Creating an Opportunity for Self-Empowerment of Immigrant Latina Survivors of Domestic Violence: A Leadership Intervention

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CREATING AN OPPORTUNITY FOR SELF-EMPOWERMENT OF IMMIGRANT LATINA SURVIVORS OF DOMESTIC VIOLENCE: A LEADERSHIP INTERVENTION

by

JOSEPHINE V. SERRATA

Under the direction of Dr. Gabriel Kuperminc

ABSTRACT

Latina survivors of intimate partner violence (IPV) experience IPV at similar rates as other ethnic groups. However, the intersection of multiple cultural factors, including acculturation, can greatly influence a woman’s experience of IPV. For example, research suggests that Latinas experience unique forms of control and unique barriers to service in addition to positive coping. Nevertheless, a scarcity of culturally relevant interventions plagues the IPV field. Moreover, evaluations of such programs are remarkably scarce in the research literature. The current study evaluates an innovative peer leadership intervention, the Líderes program, which is grounded in a self-empowerment framework. The Líderes program is a peer education leadership initiative that taps into the natural leadership skills of Latinas. Although the effectiveness of
similar peer leadership models addressing public and occupational health concerns, education outcomes, and nursing leadership can be found in the literature, this is the first documented attempt to include survivors of IPV as participants in such a program.

The study used a mixed methods design. The quantitative component included a multiple baseline research design including nine participants. The survey measured variables related to leadership development and a facilitator rating was utilized to measure behavioral change. The qualitative component included analysis of journals written by the participants documenting their experience of the program.

Results revealed that the Líderes curriculum was effective in influencing the self-empowerment of participants across the intrapersonal, interactional, and behavioral domains of leadership. The qualitative results supported this finding and provided evidence for the important role of a supportive environment for this change to occur.

The Líderes training program is the first training program for Latina community leaders who are also survivors of IPV. This study highlights the advantages of a peer-intervention training program as a way to develop existing strengths among Latina survivors of IPV.

INDEX WORDS: Intimate partner violence, Immigrant Latinas, Peer leadership, Self-empowerment
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JOSEPHINE V. SERRATA

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1. Introduction

The purpose of this study was to investigate the process and outcomes of adapting and implementing an existing participatory-based leadership intervention that was developed specifically for Latinas. A self-empowerment framework was used to understand the experiences of immigrant Latina survivors of intimate partner violence who participated in the program. Intimate partner violence (IPV) or domestic violence (DV) is a significant social issue that plagues individuals across socio-economic status, race, ethnicity, gender expression, sexual orientation, immigration status, class, or education level. There are numerous definitions of IPV/DV utilized across the violence intervention and prevention research fields; however, this paper uses the term intimate partner violence or IPV as similarly defined by the Centers for Disease Control and Prevention (CDC). The CDC suggests that IPV refers to emotional/psychological, physical, and sexual abuse experienced by any member of a family including children, adults, and elders (Saltzman, Fanslow, McMahon, & Shelley, 1999). The World Health Organization (WHO) reports that IPV occurs worldwide. In fact, 10-69% of women who participated in 48 studies across the globe indicated experiencing physical violence at some point in their lives (WHO, 2002). Clearly, no woman is immune to the possibility of experiencing IPV; however, research indicates that women and children in marginalized communities are at greater risk and have fewer resources to deal with the effects of IPV (WHO, 2002). This finding highlights the significant need for IPV interventions that consider oppressive social conditions in marginalized communities.

There is a scarcity of culturally adapted IPV prevention and intervention programs for marginalized communities. This is true for Latino communities in general
and especially true for immigrant Latino communities. Additionally, current intervention programs have been criticized for attempting to address population level issues with programs based on individual level theories that do not consider ecological systems (Hawe, Shiell, & Riley, 2009; Moane, 2003). This study investigated the outcomes of implementing an intervention that is both culturally grounded and respectful of the social, economic, and political context in which immigrant Latinos live in Atlanta. The program that was adapted for this study is a leadership intervention developed by Casa de Esperanza, a national Latino IPV organization that actively seeks to “put the work back into the hands of the community.” Uniquely, this program is a leadership intervention program that draws on the extensive body of leadership intervention research, which suggests that leadership development has a positive change in the individual leaders in addition to the people they are leading (Hiller, DeChurch, Murase, & Doty, 2011; Reichard, 2011). Based on Zimmerman’s empowerment model (1988, 1992, &1995), this study used a self-empowerment framework in order to understand the processes and outcomes of the leadership intervention. The framework considers individuals in relation to ecological systems and highlights individual strengths. The term self-empowerment will be used throughout this paper to capture that empowerment comes from within the individual and cannot be “given” by others or organizations.

2. Literature Review

2.1 IPV: History & Theoretical Underpinnings

The 1950s, 60s, and 70s are said to have been a time of significant social change in the United States. It was during this time that the civil rights, anti-war, black liberation, and feminist movement created the foundation for the grassroots organizing
that sparked the IPV movement (Schechter, 1982). During this time, building on the support networks established by the feminist movements, advocates created hotlines, crisis centers, shelters, and community agencies to give voice and support to women who had experienced IPV silently for so long. As the movement became more popular and shelters were established across the country, the issue of IPV began to get attention from government funding agencies. During this time, funders who gave priority to individual services would not fund community level interventions or interventions targeted at systems change. The focus on individual funding significantly affected the direction of the IPV movement, limiting advocate’s focus on providing individual services (Schechter, 1982). Although, the movement has attempted to move beyond solely providing individual services, it continues to be critiqued for being limited in its scope of services and conceptualization of IPV (Grauwiler & Mills, 2004; McPhail, Busch, Kulkarni, & Rice, 2007).

As researchers became interested in the issue of IPV, their research focused on individual level causes and antecedents of IPV. In the beginning, psychodynamic theories dominated research. Professionals saw mental illness, learned helplessness, and masochism as the reasons why women stayed in IPV situations. They attributed men’s use of violence to intolerance of intimacy and alcoholism (Rounseville, 1978). Since that time, broader level theories like family systems theory (Kurz, 1989; Straus, Gelles, & Steinmetz, 1980) and the feminist IPV model (Dobash & Dobash, 1979), have been developed to include societal level explanations for IPV. The feminist IPV model continues to dominate the IPV field in research and practice despite sound criticisms (McPhail, et al., 2007). The central tenet of the feminist IPV model is that gender
disparities deeply rooted in a patriarchal social system lead to IPV; men are seen as primary perpetrators and women as primary victims (Dobash & Dobash, 1979). This narrow approach ignores the reality of IPV in lesbian relationships, women’s use of violence in heterosexual relationships and especially ignores the realities of women of color who may be impacted by numerous other forms of oppression beyond gender (Lippy, Serrata Vasquez, & Perilla, 2008).

Realizing the limitations of the IPV field’s current model, many researchers, theorists and practitioners have developed theories and approaches with a broader lens (Carlson, 1984; Dutton, 1996; Heise, 1998; Perilla, 1999; Perilla, Bakeman, & Norris, 1994). For instance, the ecological approach proposed by Perilla et al. (1994) provides researchers a framework to organize variables from various systems in the environment. It uses a nested model (individual, family, community, and larger society structures) in which each element is embedded in the next system. Thus, the ecological perspective sees IPV embedded within a larger context beyond an individual, couple or family. It can be understood as a “social illness” that reflects oppression in larger society, which is expressed and maintained within the family system (Perilla, 1999; Perilla, et al., 1994). This approach explores intervening in IPV at broader level systems for Latino immigrant families. Also, this approach provides a lens through which to understand, in more depth, the mechanisms that help or hinder providers in offering effective, culturally appropriate services.

2.1a The Proposed Project’s Framework of IPV

This study used an intersectional framework (Crenshaw, 1994) and a social justice framework for understanding the mechanisms of IPV (Perilla, 1999; Perilla,
Lavizzo, & Ibanez, 2007). Similar to the ecological approach, Crenshaw (1994) notes that individuals exist in social contexts. However, Crenshaw understands the impact of social contexts on individuals in terms of the intersection of systems of power (e.g., race, class, gender, and sexual orientation, etc.) and oppression (e.g., prejudice, class inequality, heterosexist bias, etc). Through this intersection, an individual will experience and respond to IPV in different ways depending on how much power they have and how much oppression they experience. Additionally, social dimensions are seen as key explanatory factors of the violence and not seen as stressors. For example, a poor minority couple may experience IPV in the couple due to or at the same time as they are experiencing discrimination based on class and race, which often takes the form of violence in the public sphere (Bogard, 2008).

Perilla et al. (2007) also recognize IPV as a human rights issue. As such, IPV becomes a social phenomenon, not only a private matter, that violates the human rights of every individual regardless of race, class, sex, sexual orientation, and disability status (Perilla, 1999). Thus, a social justice framework that values human rights and principles of equality, as well as recognizes the dignity of all humans is paramount in IPV work. The use of intersectionality and social justice frameworks allows the current study to move beyond mainstream approaches and challenge systems of oppression that violate the human rights of marginalized individuals (in this case, immigrant Latina survivors of IPV) by creating an opportunity for participants to build on individual and collective strengths. The current study investigated the effectiveness of a participatory-based leadership intervention that sought to facilitate positive leadership change in immigrant Latina survivors of IPV who received training to serve as community Líderes (leaders).
2.1b IPV & Latinas

Accurate prevalence rates for IPV are difficult to obtain due to issues such as measurement, variable methods, differing definitions of IPV, etc. In addition, some studies investigate previous year experiences while others investigate lifetime experiences, which both produce very different rates. Despite these challenges, some researchers have attempted to capture the rates of IPV in Latino communities and the results show remarkable variation. For example, Kaufman (2005) found lifetime IPV prevalence rates for Hispanic/Latinas ranging from 13.4% to 25.7%. In another study, McFarlane et al. (2005) over sampled Hispanic women in a study that included 7,443 women aged 18-44 years. The authors found that 5.3% of Hispanic women in their study had experienced IPV in the previous year (McFarlane, Groff, Watson, & Watson, 2005). To date, only one national survey exists that intentionally oversampled Hispanic/Latina women in order to understand within group differences. In a secondary data analysis study, Aldarondo et al. (2002) found significant differences among Puerto Rican (20.4%), Mexican American (17.9%), Mexican (10.5%), and Cuban American (2.5%) couples’ reports of male-to-female IPV, (Aldarondo, Kaufman Kantor, & Jasinski, 2002) highlighting significant within-group differences. It is important to emphasize that research has consistently found that IPV rates are not significantly different across races (Tjaden & Thoennes, 2000).

