you?
  - What do you all hope to gain out of this group?
  - What are topics you are interested in discussing in this group?
  - How can facilitators make this group a positive experience for you all?

Developing Group Skills

- Provide participants with psycho-educational material regarding:
  - You-Statements vs. I-Statements
    - Provide You-Statements vs. I-Statements Hand-Out
    - Followed by I-Statements activity
  - Feelings
    - Provide List of Feelings Hand-Out
  - If needed, clarify feelings on the chart for participants
  - Effective Listening/Communication
    - Provide Effective Listening/Communication Hand-Outs
  - Termination: Summarize session/answer questions/thank participants for their participation
I-Statements

• An excellent way to accept responsibility for your feelings
• I-Statements consist of a description of how you feel, an indication of conditions under which you feel that way, and why those conditions cause your emotions
• I statements are more constructive than commanding, threatening, moralizing, judging, ultimatums, mind-reading, or other behaviors that create defensiveness. It is a more accurate way to express a feeling or an emotion you’re experiencing.
• Most appropriate way to inform someone that their behavior is causing a problem.
• Minimizes making the other person feel guilty, put-down, and resentful
• Format:
  o I feel: ____________________________ (state your emotion)
  When you ________________________ (describe their behavior or under what conditions you feel this way) because ____________________ (explain why their behavior or the conditions cause you to feel this way. I would like _______________ (state what you need to happen to resolve the conflict. The request must be reasonable and doable.)
  o Example 1: “I feel annoyed when you leave your dirty dishes in the sink instead of washing them because then I have to wash them for you. I would like for you to wash your dishes when you are done eating.”
  o Example 2: “I feel sad when you share my secrets with other people because I get the impression that I cannot trust you. I would like for you to not share my secrets with anyone else.”
  o Example 3: “I feel angry when you take my belongings without asking me because they are not yours. I would like for you to ask me if you can borrow a belonging.”

You-Statements

• Phrases that begin with the pronoun “you”.
• Imply that the listener is personally responsible
• Are blaming, criticizing, accusing, judgmental
• Make the listener defensive and not likely or willing to listen
• Harm relationships, do not resolve conflict, enhance negativity, and escalate tension
• Examples:
  o “You annoy me.”
  o “You are so rude.”
  o “You are such a bad listener.”
  o “You are so inconsiderate.”
  o “You don’t care about me.”
  o “You just don’t understand.”
Facilitator(s) Instructions: Read the following scenarios to the group participants and have each member generate I-Statements to the scenarios. Provide the participants with the I-Statement handout (entitled Scenario Responses: I-Statements) where participants are to write their responses. Participants should additionally receive a list of feelings (see handout entitled, List of Feelings) to assist them in completing their responses. Give participants 3 minutes to complete each response. Assist in strengthening participants I-Statements if needed and praise their efforts.

I-Statement Scenarios

Scenario 1: Your best friend is bossing you around. Using an I-Statement, what can you say to your friend?

Scenario 2: Your classmate insists on copying your homework. Using an I-Statement, what can you say to your classmate?

Scenario 3: Your sibling is calling you a mean name. Using an I-Statement, what can you say to your sibling?

Scenario 4: You feel unheard by your parent. Using an I-Statement, what can you say to your parent?
Scenario Responses (I-Statements)

Scenario 1
- I feel: ____________________________ (state your emotion)
  When you
  ________________________________________________________________
  ________________________________________________________________
  (describe their behavior or under what conditions you feel this way)
  because_____________________________________________________
  ________________________________________________________________
  (explain why their behavior or the conditions cause you to feel this way.
  I would like
  ________________________________________________________________
  ________________________________________________________________
  (state what you need to happen to resolve the conflict. The request must be
  reasonable and doable.)

Scenario 2
- I feel: ____________________________ (state your emotion)
  When you
  ________________________________________________________________
  ________________________________________________________________
  (describe their behavior or under what conditions you feel this way)
  because_____________________________________________________
  ________________________________________________________________
  (explain why their behavior or the conditions cause you to feel this way.
  I would like
  ________________________________________________________________
  ________________________________________________________________
  (state what you need to happen to resolve the conflict. The request must be
  reasonable and doable.)
Scenario 3

- I feel: ___________________________ (state your emotion)
  When you ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________

(describe their behavior or under what conditions you feel this way)
because ______________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

(explain why their behavior or the conditions cause you to feel this way.
I would like ______________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

(state what you need to happen to resolve the conflict. The request must be
reasonable and doable.)

Scenario 4

- I feel: ___________________________ (state your emotion)
  When you ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________

(describe their behavior or under what conditions you feel this way)
because ______________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

(explain why their behavior or the conditions cause you to feel this way.
I would like ______________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

(state what you need to happen to resolve the conflict. The request must be
reasonable and doable.)
Feelings are an essential part of our humanity and we should never ignore them. Serious issues, such as psychological and social problems, can arise if we choose not to tune into our and other people’s feelings. Feelings prompt us to take action, which means our intentions to hurt, avoid, help, or etc. are a direct result of what we are feeling. Sometimes we decide to conceal our feelings, deny them, repress them, convert them into physical symptoms, and express them inappropriately or appropriately (i.e., I-Statements). In order to understand yourself and your behavior better, it is important to take time out of your day to tune into how you are feeling. You will reap benefits if you allow your feelings to exist rather than attempting to make them disappear. Take a look at the following list of feelings as it may help you better identify and put a name to what you are feeling.

| Afraid, Amazed, Angry, Annoyed, Anxious, Ashamed |
| Bashful, Bored, |
| Cheerful, Cocky, Cold, Comfortable, Concerned |
| Confident, Confused, Content, Crazy |
| Defensive, Depressed, Detached, Devastated, Disappointed |
| Edgy, Elated, Embarrassed, Empty, Enthusiastic |
| Envious, Excited, Exhausted |
| Fed up, Flattered, Foolish, Frustrated, Furious |
| Glad, Glum, Grateful |
| Happy, Helpless, High, Hopeful |
| Horrible, Hostile, Hurt, Hysterical |
List of Feelings (continued)

- Impatient, Impressed, Inhibited, Insecure, Intimidated, Irritable
- Joyful, Jealous
- Lonely, Lukewarm
- Mad, Mean, Miserable, Mixed Up, Mortified
- Neglected, Nervous, Numb
- Optimistic
- Paranoid, Peaceful, Pessimistic, Playful, Possessive, Pressured
- Relieved, Resentful, Restless, Ridiculous, Romantic
- Sad, Sentimental, Sexy, Shaky, Shy
- Surprised, Suspicious, Sorry
- Tense, Terrified, Tired, Trapped
- Uneasy, Uncomfortable
- Vulnerable
- Weak, Wonderful, Worried, Worthless
Effective listening is an important skill to develop. It is the ability to accurately receive and interpret messages in the communication process. Research indicates that effective listening improves accuracy, helps build relationships, solves problems, ensures understanding, and resolves conflicts between individuals. When we develop this skill, we learn to understand what the person is thinking and/or feeling from their perspective. It requires focus, attention to the dialogue, how it is told, the use of language utilized, the tone of voice, and non-verbal messages such as body language. Developing this skill will assist you throughout this group and if practiced outside of group, in other areas of your life. The following are a few tips that will assist you in becoming an effective listener:

**Give Your Attention**
- Provide the speaker with your undivided attention by providing eye contact
- Do not engage in activities that require your attention such as: texting, another side conversation, reading, looking at the T.V, etc.

**Do Not Interrupt**
- Always let the speaker finish their thoughts
- Do not interject when the person is speaking. Wait for the right time such as when the speaker is done speaking or has paused to gain clarity/ask questions
- Do not impose your "solutions"

**Be Open-Minded**
- Do not judge the speaker
- Listen without criticizing.
- Do not jump to conclusions

**Give Positive Non-Verbal Feedback**
- Be conscious of your body language (i.e., be aware of your facial expressions while listening)
- Do not: roll your eyes, slump your shoulders, or position your body away from the speaker
- Smile, nod your head, eye contact, sit up straight, and uncross your legs and arms
**Active Listening:** You should demonstrate you are listening by nodding, making eye contact, and confirming what they have said. For example: “I understand that you are frustrated and can see your point of view.” **Empathize:** Put yourself in the other person’s shoes (position). Imagine how they feel and show that you respect their feelings and point of view. **Use I-Statements:** Utilize statements that take responsibility for how you feel and want versus statements that are blaming. For example: “I feel angry” rather than “You piss me off”. Refer to the I-Statements Hand-Out if you need to refresh your memory on the structure of I-statements and their benefits. **Be Humble:** See yourself as you really are, with both strengths and weaknesses. Do not talk to people as though you are better than them. Treat people like you would want to be treated and give the respect you would like to receive. **Stay Aware:** Be thoughtful of what you want to say and avoid offending others. Do not talk over people or dominate conversations. **Use Appropriate Language:** Be aware of the company you are in and use language that is acceptable and respectful to those around you, especially the individual(s) you are speaking with.
### Final Tips for Facilitator(s)

<table>
<thead>
<tr>
<th>Tip</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tip 1</td>
<td>Display the group rules developed by the participants in the group room (i.e., on the walls).</td>
</tr>
<tr>
<td>Tip 2</td>
<td>Display exceptions to confidentiality in the group room (i.e., on the walls).</td>
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<tr>
<td>Tip 3</td>
<td>Display safety issues in the group room (i.e., on the walls).</td>
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<tr>
<td>Tip 4</td>
<td>Display attendance rules in the group room (i.e., on the walls).</td>
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<tr>
<td>Tip 5</td>
<td>Display the Power and Control Wheel in the group room (i.e., on the walls).</td>
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<tr>
<td>Tip 6</td>
<td>Display the Equality Wheel in the group room (i.e., on the walls).</td>
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<tr>
<td>Tip 7</td>
<td>Display the structure of I-statements in the group room (i.e., on the walls).</td>
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<tr>
<td>Tip 8</td>
<td>Display the phone number of the National Domestic Violence Hotline</td>
</tr>
<tr>
<td></td>
<td>• Phone number: 1(866)331-9474</td>
</tr>
<tr>
<td></td>
<td>• Text: loveis to 22522</td>
</tr>
<tr>
<td></td>
<td>• <a href="http://www.loveisrespect.org">www.loveisrespect.org</a> to chat with a professional 24/7</td>
</tr>
<tr>
<td>Tip 9</td>
<td>Display Feelings Chart (i.e., on the walls).</td>
</tr>
</tbody>
</table>
What is Intimate Partner Violence?

Goal(s)
- Understanding IPV

Intervention(s)
- Psycho-education
- IPV Myths and Truths
- IPV Definition
- Forms of IPV
- Group Processing

Materials(s)
- White board/White board markers
- IPV Myth Buster Hand-Out
- IPV Definition Hand-Out
- Different Forms of IPV Hand-Out
- Needs Assessment Handout
- Needs: Questions to Consider Hand-Out
- Self Care Hand-Out

Discussion

Week 2
Explore the messages participants have received about IPV?

- This should be done prior to reviewing *IPV Myth Buster*. Introduce the session’s topic. Utilize the white board to jot down the different messages participants have received about IPV.
- Ask the following questions:
  - What do your friends think or tell you about IPV?
  - What does your family think or tell you about IPV?
  - What does your school environment think or tell you about IPV?
  - What do your neighbors or friends think or tell you about IPV?
  - What do you think or tell yourself about IPV?
  - What does the media think or tell you about IPV?
  - What do the specific TV shows you watch tell you about IPV? (If applicable)

IPV Myth Buster

- Bust common IPV myths. Refer to the *IPV Myth Buster* section of the guide book for psycho-educational information.
- Ask participants to share their thoughts and feelings regarding each myth as you review them.
  - Which were the most surprising?
- Are any of those beliefs (myths) common among their group of friends, family members, or community?
- Answer participants questions and clarify psycho-educational material if needed.
**Agenda: Facilitator(s) Instructions**

**IPV Definition**

- Provide participants with the definition of IPV. Refer to the *IPV Definition* section of the guide book for the definition of IPV, abuser, victim, and bystander.
- Explore their thoughts and feelings regarding the definitions by engaging participants in a discussion.
- Is there anything surprising about this definition of IPV?
- Do you agree with the definition?
- Does the definition make sense?
- Would you like to create your own definition of IPV?
  - If so, using the white board, create a new definition of IPV. Encourage all participants to participate in the creation of this new definition. Display the new definition on the walls of the group room.

**Different Forms of IPV**

- Educate participants of the different forms of IPV. Refer to the *Different Forms of IPV* section of the guide book for psycho-educational information.
- Engage participants in a discussion.
  - Which form of IPV was the most surprising?
  - Which form(s) of IPV is/are clear and unclear to you?
  - Which form(s) of IPV have you personally experienced?
  - What is it like for you to learn about the different forms of IPV?
  - How can we take care of ourselves physically, mentally, and emotionally after today’s session? Refer to the *Needs Assessment* and *Self-Care* portion of the guide book.
  - Which of the self-care activities are you willing to try this week?
- Termination: Summarize session/answer questions/thank participants for their participation.
The DC Coalition Against Domestic Violence (2015) has identified popular myths about intimate partner violence that many individuals believe to be true. Busting the following myths will be beneficial to your learning, as you will gain a deeper understanding as to why many individuals decide to remain in abusive relationships. These myths will further validate the ambivalence and confusion that are the hallmark of abusive relationships.

### MYTHS

- **IPV is just a momentary loss of temper.**
- **IPV only happens in poor families.**

### FACTS

- **IPV is the opposite of a "momentary loss of temper."** The abuser makes a conscious decision to batter. It is an ongoing technique used by the abuser to enforce control through the use of fear.
- **IPV does not discriminate.** It occurs throughout all levels of society. There is no evidence that suggests that any income level, occupation, social class, or culture is immune from IPV. Wealthy, educated, professionals are just as prone to violence as anyone.
IPV Myth Buster

**MYTHS**

- IPV is just a slap or punch once in a while and is not serious.
- The head of the household has the right to control the people they support.

**FACTS**

- Victims are often seriously injured. Over 30% of the women seeking care in hospital emergency rooms are there because they have been injured by their intimate partners. Battered women are more likely to suffer miscarriages or to give birth prematurely as a result of their injuries.
- No partner in a domestic relationship ever has the right to control the other partner.
**MYTHS**

The victim can always walk away from the relationship.

If the abusive partner is truly sorry and promises not to do it again, then the abuse is going to stop.

**FACTS**

Victims usually do not have any place to go where they will be safe from their abuser. Due to the ongoing history of the abusive relationship, the batterer knows all of the victim's options and can follow the victim there. It takes money, a support network, and time for detailed planning to ensure that a victim can escape. Sometimes it is safer for the victim to stay with the abuser for the time being than to try and escape.

Remorse and begging for forgiveness are part of the method used by abusers to control their victims. Abusers rarely stop being abusers.
**IPV Myth Buster**

**MYTHS**

If the violent episodes do not happen very often, then the situation is not that serious.

-Victims have the types of personalities that attract abusive partners and encourage abuse.

**FACTS**

Even if the violence does not happen often, the threat of it remains as a terrifying means of control. No matter how far apart the violent episodes are, each one is a reminder of the one that happened before and creates fear of the one that will happen in the future.

-A number of studies have determined that there is no set of personality traits that describe victims of IPV. It is the abuser who is responsible for abusing, not the victim.
Abuse is always an escalating pattern.

Alcohol abuse causes IPV.

An abuser will frequently learn early what "works" for them and can use that method in a cold and calculating way. Simply because the abuse is not worsening or escalating does not make it less of a threat. Just as abusers rarely stop abusing, they rarely stop behavior that gain the results they desire.

Although there is a high correlation between alcohol and other substance abuse and abusive behavior, it is not a causal relationship. Abusers use drinking as an excuse for their violence and as a way to place the responsibility elsewhere. If an abuser stops drinking, it will not stop his violence. Both are problems that need to be addressed but separately as they are independent problems.
**IPV Myth Buster**

**MYTHS**

The younger the child, the less the child will be affected by exposure to IPV.

IPV only occurs between males and females.

**FACTS**

Young children are not immune to the effects of IPV. Studies found that children are deeply affected by witnessing IPV, especially if the abuser or victim of violence is a family member.

IPV occurs in heterosexual and homosexual couples. Studies found that IPV is estimated to occur between lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth at about the same rate as in straight relationships. LGBTQ are even less likely than heterosexual youth to tell anyone or seek help, as there are fewer resources for them available.
Abuse among adolescent relationships is similar to the abuse in adult relationships. The Center for Disease Control and Prevention (2015) defines intimate partner violence as a pattern of abusive behavior in a relationship utilized by a partner in order to gain and maintain power and control over the other partner. “It describes physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner” (CDCP, 2015, p. 11).

Love is Respect, a teen dating violence and abuse prevention resource for adolescents, created a definition of IPV that better describes IPV among adolescents. According to Love is Respect, intimate partner violence is a pattern of physically, sexually, verbally, and/or emotionally abusive or controlling behavior in a relationship. Among adolescents, it can involve digital communications and technologies or real world communications and physical interactions. The Salk Lake Area Domestic Violence Coalition however, defines it as: the use of physical violence, threats, emotional abuse, harrassment or stalking to control a dating partner's behavior. It includes intimidation, terrorizing, rule-making, stalking, isolation, dominating behaviors, harassing, and injurious behavior to control and manipulate the actions of their dating partner. As you can see, there are many definitions of IPV. What matters most is that you find a definition that you understand and adequately defines IPV.

Typically, there are three roles in an abusive relationship: abuser, victim, and bystander(s). It is important to know the difference between the three.

- **Abuser:** the individual who physically, sexually, verbally, or emotionally hurts or attempts to control an intimate partner.

- **Victim:** the individual who is subjected to controlling behavior or is hurt physically, sexually, verbally, or emotionally by an intimate partner.

- **Bystander:** the individual(s) who is/are aware or suspect that someone is being abused in a relationship. The bystander(s) may become aware of the abuse through the abuser’s or the victim’s actions or words.

IPV is a serious problem that affects everyone involved - the abuser, victim, and bystander(s) are all affected to some extent. As such, it is crucial you become familiar with IPV in its entirety and understand the various forms that IPV can take. Numerous studies demonstrate that abuse in adolescent relationships is common and considered normal by many. For this reason, adolescents are at risk for using and experiencing abuse in a relationship. Remember that a key step in breaking the cycle of IPV is education about the subject at hand. Learning about the different forms of IPV will provide you with the tools needed to ward off potentially abusive relationships.
Different Forms of IPV

The intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical abuse does not have to leave a mark or a bruise in order to classify that behavior as abusive.

**Examples:** slapping, choking, kicking, spitting, using a weapon, pulling hair, biting, shoving, strangling, pinching, scratching, punching, physical restraint, pushing, and burning

Physical abuse also includes coercing other people to commit any of the above acts

Hurting someone physically or threatening to hurt them is a criminal offense in all 50 states of America.
Different Forms of IPV

A sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse.

Examples:
- unwanted kissing or touching, date rape
- forcing someone to go further sexually than he or she wants to
- unwanted rough or violent sexual activity, not letting someone use birth control or protection against sexually transmitted diseases
- forcing someone to expose him/herself sexually to others or in public
- forcing someone to wear or not wear items of clothing (i.e., underwear), videotaping or recording a sexual act or nude image of someone without their knowledge or consent

Statements on behalf of your partner such as "You'd have sex with me if you really loved me" or "Prove to me that you love me" is considered sexual abuse given that the individual is pressuring you to do sexual things that you do not want to do.

It is considered sexual assault if you have been drinking or taking drugs or if you were asleep or unconscious and you were not aware of what was happening. Rape and other forms of sexual assault are criminal offenses.
Different Forms of IPV

The use of verbal and non-verbal communication with the intent to: harm another person mentally or emotionally, and exert control over another person. It includes saying or doing something to the other person that causes the person to be afraid and/or have lower self-esteem. The attempt to manipulate or control a person's feelings or behaviors through social media outlets also classifies as emotional/verbal abuse, especially if the media posts are in efforts to threaten, harass, or embarass the individual.

Examples: name calling, put-downs, insulting the victim or his/her friends and family, yelling, screaming, threatening to harm the victim, his/her friends, family, pets, or property, making racial, ethnic, or religious slurs about the victims or those he/she cares about, embarassing the victim, intimidating the victim, spreading rumors about the victim, threatening to commit suicide, threatening to kill the victim or loved ones of the victim.

Emotional/Verbal

Typically co-occurs with other forms of IPV. Studies have found that verbal/emotional abuse often precedes physical and sexual violence in abusive relationships. Although it is harder to recognize by victims, it is just as significant as physical and sexual abuse.

Threats made by the abuser to hurt himself/herself/other people if the victim leaves the abuser is considered emotional abuse.
Different Forms of IPV

**Stalking**

A pattern of repeated, unwanted, attention, and contact that causes fear or concern for one's own safety or safety of someone else (i.e., family members and friends)

**Examples:** repeated and unwanted phone calls, voice messages, text messages, emails, instant messages/messages through social media outlets, leaving cards, letters, flowers, presents, watching or following from a distance, spying with a listening device, camera, GPS, showing up in places (i.e., home, school, work, public places), leaving strange or potentially threatening items for the victim to find, instilling fear by damaging the victim's personal belongings or the victim.

An individual meets criteria for stalking victimization if he/she has experienced multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator. The victim is also fearful and believes that they or someone close to them would be harmed or killed as a result of the perpetrator's behavior.

Stalking should never be taken lightly and police should be notified immediately.
Needs Assessment

A need is defined as a thing that is necessary for all living breathing things to live a healthy life. A need can be objective and physical or subjective and psychological. An objective need would be the need for food and a subjective need would be the need for self-esteem. Needs represent our values, wants, desires, and preferences for a happier and more meaningful experience here on earth. Everyone has needs, different ones, but we all have them nonetheless. When our needs are ignored, we tend to experience adverse effects, which are sadness, confusion, fatigue, pain, and a plethora of other feelings. It is important to check in with ourselves daily to evaluate which needs are being met and which are not. The following is a list of needs that are universal to all of us. Take your time while becoming familiar with the list and identify your needs of today.

Connection

- Acceptance
- Affection
- Appreciation
- Authenticity
- Belonging
- Care
- Closeness
- Communication
- Communion
- Community
- Companionship
- Compassion
- Consideration
- Empathy
- Friendship
- Inclusion
- Inspiration
- Intimacy
- Love
- Mutuality
- Nurturing
- Partnership
- Presence
- Respect from others
- Self-respect
- Security
- Self-Acceptance
- Self-care
- Self-connection
- Shared reality
- Stability
- Support
- To know and be known
- To see and be seen
- Trust
- Understanding
- Warmth
Play
- Adventure
- Excitement
- Fun
- Humor
- Joy
- Relaxation
- Stimulation

Meaning
- Awareness
- Celebration
- Challenge
- Clarity
- Competence
- Consciousness
- Contribution
- Creativity
- Discovery
- Efficacy
- Effectiveness
- Growth
- Integration
- Learning
- Mourning
- Movement
- Participation
- Presence
- Progress
- Purpose
- Self-expression
- Stimulation
- Understanding

Peace
- Acceptance
- Balance
- Beauty
- Communion
- Ease
- Equanimity
- Faith
- Harmony
- Hope
- Order
- Peace of mind

- Space
Physical Well-Being
- Air
- Care
- Food
- Movement/Exercise
- Rest/Sleep
- Safety (Protection from harm)
- Sexual expression
- Shelter
- Touch
- Water

Autonomy
- Choice
- Dignity
- Freedom
- Independence
- Self-expression
- Space
- Spontaneity

How Will You Meet Your Needs Today?

Explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
It is okay if you are struggling to identify your needs. This activity may be a little tricky for those of us who have never asked ourselves, “What do I need right now?” Keep in mind that developing nurturing habits and a nurturing way of thinking takes time. The following are questions that may help you identify your needs. Ask yourself:

1. Do I feel that I am contributing to my family and/or my world in meaningful ways?
2. Do I practice gentleness and grace with myself?
3. Do I accept my imperfections?
4. Do I set aside time to express myself in creative ways?
5. Do I feel heard in my primary relationships?
6. Am I speaking up in a way that people hear me?
7. Do I interact, offer support, and rely on 1, 2, 3 adults in my life that I trust?
8. Do I challenge myself and take steps to achieve my personal goals and grow in my skills?
9. Do I feed, groom, exercise, receive touch, and rest (i.e., sleep) my body on a regular basis?
10. Do I hold myself and others accountable in ways that promote growth for all?

GOOD LUCK!
Self-Care

In order to maintain emotional, physical, and spiritual well-being, self-care is vital. It requires you to incorporate behaviors that help you feel refreshed, replenished, and motivated to continue on the path of self-growth. It is a journey to self-respect, and self-love. In order to build reliable self-care habits, you can begin by reflecting on what you are currently doing to manage every day stress. Take time to assess whether your preferred activities are adding to your overall stress or decreasing it. Reflect on the question, “Am I being as good to myself as I am being with everyone else?” The goal here is to nurture yourself so that you may continue to move forward. Developing appropriate self-care habits will not only improve your quality of life now but in the future. Keep in mind that everyone is different and it is important that you find what works for you. Sometimes people figure out their self-care activities through trial and error. The following are activities that stimulate the senses and are great relaxing self-care activities:

**Sight**
- Read a book
- Watch your favorite T.V show or movie
- Paint the scenery that surrounds you or photograph it
- Daydream as vividly as possible for 10 minutes
- Look through an old photo album that will be pleasing

**Smell**
- Light a scented candle or incense
- Utilize aromatherapy oils
- Go outdoors and smell nature

**Touch**
- Exercise
- Squeeze a stress ball
- Pet an animal
- Wear soft clothing items
- Play musical instruments
- Play a sport like basketball, tennis, swimming, etc.
- Get a massage
- Do yoga, pilates, swimming, etc.

**Hearing**
- Listen to music
- Listen to relaxing sounds
- Sit outside and listen to live nature sounds
- Listen to a motivational recording
Ecology of the Latino Culture

Week 3

Goal(s)
- Understanding IPV within the Latino culture
- Establishing empathy and understanding for the mothers of the participants who remained in abusive relationships
- Understanding IPV among adolescents

Intervention(s)
- Psycho-education
- IPV Prevalence in the Latino Community
- Latino Social and Cultural Influences of IPV
- IPV Prevalence Among Adolescents
- Group processing

Materials(s)
- White board/ White board markers
- Prevalence of IPV in the Latino Community Hand-Out
- Latino Social and Cultural Influences of IPV Hand-Out
- Prevalence of IPV Among Adolescents Hand-Out

Prevalence of IPV in the Latino Community → Latino Social and Cultural Influences of IPV → Prevalence of IPV Among Adolescents → Discussion
Agenda: Facilitator(s) Instructions

Recap of Last Week

• This should be done prior to reviewing *Prevalence of IPV in the Latino Community*.
• Inquire about participants self-care. Praise those who followed through with their plan for self-care and encourage participants who did not, to make a second attempt this week.
• Briefly summarize last week's session, answer questions (if applicable), and introduce this week's session topic.
• Ask the following questions:
  • What do you think we will be learning about today?
  • Connect last week's topic to this week's topic.