As Perilla (1999) notes, it is believed that IPV has both universal and culture-specific elements that may play important roles in its antecedents, dynamics, and effects. In addition, the intersection between IPV and factors such as acculturation and immigration status may influence the rate in subgroups. For example, Dutton, Orloff, &
Hass (2000) found that married immigrant Latina women were more likely (59.5%) to experience physical and sexual violence than unmarried immigrant Latina women (49.8%). Additionally, Glass et al. (2009) found that Latinas experienced sexual abuse as a control mechanism more often than non-Latinas (Glass, et al., 2009). Another culture-specific element unique to immigrant Latinas is that of immigration status as a tool for violence. Immigration status is a common and powerful control mechanism used by partners of immigrant women to force them to stay in the relationship (Dutton, Orloff, & Hass, 2000). Unfortunately, this coercion tool and other behaviors that are culturally bound are not captured by existing IPV surveys and instruments and thus remain hidden from researchers and practitioners (Dasgupta, 2008).

Researchers have produced a significant body of literature studying the influence of experiencing or witnessing IPV on Latina’s physical and mental health. This research has shown that Latina women with abuse histories may experience increased risk of depressive & post-traumatic stress disorder, physical injury, HIV infection, and increased substance use (Hazen, Connelly, Soriano, & Landsverk, 2008; Rodriguez, et al., 2008). In a recent study investigating the health of Latinas who experience IPV, Bonomi, Anderson, Cannon, Slesnick & Rodriguez (2009) found that Latinas who had experienced IPV in their lifetime reported significantly more negative physical symptoms and depression than non-abused Latinas. A similar finding occurs when comparing Latinas to non-Latinas (Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009). These studies highlight the acute and chronic consequences with which Latina IPV survivors have to contend even after the violence has stopped.
2.2 Current IPV Interventions

There continues to be a dearth of intervention programs for Latino families and related research, despite the large numbers of Latinas who experience IPV and what is known about the consequences of IPV on mental and physical health. Additionally, current programs have been criticized for not being grounded in the culture or theory related to the targeted group. This study directly addressed this issue by evaluating the *Líderes* program that was designed for Latinas by Latinas. A review of current intervention programs helps to understand the knowledge gaps in intervention research.

In the book, *Violence & Families: Assessing Prevention and Treatment Programs*, Chalk & King (1998) emphasize the lack of research that provides a clear understanding of the effectiveness of IPV programs. They suggest that much of the current research on IPV interventions merely describe the programs, but does not explain implementation or evaluation outcomes. In addition, the authors suggest that current research lacks a link between theory and outcomes necessary for understanding the aim of the intervention and results of the evaluations. They also call on researchers and organizations to implement a stronger evaluation component to current IPV interventions. They suggest that additional research needs to continue being conducted in order to gain a clearer understanding of the IPV interventions that work, with whom they work, and why they work (Chalk & King, 1998).

Despite the dearth of literature regarding implementing and evaluating IPV interventions as well as the critique of current programs, current research on interventions does provide a general understanding of existing programs and their influences on the individuals involved. Chalk & King (1998) note four primary types of
interventions that have developed within the field of IPV and that receive funding and attention from researchers, policy makers, government agencies, community members, and advocates, etc. These include social service interventions (e.g., advocacy for victims and families, family support programs, education programs, and shelters for battered women), legal interventions (e.g., efforts to build expertise in legal institutions and procedural and jurisprudential reforms), health care interventions (e.g., assessing for IPV at health clinics & educating health professionals about IPV), & comprehensive and collaborative interventions (e.g., service integration, comprehensive services, and community-change interventions).

2.2a Social Service IPV Interventions

Social service interventions for IPV include interventions such as shelters, peer support groups, advocacy, and prevention programs. The dominant intervention for IPV, however, continues to be shelters. Unfortunately, shelters have not proven to be the ultimate solution for all survivors, especially women of color (Murdaugh, Hunt, Sowell, & Santana, 2004). Evaluations of shelters suggest that outcomes can be measured based on the women’s stage of leaving their partner (Brown, Trangsrud, & Linnemeyer, 2009), a concept that may not be an option or choice for ALL women (Perilla, Serrata Vasquez, Weinberg, & Lippy, 2012). Unfortunately, due to the prevalence of shelters as the primary intervention of IPV (there are approximately 1,200 shelters in the United States), the perception is that shelters are the ultimate solution for all women (Lyon, Lane, & Menard, 2008). As noted by researchers, the mainstream IPV movement has rushed forward and applied interventions without considering cultural variables (Dasgupta, 2008; Perilla, et al., 2012). In writing about an IPV intervention for Latino
families, Perilla (1999) reported how the Latina participants of the program noted that
the mainstream model of expecting them to leave their partners and supporting them in
doing so was not working for them. This is also evidenced by a study finding that
Latinas did not mention the need for shelters when asked about their needs as survivors
of IPV (Murdaugh, et al., 2004). This is not to say that Latinas do not need shelters or
do not use them; however, this points to the importance of considering cultural
differences in service needs. Broadly applying mainstream social service interventions
such as the use of shelters without first confirming their utility in diverse sub populations
may be ineffective and has the potential to cause harm.

2.2b IPV Legal Interventions

Another prominent area of intervention for IPV is that of legal interventions.
These interventions usually focus on procedural changes in law enforcement, such as
protective orders and arrest policies and practices. The focus of legal interventions is
limited by the scope of the legal system, which attempts to look at both sides of the
issue and balance the protection of the survivors and perpetrators (Chalk & King, 1998).
This is not the case for participant centered interventions. The coupling of law
enforcement with the IPV movement has had both positive and negative consequences
for the field and, more importantly, for survivors. Court mandates and the establishment
of IPV departments within police stations was the result of rigorous advocacy beginning
in the 70s (Dutton, 1996). Currently, it is often the case that IPV services are only used
by survivors following court mandates. One cannot deny that this movement had a great
impact on making “the private public”; however, for many communities the coupling of
services with law enforcement serves as a barrier (Dasgupta, 2008). For instance,
minority survivors of IPV may avoid calling the police for fear of discrimination or mistreatment from law enforcement towards themselves and/or their partners (Dasgupta, 2008). Additionally, this fear may be heightened among immigrant survivors due to the current anti-immigrant culture evidenced by increasing collaboration between local police forces and immigration enforcement. One must consider that this mainstream model may prevent entire communities that are at the margins of society from reporting violence and accessing resources.

2.2c IPV Health Care Interventions

Due to the increase in knowledge regarding the health consequences of IPV, a newer area of IPV interventions has developed: health care interventions. Medical professionals have many interactions with family members and probably have one of the best possibilities to screen and share information with families about IPV. In addition, health care professionals are more likely to see survivors immediately after incidents of abuse due to acute injuries or see them due to the physical effects of chronic stress and fear (Chalk & King, 1998). Unfortunately, many individuals who have experienced IPV do not identify themselves as survivors. Thus, interventions have focused on increasing the awareness of IPV for health professionals and increasing institutional responses to IPV (Chalk & King, 1998). Given the very large service industry of mental and physical health, interventions focused on this area have proven to be positive for the IPV field and a step in the direction of primary prevention. However, further research is needed in order to determine the effectiveness of this method with Latina populations.
2.2d Comprehensive & Collaborative (Community Change) IPV Interventions

An emerging area in the field of IPV interventions that Chalk & King (1998) label comprehensive and collaborative interventions are those aimed at shifting the power between service providers and community members by more actively involving community members in the intervention. In reviewing these interventions, Chalk & King (1998) concluded that the emphasis on comprehensive and collaborative approaches by researchers and community leaders in the past decade has resulted in innovative approaches to service delivery. However, they clearly state that “research is largely descriptive” and lacks the evaluative component to determine effectiveness (Chalk & King, 1998, pg. 261). In fact, none of the research in this area met the criteria to be included in their book chapter. Nevertheless, Chalk & King (1998) reported current themes in the IPV community intervention field: interventions that strengthen current services being offered in communities; programs that focus on the entire person or family in context and considers their needs and strengths; and interventions that focus on the community or society itself as the subject of intervention. Published research on these interventions (reviewed below) can provide a basis for understanding and conducting comprehensive and collaborative work in diverse communities, otherwise broadly known as community change interventions.

2.2e IPV Empowerment Interventions

An area of IPV interventions that can fall into the category of community change interventions are programs focused on self empowerment of individuals, organizations and communities. Zimmerman (1995) offers a comprehensive and clear definition,
drawing from influential scholars such as Paulo Freire, which captures the essence of empowerment:

“Empowering processes are those where people create or are given opportunities to control their own destiny and influence the decisions that affect their lives. They are a series of experiences in which individuals learn to see a closer correspondence between their goals and a sense of how to achieve them, gain greater access to and control over resources, and where people, organizations, and communities gain mastery over their lives.” (M. A. Zimmerman, 1995)

As noted by Zimmerman’s definition, the essence of empowerment is gaining control of the resources needed to obtain goals. Moreover, Zimmerman (1995) and other influential scholars, such as Paulo Freire and Ignacio Martin-Baró recognized the experience of oppressed individuals and the notion that it is not a lack of individual will but a lack of power and access to resources that makes it difficult to reach certain goals.