Prevalence of IPV in the Latino Community

• Educate participants about the prevalence of IPV in the Latino community. Refer to the *Prevalence of IPV in the Latino Community* portion of the guide book for psycho-educational information.
• Explore participants thoughts and feelings regarding the statistics provided through group discussion:
  • What was the most and least shocking statistic?
  • Which one scared you?
  • Do you think prevention programs like the one you are in are important? Why or why not?
  • What are your thoughts about seeking help for problems like intimate partner violence?
  • Can you relate to any of the fears reported by the women in these statistics?
  • Did any of these statistics remind you of your mother, a friend, a family member, etc? Explain.
*Agenda: Facilitator(s) Instructions*

- Educate participants about the social and cultural influences that perpetuate violence among the Latino community. Refer to the *Latino Social and Cultural Influences* portion of the guide book for psycho-educational material.
- Prior to reviewing hand-out, brain storm each cultural and social factor on a white board. Ask participants:
  - What are the roles of each family member in your family? What is your role as a girl? What is respeto? What does it mean to you? What does it look like? How does it feel? What does family mean to you and your family? Is it important? Is religion important? What does your religion tell you about IPV? What do you think it is like for Latinos who do not speak English? What do you think it is like to be an immigrant here in the U.S?
- Review hand-out. Explore participants thoughts and feelings regarding the statistics provided through group discussion. Ask the following questions:
  - Are any of the social and cultural factors mentioned present in your family?
  - If they exist in your family, would you like to change any of these beliefs? Which ones and why?
  - Did obtaining this information change your perspective of IPV?
  - Did obtaining this information allow you to better understand your mother's? Why or why not?
Prevalence of IPV Among Adolescents

• Educate participants about the prevalence of IPV among adolescent. Refer to the *Prevalence of IPV Among Adolescents* portion of the guide book for psycho-educational material.
• Review hand-out. Explore participants thoughts and feelings regarding the statistics provided through group discussion. Ask the following questions:
  • What was the most and least shocking statistic?
  • Which one scare you?
• State that witnessing intimate partner violence, specifically in their homes, places both boys and girls at higher risks of repeating similar behavior in their relationships. Name the phenomenon, *intergenerational transmission of violence*. Inform participants this will be discussed in a later session with greater detail.
• Termination: Summarize session/answer questions/thank participants for their participation
Prevalence of IPV in the Latino Community

As was previously mentioned in week one, IPV is nondiscriminatory. For many generations, violence against women has been expressed and maintained within families all over the world, making IPV an issue that is not unique to only one specific group of people but rather a serious global issue affecting many. It is especially a significant health issue for Latinas in the United States as there are social and cultural influences that perpetuate violence. Before such factors are explored, it is important you first learn about IPV statistics and prevalence among the Latino community. The following statistics, provided by the National Latino Network, further demonstrate why IPV within the Latino community is an issue that deserves attention.

Statistics and Prevalence

- According to the U.S 2010 Census, the Latino population grew by 43% and now accounts for 16% of the total population, whereas in 2000 Latinos accounted for 13%. Latinos are the largest minority group in the United States.
- Approximately 1 in 3 (29.7% to 37.1%) of Latina women have experienced physical violence by an intimate partner in their lifetime.
- An estimated 4.5 million women are violently victimized in the United States every year.
- Reported rates of IPV are lower for Mexican immigrants than for women of Mexican descent born in the United States.
- Latina immigrant women who are married are more likely to experience IPV than unmarried women.
- Non-immigrant Latina survivor of IPV contact formal services for IPV resources more often than immigrant Latinas.
- A study that included 2,000 Latinas found 63.1% of women who identified being victimized in their lifetime, reported having experienced more than one victimization, with an average of 2.56 victimizations.
- In a sample of 300 pregnant Latina, IPV during pregnancy was reported at 10% for physical abuse and 19% for emotional abuse.
- 22-37% of emergency room visits made by women are for injuries sustained from IPV.
- An alarming 75% of those women visiting the hospitals for emergency related issues are revictimized.
- 45-85% of women experience chronic health problems as a result of IPV.
- Latinas report seeking access to shelters less than women from other ethnic/racial groups. It is especially true for immigrant Latina survivors.
- The Latinas who experience IPV, about half of them never report it to authorities.
• Latinas prefer to utilize informal resources for help. Latinas prefer to tell family members, female friends, or neighbors about the IPV they are experiencing. Non-Latina’s are more likely to tell health care professionals and authorities.
• Nearly half of Latinas report a lack of confidence in authority, fear deportation, experience guilt, shame, and a sense of loyalty and fear of the abuser. For the reasons above, Latinas typically choose not to disclose the abuse.
• 4% of Latina’s flee their countries of origin in search for protection and safety from IPV. Many find themselves in abusive relationships again.
• Low-acculturated Latinas (both abused and non-abused) are less likely to see and use formal social services than their acculturated counterparts
• Non-immigrant Latina survivors contact formal services for IPV resources more often than immigrant Latinas
• Latinas are unaware of the laws, options, and resources available to them here in the United States
Research demonstrates that if we are to understand IPV among the Latino community, we need to understand the value system of the culture – that is, violence within the family or women is not seen as competitive or hate-motivated but rather as a means of putting an individual in “his or her place” so that respect is learned (Bovolek, 1997). Gender roles, respeto, familism, spirituality, language, immigration status, and acculturation within the Latino population are factors that lead Latina women to perceive their experiences with IPV as an expected part of a woman’s role in a relationship or marriage. As such, this leads them to downplay their suffering as a result of IPV and not consider it an issue that necessitates immediate attention (Perilla et al., 2012). The following will explain in detail how the above factors produce an environment that is susceptible to IPV and impedes Latina’s from seeking the help they deserve and desperately need.

**Gender Roles**

Gender roles are an important value in the occurrence of IPV in the Latino community. Gender roles within the Latino community are clearly and rigidly defined. The traditional Latino family structure operates within a patriarchal hierarchy where men are superior and women nurturers in charge of taking care of everyone else before themselves. Women are raised to be caregivers and dependent on men and a good example of that is how mothers are in charge of ensuring children are cooperating with their father’s decisions. Usually, father’s have the final say in all family matters and wives and children must obide by their sayings.

**Respeto**

Respeto is hierarchichal within the Latino community. In the Latino culture, one is expected to respect authority figures at all times no matter the circumstances. This concept promotes and supports male dominance over anyone including family, suggesting that males, specifically fathers, are to be respected regardless of their ill doings. Women grow up wholeheartedly embracing such a way of thinking and thus find themselves in dangerous relationships. As a result of this deep rooted belief, women struggle reporting their abuser to authorities because it is frowned upon and viewed as a disrespectful act within the culture.

**Familism**

Familism contributes to the susceptibility and allowance of IPV within the Latino community in many ways. It is the belief that family needs should and will always be more important than individual needs. This belief is believed to have originated from ancient indigenous people who believes that individuals primary concern is always the family. A good example of familism is the constant involvement in one another’s lives and the belief that family is ones only support system. As a result, Latina’s live with an enormous pressure to please their family and thus will do anything to fulfill her role as an
adequate wife, mother, and daughter. Familism further isolates women as it discourages trust in others who are not family.

**Religion**

Religion plays a role in the decisions Latina’s make on how or if IPV should be addressed. Typically, though not always the case, religious organizations among the Latino community, encourage women to: remain patient in the relation, forgive their abusers, and call on God for support versus seeking professional help. Intertwined with religion is Latino’s spirituality as it plays a crucial role in help-seeking behavior among Latina women. Due to women believing there is a higher power who is in control of their lives, they struggle with understanding they too can be in charge and make decisions.

**Language and Immigration Status**

Language and immigration status are barriers to women in IPV relationships. The inability to speak English makes it increasingly challenging for women to actively seek assistance in ending the cycle of IPV. Latina women who do not speak English and are immigrants in the United States, feel unable to effectively communicate their lived experiences and fear the possibility of deportation if help is sought through authority. Language and immigration status ultimately leave women feeling fear, immobilized, and unable to become active participants in their quest for safety. Many times, Latina women immigrate from countries where they have had negative experiences with law enforcement. Such experiences further hinders the likeliness that Latina women will seek help from law enforcement or government agencies.
Prevalence of IPV Among Adolescents

Now that we have gained a deeper understanding of IPV within the Latino community, it is important you learn statistics and prevalence rates of IPV among your age group. The following information was obtained through a number of research studies specifically looking at IPV among adolescents.

Statistics and Prevalence

- Approximately 1 in 5 female students (grades 9 through 12) reported being physically and / or sexually abused by a dating partner.
- Adolescent girls who report a history of, or are currently experiencing, dating violence are more likely to experience other serious health risk behaviors.
- 25% of eighth and ninth grade male and female students in a North Carolina study reported being victims of non-sexual intimate partner violence and 8% had been victims of sexual intimate partner violence.
- A 1997 Massachusetts Youth Risk Behavior Survey reported 14% of all students experienced intimate partner violence. 11% had been physically hurt by their partner and 7% had been hurt sexually.
- In a survey conducted in rural areas, over 2,000 students reported being slapped, kicked, or hit by a boyfriend or girlfriend.
- Of 319 students who participated in counseling and support groups of IPV, 32% reported being in current or previous abusive relationships. 54% reported witnessing intimate partner violence. 20% reported sexual abuse or assault. 3% reported experiencing both sexual and other forms of intimate partner violence. 11% reported definite past abuse by a partner. 8% reported having abused a partner. 30% reported having a friend who had been abused by a partner. 16% reported having friend who previously abused a partner and 34% knew someone who had been raped or sexually assaulted.
- LGBTQ is just as likely to experience intimate partner violence.
- More than 18% of girls responding to a U.S Department of Justice and Centers for Disease Control and Prevention survey reported that they had been assaulted at some point in their lives. 54% of the women who participated in the survey were assaulted before the age of eighteen and 22% had been assaulted before the age of twelve.
- Witnessing parents being abusive or experiencing child abuse increases the risk of intimate partner violence for both boys and girls.
- 51% of students who witnessed their parents being abusive to each other had been involved in an abusive relationship. 57% of students had been in physically violent relationships.
- Adolescent boys that are abusive are more likely to have had experienced child abuse or neglect, witnessed intimate partner violence in their homes, use alcohol or drugs, have sexist attitudes that support male domination over females, and associate with peers who support their behavior and have similar beliefs.
Week 4

The Cycle of IPV

Goal(s)
- Understanding the cycle of IPV
- Understanding the intergenerational transmission of IPV

Intervention(s)
- Psycho-education
- Power and Control Wheel(s)
- The three phases of IPV
- Effects and consequences
- IPV is preventable
- Group processing

Materials(s)
- White board/ White board markers
- Power and Control Wheel(s) Hand-Out
- The Three Phases of IPV Hand-Out
- The Cycle of My Life Excerpt
- I Got Flowers Today Poem
- Effects and Consequences of IPV
- A Letter: IPV is Preventable

Discussion
- Power and Control Wheel(s)
- The Three Phases of IPV
- Effects and Consequences of IPV
- IPV is Preventable

The Cycle of My Life Excerpt

I Got Flowers Today Poem

IPV is Preventable

Week 4

120
Recap of Last Week

• This should be done prior to reviewing the Power and Control Wheel(s) portion of the guide book.
• Inquire about participants' self-care. Praise those who followed through with their plan for self-care and encourage participants who did not, to make a second attempt this week.
• Briefly summarize last week’s session, answer questions (if applicable), and introduce this week’s session topic.
• Ask the following questions:
  • What do you think we will be learning about today?
  • Connect last week's topic to this week's topic.
• Refer to the *Power and Control Wheel(s)* portion of the guide book for psycho-educational material.
• Review hand-outs. Explore participants’ thoughts and feelings regarding the information provided through a group discussion.
• Ask the following questions:
  • What tactic on either power and control wheel(s) was the most or least shocking to learn about?
  • Have you witnessed any of those tactics in your home, community, T.V., or other relationships?
  • Have you personally experienced any of the tactics with a current or ex-partner?
  • Was there a specific individual or group of individuals that came to mind while reviewing this material?
  • Did reviewing this material make you better understand your mother’s experience with her partner?
  • Which tactic do you think is the easiest and hardest to identify?
• Facilitator(s) may choose to add or eliminate processing questions.
Agenda: Facilitator(s) Instructions

- Refer to *The Three Phases of IPV* portion of the guide book for psycho-educational information.
- Review hand-out. Explore participants thoughts and feelings regarding the information provided through a group discussion. Ask the following questions:
  - Have you ever experienced the three phases of IPV either personally or witnessed it unravel at home?
  - Are there any behaviors you would like to add to each phase that were not mentioned?
  - Are there any questions regarding the different phases?
- Refer to *The Cycle of My Life* portion of the guide book that is written by Pamela, age 16. Read the excerpt out loud and provide participants with a copy. Ask the following questions:
  - What are the signs of the explosion phase?
  - What are the signs of the honeymoon phase?
  - What could Pamela have written that indicated signs of the tension building phase?
- Refer to the *I Got Flowers Today* portion of the guide book that is written by an unknown author. Read the poem out loud and provide participants with a copy. Ask the following questions:
  - Which of the three phases of IPV does this poem illustrate? *Participants should state it describes the honeymoon stage.*
  - Emphasize that this poem adequately illustrates how IPV will always worsen every time to the point of fatality.
  - Facilitator(s) should not move on to the next activity until participants have processed the presented material.
Agenda: Facilitator(s) Instructions

• Refer to the *Effects and Consequences of IPV* portion of the guide book for psycho-educational information.

• Review hand-out. Give examples and descriptions of each effect mentioned (i.e., self injurious behaviors = cutting, eating disorders, suicide attempts, etc)

• Explore participants thoughts and feelings regarding the information provided through a group discussion. Ask the following questions:
  • Have you or do you know anyone who has experienced any of the mentioned effects/consequences of IPV?
  • What are your thoughts about the material?

• Facilitator(s) are to be prepared to put a safety plan in action if need be. Watch out for concerning statements made by participants and, if needed, make referrals.
Agenda: Facilitator(s) Instructions

- Please refer to the *A Letter: IPV is Preventable* portion of the guide book to obtain the letter.
- Group facilitator(s) are to print a letter for each participant in the group.
- Group facilitators are to place the letter in envelopes and seal them.
- Group facilitator(s) are to give a letter to each participant on their way out.
- The letter is to be read as homework.

- Termination: Summarize session/answer questions/thank participants for their participation

A Letter: IPV is Preventable
The Power and Control Wheel was developed by Duluth – a small community in northern Minnesota committed to holding abusers accountable for their actions and most importantly, keeping victims safe. The Duluth Model is a way of thinking in regards to how IPV works. Their belief is that abuse is a pattern of actions used by an abuser to intentionally control and dominate an intimate partner. According to the Duluth Model of IPV, such pattern of actions used by an abuser to maintain power and control are sets of behaviors that ultimately keep women in abusive relationships.

The sets of behaviors in adult relationships are as follow: coercion and threats, intimidation, emotional abuse, isolation, minimizing, denying, blaming, using children, economic abuse, and male privilege.

The set of behaviors in adolescent relationships are as follow: anger/emotional abuse, using social status, intimidation, minimize/deny/blame, threats, sexual coercion, isolation/exclusion, and peer pressure.

Most of those behaviors feel subtle, normal, and are often unrecognizable to victims in adult or adolescent relationships. Physical and visible violence are the abusive tactics that are more overt, forceful, intense, and recognizable to victims. The wheel is an excellent way to learn about the dynamics of an abusive relationship. Its message to victims is that they are not alone and that their experiences are common tactics among abusers. The Duluth Model of IPV further targets individuals who are not victims of abuse but rather concerned friends, family members, or even community members who wish to better understand the complex components of abuse and the many forms it can take.

While there are similarities and differences between the wheels for adults and adolescents, it is important you become familiar with both. Although you are an adolescent now, you will eventually become an adult. Breaking the Cycle of IPV would like to prepare you with the necessary knowledge to protect yourself from abusive relationships now and in the future. In hopes to assist you in better understanding your experiences at home (i.e., the abuse you witnessed between your caregivers), we will begin with the adult wheel of power and control. Next we will review the adolescent wheel of power and control in hopes to end with information that is more applicable to your current age group.
Adult Power and Control Wheel

The adult wheel of power and control summarizes the following sets of behaviors: coercion and threats, intimidation, emotional abuse, isolation, minimizing/denying/blaming, using children, economic abuse, and male privilege. The following are the descriptions Duluth provided of each behavior.

**Coercion and Threats**
Making and/or carrying out threats to do something to hurt the victim. This includes: threatening to leave her/to commit suicide/to report her to welfare, making her drop charges, and making her do illegal things.

**Intimidation**
Using looks, gesture, and actions to make her afraid. This includes: smashing things, destroying her property, abusing pets, and displaying weapons.

**Emotional Abuse**
Bringing down her self-esteem (i.e., putting her down) through the use of: name calling, making her think she is crazy, making her feel bad about herself, playing mind games, humiliating her, and making her feel guilty.

**Isolation**
Isolating her from friends and family by: controlling what she does, who she sees and talks to, what she reads, where she goes, what she wears, limiting her outside involvement, and using jealousy to justify actions.

**Minimizing/Denying/Blaming**
Not taking the abuse seriously by: making light of the abuse (i.e., “Oh, it was nothing. I barely touched you”), not taking her concerns about the abuse seriously, saying the abuse did not happen, putting the responsibility for the abusive behavior on her, and saying she caused it.

**Using Children**
Using children to gain power and control over her. This is done by: making her feel guilty about the children, using the children to relay messages, using visitations to harass her, and threatening to take the children away.

**Male Privilege**
The idea that men are superior. This causes men to: treat her like a servant, allows him to make all of the big decisions in the household and act like “the master of the castle”, and the one in charge of defining his and her role in the relationship.

**Economic Abuse**
Controlling her financially by: preventing her from getting a job, making her ask for money, giving her an allowance, taking her money if she works, and not letting her know about or have access to family income.
Adolescent Power and Control Wheel

The adolescent wheel of power and control summarizes the following sets of behaviors: anger/emotional abuse, using social status, intimidation, minimize/deny/blame, threats, sexual coercion, isolation/exclusion, and peer pressure. The following are the descriptions Duluth provided of each behavior.

**Anger/Emotional Abuse**
Bringing down her self-esteem by: putting her down, making her feel bad about herself, name calling, making her think she is crazy, playing mind games, humiliating her, and making her feel guilty.

**Using Social Status**
Treating her like he is above her by: making all of the decision in the relationship, acting like he is the “boss”, and being the one to define his and her role in the relationship.

**Intimidation**
Instilling fear within her by: using looks, gestures, actions (i.e., smashing things, destroying her property, abusing pets, and displaying weapons).

**Minimize/Deny/Blame**
Making the abuse seem small by: denying the abuse happened, making light of the abuse and not taking her concerns seriously, putting the blame on her (i.e., you caused it), and shifting the responsibility from him to her.

**Threats**
Making and carrying out threats to hurt her (i.e., threatening to leave her, commit suicide, report her to the police, making her drop charges, and making her do illegal things).

**Sexual Coercion**
Manipulating or making threats to get sex. This includes: getting her pregnant, threatening to take the children away, and getting her drunk or drugged to get sex.

**Isolation/Exclusion**
Controlling what she does, who she sees and talks to, and where she goes in order to isolate her from friends and family. This includes limiting her outside involvement and using jealousy to justify his actions.

**Peer Pressure**
Obtaining power and control by threatening to expose her weaknesses, secrets, and spreading rumors and malicious lies to her group of friends.
TEEN POWER AND CONTROL WHEEL

**Physical Violence**
- **Peer Pressure:** Threatening to expose someone’s weakness or spread rumors. Telling malicious lies about an individual to peer group.
- **Anger/Emotional Abuse:** Putting her/him down. Making her/him feel bad about her or himself. Name calling. Making her/him think she/he’s crazy. Playing mind games. Humiliating one another. Making her/him feel guilty.
- **Isolation/Exclusion:** Controlling what another does, who she/he sees and talks to, what she/he reads, where she/he goes. Limiting outside involvement. Using jealousy to justify actions.
- **Sexual Coercion:** Manipulating or making threats to get sex. Getting her pregnant. Threatening to take the children away. Getting someone drunk or drugged to get sex.
- **Threats:** Making and/or carrying out threats to do something to hurt another. Threatening to leave, to commit suicide, to report her/him to the police. Making her/him drop charges. Making her/him do illegal things.
- **Minimize/Deny/Blame:** Making light of the abuse and not taking concerns about it seriously. Saying the abuse didn’t happen. Shifting responsibility for abusive behavior. Saying she/he caused it.

**Sexual Violence**
- **Using Social Status:** Treating her like a servant. Making all the decisions. Acting like the “master of the castle.” Being the one to define men’s and women’s roles.

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The Three Phases of IPV

Just like there will never be anyone like us in the world, there will never be a relationship that is exactly alike. All relationships are unique, however, researchers have found that individuals who are in IPV relationships, typically experience the abuse in a distinct pattern with three phases: tension building, explosion, and honeymoon. The length of the cycle may vary, however the violence will always worsen over time. The three phases illustrate a pattern that shows how love for your partner, your hope for an improved relationship without abuse, and your fear of standing up for yourself, ultimately keep the cycle of IPV in motion.

**Phase 1: Tension Building**

Phase 1 is the time in the relationship when things begin to get tense between the couple – when tension begins to build. Typically one partner becomes moody and easily agitated, which causes minor conflicts to rise and leaves the other partner feeling as though they are walking on eggshells. Phase 1 may last a couple of hours, weeks, and months depending on the pattern frequency. The following are behaviors you can expect to see in this phase:

- Couple arguing a lot
- Abuser yelling at the victim for no reason
- Abuser making false accusations about the victim
- Victim feeling that she cannot do anything right
- Tense environment where the victim feels as though things can blow up at any moment

**Phase 2: Explosion**

Phase 2 is the point in the relationship where the violence explodes as a result of the tension building of Phase 1. Once the explosion occurs, there is little the victim can do to stop the abuser or appease the situation. The following are behaviors you can expect to see in this phase:

- Emotional abuse
- Verbal abuse
- Physical abuse
- Sexual abuse
- Abuser throwing objects, hitting, slapping, kicking, choking, or using weapons against the victim.

**Phase 3: Honeymoon**

Phase 3 is the final phase of IPV, however, it does not mean IPV has ended as Phase 1 will once again follow once time has lapsed. This phase describes the period of remorse and reconciliation the abuser and victim experience. It is called the “honeymoon” phase because this is the time when the abuser and the victim “make up.” The abuser does everything in his power to make the victim believe he is truly sorry and the abuse will never happen again. Once the cycle of IPV begins again, the abuse the victim experiences will always worsen. The following are behaviors you can expect to see in this phase:
• Excessive apologizing on behalf of the abuser
• Gift bearing on behalf of the abuser (i.e., flowers, jewelry, etc)
• Expression of guilt and shame about their actions on behalf of the abuser
• Abuser telling victim, “I love you.”
• Convicing the victim the abuse occurred because something or someone else caused the abuse (i.e., someone made him mad)
• Blaming the abuse on other things such as alcohol, drugs, or stress
• Victim believing the abuser will change

Final Remarks
Remember that the above three phases do not always occur in IPV relationships. For example: some victims of IPV never experience the honeymoon phase, only the tension building and explosion phases. Nonetheless, learning the three phases of IPV is an essential part in your commitment to breaking the cycle of intimate partner violence.
The Cycle of My Life by Pamela, Age 16

It all starts out wonderful until he strikes
    Constantly hearing I’m sorry
    Until it doesn’t matter anymore
    Forgiving every time, forgetting never
    Calling out for him to stop
    Never stopping until it is almost too late
    Never thinking about the consequences of his actions
    Just making me think out every possible consequence of mine
    Hearing I’m sorry all over again
    Meeting him with open eyes
    Awaiting the gifts I know will pour forward
    Until it all stops –
    And the cycle begins all over again

BORROWED FROM: WWW.LOVEISNOTABUSE.ORG
I got flowers today. It wasn't my birthday or any other special day. We had our first argument last night. He said a lot of cruel things that really hurt me. I know he was sorry and didn't mean the things he said. Because I got flowers today.

I got flowers today. It wasn't our anniversary or any other special day. Last night, he threw me into a wall and started to choke me. It seemed like a nightmare. I couldn't believe it was real. I woke up this morning sore and bruised all over. I know he must be sorry Because he sent me flowers today.

I got flowers today. It wasn't Mother's Day or any other special day. Last night, he beat me up again. And it was much worse than all other times. If I leave him, what will I do? How will I take care of my kids? What about money? I'm afraid of him and scared to leave. But I know he must be sorry Because he sent me flowers today.

I got flowers today. Today was a very special day. It was the day of my funeral. Last night he finally killed me. He beat me to death.

If only I had gathered enough courage and strength to leave him, I would not have gotten flowers today.
Researchers have identified several effects and consequences of IPV that are alarming and further prove IPV is an issue that deserves attention. Many victims who remain in IPV relationships or once were in an abusive relationship are at an increased risk for injury and more likely to engage in risky behaviors. Typically, victims experience a range of adverse psychological and behavioral outcomes in utter silence. Some choose to never seek help for the struggles listed below due to an overwhelming amount of fear and a lack of understanding of IPV and the resources and laws protecting them.

- Low self-esteem
- Unhealthy coping skills
- Poor emotion regulation
- Self-injurious behaviors
- Insecure attachments
Effects and Consequences of IPV

- Social withdrawal
- Depression
- Anxiety
- Aggression
- Violence
Effects and Consequences of IPV

- High delinquency
- Substance abuse
- Unhealthy weight control
- Poorer health
- Risky sexual behavior and pregnancy
Effects and Consequences of IPV

Feel anxious

Do poorly in school

Lose interest in friends, discard friends, change friends and favorite activities

Dress differently and change hairstyles

Isolate themselves
A Letter: IPV is Preventable

Dear ___________________________(participant’s name),

Researchers have determined that there is an intergenerational transmission to violence. This means that violence can be passed down from one generation to the next. The intergenerational transmission of violence theory suggests that children and adolescents who witness IPV in their families, carry those same patterns of violence into their adult lives. How does that happen, you may ask? The aggression that is modeled between parents and observed by their children not only provides the children with scripts for violent behaviors but also teaches them that violence is acceptable.

Children and adolescents who witness IPV are learning in their homes and/or their community that violence is used for several things: 1) to express themselves; 2) solve problems; 3) and gain control and dominance over another being. To add to their learning and acceptance of violence, such children and adolescents are receiving media, cultural, societal rules, and religious messages that further encourage and/or accept violence. For example, in some Latino families, young boys are taught to physically fight in order to prove their strength. They are additionally taught their role as a male is to be tough, aggressive, dominant, and above females. Similarly, young girls are taught to always be warm, nurturing, passive, submissive, and above all, obey male orders.

Whether you may have thought about it or not, the above contributes to the perpetuation of violence. The main idea of the intergenerational transmission of violence theory is that violence is a learned behavior. That means that – if we learn to use violence by witnessing violence, we can also learn to not use violence by witnessing and practicing healthier ways of interacting.

IPV is 100% preventable. In order to live in a violence free environment and prevent the intergenerational transmission of violence from re-occurring, we must become educated on the issue and receive necessary support. Child and adolescent witnesses of IPV need to learn more adaptive, nonviolent alternatives to dealing with conflict than what they have learned and been exposed to all of their lives. Your enrollment and active participation in this group is admirable and a great way to obtain the tools needed to break the cycle of IPV.

Breaking the Cycle thanks you and is proud of you,

__________________________________________________________________________

Breaking the Cycle of IPV, group facilitator(s)
How to Spot An Abuser

**Goal(s)**
- Identifying abusive characteristics

**Intervention(s)**
- Psycho-education
- Abusive characteristics
- Safety Plan
- Group processing

**Materials(s)**
- White board/White board markers
- Abusive characteristics hand-out
- Am I abusive? hand-out
- Safety plan

Discussion

Abusive Characteristics

Am I abusive?

Safety Plan
Agenda: Facilitator(s) Instructions

Recap of Last Week

This should be done prior to reviewing the Abusive Characteristics portion of the guide book.