This philosophy proposes a change in the hierarchical IPV mainstream view that advocacy through providing of services can only be done by staff members of organizations (Kasturirangan, 2008). Thus, many IPV organizations have attempted to implement empowerment components in their programming by actively including participants. However, in reviewing “empowerment programs” for IPV, Kasturirangan (2008) noted that many organizations continue to falsely use the concept of empowerment. For example, IPV organizations may attempt to “empower” IPV survivors by encouraging them to seek services to move towards independence from their partner (access to resources); however, this notion continues to be a mainstream concept and
may not stem from the values or culture of the survivor, thus negating the action as being truly empowering. Kasturirangan (2008) noted that despite the use of the term “empowerment”, organizations continue to apply the same set of beliefs stemming from the dominant culture to ALL women and continue to provide traditional mainstream services.

2.2f Community IPV Interventions for Latinas

According to Perilla (1999), community psychology affords psychologists a set of values that includes social justice, citizen participation, and collaboration that can guide the IPV intervention field to make lasting change with oppressed and marginalized communities. This may require psychologists to take sides with the oppressed by getting involved in the community, getting to know community members, gaining a better understanding of their lives and working to facilitate the acquisition of power (Perilla, 1999). Practitioners and researchers grounded in similar values have utilized various community change interventions to intervene in IPV.

Within the Latino community, community interventions for IPV have included community based participatory research (Bloom, et al., 2009; Maciak, Guzman, Santiago, Villalobos, & Israel, 1999) and collaborations between community agencies, government, clergy, criminal justice, and academia (Maciak, et al., 1999). Both of these approaches utilize an ecological model for identifying intervention strategies and include Latina community members in formulating goals and interventions. In the Maciak et al (1999) study, the collaboration team established a 5-year activity plan with program objectives and obtained seed funding for start up and assessment activities. In the Bloom et al. (2009) study, the program participants developed a work intervention
program for identifying IPV (Bloom, et al., 2009). Unfortunately, both of these studies stopped short in realizing Latinas’ strengths and potential in implementing interventions. It appears as if in both studies, Latinas were included in the research process and utilized to collect data, however, the researchers were the primary leaders and developers of the initial projects. Unfortunately, in both studies the ultimate power continued to lie in the hands of the individuals who traditionally have power in these types of collaborations: academics.

2.2g Two Exemplary Community Change IPV Interventions

As mentioned above, another area of community change interventions includes interventions that have a significant self-empowerment component. For immigrant Latina survivors of IPV, access to resources is significantly limited due to systems of oppression, language barriers, as well as sociopolitical forces. As such, immigrant Latinas require and deserve innovative programs that will incorporate self-empowerment components and collaboration in supporting the women to obtain their goals and gain control in their lives. Two exemplary models of IPV community interventions that have self-empowerment embedded within their framework and approach are Caminar Latino in Atlanta, GA and Casa de Esperanza in Minneapolis/St Paul, MN.

Caminar Latino is a non-profit organization that has worked for over twenty years in the Latino community in Atlanta with families impacted by IPV (See Perilla, Lavizzo, et al., 2007 for a complete history of Caminar Latino). The mission of Caminar Latino is to build on the strengths of the Latino community to develop healthy families with the goal of ending IPV. Over its history, Caminar Latino has responded directly to their
organization’s participants and expanded their services to reflect their realities. At Caminar Latino, which initially started as a women’s support group, participants asked staff members to find a way to challenge mainstream interventions and offer a support group for their partners, rather than expect that they would leave them (Perilla, et al., 2012). Caminar Latino responded and established a batterer intervention. In addition, Caminar Latino also responded to the request to provide services to the women’s children. Currently, Caminar Latino provides services to the entire family in order to offer a comprehensive, culturally appropriate intervention. Caminar Latino offers two women’s support groups (one is a crisis intervention group and the other focuses on building critical consciousness among the women), a batterer intervention, a youth program consisting of four groups for children ages 0-18, a young adult group, parenting classes, and advocacy for women and child participants. Although not the focus of the intervention, Caminar Latino also provides some individual therapy services for women who are active participants in the program and who have requested or have been identified as needing individual support in meeting their goals.

Similar to Caminar Latino, Casa de Esperanza responded to participants’ requests in the late 90s and completely shifted their mission and approach to services. Beginning in the late 1970s, Casa de Esperanza began with a small group of Latina activists who provided information to Latino communities about IPV and advocated for Latinas. In 1982, it opened its shelter and was incorporated as a nonprofit organization. Casa de Esperanza underwent a marked shift in 1989, when the organization began to turn its focus to community change and began to offer community workshops for Latinas. Currently, the mission of Casa de Esperanza is to mobilize Latinas and Latino
communities to end IPV. Casa de Esperanza strongly believes that the eradication of IPV in Latino communities can only be achieved at the hands of Latino community members themselves. Thus Casa de Esperanza seeks opportunities to “put the work in the hands of the community” (Esperanza, 2010). They have grown to be recognized as the Department of Health and Human Services’ (DHHS) designate National Latin@ IPV Institute for their ability to mobilize communities and create innovative approaches.

Their work falls into three categories: (1) direct support to Latino families (i.e., 24 hour shelter, 24 hour bilingual crisis line, advocacy and support), (2) community engagement (i.e., peer education programs for women and youth, information centers and resource centers located in Latino neighborhoods), and (3) the National Latino Network for Healthy Families and Communities (i.e., public policy and research initiatives).

The benefits that both organizations offer their communities are invaluable. Evaluations of initiatives implemented by these organizations note that both organizations see a reduction in physical violence shortly after participants begin the program (Esperanza, 2010; Perilla, et al., 2007). Additionally, Casa de Esperanza has noted an increased awareness of IPV and trauma in participants of their peer education initiatives (Esperanza, 2010).

In addition to valuing participants’ voices, a unique aspect of both organizations is that they are aware of the importance of and incorporate the process of concientización into their programming. Concientización or critical consciousness is a concept developed by Paulo Freire (1971) and translated for the field of Psychology by Ignacio Martín-Baró (1994). Concientización refers to the process through which individuals who are oppressed become aware of their place in history and develop a
critical understanding of where they stand in society in terms of power and oppression (Perilla, 1999). It also includes an understanding of the potential to create change for themselves and within their communities despite being born into systems of oppression. For immigrant Latina survivors of intimate partner violence, **concientización** means understanding the histories and social conditions both of their country of origin and of the new country and realizing the dynamics within both cultures that sustain oppression, poverty, and violence. It also includes understanding that their plight is not individual but belongs to society as well as an awareness of their rights as women and mothers to create change at multiple ecological levels for themselves and their children (Perilla, 1999). The process and outcome of **concientización** is key to any self-empowerment-focused intervention and is seen as the first step in creating community change for Caminar Latino and Casa de Esperanza.

### 2.3 An Innovative IPV Intervention: Leadership Training

Casa de Esperanza has utilized numerous community interventions to reach different pockets of the Latino community about IPV including a youth peer education program, culturally affirming direct support to families, and building support networks among neighbors and Latino professionals. One approach, a community leadership initiative called the *Líderes* program uses a community health education model of utilizing community members to promote awareness about IPV. In the community health education model, peers (community health workers) are trained and utilized to promote health in culturally appropriate ways. Research indicates that this model has been effective in promoting positive change in attitudes and behaviors around the targeted health issue, as well as increasing access to resources and knowledge of the topic for
participants (Swider, 2002). In fact, one study utilizing qualitative methods, noted positively themed consequences for both the peers (community health workers) and the women who attended the presentations (P. J. Kelly, Lesser, Peralez-Dieckmann, & Castilla, 2007).

One of the key components of the community health education model is training. Community health workers are trained in various skills (depending on the need of the community) from delivering healthcare (e.g., vaccinations and first aid) to doing presentations about topics of relevance to the community. Similarly, the Líderes program is a peer model that aims to tap into the abilities of community individuals to share critical information and resources, as well as build community and promote healthy relationships with other community members (Esperanza, 2010). However, somewhat different from the community health education model, which focuses on knowledge gains of information, the Líderes program focuses on leadership development skills (an innovative topic in community intervention research). These mechanisms of change for the Líderes are best understood through the leadership development literature.

2.3a Literature on Leadership as an Intervention

Traditionally, leadership research is conducted in the fields of business or organizational development; however, researchers and program developers in other disciplines have also shown an increasing interest in the notion of leadership as an intervention. A literature review reveals that studies regarding leadership interventions are found across many disciplines including school health (Story, Lytle, Birnbaum, & Perry, 2002), psychology (J. G. Kelly, et al., 2004), public health (Latkin, 1998), nursing
(Cook & Leathard, 2004), and occupational health (Kelloway & Barling, 2010). This finding highlights the importance of including literature from across disciplines in order to gain a better understanding of leadership interventions.

Historically, leadership research has been restricted to understanding the complexities of individual leadership including its heritability, correlations to personality characteristics, leadership styles, etc. However, relatively little research has studied leadership as an intervention (Avolio, Reichard, Hannah, Walumbwa, & Chan, 2009) despite that some researchers have highlighted leadership interventions as critical strategies for organizations (Reichard, 2011). Avolio et al. (2009), researchers in the business field, have become particularly interested in addressing this research gap and have recently published many studies in the area of leadership intervention or leadership impact research. In a recent meta-analysis Avolio et al. (2009) examined 200 experimental and quasi-experimental studies on leadership interventions across various subfields including psychology, business, and anthropology. Of note, they found an increasing trend of the number of studies in the area of leadership intervention beginning in the 1990s and concluded that the trend appears to be consistently increasing for the future (Avolio, et al., 2009). The current study appears to contribute to the increasing interest in leadership intervention.