• Inquire about last week’s homework.
• Ask participants to share their thoughts and feelings regarding the letter. Entertain the discussion for 10-15 minutes.
• Inquire about self-care. Praise those who have continued to follow through with their plan for self-care and encourage participants who have not been successful, to keep trying.
• Briefly summarize last week’s session, answer questions (if applicable), and introduce this week’s session topic.
• Ask the following questions:
  • What do you think we will be learning about today?
  • Connect last week’s topic to this week’s topic.
Agenda: Facilitator(s) Instructions

- Refer to the *Abusive Characteristics* portion of the guide book for psycho-educational information.
- Review hand-out. Explore participants thoughts and feelings regarding the information provided through a group discussion. Ask the following questions:
  - Given the all that you have learned so far, did any of these characteristics/warning signs surprise you?
  - Have any of your previous or current partners displayed such characteristics?
  - Did you witness any of these characteristics in your mother's partner? Which ones? Explain.
  - Is there another characteristic or warning sign you would like to add that was not on the list?
  - Do you think it is difficult to pick up on warning signs online? Why or why not? Explain.
Week 5

Agenda: Facilitator(s) Instructions

Am I Abusive?

- Refer to the *Am I Abusive?* portion of the guide book for psycho-educational information.

- Review hand-out. Explore participants thoughts and feelings regarding the information provided through a group discussion. Ask the following questions:
  - What was this experience like?
  - Was it difficult to evaluate/analyze yourself?
  - Were you surprised, pleased, displeased, by your responses?
  - Was it difficult for you to admit to some of those behaviors (if applicable)
  - What are your thoughts about the material?
  - Facilitator(s) ought to praise participants for participating in activity. State that they are brave for acknowledging whether they need to make changes and for taking ownership of their actions.
  - Remind participants next week's session will assist them in developing alternatives to interacting.
• Please refer to the Safety Plan portion of the guide book to obtain the safety plan developed by Love is Respect.

• Although not all participants will be in abusive relationships, it is important all participants complete it. This will allow participants to become familiar with a safety plan and increase the possibility participants will utilize it should they need to in the future.

• Review safety plan with participants. Assist participants in completing their safety plan. Ask the following questions:
  • What was that experience like for you?
  • Do you feel safety plans are important and useful?
  • If you were currently in an abusive relationship, do you think you would feel better if you had a safety plan?
  • Were any of the questions surprising to you?
  • Any final remarks?

• Termination: Summarize session/answer questions/thank participants for their participation.
Abusive Characteristics

All abusers possess abusive characteristics. Such characteristics are warning signs that he/she may display early on in the relationship but not always. The existence of one or two warning signs does not necessarily mean the relationship will become abusive. It does however, signal that the relationship is not completely healthy and therefore, you should proceed with caution. There is not a concrete set of abusive characteristics that are seen in all abusers – everyone is different. Abusers can display their abusive characteristics (warning signs) anywhere: school, work, home, online, etc. The following is a list of abusive characteristics (warning signs) that may exist in potentially abusive relationships. They are not presented as judgments on the worth of the abuser but rather guidelines and warning signs you must pay attention to.

Abusive Characteristics/Warning Signs

- Extreme jealousy
- Cheats on victim and has a lot of partners
- Constant put-downs in person or online
- Making fun of the other person in front of friends or online
- Telling the other person what to do
- Explosive temper
- Compares victim to former partners
- Verbal threats in person or via email or text messages
- Possessiveness
- Preventing the other person from doing what he or she wants to do
- Severe mood swings
- Making false accusations about the other person, including others whom the person spends time with in real life and online
- History of violence, trouble with the law, physical fights, breaking, and destroying things
- Isolating the other person from family and friends, both in real life and online
- Encouraging the target to “block” friends and family from “buddy” and “friends” lists online
- Abuses siblings, other family members, children, or pets
- Seeking financial control over the other person
- Calling, emailing, or texting the other person every few minutes or at unreasonable hours to “check up” on the victim’s whereabouts, and becoming angry of the victim does not answer or respond immediately
- Nags or forces victim to engage in sexual activities the victim does not want to do
- Checking the victim’s cell phone/computer to see who the target has been communicating with (i.e., missed calls, emails, voicemail, and text messages)
- Deleting friends on the victim’s social media networks without the victim’s consent (i.e., permission)
- Altering the victim’s online profiles without the victim’s consent (i.e.,
• Accuses victim of flirting or “coming on” to others
• Nasty status changes and deletion of files or pictures the abuser doesn’t approve of
• Pressuring victim to send nude photos
• Abuses alcohol and other drugs
• Does not work or go to school

Beware If You

• Feel afraid to break up with your partner and feel tied down (i.e., like you have to constantly check in with your partner)
• Feel afraid to make decisions or bring up certain subjects so that your partner will not get mad
• Tell yourself that if you just try harder and love your partner enough that everything will be just fine
• Find yourself worrying and obsessing about how to please your partner and keep them happy
• Find the physical or emotional abuse getting worse over time

ADAPTED FROM: WWW.LOVEISNOTABUSE.COM
WWW.VSDVALLIANCE.ORG
It is important we not only screen our relationships for warning signs of IPV but also screen ourselves for any abusive behavior we may be engaging in. Ask yourself the following questions.

Do I Ever:

- Call my partner names that he or she does not like?
- Text or call my partner excessively and get angry when he or she does not respond immediately?
- Monitor their email, text messages, or profile on a social networking site?
- Feel I have a right or need to know where my partner is at all times or most of the time?
- Get jealous or angry when my partner spends time with friends or family?
- Ask my partner to change his or her clothes or style of dress?
- Get in their face during a disagreement?
- Push, slap, or punch my partner for any reason? What about when playing around?
- Restrain my partner from leaving?
- Criticize my partner?
- Purposely instill fear within my partner?
- Break my partner’s belongings/property?
- Threaten my partner I am going to hurt myself if he or she leaves me?
- Threaten my partner I am going to post unwanted/embarrassing information about him or her online if he or she does not do as I say?

If you answered yes to any of these questions, your behavior is not exactly the healthiest, especially toward your partner. Remember that you want people to treat you the way you would like to be treated. Respect should always be a mutual exchange between partners. Next week we will review healthy relationships, which will assist you in developing healthier alternatives to interacting with your partner and why that is vital in all relationships.
Thank you Love is Respect for making this available.

A TEEN’S GUIDE TO SAFETY PLANNING

WHY DO I NEED A SAFETY PLAN?
Everyone deserves a relationship that is healthy, safe and supportive. If you are in a relationship that is hurting you, it is important for you to know that the abuse is not your fault. It is also important for you to start thinking of ways to keep yourself safe from the abuse, whether you decide to end the relationship or not. While you can’t control your partner’s abusive behavior, you can take action to keep yourself as safe as possible.

WHAT IS A SAFETY PLAN?
A safety plan is a practical guide that helps lower your risk of being hurt by your abuser. It includes information specific to you and your life that will help keep you safe. A good safety plan helps you think through lifestyle changes that will help keep you as safe as possible at school, at home and other places that you go on a daily basis.

HOW DO I MAKE A SAFETY PLAN?
Take some time for yourself to go through each section of this safety planning workbook. You can complete the workbook on your own, or you can work through it with a friend or an adult you trust.

Keep in Mind:
• In order for this safety plan to work for you, you’ll need to fill in personalized answers, so you can use the information when you most need it.
• Once you complete your safety plan, be sure to keep it in an accessible but secure location. You might also consider giving a copy of your safety plan to someone that you trust.
• Getting support from someone who has experience working with teens in abusive relationships can be very useful.
Staying Safe at School:
The safest way for me to get to and from school is:
______________________________________________________________________
______________________________________________________________________
If I need to leave school in an emergency, I can get home safely by:
______________________________________________________________________
______________________________________________________________________
I can make sure that a friend can walk with me between classes. I will ask:
______________________________________________________________________ and/or
______________________________________________________________________
I will eat lunch and spend free periods in an area where there are school staff or faculty nearby. These are some areas on campus where I feel safe:
______________________________________________________________________
______________________________________________________________________
Staying Safe at Home:
I can tell this family member about what is going on in my relationship:
______________________________________________________________________
There may be times when no one else is home. During those times, I can have people stay with me. I will ask:
______________________________________________________________________
The safest way for me to leave my house in an emergency is:
______________________________________________________________________
If I need to leave in an emergency, I should try to go to a place that is public, safe and unknown by my abuser. I could go here:
______________________________________________________________________
and/or here:______________________________________________________________________
I will use a code word so I can alert my family, friends, and neighbors to call for help without my abuser knowing about it. My code word is:
______________________________________________________________________
If I live with my abuser, I will have a bag ready with these important items in case I need to leave quickly (check all that apply):

- Cell phone & charger
- Spare money
- Car keys
- Driver's license or other form of ID
- Copy of Restraining Order
- Birth certificate, social security card, immigration papers and other important documents
- Change of clothes
- Medications
- Special photos or other valuable items
- Anything they may need (important papers, formula, diapers)

loveisrespect.org  National Dating Abuse Helpline: 1-866-331-9474  facebook.com/loveisrespect
MY SAFETY WORKBOOK - PAGE 2

Getting Help in Your Community:
For emergencies: 911
National Teen Dating Violence Hotline: 1-866-331-9474
Local police station:__________________________
Phone #:_____________________________________
Address:_______________________________________
Local domestic violence organization:________________
Phone #:_______________________________________
Address:_______________________________________
Local free legal assistance:__________________________
Phone #:_______________________________________
Address:_______________________________________
Nearest youth shelter:______________________________
Phone #:_______________________________________
Address:_______________________________________

Staying Safe Emotionally:
My abuser often tries to make me feel bad about myself by saying or doing this:
______________________________________________
______________________________________________
______________________________________________
When he/she does this, I will think of these things I like about myself:
______________________________________________
______________________________________________
and
______________________________________________
I will do things I enjoy, like:
______________________________________________
______________________________________________
and
______________________________________________
I will join clubs or organizations that interest me, like:
______________________________________________ or
______________________________________________

If I feel down, depressed or scared, I can call the following friends or family members:
Name:______________________
Phone #: __________________
Name:______________________
Phone #: __________________
Name:______________________
Phone #: __________________
Name:______________________
Phone #: __________________

During an emergency, I could call the following friends or family members at any time of day or night:
Name:______________________
Phone #: __________________
Name:______________________
Phone #: __________________
Name:______________________
Phone #: __________________
Name:______________________
Phone #: __________________

loveisrespect.org National Dating Abuse Helpline: 1-866-331-9474 facebook.com/loveisrespect
### These are things I can do to help keep myself safe everyday:

- I will carry my cell phone and important telephone numbers with me at all times.
- I will keep in touch with someone I trust about where I am or what I am doing.
- I will stay out of isolated places and try to never walk around alone.
- I will avoid places where my abuser or his/her friends and family are likely to be.
- I will keep the doors and windows locked when I am at home, especially if I am alone.
- I will avoid speaking to my abuser. If it is unavoidable, I will make sure there are people around in case the situation becomes dangerous.
- I will call 911 if I feel my safety is at risk.
- I can look into getting a protective order so that I’ll have legal support in keeping my abuser away.
- I will remember that the abuse is not my fault and that I deserve a safe and healthy relationship.

### These are things I can do to help keep myself safe in my social life:

- I will ask my friends to keep their cell phones with them while they are with me in case we get separated and I need help.
- If possible, I will go to different malls, banks, grocery stores, movie theaters, etc. than the ones my abuser goes to or knows about.
- I will not go out alone, especially at night.
- No matter where I go, I will be aware of how to leave safely in case of an emergency.
- I will leave if I feel uncomfortable in a situation, no matter what my friends are doing.
- I will spend time with people who make me feel safe, supported and good about myself.

### These are things I can do to stay safe online and with my cell phone:

- I will not say or do anything online that I wouldn’t in person.
- I will set all my online profiles to be as private as they can be.
- I will save and keep track of any abusive, threatening or harassing comments, posts, or texts.
- I will never give my password to anyone other than my parents or guardians.
- If the abuse and harassment does not stop, I will change my usernames, email addresses, and/or cell phone number.
- I will not answer calls from unknown, blocked or private numbers.
- I can see if my phone company can block my abuser’s phone number from calling my phone.
- I will not communicate with my abuser using any type of technology if unnecessary, since any form of communication can be recorded and possibly used against me in the future.
Healthy Relationships and Self-Esteem

**Goal(s)**
- Learning about healthy relationships
- Boosting self-esteem

**Intervention(s)**
- Psycho-education
  - Healthy relationships
  - Self-esteem
  - Role of self-esteem in IPV
  - How to boost one's self-esteem
  - Group processing

**Materials(s)**
- White board/White board markers
- Equality Wheel hand-out
- Defining Self-Esteem hand-out
- Role of self-esteem in IPV hand-out
- How To Boost One’s Self-Esteem hand-outs
- Self-esteem group activity materials:
  - Paper, duck tape, markers

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**Diagram**

- **Equality Wheel**
- **Defining Self-Esteem**
- **Role of Self-Esteem in IPV**
- **How to Boost One's Self-Esteem**
- **Discussion**
Agenda: Facilitator(s) Instructions

Recap of Last Week

• This should be done prior to reviewing the *Equality Wheel* portion of the guide book.
• Inquire about last week's homework.
• Inquire about self-care. Praise those who have continued to follow through with their plan for self-care and encourage participants who have not been successful, to keep trying.
• Briefly summarize last week's session, answer questions (if applicable), and introduce this week's session topic.
• Ask the following questions:
  • What do you think we will be learning about today?
  • Connect last week's topic to this week's topic.
Agenda: Facilitator(s) Instructions

- Refer to the *Equality Wheel* portion of the guide book for psycho-educational information.
- Prior to reviewing hand-out, ask the participants:
  - What is your idea of a healthy relationship?
  - Brainstorm on the white board.
- Review hand-out. Explore participants thoughts and feelings regarding the information provided through a group discussion. Ask the following questions:
  - Do you have healthy relationship models in your life? Who are they? What are the positive behaviors? Explain.
  - Which behaviors do you deem the most important?
  - Is there another behavior you would like to add that was not on the wheel?

Agenda: Facilitator(s) Instructions

Defining Self-Esteem

- Refer to the *Defining Self-Esteem* portion of the guide book for psycho-educational information
- Prior to reviewing hand-out, ask participants:
  - What is self-esteem?
  - Brain storm on the white board
- Review hand-out.
- Answer participants questions regarding material
- Move on to the *Role of Self-Esteem* portion of the guide book.
Agenda: Facilitator(s) Instructions

- Please refer to the *Role of Self-Esteem in IPV* portion of the guide book to obtain psycho-educational material.
- Review hand-out and answer participants’s questions regarding the material
- Dedicate ample time to discussing how their self-esteem has been affected by IPV?
- Make connections between participants responses if similar.
- Ask participants why obtaining a healthy self-esteem is vital?
- How can a healthy self-esteem prevent and end IPV?
- Any final remarks?
- Introduce *How to Boost One’s Self-Esteem* activity.
Agenda: Facilitator(s) Instructions

How to Boost One's Self-Esteem

- Please refer to the How to Boost One's Self-Esteem portion of the guide book to psycho-educational information.
- Review hand-out and answer questions (if applicable)

- Engage participants in self-esteem group activities. Refer to Self-Esteem Group Activity 1 and 2 portion of the guide book for more information. Once the activity has ended, ask the following questions:
  - What was that experience like for you?
  - How do you feel knowing what your peers think of you?
  - Any final remarks?

- Refer back to the Needs Assessment and Self-Care portion of the guide book and redo activity. Assist participants in identifying their needs. Encourage participants to practice self-care.

- Termination: Summarize session/answer questions/thank participants for their participation
Due to a lack of understanding, adolescents have difficulty differentiating between abusive and healthy relationships when they begin dating. Most adolescents who find themselves in abusive relationships do not have positive models of relationships in their lives. As a result, such adolescents confuse abusive characteristics with love. This further leads adolescents to mistakenly accept comments such as ”I was just playing” and deem them as justifiable words for unjustifiable behavior. As such, it is important adolescents become educated about the differences between healthy and abusive relationships.

A healthy relationship is never perfect; perfect relationships do not exist. A healthy relationship is, however, based on equality and mutual respect where power is equally shared among both partners. Neither partner fears, threatens the other, or uses violence. Both partners feel accepted; have opinions, friends, individual interests, and are able to pursue activities outside of the relationship.

In contrast, an unhealthy relationship consists of: the instillation of fear, isolation, violent and hurtful behaviors, intimidation, coercion, threats, physical and sexual assaults, unequal power, and lack of individuality.

Without an understanding of healthy and unhealthy relationships, adolescents are most susceptible to becoming victims of IPV. The adolescent wheel of equality summarizes the following sets of behaviors that ultimately constitute a healthy and equal relationship: fairness, respect, non-threatening behavior, accountability and honesty, shared responsibility, and trust and support. Lets take a look at the equality wheel that designed by Duluth in order to better understand each behavior.
NONVIOLENCE

NEGOTIATION AND FAIRNESS:
Seeking mutually satisfying resolutions to conflict. Accepting changes. Being willing to compromise.

COMMUNICATION:
Willingness to have open and spontaneous dialogue. Having a balance of giving and receiving. Problem solving to mutual benefit. Learning to compromise without one overshadowing the other.

SHARED POWER:
Taking mutual responsibility for recognizing influence on the relationship. Making decisions together.

SELF-CONFIDENCE AND PERSONAL GROWTH:
Respecting her personal identity and encouraging her individual growth and freedom. Supporting her security in her own worth.

HONESTY AND ACCOUNTABILITY:

RESPECT:
Listening to her non-judgmentally. Being emotionally affirming and understanding. Valuing her opinions.

TRUST AND SUPPORT:
Supporting her goals in life. Respecting her right to her own feelings, friends, activities, and opinions.

PROBLEM SOLVING:
To mutual benefit. Learning to compromise without one overshadowing the other.

LEARNING TO COMPROMISE:
Without one overshadowing the other.

NON-THREATENING BEHAVIOR:
Talking and acting so that she feels safe and comfortable expressing herself and doing things.

COMMUNICATION:
Willingness to have open and spontaneous dialogue. Having a balance of giving and receiving. Problem solving to mutual benefit. Learning to compromise without one overshadowing the other.

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Willingness to have open and spontaneous dialogue. Having a balance of giving and receiving. Problem solving to mutual benefit. Learning to compromise without one overshadowing the other.
Boundaries are like the “NO TRESPASSING” signs we have all seen out in the world. Although personal boundaries are invisible, they define where you end and others begin. It describes the amount of physical and emotional space you allow between yourself and others. They assist you in deciding what is acceptable and unacceptable. For example, boundaries help you determine what types of communication, behavior, and interactions are appropriate and inappropriate. Setting boundaries is a way of caring for yourself. It does not make you selfish, uncaring, or mean. It simply means you care about yourself, as they are not meant to punish, but are for your well being and protection. Learning how to set boundaries is an important part of life. They are more effective when you are assertive, calm, firm, and courteous. In the beginning, setting boundaries may feel weird but developing that skill will assist you in better caring for yourself. Creating healthy boundaries is empowering because you are recognizing the need to set and enforce limits, which ultimately protects your sense of self-worth, assists you in maintaining self-respect, and allows you to enjoy healthy relationships. The following are signs of healthy and unhealthy boundaries in a relationship.

**Healthy Boundaries**

- Appropriate trust
- Moving step by step into intimacy
- Staying focused on your own growth
- Feeling supported to pursue your dreams/goals
- Being treated as an equal
- Maintaining personal values and beliefs despite what your partner thinks or wants
- Noticing when your partner invades your boundaries
- Noticing when your partner displays inappropriate boundaries
- Saying “No” without guilt
- Saying “No” to food, gifts, touch, sex, and any other items you do not want
- Asking for what you want and need
- Taking care of yourself and ability to put yourself first
- Saying “Yes” because you want to, not out of obligation or to please others
- Taking responsibility for your own happiness and not feeling responsible for someone else’s
- Being in tune with your own feelings, accepting them and valuing them
- Knowing who you are, what you believe in, what you like, and what you stand for

**Unhealthy Boundaries**

- Telling all
- Trusting no one
- Talking at an intimate level on the first date or initial stages of the relationship
- Falling in love too soon or anyone who reaches out
- Being overwhelmed by a person
• Giving in when you mean no
• Acting on first sexual impulse
• Being sexual for your partner and not yourself
• Going against your personal values and beliefs to please your partner
• Not noticing when your partner is displaying inappropriate boundaries
• Accepting food, gifts, touch, or sex when you do not want it
• Touching a person without asking
• Allowing someone to take as much as they want from you
• Allowing others to direct your life
• Letting others define who you are
Self-esteem is one of the many adverse effects IPV has on women. Self-esteem is our own self-regard—how we feel and view ourselves. It is shaped based on our own thoughts and feelings about how we fit into or perform in the world. Due to its fluidity, it is constantly changing.
In cases of IPV, women’s self-esteem is often poor. Researchers suggest that a victim’s self-esteem is related to the frequency and severity of the physical and psychological abuse she is experiencing. The abusive characteristics of abusers and the many tactics employed by an abuser to maintain power and control over the victim, sets the foundation for self-esteem destruction. Given that victims often times experience extreme isolation as a direct result of their abusers jealousy and controlling nature, victims lose ties with their support groups and community. Such disconnection further weakens victims self-esteem and makes it harder for them to escape their abusive relationships. The mind playing games and constant minimization, denial, and blaming on behalf of the abusers, makes victim’s question their sanity – “Am I crazy?” “Did I imagine it?” IPV cause victims to question their potential, identify their abilities, and forget who they were prior to the abusive relationship. Almost instinctively, women are known to evaluate their sense of self-worth based on the success of their relationships and have been historically socialized to depend upon those relationships. Through time, IPV victim’s self-esteem and emotional strength becomes non-existent, leaving them completely dependent on their abuser and believing they cannot function, let alone survive without their abuser. It is for that reason, building the self-esteem of IPV victims is vital. As Louise Hart once said, “self-esteem is as important to our well-being as legs are to a table. It is essential for physical, mental health, and happiness.”
How To Boost One’s Self-Esteem

A healthy self-esteem is pivotal to our well-being. Here are 50 tips on how to boost your self-esteem.

1. **Heal your wounds.** Past issues and trauma can keep you trapped in low self-esteem. Seek the support of a licensed therapist to help you heal the wounds of that past.

2. **Become proficient at something.** When you practice and become skilled at something you enjoy, you will experience feelings of pride and fulfillment.

3. **Reclaim your integrity.** If you are living outside of your integrity, you will feel disoriented, guilty, and drained. Define what integrity means for you, and make the necessary changes to live in accordance with it.

4. **Exercise.** Exercise makes you feel better physically, mentally, and emotionally. It improves a sense of control over your health and life.

5. **Take care of a pet.** Pets offer unconditional love and fulfill our longing for attention and affection. Pets teach us compassion and responsibility.

6. **Care about your appearance in a healthy manner.** When you look your best, you feel better. You project an outward image of self-esteem and confidence—even if you don’t feel that way. When you act “as if” you have self-esteem and your feelings will eventually catch up.

7. **Do something creative.** Creative endeavors put you in the “flow” state in which you are intently engaged in what you are doing. It stimulates the brain and potentially leads you to a passion.

8. **Plan something exciting.** Plan for a trip or adventure with your friends or family so that you have something exciting to look forward to. Just the planning process alone will make you feel engaged.

9. **Volunteer.** When we serve and support other people, we feel uplifted and valued. We find a way to show empathy and connection through service.

10. **Have a change in scenery.** Going on a trip, working from another location, or spending time out of your house will give you a boost of energy and motivation.

11. **Spend time with a friend.** Good friends accept us as we are, love us for who we are, and provide an outlet for fun and companionship.

12. **Write down your accomplishments.** Think back through your life to all that you have accomplished. List everything you have done that you feel proud of.

13. **Read something inspirational.** Read books and articles that uplift you and make you feel positive. Stay away from negative television programs, websites, and advertising. Stay away from anything that reinforces a poor self-image.

14. **Stretch yourself.** Step outside of your comfort zone in some way. Stretch yourself to try something new, meet different people, or approach a situation in an unconventional way. Always remember to practice safety while stepping outside of your comfort zone.

15. **Teach someone.** You have skills and abilities to share with others. Teach someone who is interested in learning. Offer your knowledge and experience as a gift.
16. **Practice affirmations.** Keep an affirmation journal in which you write positive and loving statements about yourself. Repeat those affirmations daily when you awaken and before you go to sleep.

17. **Get clear on your values.** Determine your core values in life, the principles around which you want your life centered. Examine your life to see where you are not in alignment with the values and make the necessary changes to fix that.

18. **Take care of your relationships.** Focus your love, time, and attention on the people you care about. Nurture your relationships and find ways to communicate fully and enjoy a richer experience with your loved.

19. **Challenge limiting beliefs.** When you catch yourself thinking negatively about your self-worth, challenge the beliefs with evidence to the contrary. Find reasons why your limiting beliefs are untrue – or at least not completely true.

20. **Seek your life passion.** If you have not found your life passion, make time in your life to seek it out. The process of having a goal to find it will give your life a sense of purpose.

21. **Give and receive affection.** Offer and receive physical affection from family and friends. Physical touch supports bonding between people, reduces anxiety, improves your mood, and creates connections.

22. **Increase your standards.** Begin to demand more of yourself in various areas of your life. Challenge yourself to do it a bit better, go a bit farther, behave more lovingly than you have in the past. Set the bar higher, and you will feel proud of who you are.

23. **Have a purpose.** Start considering what your life purpose might be. Why are you here? What could be your legacy and how can you make that a centerpiece of your life?

24. **Ask for forgiveness.** If you have wronged someone, don’t live with your guilt, or shame. Apologize, make it right, and ask for forgiveness.

25. **Create personal boundaries.** Know what your personal boundaries are and how you will react when people cross them. Don’t allow others to take advantage of you or manipulate you.

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WWW.LIVEANDBLOOM.COM
Self-Esteem Group Activity 1

Instructions:

1. 1 large sheet of paper for each participant
   a. Tape the large sheet of paper, using duck tape, to the back of each participant
2. Give markers to each participant
3. Instruct participants to stand up
   a. Each participant will move around the room and write one positive comment on every person’s paper.
4. Emphasize that only positive comments will be permitted and comments should highlight the individual’s strengths
5. Allow participants to write more than one positive comment if they want to
6. Instruct students to remove the paper from their back
   a. Allocate 5-10 minutes to read comments
7. Engage participants in a discussion regarding what was written for them.
Self-Esteem Group Activity 2

**Instructions**

1. Pretend you are looking at yourself in this mirror.

2. Write at least 3 qualities/traits/characteristics you possess that you genuinely like about yourself.

3. Examples:
   a. I am smart.
   b. I am a good listener.
   c. I am a good friend.
   d. I am smart.
   e. I deserve real love.
   f. I deserve respect.