A particularly interesting aspect of Avolio et al’s (2009) meta-analysis is the categorization of different types of leadership interventions. Avolio and his team included research that involved any manipulations of leadership, including research that used actors to portray leadership, research that assigned particular leadership styles to different groups and research that included training or developing leaders. They defined
leadership training or development as any attempt of the original investigators to manipulate “individual's knowledge, skills, ability, motivation, and/or perceived self-concept to enable them to exercise positive influence in the domain of leadership” (Avolio, et al., 2009, p. 769). They found that the most common form of leadership intervention across the 200 studies was the training or development of leaders (Avolio, et al., 2009). In fact, they found that leadership interventions (most commonly leader training/development) produced a 66% probability of achieving a positive outcome as measured by cognitive, affective, behavioral or organizational performance.

Other research has also found similar results regarding leadership development and training. For example, in an earlier meta-analysis, Collins & Holton (2004) found positive knowledge outcomes for leadership development with effect sizes ranging from .96 – 1.37. Additionally, in a study investigating transformational leadership as an intervention among military leaders, Dvir et al. (2002) found effectiveness for the leadership intervention in positively affecting followers’ development and performance. Other researchers have found positive effects of leadership training on financial outcomes of organizations, followers’ perceptions of leaders, and followers’ organizational commitment (Barling, Weber, & Kelloway, 1996). In a qualitative study on leadership development of adolescent girls, Hoyt, Murphy, Halverson, and Watson (2003) found that a six-week leadership intervention influenced how participants conceptualized leadership, changed the manner in which they viewed action and incorporated leadership into their self-identity. This article is pivotal in broadening the understanding of the participants’ experiences “in their own voices”.
Within the area of leadership development and training is a subset of interventions that involve training peer leaders. In a meta-analysis, when investigating the conditions for which leadership interventions are effective, Avolio et al (2009) noted an interesting finding in regard to level of leadership. Avolio and his colleagues found that leadership interventions had greater effects on followers’ behavioral outcomes when the intervention was targeted at a “lower level” leader or a leader who works with the followers more closely than when it was targeted by a higher level leader. In other words, the leaders that were “closer” to the followers showed more positive outcomes. This finding is very much aligned with findings in the peer leadership field, which utilizes leaders who are on the “same level” of the organizational or societal hierarchy to provide leadership to a group of peers (Bentley, 2000; Birnbaum, Lytle, Story, & Frenn, 2003; Latkin, 1998; Shah, et al., 2001; Swider, 2002).

Peer leadership is greatly utilized within the area of public health. In fact, peer leaders have been used for many years to disseminate information about a variety of issues including cancer prevention (Larkey, Gonzalez, Mar, & Glantz, 2009), hypertension (Balcazar, Byrd, Ortiz, Tondapu, & Chavez, 2009), HIV education (Latkin, 1998; Martin, et al., 2005), diabetes education (Bazzano, et al., 2009; Heisler, et al., 2009), physical health, mental health (Bentley, 2000), and access to primary care physician (Horowitz, Brenner, Lachapelle, Amara, & Arniella, 2009; Ingram, Sabo, Rothers, Wennerstrom, & de Zapien, 2008). Research indicates that the use of peers for public health is an effective model in promoting healthy change within communities.

The effectiveness of peer leadership has caught the attention of researchers in many disciplines of research including education, community psychology, social work,
psychiatry, and nursing. Studies in these areas are beginning to provide evidence for ecological validity for the use of peer leadership beyond public health. For example, in a study utilizing peer leaders in a school based nutrition intervention, evidence showed that at one year follow up, students in the peer leader group consumed healthier portions of fruits and vegetables than at baseline and more than other intervention groups and the control group (Birnbaum, et al., 2003). In another study, investigating the effectiveness of utilizing peer leaders for HIV prevention among injecting drug users, Latkin (1998) found that members of the peer leaders social network were significantly more likely to report higher levels of needle hygiene compared with controls.

Interestingly, in a study utilizing peer leaders & professional leaders to disseminate a strength-training program for older adults, no differences in the ability of peer and professional leaders to disseminate the program were found. In other words, peer leaders were just as effective as professionals (Layne, et al., 2008). These studies provide strong evidence for the use of peer leadership programs; however, they stop short of informing research on the impact of such programs on the leaders themselves or reasons for their effectiveness.

Researching the impact of leadership interventions on the development of the leaders themselves is an important link to better understanding leadership interventions across disciplines. Birnbaum et al. (2003) note that peer leader models are widely used; however, a systematic examination of the changes experienced by peer leaders is lacking. Hence, Birnbaum et al. (2003) documented the impact that a school based nutrition intervention had on the dietary improvements of the peer leaders and found that the peer leaders, like the followers, increased their fruit and vegetable consumption
significantly more than controls. In addition, peer leaders reported positive perceptions of peer leadership with more than three fourths saying that they would like to be a leader again.

In a qualitative study on the benefits of peer leadership among junior baccalaureate nursing students, Bos (1998) found that nursing students described positive experiences following peer leadership experiences, including enhancement of critical thinking skills, enhancement of technical skills, awareness of peers as resources and development of management skills. Latkin's (1998) study on the use of peer leaders for HIV prevention among injecting drug users found that peer leaders themselves reported a significant increase in condom use and in cleaning used needles with bleach.

In a study on building neighborhood leaders, a mixed method design was used to investigate the influence of a leadership intervention on peer leaders. The results indicated that on a set of questionnaires the participants improved in perceived leadership skills and experience. In addition, the interviews post intervention indicated that participants utilized the training to continue working in their neighborhood, growing personally, and starting a group or organization. Many of the participants felt that the training increased their self-confidence for becoming leaders in their communities (Ayon, 2009).

In a peer leadership training specific to Intimate Partner Violence, Kelly et al. (2007) found that that the peer leaders experienced behavioral change through the development of skills, and experienced cognitive change through their appreciation of the broad nature of the problem of IPV. They also experienced affective change
through their sense of themselves as community benefactors and processing of personal impact of violence (P. J. Kelly, et al., 2007). Additionally, a study that developed an evaluation tool, documented the increase in presentation skills in peer leaders after a training intervention (Swider, Martin, Lynas, & Rothschild, 2010).

The literature review suggests positive outcomes for the leaders who were trained and the individuals for whom the information is being disseminated; supporting the use of leadership interventions as an effective tool for creating change among individuals. Specifically, the peer leadership intervention literature provides evidence for the peer model as a tool for creating opportunities for self-empowerment of individuals and entire communities. This is especially attractive in the area of IPV interventions where day after day, advocates who work with survivors are consistently aware of the tremendous internal strengths of women who often overcome the most dreadful situations. In fact, Perilla, Roche, and Collier (2007) noted that “knowing their participants by name” helped them to bear firsthand witness to the remarkable strengths of the women and children affected by intimate partner violence with whom they worked. Utilizing a peer leadership intervention may be an effective way to capitalize on the strengths of survivors of intimate partner violence and create social change that shows promise to impact the individual and community alike. This study provided a unique opportunity to study, from the onset of the leadership program, the influence that a peer leadership intervention can have on a group of women who are significantly under serviced and under studied: immigrant Latinas. This, of course, broadens the scope of understanding about leadership development and training interventions.
2.4 Self-Empowerment Theory as a Framework for Understanding a Leadership Intervention

As mentioned above, the critical components of community change interventions include a social justice perspective, community participation, an ecological framework, and critical consciousness. Psychological empowerment theory provides a framework for understanding how a leadership intervention including these mechanisms can create positive change for immigrant Latina IPV survivors. It also gives researchers a basis from which to learn more about the empowerment process and empowering settings, as well as a guide for evaluating interventions designed to enhance opportunities for empowerment (Zimmerman, 1995). However, Zimmerman (1995) was explicit in noting that this framework is flexible and urged against applying broad definitions of empowerment across contexts. He noted that empowerment will need to be operationalized differently across settings and populations. Thus this framework provides the flexibility to adapt the language to accurately represent the context of the Líderes program for immigrant Latina IPV survivors.

According to Rappaport (1987), empowerment is a process that facilitates the acquisition of mastery and control over a bothersome issue by people, organizations or communities. Empowerment processes are complex, include multiple dimensions, and can take place at multiple levels. Zimmerman (1988, 1992, 1995) has conceptualized empowerment at the individual level as psychological empowerment (PE). PE includes the context of an individual by highlighting the interactions of the individual with sociopolitical environmental forces (M. A. Zimmerman, 1995; M. A. Zimmerman, Israel, Schulz, & Checkoway, 1992; Marc A Zimmerman & Rappaport, 1988). As such, this
study focused on the individual level and used the term self-empowerment to reflect what Zimmerman calls PE. As mentioned above the term self-empowerment more accurately captures that empowerment comes from within the individual and cannot be “given” by others or organizations.

Importantly, in his discussion regarding the study of PE, Zimmerman (1992) clearly states that the specific operationalization of PE will depend on the population and context being studied. Nevertheless, he offers explanations of the three components of PE based on previous research: the intrapersonal, interactional, and behavioral components (Zimmerman, 1992, 1995; see Figure 1). The intrapersonal component includes how people think about their capacity to influence social and political systems important to them (M. A. Zimmerman, et al., 1992). It may include one’s self-perception of perceived control, self-efficacy, motivation to exert control, and perceived competence and beliefs about one’s own capacity. It may also include one’s beliefs about people in general. Secondly, the interactional component involves transactions between person and environments that enable one to successfully master social or political systems. This component may include variables such as knowledge of resources, critical awareness of one’s environment, and the development of the skills necessary to actively engage in one’s environment (M. A. Zimmerman, et al., 1992). Zimmerman (1992, 1995) suggests that the interactional component is the intermediate component because it connects self-perceptions (intrapersonal) with what one does to exert influence (behavioral). The behavioral component includes specific actions one takes to exercise influence on the social and political environment. This component may
include one’s participation in community organizations, participation in community-related activities, and coping behaviors (M. A. Zimmerman, et al., 1992).

Figure 1. Zimmerman’s Empowerment Model

Utilizing Zimmerman’s model, this study also conceptualized self-empowerment as including three domains: intrapersonal, interactional, and behavioral (see Figure 2). For this study, the intrapersonal domain includes the participants’ perception of themselves. This includes their own leadership competence and perception of their ability to conduct workshops in their communities. It also includes the participant’s beliefs about their own capacity to be leaders. The interactional component includes their understanding and knowledge about systems and people outside of themselves in addition to knowledge of the skills involved in being a leader. Specifically, the
interactional component includes the knowledge gains of participating in the program including knowledge of resources for IPV, the dynamics of IPV in the Latino community, knowledge about leadership styles and the skills involved in being an effective community leadership in addition to knowledge of the current immigration laws that are very relevant to their lives and are significantly impacting their communities.

The third component is the behavioral component, which refers to specific actions or behaviors. This component has been extensively researched in relation to community and political action (Speer, 2000; Speer & Peterson, 2000; M. A. Zimmerman, 1995; M. A. Zimmerman, et al., 1992; Marc A Zimmerman & Rappaport, 1988). This component includes change in behavior related to the leadership program. A significant element of the training is providing the tools that the Líderes feel that they need to conduct the talleres (workshops). Past research has indicated that this includes facilitation skills as well as presentation skills (Swider, et al., 2010). Thus, the participants can be evaluated on their competencies in delivering a workshop as well as the behavior of organizing a workshop (e.g., finding a location, advertising for the workshop, preparing for the workshop, and conducting the workshop). In addition, another construct that may capture the behavior change of the leader includes leadership emergence, which documents the leader’s behaviors within a group (e.g., the leader sharing her ideas or being considerate of the opinions of others, etc.).
Figure 2. Self Empowerment Framework for Current Study

The proposed framework above was developed for this study following Zimmerman’s (1992 & 1995) recommendation that one would need to modify his general framework based on the population, context, and intervention. There are many aspects of the proposed study that are unique, including the intervention, the organization (Caminar Latino), and the participants (immigrant Latina survivors of IPV). Thus all of the variables in addition to the social context that interacts with the
intervention, organization, and participants must be considered. For instance, the framework matches the purposes of the intervention, which was to create an opportunity for the participants to discover their own natural leadership abilities. In this case, it would not be appropriate to blindly apply the PE framework as it currently stands, which would involve measuring one’s perceived control of socio-political forces, understanding socio-political forces, and participating in behaviors that challenge the socio-political environment. Measuring socio-political issues would completely miss what the intervention attempted to achieve. Additionally, the traditional PE framework does not match the realities of the participants in this study. For immigrant Latinas who experience significant social barriers, it may not be appropriate to ask them about their voting behavior (as you would if researching a socio-political intervention for mainstream individuals) or their ideas about challenging internalized oppression (as you may with African American individuals) since they may not be familiar with this phenomenon as they are confronting very different issues (e.g., language barriers and negotiating two cultures). Thus, the framework was developed to appropriately reflect the specific purposes of the Líderes program and considers the realities of the participants.

In utilizing empowerment theory as a framework, one must distinguish between empowering processes and empowered outcomes (M. A. Zimmerman, 1995). Empowering processes are processes that facilitate opportunities for individuals to gain control and influence the decisions that affect their lives. However, empowered outcomes refer to the specific measurements utilized to study the effects of interventions designed to empower participants (M. A. Zimmerman, 1995). The
challenge of empowered outcomes is that the researchers must attempt to develop relevant measures that assess the outcomes intended by the intervention. Nevertheless, due to the critical nature of understanding both process and outcomes, the study utilized both quantitative and qualitative strategies to capture both components throughout the adaptation and implementation process.

An important component that allows community organizations to create opportunities for self-empowerment is a culture of collaboration (participation), which can be operationalized as a sense of respect among organization participants and a sense of community within the organization (Hughey, Peterson, Lowe, & Oprescu, 2008; Hur, 2006; Schulz, Israel, Zimmerman, & Checkoway, 1995; Zachary, 2000). Extensive research has been conducted on sense of community; however, little research has studied the self-empowerment-sense of community link (Hughey, et al., 2008). Hughey and his peers found empirical evidence that sense of community may relate to empowerment and power (Hughey, Speer, & Peterson, 1999; Peterson, et al., 2008; Speer, Jackson, & Peterson, 2001). In fact, Hughey et al. (2008) found that sense of community related to the empowering organizational process and provided a conceptual model for how both empowering organizational processes and sense of community relates to psychological empowerment. Moreover, similar to Hughey et al. (2008), Zimmerman (1995) proposed the following components that are key in an organization’s developing opportunities for self-empowerment, including (1) involving community members in the development, implementation, and evaluation of interventions; (2) developing an identity related to the organization whereby professionals become members as coequal partners; (3) creating opportunities for
community members to develop skills so that they do not have to be dependent on professionals. The study attempted to implement the three components suggested by Zimmerman (1995) in the process of the *Líderes* program. In doing so the study hoped to create a culture of collaboration, which has been found to be key in the self-empowerment process and is studied as an important component of this project.

In summary, the proposed study used a self-empowerment framework to understand the processes and outcomes of the *Líderes* program within three components: intrapersonal, interactional, and behavioral. The framework considers individuals in relation to ecological systems and highlights individual strengths. In addition, a participatory model was used to create a culture of collaboration in which participants participated actively with academic researchers in the adaptation and implementation process.

3. The Current Study & Hypotheses

The current study was conducted at Caminar Latino, a comprehensive IPV organization, which provides services for the entire family affected by IPV. Although there is a scarcity of culturally adapted violence prevention and intervention programs for Latino communities in general and even fewer for immigrant Latino communities, Caminar Latino has managed to provide culturally centered services for 20 years to the immigrant Latino community in Atlanta, GA. This project fills a significant gap in the literature regarding the effectiveness of a leadership intervention in facilitating self-empowerment for immigrant Latina IPV survivors. Researchers in this area have neglected to investigate, in depth, this type of intervention for this specific population. In
addition, this study answers a significant challenge to the IPV field by documenting the effectiveness of such an intervention (Chalk & King, 1998).

Throughout the community intervention literature, empowerment is consistently valued as a means for obtaining positive psychological outcomes for significant social issues with oppressed individuals and communities. However, solid research that evaluates the effectiveness of interventions that are “empowerment focused” is significantly lacking. In fact, within the IPV community intervention field, such interventions have been critiqued for not fully facilitating opportunities of self-empowerment for participants (Kasturirangan, 2008). Many authors have stated the importance of accurately conceptualizing empowerment for IPV survivors, incorporating empowerment processes in interventions, and accurately evaluating outcomes (Chalk & King, 1998; Kasturirangan, 2008). Emerging research is beginning to include leadership development as a means for influencing self-empowerment. It appears that leadership interventions hold promise for filling the gaps in self-empowerment intervention research previously mentioned. A literature review indicated that peer leadership models are significantly effective in influencing positive outcomes among the participants and leaders alike (O'Brien, Squires, Bixby, & Larson, 2009). This study evaluates the implementation and evaluation of a peer leadership intervention to study its influence on self-empowerment of immigrant Latinas. This study thus contributes to the knowledge base about immigrant Latinas, a population significantly under represented in IPV research.

The aim of this study was to build upon the IPV community intervention literature for immigrant Latinas. Also, the study aimed to investigate the process and outcomes of
the adaptation and implementation of an existing participatory-based leadership intervention that was developed specifically for Latinas (the *Líderes* program). Research shows that leadership interventions have been effective in creating cognitive, behavioral and affective change among participants (Hannah, Avolio, Luthans, & Harms, 2008). Additionally, associations have been found among perceived control, skill development, and community participation, all aspects of self-empowerment (M. A. Zimmerman, 1995). Based on the self-empowerment framework as well as what is known about leadership intervention research, the following hypotheses were tested:

*Hypothesis 1*: The *Líderes* program will enhance overall self-empowerment among participants as measured by interactional, intrapersonal, and behavioral components.

*Hypothesis 1a*: The interactional component, which is operationalized as the participants’ knowledge gains of different aspects related to IPV in the immigrant Latino community in addition to knowledge gains regarding leadership and the skills necessary to be a community leader will increase.

*Hypothesis 1b*: The intrapersonal, which is operationalized as participants’ self perceptions in terms of their competence in their ability to be leaders and perceived self-efficacy in conducting the workshops will increase.

*Hypothesis 1c*: The behavioral domain, which is operationalized as the facilitator’s perceived leadership emergence of the participants will increase.

*Hypothesis 2*: Participants will experience an increase in a sense of collaboration within the program, which is operationalized as a sense of community with the organization.
Qualitative Research Question: How do immigrant Latina survivors of IPV experience the Líderes program?

4. Methods

4.1 Design

Considering that empowerment is both a process and an outcome, an embedded mixed methods design was utilized for this study. It involved collecting qualitative and quantitative data before and during the intervention phases of the study. An embedded design is a mixed methods design where one data set provides a supportive, secondary role in a study based primarily on the other data type (Creswell & Clark, 2007). In this case, although quantitative data are the primary data type, qualitative data were collected at the onset of the project to help shape the Líderes intervention (during the adaptation process; which is not the focus of this study and is documented elsewhere). Then, during the intervention and at follow-up, qualitative data were collected using participant journals (written accounts) to understand the participants’ experiences during and after the intervention.