4. Read what you jot down in the mirror out loud when you are looking at yourself in a mirror.

5. Repeat these things all week (i.e., daily) for homework.

6. Say them with confidence.

😊
### Goal(s)
- Understanding Bill of Rights and effective ways of communicating assertively

### Intervention(s)
- Psychoeducation
  - My bill of rights
  - Assertive Communication
  - Protective Laws in the U.S.
  - IPV resources
  - Group processing

### Materials(s)
- White board/White board markers
- My bill of rights hand-out
- Assertive communication hand-out
- Get To Know Yourself hand-out
- Protective laws in the U.S hand-out
- IPV resources hand-out

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**Week 7**

**I Matter**

- **My Bill of Rights**
- **Assertive Communication**
- **Protective Laws in the U.S.**
- **IPV Resources**

**Discussion**
Agenda: Facilitator(s) Instructions

Recap of Last Week

- This should be done prior to reviewing the My Bill of Rights portion of the guide book.
- Inquire about last week’s homework.
  - Find out if participants repeated to themselves the 3 qualities/traits/characteristics they identified last week during the self-esteem activity for homework.
  - What was that experience like for them?
  - Did they notice it made a difference in the way they felt about themselves or their day?
  - Was the homework helpful or not helpful? How can the homework assignment improve? Ask for participants feedback.
- For those who did not complete the activity, find out what made it difficult to complete it? What do they need from the facilitator(s) or the group to complete the activity this week for homework?
- Inquire about self-care. Praise those who have continued to follow through with their plan for self-care and encourage participants who have not been successful, to keep trying.
- Briefly summarize last week’s session, answer questions (if applicable), and introduce this week’s session topic.
- Ask the following questions:
  - What do you think we will be learning about today?
  - Connect last week’s topic to this week’s topic.
• Refer to the My Bill of Rights portion of the guide book for psycho-educational information.
• Prior to reviewing hand-out, ask the participants:
  • What are some "rights" you think everyone should have in a relationship? This relationship does not have to be romantic.
  • Brainstorm on the white board. Participants may utilize the rights mentioned to complete their personalized Bill of Rights.
  • If participants struggle to grasp the concept or cannot contribute to the discussion, group facilitator should initiate by volunteering answers.
    • Example: I deserve to be happy in a relationship.
• Review hand-out. Explore participants thoughts and feelings regarding the information provided through a group discussion. Ask the following questions:
  • If you could prioritize your rights, which would be your top 5?
  • Can you think of relationships in your life where each partner is practicing their rights?
    • Participants may use fictional characters from movies, cartoons, T.V. shows, etc.
  • Is there another right you would like to add that was not on the list of examples?
  • Why are these rights important? This is a great opportunity for group facilitators to gently test participants knowledge.
Agenda: Facilitator(s) Instructions

- Refer to the *Assertive Communication* portion of the guide book for psycho-educational information.
- Prior to reviewing hand-out, ask participants:
  - What do you remember from week 1 regarding effective communication?
  - Brainstorm on the white board.
  - Inform participants that assertive communication requires similar skills reviewed in week 1.
- Review hand-out.
- Distribute the *Get To Know Yourself* hand-out to participants.
- Answer participants questions regarding material.
- Move on to the *Protective Laws in the U.S* portion of the guide book.
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Agenda: Facilitator(s) Instructions

- Please refer to the *Protective Laws in the U.S* portion of the guide book to obtain psycho-educational material.
- Prior to reviewing hand-out, ask participants:
  - What protective laws in the U.S do you know of that protect individuals from IPV/abuse?
- Brainstorm on white board
- Review hand-out and answer participant's questions regarding the material
- Dedicate ample time to discussing and clarifying confusion if applicable
- Ask participants to disclose their fears regarding the laws mentioned
- Group facilitator(s) should ease participants fears and encourage help seeking behavior
- Remind participants that abuse always worsens over time and may result in death.
Agenda: Facilitator(s) Instructions

- Please refer to the IPV Resources portion of the guide book to obtain resources in California.
- Review hand-out and answer questions (if applicable)
- Ask the following questions:
  - How do you feel knowing there are resources out there available to you?
  - Which are you more likely to use first?
- Answer participants questions regarding the resources presented.
- Group facilitator(s) must ensure each participant has at least three resources she may utilize in her area. This may require the facilitator(s) doing additional research to add resources to their list of IPV resources.
- Termination: Summarize session/answer questions/thank participants for their participation. Remind participants that next week is the last session of the group. Dedicate ample time to processing participants feelings regarding termination. Briefly inform participants about what to expect next week.
- DO NOT FORGET TO normalize their experience.
As of now, you have:

1. busted myths and learned the truth about IPV
2. obtained an adequate definition of IPV
3. learned the different forms of IPV
4. become familiar with the prevalence of IPV among the Latino community and adolescents
5. learned the many social and cultural influences of IPV
6. learned the three phases of IPV
7. become aware of the sets of behaviors utilized by abusers to obtain power and control over their victims
8. understood that IPV is preventable
9. become familiar with the warning signs of IPV
10. learned what healthy relationships look like
11. understood the difference between appropriate and inappropriate boundaries
12. learned how IPV affects self-esteem

Utilize what you have learned thus far and create a list of rights you think you deserve not only as a person, but in a relationship. These are rights that you plan to hold close to your heart throughout your relationships and in all realms of your life. Write down as many as your heart desires. Feel free to refer to any of the previous hand-out we have distributed and discussed throughout the course of the group. Complete the following.

I HAVE THE RIGHT TO:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
My Bill of Rights: A List To Help You

The following are examples of rights you may utilize to complete your personalized *Bill of Rights*.

1. I have the right to be treated with respect and not criticized.
2. I have the right to have a partner who values me for me, encourages me, and wants the best for me.
3. I have the right to be safe.
4. I have the right to maintain my own body, feelings, property, opinions, boundaries, and privacy.
5. I have the right to be listened to seriously.
6. I have the right to disagree, assert myself respectfully, and say “no” without feeling guilty.
7. I have the right to not be abused: physically, emotionally, sexually.
8. I have the right to keep my relationships with friends and family.
9. I have the right to have my needs be as important as my partner’s needs and not be my partner’s property or servant.
10. I have the right to have a partner who gives as much to me as I give to him/her.
11. I have the right to decide how much time I want to spend with my partner.
12. I have the right to pay my own way.
13. I have the right to not take responsibility for my partner’s behaviors, choices, mistakes, and any acts of violence.
14. I have the right to set my own priorities, make my own decisions, and grow uniquely as an individual.
15. I have the right to fall out of love or leave any relationship.
Assertive Communication

Assertiveness means expressing yourself, your thoughts, perspective (i.e., point of view) in a way that is direct, clear, and respectful toward others. Assertive communication is a style of communicating that can help you meet your needs better, reduce conflict, control your anger, and have more positive relationships with your significant other, friends, and family. People who do not practice assertive communication sometimes confuse assertiveness with aggressiveness. Aggressive communication communicates to the other person that their needs do not matter, only yours do. It forces your needs, opinions, and feelings on to them, involves yelling, leads to no compromise, damages relationships, and self-esteem. It is also common for people to confuse assertiveness with passivity. Passive communication damages your self-esteem and relationships because it is a communication style that leads others to ignore your needs, which leads you feeling hurt, angry, and invisible. When you use passive communication, you are: not speaking up for yourself in hopes of trying to please others or keep the peace, placing your needs last to the needs of others, allowing yourself to be bullied or ignored, shrugging your shoulders or speaking quietly, and using phrases such as “if its okay with you,” “if you don’t mind,” and “it doesn’t really matter, it's okay.” When practicing healthier ways of communicating, it is important that you do not confuse the difference between the three: aggressive communication, passive communication, and assertive communication.

Hopefully the following example will help put things into perspective:

**Example:** Imagine you are waiting in line at the vending machine at school when suddenly, another student cuts you off and begins using the vending machine. She did not say “excuse me”, “I’m sorry”, “do you mind?”, or anything of that nature. She simply cut in front of you after you had been waiting for over 10 minutes to buy your snack.

**Aggressive Response:** “Listen! You are messing with the wrong girl. If you want to cut in line, cut behind me or make line like the rest of us!”

**Assertive Response:** “Excuse me, I was next in line. It would be best if you waited your turn like the rest of us.”

**Explanation:** An aggressive response may make you feel better temporarily as you were able to respond immediately and release your anger. Your response, however, may cause the student to match your tone of voice, yell back, and maybe even become physically aggressive. The student’s response will only worsen the situation and leave you in a bad mood. An assertive response will increase the likelihood that the student will respond in a more positive manner, apologize, explain why they did what they did, and move to the back of the line. It is important for you to know that assertive communication will not always yield the results you want. It does not guarantee that a person will respond positively, it simply increases the likelihood that they might. Going back to the example, whether the student responds appropriately or not, you will feel good knowing that you did your best and used assertive communication.
**What Is Assertive Communication?**

Assertive communication is the halfway point between passive and aggressive communication. It is just the right balance of the two. The following is an illustration of assertive communication that will hopefully help you grasp this concept.

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**Tips For Practicing Assertive Communication:**

- Use I-Statements. By utilizing I-Statements you are taking responsibility for how you feel and want versus statements that are blaming. For example: “I feel angry” rather than “You piss me off”. *Please refer to the I-Statement Hand-Out from week 1 if you need to refresh your memory on the structure of I-statements and their benefits.*
- Speak clearly while stating your point of view or request.
- Watch your tone and volume when speaking. There is no need to yell or whisper. Speak at a normal volume while using a tone of voice that is assertive and respectful of others. Speak with others how you would like to be spoken to.
- Watch your body language. Your message must match your body language. Your message will confuse the person receiving your message if you are speaking firmly and looking somewhere else. Do your best to look at the other person in the eyes, stand tall, and relax your face.
- Avoid using words like never and always. For example: Instead of saying, “you are always making fun of me”, you can say, “this is the third time to make fun of me today.”
- After you have shared your point of view or made your request, listen to what the other person has to say about the situation.
- Practice, practice, practice. In order to acquire the skill of assertive communication, you must practice assertive communication. Practice in front of...
the mirror, out loud, in your heard, with a friend, and in any opportunity that arises.

- Be gentle. Acquiring this skill takes time, praise yourself for your efforts and be gentle if your attempts do not come out as you planned in the beginning stages of your learning. You will get the hang of it as you continue to practice.

**Consider the following characteristics:**
I Am A Passive Individual
- I am afraid to speak up
- I speak softly
- I avoid looking at people
- I show little or no expression
- I slouch and withdraw
- I isolate myself from groups
- I agree with others despite my feelings
- I value myself less than others
- I do not reach goals
- I believe you are okay and I am not

I Am An Aggressive Individual
- I interrupt and talk over others
- I speak loudly
- I glare and stare at others
- I intimidate others with expressions
- I stand rigidly, cross my arms, and invade others personal space
- I take control when I am in a group
- I consider my own feelings and demand of others
- I value myself more than others
- I hurt others to avoid being hurt
- I reach my goals but hurt others in the process
- I believe I am okay and you are not

I Am An Assertive Individual
- I speak gently
- I speak in a normal, respectful, and appropriate tone
- I make good eye contact
- I show expressions that match my message (i.e., what I am communicating)
- I relax and adopt an open posture and expressions
- I participate when I am in a group
- I take my feelings and others feelings into consideration when communicating
- I value myself and others
- I try not to hurt anyone or myself
- I usually reach my goals without alienating or hurting others
- I believe I am okay and so are you
First and foremost, it is important for you to know that abuse is illegal in all 50 states of America. You should also know that laws vary by state and although abuse is illegal in all 50, the laws that protect victims are different. In California, abuse committed against a current or former spouse, a current or former cohabitant, someone with whom the victim has or had a dating or engagement relationship with, or someone who the victim has a child(ren) with. Incarceration, criminal penalties, and fines are possible convictions for IPV. Contrary to what many victims believe, the law believes abuse is never the victims fault – the law is on your side.

One way the law helps to protect you from IPV is through protective and restraining orders. Protective and restraining orders make it a crime for your abusive partner to come near you or contact you. It is valid immediately after it has been issued to you and it orders the abuser to be 100 yards away from you, your home, car, school, work, place of worship, or other locations set by the court. The abuser cannot contact you in any way shape or form. This means your abuser cannot reach you through phone calls, text messages, instant messengers, letters, emails, social media, etc. It also forbids an abuser to legally possess, buy, or even try to acquire a firearm. If your abuser already possesses a firearm, legally or illegally, he/she must turn over the weapons to law enforcement. Protective and restraining orders also protect the victim and the children involved as orders are made about custody, visitation, child support, and property. Protective and restraining orders are free of charge and youth as young as 12 years of age may obtain a protective and restraining order. There are 3 protective and restraining orders in total and they are as follow:

1. **Emergency Protective Order (EPO):** This type of restraining order is only if you are in immediate danger. Typically this type of restraining order is issued when law enforcement arrives at the scene of an incident between you and your partner. Law enforcement will contact a 24 hour on call judge that will review your request to receive an emergency protective order by phone. If your request is granted, your emergency restraining order will go into effect immediately. The law enforcement officer will provide you with written proof of the emergency protective order. It will last 5 business days or 7 calendar days, whichever is sooner.

2. **Temporary Restraining Order (TRO):** This type of restraining order is only issued through your local superior court, where same day applications are typically available to the public. The application process requires you to file in person at your local superior court and attend a hearing 3-4 weeks after you apply. Typically this type of restraining order is given to victims who remain in potential danger. The judge will issue a temporary restraining order that is valid until the date of your hearing.
3. **Domestic Violence Protective/Restraining Order**: This type of restraining order is only issued through your local superior court and same day applications are usually available to the public. The application process requires you to file in person at your local superior court and attend a hearing 3-4 weeks after you apply. At the hearing, the judge will review your case and grant you a restraining order that can protect you from your abuser for up to 5 years.

**What if I am an immigrant?** It does not matter if you are an immigrant. Anyone in California is entitled to obtain a restraining and protective order against an abusive partner. Experiencing violence as an immigrant may allow you to petition for legal status here in the United States. If your abuser is undocumented, he/she can be deported.

**What should I take into consideration?** Be prepared to talk about your experiences if you chose to contact law enforcement. Law enforcement wants to ensure your safety and because violence/abuse is illegal in all 50 states, you should know that your partner may get arrested. Many times victims want the abuse to end but do not want their partner to be arrested. The likelihood of this happening is not slim, as it is law enforcement’s legal obligation to protect you from future abuse. If you find yourself in a relationship where abuse is mutual, there is a chance you and your partner may get arrested. Although this may seem like a scary situation to be in, contacting law enforcement is always the best option for the reasons you have learned throughout group thus far.