A multiple baseline single-subjects research design was utilized to collect the quantitative data, such that quantitative data were collected on outcome variables at baseline, at several points during the intervention, at the conclusion and at 3-month follow-up. Single subject research designs are typically used to study the behavioral change of an individual after receiving an intervention (Fisher, Kelley, & Lomas, 2003). Similar to a time series-design, the individual serves as his or her own control. The participant is exposed to a non-treatment and treatment phase and performance is measured during each phase including follow-up. It is important to note that this design
was chosen over an A-B-A single subject design, which requires that the treatment phase be taken away. A-B-A designs are not recommended when an intervention is intended to make a long-term change as a return to baseline conditions cannot be expected (Kazdin, 1982). The multiple baseline method is an appropriate method for studying unique subgroups such as immigrant Latina survivors of IPV due to the small number of participants, which makes it difficult to conduct a comparison group design. In addition, this research design avoids the often-criticized practice of comparing minority groups to mainstream controls by using the participants as their own control. This is also important due to intragroup heterogeneity. For instance, one participant may have a different perception of her own leadership abilities so her baseline may be different from another woman’s who has no such awareness. Thus it is important to measure change within the individual rather than across individuals to gain a better understanding of the effectiveness of the intervention for each individual.

According to protocol of multiple-baseline designs across individuals, the baseline of each subsequent participant should be held several data points longer than the previous in order to control for the effect of time on the outcome variable (Wong, 2010). However, since this intervention was conducted in a group setting, “holding” the intervention was not possible. Thus, non-concurrent multiple baseline design was utilized where participants were randomly assigned to baseline lengths (e.g., 1, 4, or 7 weeks) constituting a tier (Harvey, May, & Kennedy, 2004). If systematic changes are noted regardless of the tier that the participant is in, then we can say, with confidence, that the change was brought about due to the intervention and not because of an extraneous variable (Harvey, et al., 2004). One, four, and seven weeks were selected
as tiers because previous research has indicated that at least three data points of separation are ideal to have enough data to accurately make conclusions, strengthening internal validity (Kazdin, 1982).

4.2 Participants

Following the criteria described in the procedure section, the Caminar Latino staff held two meetings and identified 20 women over 18 years old as potential participants. The goal was to recruit 12 participants, a number that considered potential drop out. A staff member chosen by Caminar Latino staff contacted the participants by telephone using a script that provided information about the project and inquired about their interest in participating (see Appendix A). Of the 20 individuals, 12 participants expressed interest in attending the intervention. Of the 12 participants, nine matriculated into the intervention. Anecdotal information obtained from the research assistant who spoke with all of the women indicated that two of the women were not able to attend the workshop sessions due to their work schedules. At the time that the intervention began, one woman decided not to attend due to significant stressors in her life. Of note, not all participants were involved at every time point due to external events (e.g., area storms preventing participants to drive to the intervention or personal/work conflicts).

Participants’ average age was 36 years and their average years of completed education was 10.6. All of the participants were born outside of the United States. Four Latin American countries were represented: Colombia (1), El Salvador (1), Honduras (1) and Mexico (6). All but one participant had children, with an average of two children per participant. All participants self identified as survivors of intimate partner violence. Five of the participants were divorced or separated, two were married, one lived with her
partner and one was single/never married. All participants were employed; three
cleaned houses, two were nannies, two worked in restaurants, one was a teacher and
one a hair stylist. On average, participants attended Caminar Latino for 3.6 years, with
the shortest attendance time being six months and the longest being 11 years. At the
time of the intervention, three participants regularly attended the Caminar Latino weekly
support groups.

4.2a Participant Attrition

Of the nine participants, one individual's data were excluded from the analysis
due to the individual not having sufficient data points within the intervention phase. This
individual had a significant family event happen during the intervention and missed
three of the five group meetings. In addition, she missed the first follow-up data
collection. This significant amount of missing data renders the data series too short to
examine the level, trend and variability of the data for interpretation. According to
Kratochwill (2010) for a phase to qualify as an attempt to demonstrate an effect, the
phase must have a minimum of three data points. Thus, this participant was excluded
from the analysis.

4.3 Procedures

Before beginning data collection, the PI submitted a protocol to the Georgia State
University IRB to ensure that ethical standards would be upheld. In addition, a consent
form was created in English, and translated into Spanish to ensure participants'
understanding of their rights. The consent form was submitted to and approved by
GSU's IRB (see Appendix B).
O’Brien et al. (2009) provide a conceptual model for understanding and reporting the role-outcome link of peer leadership interventions. Regarding participants, O’Brien et al. (2009) suggest clearly defining selection of participants, and including a detailed description of training (below). Using this model, the selection of participants will be described in detail.

A Caminar Latino staff member was chosen by the staff at Caminar Latino to be a co-facilitator of the intervention. This individual and the women advocates at Caminar Latino were responsible for selecting the women who participated in the program. The advocates and Caminar Latino staff have over 20 years of experience working with immigrant Latina survivors and families. As Latino community members and leaders themselves, they have a rich understanding of the Latino community culture in Atlanta, as well as knowing the women participants very well.

Selection criteria in past research has included such things as high school education and bilingual status (O’Brien, et al., 2009). However, for the purpose of this study, program participants were not asked to meet this type of criteria. In fact, Casa de Esperanza provided a guide for establishing selection criteria in their Líderes curriculum. The Caminar Latino women advocates and staff followed this guide when establishing participant criteria. The guidelines included such criteria as interest in the program, ability to fulfill responsibilities, dedication to their community, and not being in crisis at the time of the intervention/training. Using this guide, Caminar Latino staff met and reviewed a list of women participants who had sought services over the past year or who were currently attending Caminar Latino’s support groups. Caminar Latino offers two open support groups for survivors of intimate partner violence. The first
support group offers services for women who are in active crisis or have recently left crisis situations. The second group offers support for women who have attended Caminar Latino for a longer period of time. Women in this group have attended Caminar Latino anywhere from fifteen sessions to over ten years. Caminar Latino staff decided to recruit participants from the second support group, as they would most likely be out of crisis situations.

Once IRB approval was obtained, the designated Caminar Latino staff person contacted the selected participants (described above), explained the study to them and invited them to participate using the script in Appendix A. When the participants expressed interest, a meeting was set up with a trained Spanish-speaking undergraduate research assistant at a convenient time and location for the participant. The undergraduate research assistant met with each participant and reviewed the consent form, reading each consent form with the participant, answering any questions and subsequently registering the participant for the study.

Once the consent form was signed, participants were randomly assigned to a baseline tier (one, four, or seven weeks). Depending on their randomly assigned baseline tier, they were contacted by the research assistant one, four, or seven consecutive weeks prior to the intervention. All participants filled out the first questionnaires in person with the research assistance in order to familiarize the participants with the survey. Participants in tiers four and seven were given an envelope with a research number as well as note cards, which had the response scales for each measure. The participants used the contents of the envelope when they were contacted by telephone to complete the surveys. If the participant did not attend
Caminar Latino’s regular support group, the subsequent baseline questionnaires were collected over the phone every week at a time convenient for the participant. For the participants who were attending regular Caminar Latino support groups, their baseline data were collected after the Wednesday evenings support group meetings at Caminar Latino.

During the intervention (described below) self-report data and the facilitator ratings were collected after each weekly intervention session. Post-intervention data were collected every week for three weeks after the participant graduation ceremony and subsequent meetings, including the three-month follow up.

Qualitative data were collected utilizing participant journals. Participants were given the option to voice record their journals; however, all participants chose to hand-write their journal entries. Participants were asked to journal their thoughts and feelings regarding their experiences of the intervention by writing down their entries in a spiral bound notebook. They were reminded on a weekly basis to write in their journals.

4.4 Intervention Adaptation

Once the participants were enrolled in the study (above), the date of the adaptation session was confirmed for a day and time that was convenient for the participants. All of the sessions were held at Caminar Latino’s main office, which provided meeting space for the women and a separate space for supervised care of participants’ children. As reported above, the Líderes program is a program developed for Latinas by Latinas at Casa de Esperanza, the DHHS designated National Latin@ IPV Institute, whose headquarters are located in St. Paul, MN. Although the organization has over twenty years of experience in IPV within the Latino community, it
is important to note that the Latino community in Minneapolis is different from the community in Atlanta in regards to socio-political histories and immigration generation. Whereas the Latino population in Atlanta is overwhelmingly made up of immigrants (first generation) and their children (second generation), the Latino presence in St. Paul goes back for three and four generations. In fact, a significant difference is naturally built into this intervention; at Casa de Esperanza, women are recruited from the community and may not have had personal experience with intimate partner violence. However, at Caminar Latino all of the women recruited had direct personal experience with intimate partner violence. Thus, the adaptation process was critical in order to change the curriculum to appropriately meet the needs of the participants in Atlanta. A detailed description of the adaptation process and results can be found in Macias (2011); a brief overview is provided in the following section.

This study utilized the approach for adapting Evidence Based Practice presented by Lee, Altschul, and Mowbray’s (2007) known as “planned adaptation” as well as key empowerment components suggested by Zachary (2000). In this approach, adapters implement core components of the program with fidelity, while adapting others to fit local needs, resources, values, and culture. Using this model, the facilitators discussed the *Líderes* curriculum and began to identify components that, based on their experiences, needed to be considered for adaptation. Once the facilitators were familiar with the curriculum, they planned an adaptation session, which incorporated Zachary’s suggestions of participant involvement in order to establish a culture of collaboration and ownership among the women (Zachary, 2000).
The facilitators actively involved the participants by requesting their feedback on (a) what they needed from the curriculum and facilitators in order to be able to fulfill their responsibilities as Líderes; (b) asked for suggestions about different topics of interest to them related to their duties as Líderes, and (c) jointly established ground rules for the group (Zachary, 2000). After the meeting, the facilitators reviewed the information that the participants had provided regarding the skills that they felt they needed to learn in order to fulfill their responsibilities as Líderes, reviewed the list of topics that the women provided, and reviewed the curriculum once again. Many of the topics and needs listed by the participants were already reflected in the curriculum (e.g., presentation skills, how to handle referrals to resources, how to talk about intimate partner violence, etc.). However, one key topic the participants wanted more guidance was neither reflected in the curriculum or previously considered by the facilitators: addressing the women’s emotions in the context of facilitating workshops.

Again, a unique characteristic of this group is that they are all survivors of intimate partner violence. Given this context, the facilitators conceptualized their request to learn emotion regulation skills as related to their experiences with trauma (for some of the members very extensive). The participants all had an acute insight into the reality that they may need skills to handle confrontations in workshops and clearly asked for skills to cope with their feelings if these situations arose. Listening to their request, the facilitators added exercises on identifying emotions and labeling them, awareness of triggers, self-care, and dealing with intense feelings during session. The facilitators also highlighted content that was already in the curriculum including dealing with difficult
people in group, handling conflict and skills to help the líder (leader) feel less anxious when presenting (e.g., being prepared, co-facilitating, etc.).

4.5 Training/Intervention

The implementation of the new Líderes training took place over a 5-week period (originally planned as a four week course but one session had to be split into two due to weather conditions that forced the evacuation of the building) at Caminar Latino’s offices, a location that was most convenient for the program participants. Líderes met weekly as a group for approximately four hours to learn the curriculum materials (e.g., presentation and public speaking skills, as well as content knowledge about the IPV workshop) and practice presentation techniques. The training was provided by two Spanish-speaking facilitators (the author and an advocate from Caminar Latino) and followed the adapted Líderes curriculum (an outline of the curriculum agendas are available in Appendix C). The participants were provided food and free childcare during the training. They were also provided with incentives for completing the research surveys through the form of gift certificates to Walmart. They were given $25 during the pre-intervention phase, $25 during the intervention phase, and $15 during the post intervention phase for a total of $65 over the course of 15 weeks.

5. Measures

5.1 Adaptation of Measures

As recommended by Zimmerman (1992 & 1995), it is important to choose appropriate empowerment related outcomes according to the goals of the program and considering the context where it is being applied. For this reason, measures adapted reflected the purposes of this study. For example, subcomponents of measures and not
entire measures were used if the entire measure did not fit the purpose of the intervention. In addition, questions or response formats in current measures were reworded to capture the purpose of the project. Some questions were removed if they were not relevant to the experiences of the study participants. Additionally, new questions were developed to capture the unique aspects of the program and population being studied. Importantly, in order to accurately represent the changes in outcomes over multiple data points, it was important that measures had enough variance within the response format to reflect participants' experience of change (DeVellis, 2003). Thus, response formats of the measures, with the exception of IPV knowledge measures, were changed in order to allow for more response options (e.g., using a 10-point Likert type scale rather than a 4-point Likert type scale).

5.2 Instrument Translation

Two bilingual, native Spanish-speaking individuals translated the questionnaire packet from English to Spanish. This process involved not only direct translation of the English questionnaire into Spanish, but also using words that appropriately interpreted the item. The survey was pre-tested with a small number of English and Spanish speaking respondents and was revised accordingly. The instrument was not back translated as feedback from the pre-testing provided evidence for a quality translation which considers social, cultural, and linguistic elements (Pan & Fond, 2011).

5.3 Study Measures

5.3a Self-Empowerment

According to Zimmerman (1998), an estimate of self-empowerment includes measuring outcomes within three separate components: interactional, intrapersonal,
and behavioral. In this case, relevant measures were selected using a logic model of the *Líderes* program (see Appendix D) to capture the effectiveness of the program within the three components. Please see Appendix E for a copy of the entire questionnaire.

5.3b Interactional Component

The interactional component of self-empowerment reflects the changes in knowledge brought about by participating in a self-empowerment process. This domain was measured using four scales: Knowledge of IPV, Knowledge of IPV Resources, Knowledge of Leadership, and Knowledge of Leadership Competency.

The Knowledge of IPV and IPV Resources Scales were made up of items developed for this study in addition to items borrowed from Casa de Esperanza and Caminar Latino’s program evaluations. Participant knowledge of the social context for immigrant Latinos and IPV in Atlanta as well as resources was measured with items, such as, “Any abused person, regardless of immigration status, can get help to be protected from abuse.” This scale included a total of four items and participants were asked to indicate if the statements were True or False. The number of correct responses were summed. Due to a lack of variability in responses for the four items, a reliability coefficient was unable to be calculated for this measure.

In addition, participant’s knowledge of immigrant specific IPV facts, safety planning, and resources for IPV survivors were measured using statements such as “Yelling and insulting can be a form of violence,” or “Immigrant families have the same rate of intimate partner violence as other families.” Participants were asked to indicate if the statements were True or False and the number of correct responses were summed.
This measure had a total of 10 questions and had a Cronbach’s Alpha of .56 for this study.

The Knowledge of Leadership Scale was created for this study to capture understanding of leadership styles and the skills necessary to be community leaders. Participants responded to items such as, “I have a clear understanding about different leadership styles,” or “I understand what it takes to be a Lider.” They indicated their responses on an 11-point Likert-style scale ranging from 0 (not at all) to 10 (very much). There were 10 items in the Knowledge of Leadership scale and the scale had a Cronbach’s Alpha of .95 for this study.

In order to measure awareness of leadership competencies, participants were asked questions such as, “I have a clear understanding about my leadership abilities,” on an 11-point Likert-style scale ranging from 0 (not at all) to 10 (very much). The Cronbach’s Alpha for the Knowledge of Leadership Competencies Scale for this study was .80. This scale was also created for this study.

5.3c Intrapersonal Component

The intrapersonal component for the Líderes participants was operationalized as self perceived leadership competency and leadership self-efficacy.

Leadership competency was measured using the leadership competency subscale of Sociopolitical Control Scale-Revised (Peterson, Speer, & Hughey, 2006). The Sociopolitical Control Scale-Revised (SPCS-R) is a revised version of Zimmerman and Zahniser’s (1991) widely used SPCS. Previous research had indicated a method bias on the negatively worded items in that reliability and validity proved stronger when all of the items were positively worded (Peterson, Lowe, et al., 2006). Consequently, the
authors of the original scale rephrased the negatively worded items into positively worded statements and confirmed the original two factor model of leadership competence ($r=.78$) and policy control ($r=.81$; Peterson, Lowe, et al. 2006). Six of the eight original items from the leadership competence subscale were utilized for this study. Cronbach’s Alpha for this scale was found to be .95 in this study. Participants were asked to rate how true the statements were about them in the last week. They answered items using an 11-point, Likert-type scale ranging from 0 (not at all) to 10 (very much).

The Leadership Self Efficacy Scale (LSE) was developed by Paglis & Green (2002) to measure one’s self-perceived competencies for general leadership. It is a 12-item scale and requires participants to rate their degree of confidence from 0 to 100 percent, at 10-point increments. This type of strength of efficacy scale has been used in previous research (Paglis & Green, 2002). The original LSE contains three factors: direction setting, gaining commitment, and overcoming obstacles. Strong reliability estimates were obtained for the LSE with alpha coefficients of .86, .92, and .86 respectively. This study utilized the Gaining Commitment and Overcoming Obstacles scales. Of note, the original LSE items were worded to reflect the experiences of managers. Thus, items were re-worded to accurately reflect the experience of the participants in this study. For example, an original LSE item was “I can develop trusting relationships with my employees such that they will embrace change goals with me.” It was re-worded to say, “I can develop trusting relationships with my peers so that we can work on change in the community together.” Also, one item was added that stated, “I can motivate the workshop participants to make changes in their own lives.” This item
was added to reflect current research that indicates that peer leaders are effective at influencing the workshop participants to make changes in their own lives. Cronbach’s Alpha for the scale in this study was .98.

5.3d Behavioral Component

The behavioral domain for the Líderes participants was operationalized as leadership emergence as rated by a group facilitator (see Appendix F).

Leadership emergence was assessed following the method used by Cote, S., Lopes, P.N., Salovey, P., & Miners, C.T.H (2010). Cote and colleagues utilized items from the original Conger-Kanungo Leadership Scale (Cote, Lopes, Salovey, & Miners, 2010) because the items reflected how each participant influenced their peers. Leadership emergence is treated as a continuous variable. The original Conger-Kanungo Scale has been studied in previous research, which reported reliability higher than .80 and the demonstration of criterion and discriminant validity (Cote, et al., 2010). Varying from the method used by Cote and colleagues (2010) the current study used facilitator ratings rather than peer ratings. Peer ratings were not given to the participants due to the importance placed on creating a supportive environment for the participants. The utilization of peer ratings may have altered the environment by introducing a peer evaluative component. Research has found that results utilizing facilitator ratings are comparable to using peer ratings and serves as a valid measures for observable behavior (Crano & Brewer, 2002; Ferguson & Kreiter, 2007).
5.3e Culture of Participation

The culture of collaboration and participation created by the Líderes program was assessed utilizing two scales: Community Organization Sense of Community Scale-Revised (Peterson, et al., 2008) and Empowering Organizational Characteristic Scale.