**We encourage you to:**

ALWAYS CALL 911 IF YOU ARE IN ANY KIND OF IMMEDIATE DANGER
IPV Resources

Hotlines
- Offer assistance 24/7 at no cost. You can call a hotline to speak to highly trained advocates that are available to help you. You can speak to them confidentially if you are experiencing intimate partner violence, seeking resources or information, or questioning unhealthy aspects of your relationship.

Intimate Partner Violence Shelters
- Intimate partner violence shelters are available for women experiencing intimate partner violence. They typically accept women with children and strongly encourage victims to apply for restraining and protective orders. Some IPV shelters make obtaining restraining or protective orders a requirement for admission to the shelters. Most of the IPV shelters locations are confidential as their main focus is to offer victim’s safety and protection. Typically IPV shelters have rules a victim must abide to and they go into affect immediately. A victim should always become familiar with those rules in order to ensure safety.

Legal Services
- Legal services are a great resource if you find yourself experiencing housing, health, economic, justice issues as a result of intimate partner violence.

Immigrant Services
- Immigrant services are a great resource to learn about your rights as an immigrant in the United States who has experienced intimate partner violence. They will assist you in obtain legal education and achieve legal status.
IPV Resources

The following are resources that are available to you in your area. All are free of cost.

**National Hotlines Available 24/7**
- National Domestic Violence Hotline: 1(800)799-7233 [www.theadvocate.org](http://www.theadvocate.org)
- Love is Respect Hotline for Teens: 1(866) 331-9474 [www.loveisrespect.org](http://www.loveisrespect.org)
  - Online Chatting: [www.loveisrespect.org](http://www.loveisrespect.org)
  - Text Message Chatting ➔ Text: loveis to 22522

**Intimate Partner Violence Shelters**
- Domestic Abuse Center
  - (818) 904-1700
- Institute for Multicultural Educational Services (IMCES)
  - (213) 381-1251
- Haven Hills
  - (818) 887-7481
  - Hotline number: (818) 887-6589
- Jewish Family Services Family Violence Project
  - (818) 789-1293
  - Hotline number: (818) 505-0900
- San Fernando Valley Rescue Mission
  - (818)785-4476
- North East Valley Health Corporation
  - (818) 765-8656
- Family Crisis Center
  - (310) 379-3620
- Hope of the Valley Rescue Mission
  - (818) 392-0020
- Angel’s Flight
  - (213) 413-2311
- Children of the Night
  - (800) 551-1300
- Covenant House
  - (323) 461-3131
- Winter Shelter Hotline
  - (800) 548-6047

**Legal Services**
- Neighborhood Legal Services
  - (800) 433-6251
- Bridging Dreams
  - (323) 836-0055
Immigrant Services

- Esperanza Immigrant Rights Project
  o (213) 251-3505
- Immigration Center for Women and Children
  o (213) 614-1165
Week 8

Termination

Goal(s)
- Successful termination

Intervention(s)
- Psycho-education
- Advocacy
- Staying Safe
- Group processing

Materials(s)
- White board/White board markers
- Group summary hand-outs (if applicable)
- Advocacy hand-out
- Our Story Tree activity materials (listed below)
- Staying Safe hand-out
- Pizza and beverages

Diagram:
- Our Story Tree
- Advocacy
- Staying Safe
- Group Summary
- Discussion
- Celebration
# Agenda: Facilitator(s) Instructions

## Group Summary
- *Breaking The Cycle* has left this portion to the group facilitator(s) discretion.
- Refer to the Group Summary portion of the guide book for further instructions.

## Advocacy
- Refer to the Advocacy portion of the guide book.
- Review hand-out with participants.
- Dedicate ample time to discussing the Advocacy hand-out in detail and answer participants questions.
- Facilitators are to emphasize that while participants can help, they should *never* act as the mediator for a couple who is experiencing IPV. Participants should *never* attempt to accompany a friend to resolve existing problems between the friend and her/his abusive partner. Participants are to seek help from a trusting adult or authorities.

## Our Story Tree
- Refer to the Our Story Tree portion of the guide back for further instructions.

## Staying Safe
- Refer to the Staying Safe portion of the guide book for further instructions.
- Review hand-out with participants and answer questions.
- Facilitator(s) *must* provide participants with referrals once again and an additional copy of their personalized emergency safety plan.

## Celebration
- Pizza Party
- Refer to the Celebration portion of the guide book for further instructions.
Group Summary

This portion is up to the facilitator(s) discretion. While facilitators have the freedom to get creative for the group summary portion of *Breaking The Cycle*, the following points *must* be covered.

**Important Points**

- **What is IPV?**
  - IPV definition
- **Different Forms of IPV**
  - Physical Abuse
  - Sexual Abuse
  - Emotional/Verbal Abuse
  - Stalking
- **Social and Cultural Influences of IPV Among Latinos**
  - Gender Roles
  - Respeto
  - Familism
  - Religion
  - Language and Immigration Status
- **Adolescent Power and Control Wheel**
  - Anger/Emotional Abuse
  - Social Status
  - Intimidation
  - Minimization, Denial, Blaming
  - Threats
  - Sexual Coercion
  - Isolation/Exclusion
  - Peer Pressure
- **Phases of IPV**
  - Tension Building
  - Explosion
  - Honeymoon
- **Effects and Consequences of IPV**
- **Is IPV Preventable?**
  - ABSOLUTELY!
- **Abusive Characteristics/Warning Signs**
- **Safety Plan**
- **Equality Wheel**
  - Healthy vs Unhealthy Relationships
  - Healthy vs. Unhealthy Boundaries
- **Self-esteem**
  - How to Boost One’s Self-Esteem
• Bill of Rights
• Assertive Communication
  o Passive Communication
  o Aggressive Communication
  o Assertive Communication
• Protective Laws in the U.S
  o Emergency Protective Orders
  o Temporary Restraining Orders
  o Domestic Violence Protective/Restraining Orders
• IPV Resources

NOTE TO FACILITATOR(S)

GET CREATIVE
As a graduate of *Breaking The Cycle*, you have the power to make a difference. Take all that you have learned throughout these eight weeks and use that knowledge to help put a stop to the cycle of IPV. A great first step toward making a difference is simply through sharing your knowledge. Telling your friends what you have learned throughout the group and speaking up against injustice and abuse is a step you can take towards creating a society in which IPV is not tolerated. If you wish you make a difference consider the following actions:

- **Reflect and analyze your own actions and beliefs.**
  - It is important you continue to take time to understand how you, your thoughts, beliefs, attitudes, and actions may condone or allow violence.

- **Do not put up with language that promotes abusive behavior and attitudes.**
  - Words such as: “sluts,” “wife beaters,” “bitch,” etc., are abusive and degrading words. If you do not wish to call people for using such vocabulary, an excellent way of helping regardless of that is by removing all abusive and degrading language from your vocabulary.

- **Do not laugh at jokes that are meant to put people’s partners down.**
  - Laughing at a joke that is meant to bring down someone’s self-esteem reinforces the abuse and the abuser’s behavior. Refrain from laughing even if it is a close friend who is making the joke. By choosing not to laugh you are sending a message that putting down a partner is unacceptable.

- **Be a source of support for your friends.**
  - If you notice a friend or group of friends are experiencing problems, let them know you are there for them and available should they need you.

- **Call the behavior what it is.**
  - Refrain from sugarcoating abusive and violent behavior. Call it what it is and inform your friends about the different forms of IPV.

- **Pay attention to your friends relationships while still maintaining healthy boundaries.**
  - Paying attention to your friends relationships for the sole purpose of ensuring their safety does not mean you are nosey. It simply means you care about your friend and their well being. Never become personally involved in a friend’s relationship that is abusive. It is best if you take other measures like speaking to your friend, notifying an adult, or authorities.

- **Know your resources.**
  - Become familiar with the IPV resources available to you and identify a trusted adult you can turn to if anyone you know is in an abusive relationship or danger.

- **Do not put up with abusive behavior or harassment.**
  - Believe it or not, by walking away or telling your friend to stop, you are sending a clear message: IPV is unacceptable and will not be tolerated.
• **Be a positive model for those younger than you and those in your community.**
  o Naturally, people tend to observe other’s behaviors. If you demonstrate that you care about IPV, people will care as well. Most importantly, if they learn about IPV, its effects and consequences, healthy relationships, etc., they will be better prepared in the future. Kindness and respect is contagious. Treat your friends and partners with respect and they will emulate (i.e., match/mimic) that behavior.

• **Look at IPV as a shared issue.**
  o Always keep in mind that IPV does not discriminate. Both males and females can fall victim to IPV and both can be abusers.

When witnessing an abusive situation, it is easy to think, “Should I get involved?” “It’s a private matter, not my business” and “I am just one person, it will not make a difference.” You have learned throughout **Breaking the Cycle** however, that IPV is a worldwide issue that deserves our attention. Sometimes it is difficult to know where to begin or where to get help when you are afraid for the well-being of a friend or loved one. **Breaking the Cycle** wants you to remember that utilizing your voice will make a big difference in your friend’s or loved one’s life. Silence excuses abuse and by speaking up, you are extending a helping hand to those you love. Here are some tips on how you can help an abused victim:

  • Listen, believe, and validate the victim. Let them know that you care and want them to be safe.
  
  • Keep in mind that abuse is *never* the victim’s fault and therefore you should refrain from asking blaming questions. Blaming questions take the blame away from the abuser and places it on the victim. For example, questions like: “What did you do to provoke your boyfriend/girlfriend?” or “Why don’t you just dump him/her already?” should be avoided completely. Statements such as: “I would never allow that” or “I would have dumped him a long time ago” increases the victims shame. Such statements should also be avoided at all times.
  
  • Do not be critical of the abusive partner. Remember that despite the violence, many victims love their abusers. Putting the victims partner down is not going to help the situation. Instead make a firm statement that violence under any circumstances is wrong and unacceptable.
  
  • Do not jump to conclusions and avoid making assumptions. Not every victim wants to leave their partner, therefore avoid making such assumptions. Although you are now educated on the subject of IPV, avoid making your friend feel like you know what is best for them. Instead, share your knowledge, resources, continue making firm statements about abuse being unacceptable under any circumstances, be a shoulder to lean on, and listen to their struggles.
  
  • Do not pressure your friend to make quick decisions. Often times, victims are so overwhelmed by the violence that has just occurred that feeling pressured to make a decision will only worsen the situation.
  
  • Do not share what your friend has shared with you to the abuser.
  
  • Link your friend to local resources and assist him/her in getting legal help. Inform your friend about protective orders, restraining orders, and inform him/her of the
different steps he/she may take to further protect himself/herself. Create a safety plan with your friend like the one you created in this group.

- Offer to be a source of support throughout their journey to healing. Offer to go with your friend to the court house, counseling, or when disclosing the violence to an adult, family member, or authorities.
- Call 911 if you witness an assault. This may be difficult at first and you may even think, “But what if my friend gets mad at me.” While that is a normal response and concern, your friend’s safety should take precedence and try to remember that your friend will thank you later.

ADAPTED FROM: WWW.LOVEISNOTABUSE.COM
WWW.HEALTH.UTAH.GOV
Our Story Tree by A Window Between World

Aim
Provide participants with a safe space to tell their story one more time from the beginning to the foreseeing future.

Materials
Squared blank canvases, paint, paintbrushes, sharpies, camera

Time
30-40 minutes

Instructions
1. Give participants two squared blank canvases.
2. Ask each participant to do the following: paint one canvas representing what the participant has been through (i.e., her past, struggles) and the second canvas representing the participants future (i.e., where she see herself in the future).
3. Once every participant has completed their canvases, participants will be asked to describe their work of art if comfortable. Finally, participants will put all of their pieces together, representing one story, the groups.
4. Group facilitator(s) are to take a picture of the completed work and make a copy for each participant to take home.

Note to facilitator(s): This activity emphasizes that no matter what participants have gone through in the past, their future does not have to be same. Remind participants that this is not the end but rather the start of something new.

- Celebrate successes of the group
- Celebrate how far the group has come
- Once again, gain awareness of individual strengths
- Accept the ending of the course
- Anticipate new beginnings
- Encourage participants to look to one another for support (i.e., encourage the exchange of contact information between participants)

BORROWED FROM: WWW.YOUTUBE.COM/WATCH?V=B5KJOXN223W
Staying Safe

Your safety is of utmost importance. Here are a few tips on how you can continue to keep yourself safe:

- Continue learning about IPV and healthy relationships. If you get involved in a teen outreach program designed to raise awareness, you will embrace a preventative spirit that will assist you in keeping vital information like IPV warning signs/red flags at the forefront.
- Practice and surround yourself with positive role models. This will decrease the likelihood of you accepting abuse in your life.
- Talk with a trustworthy adult and seek help. Talk to anyone you trust and keep talking until someone listens. Great people to turn to are: teachers, parents, coaches, relatives, and friends. When in an abusive relationship, often times people need guidance and support. Do not be afraid to go to your school’s counseling department or utilize the IPV resources in your area. They were developed to lend a helping hand.
- Accept help. If someone you know, trust, and love offers you their support and guidance, accept it. Do not be embarrassed or deny the abuse. Tell the truth and be honest.
- Create a safety plan. The safety plan you created in group is an excellent example of an effective safety plan. This may have to be readjustment as you grow older however. Please make the changes necessary as a safety plan will help you think about safety strategies. It will prepare you in thinking ahead about steps to take and increase your safety in a dangerous situation. You can go to www.thesafespace.org to download safety plan templates.
- Call 911. Violence and abuse is a crime and no one deserves to fall victim to IPV. If you find yourself in an abusive and dangerous situation, always call 911.
- Get a restraining order or a protective order and consider going to an IPV shelter if your home is not safe.
Celebration

Note to facilitator(s): allow ample time for group members to mingle, exchange phone numbers, share any closing remarks about the group, and of course, have fun. This is a celebration of their successful completion of the group. Participants should leave with a certificate demonstrating the completion of *Breaking The Cycle* and a picture of the group’s story tree as a reminder of their growth and experience in the group.
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