Community Organization Sense of Community Scale – Revised (COSCS-R) (Peterson, et al., 2008) is a revised version of the original COSCS created by Hughey, Speer, and Peterson (1999). Similar to the SPSC, this scale was revised by the authors to rephrase the negatively worded statements based on the finding that the positively worded statements confirmed the original four factor model and were highly reliable (Peterson, et al., 2008). In previous research, this revised scale indicated strong reliability for the Relationship To The Organization subscale (.88), the Organization As Mediator subscale (.84), the Influence Of The Organization scale (.91), and the Bond To The Community scale (.92). The original scale includes eight items about which participants are asked to rate their agreement to each item on a five point Likert type scale (1= Do not agree, 5=Strongly agree). To help keep the survey at a reasonable length for participants, two items were removed based on face validity to make the measure 6 items. In addition, the response scale was changed to be consistent with other scales that asked participants how true they felt the items were on an 11-point Likert type scale. Cronbach’s Alpha for this study was .81.

Empowering characteristics of the organization were assessed using the Empowering Organizational Characteristics Scale utilized by Peterson and his colleagues (2008) to measure participants’ perception of organizational characteristics such as opportunity, role structure, leadership, and social support. Cronbach’s alpha
were reported as .81, .73, and .76 respectively (Hughey, et al., 2008). For the purposes of this study, six items were selected based on face validity from the original eight items and were reworded to solicit feedback regarding the structure of the Líderes project. For example, the participants were asked to answer six items regarding the organization as a whole and three additional items were included to reflect characteristics within the group to capture their feelings regarding the organization and group. The study used an 11-point Likert type scale as described above; it produced a Cronbach’s Alpha of .78.

5.3f Demographic Data

Participants completed a questionnaire that asked for the following demographic information: age, country of birth, length of residence in the United States, length of residence in Atlanta, relationship status, number of children, number of children in the US, education, work status, living accommodations, and length of attendance at Caminar Latino.

5.3g Qualitative Data

The qualitative data for this study consisted of participants’ journal entries. As mentioned above the participants were given the option to voice record or write their journals. All participants chose to write their journals. The participants were given spiral notebooks and writing utensils at the beginning of the Líderes program. The participants were asked to write about their thoughts and feelings that describe their experiences as growing leaders while going through the program and beyond. The participants were reminded at each session to write in their journals.
6. Results

6.1 Quantitative Data

Data analysis in single-subject designs typically consists of visual inspection of the data points (Parker, Cryer, & Byrns, 2006). Although there are debates in the field regarding using statistical techniques, to date no statistical technique can concurrently consider data variability, trend magnitude and direction, mean levels, and shifts at intervention. All of these require visual inspection in order to increase the reliability and validity of the study. Thus, for this study, a traditional visual inspection technique was utilized for all variables of interest. In addition, for participants in the 4-week and 7-week baseline phases (6 participants), the conservative dual-criteria (CDC) method (Fisher, Kelley, & Lomas, 2003) was used. The CDC method is a modified version of the split-middle (SM) method, which attempts to decrease the number of Type I and Type II errors made by the SM method. In addition, the CDC method was found to show desirable power levels even with a small effect size. This method involves the generation of CDC criteria lines, which are added to the subject’s data before analysis. One line is generated using the baseline mean and the other uses the baseline intercept and slope to generate the least squares trend line. For results to be concluded significant, the number of points required to conclude there is a reliable treatment effect is dependent on the number of data points collected during the treatment phase (e.g., for a 20 point graph, at least 8 points must fall above the lines; Fisher, Kelley, & Lomas, 2003).

6.2 Interactional Component of Self-Empowerment

The influence of the intervention on variables measuring the interactional
component are shown in Figures 3-7:

6.2a Knowledge of Leadership

Self reported knowledge of leadership during baseline, intervention, post intervention and 3-month follow up are displayed in Figure 3. Pseudonyms are used to identify participants.

Almost all participants displayed a relatively stable baseline; however, information regarding the baseline data is notable. Due to implementation issues, Consuela and Graciela have one data point that serves as a baseline measure. One data point is not ideal in a multiple baseline design; however, due to the richness of the data (e.g., the number of data points obtained after baseline), the data will be included in the analysis nonetheless. A stable baseline is characterized by relatively little variability and the absence of slope (Kazdin, 2003). However, Lumpkin et al., (2002) noted that assessments using self-report often show more variation than behavioral observations. Thus, the use of self-report measures may account for the slight trend in the baselines for participants. Specifically, Estella and Rosa’s data displayed increasing trends during baseline. Estella’s self-report baseline levels varied from 2.7 to 7.3 with an overall mean of 5.7. Lourdes’s baseline levels had slightly less variability with scores ranging from 1 to 4.6 with a baseline mean of 3.2. As displayed in Figure 3, Lupita, Itzel, Rosa, and Graciela showed ideal baseline stability. Lupita’s baseline scores ranged from 6.2 to 7.4 with a baseline mean of 7. Similarly, Rosa’s baseline scores ranged from 4.5 to 5.1 with a mean of 5. Itzel and Mireya’s baseline scores had less of a range between scores with Itzel’s scores ranging from 6.8 to 7.2 (mean of 7.0 and P10 baseline scores ranging from 7.3 to 7.9 (mean of 7.5).
During the intervention phase, self-reported means of knowledge of leadership indicated drastic improvement in half of the participants (Consuela, Graciela, Rosa, and Lourdes). In addition, six of the participants' post intervention and three month follow up averages remained markedly above their original baseline levels (Consuela, Graciela, Rosa, Lourdes, Mireya, and Estella). The replication of increased knowledge of leadership associated with the presentation of the intervention across many participants provides evidence for the intervention. Although it would be beneficial to see more drastic increases in knowledge gains for participants Lupita, Itzel and Mireya, this information indicates that individuals who began the intervention with pre-existing knowledge of leadership only slightly benefited from the intervention in their knowledge of leadership. Nevertheless, reviewing the means more closely across phases indicates that these participants did benefit from the intervention.

Interestingly, in applying the CDC method of analysis to the six participants that had over three baseline data points, two participants met the strict criteria for having data which fell above the baseline mean and least squares trend lines and two other participants almost met criteria (e.g., were one and two data points away from meeting full criteria).
6.2b Knowledge of IPV & IPV Resources

As displayed in Figures 4 & 5 knowledge of intimate partner violence and intimate partner violence resources did not change with the introduction of the intervention. The data reflect the number of items the participants got correct on a 10-item scale. As one can see, most participants answered 9 out of the 10 items correctly during baseline, leaving very little room for change in knowledge gains. Interestingly, when asked about resources about IPV, 3 out of the 8 participants showed a significant shift in answering items correctly with the introduction of the intervention. The other participants showed no change.
Figure 4. Knowledge of IPV Graph
As displayed in Figure 6, visual analysis revealed that the participants evidenced a consistent baseline with some variability. For example, Lupita’s self-reported baseline levels ranged from 6.2 to 8.25 with a mean of 7.4. Similarly, Estella’s data ranged from 4 to 6.5, with a mean baseline of 5.4, slightly lower than Lupita’s mean. In addition, Lourdes and Rosa’s baseline data showed some variability with ranges in scores from 1.5 to 5.25 (mean of 4) and 3.75 to 5.25 (mean of 4.5) respectively. Rosa’s data maintained a slightly upward trend over 8 data points. Itzel and Mireya showed less variability in their baseline data and a more stable baseline as seen in Figure 6.
Improvement of knowledge of competencies following the introduction of the intervention was seen in all but two of the participants (Lupita & Mireya). In addition, all but two of the participants' post intervention and three month follow up averages remained markedly above their original baseline levels.

Of note, closer inspection for the participants who showed no significant change with the implementation of the intervention indicated that the participants' averages increased slightly from baseline to three month follow up. However, Lupita's scores showed significant variability within each phase preventing a conclusion of significant change. As to Mireya’s scores, it appeared as though the intervention had no change on this participant’s already high knowledge of competencies.

Interestingly, in applying the CDC method of analysis to the six participants that had over three baseline data points, four of the participants met the strict criteria for having data which fell above the baseline mean and least squares lines.

Overall, these results generally support the effectiveness of this intervention in improving the participants' knowledge of leadership competencies, which includes knowledge of the organization in addition to increasing their understanding of their roles as community leaders.
6.3 Intrapersonal Component of Self-Empowerment

The influence of the intervention on variables measuring the intrapersonal component are shown in Figures 7 & 8:

6.3a Sense of Leadership Competency

Self reported sense of leadership competency during baseline, intervention, post intervention and 3-month follow up are displayed in Figure 7.

Visual analysis revealed that the participants evidenced a consistent baseline with some variability. For example, there was a slight trend in the baseline for Lourdes...
with a range in scores from 2.5 to 6 (mean of 4.6) over 8 data points. Other baselines appeared to be more stable. For example, Lupita’s data ranged from 5 to 6.8 (mean of 6), similarly Rosa’s scores ranged from 4 to 5.1 with a mean of 4.7. Itzel’s scores indicated a more consistent baseline with scores that ranged from 6.1 to 6.8 and a mean of 6.5 over 4 data points. With 8 data points, Estella and Mireya’s scores ranged from 3.1 to 5.3 (mean of 4.9) and 8 to 8.8 (mean of 8.45) respectively.

Visual analysis revealed improvement of sense of leadership competency following the introduction of the intervention as seen in five out of the eight participants (Consuela, Lourdes, Itzel, Rosa, and Graciela). Although the shifts in levels across phases are not particularly drastic for most participants, analysis of the trends across phases indicates that the participants’ sense of leadership competency increased in relationship with the intervention and either continued to change after the intervention concluded or stayed consistently high after the intervention.

In applying the CDC method of analysis to the six participants who had over three baseline data points, only one participant met the strict criteria for having data that fell above the baseline mean and least squares trend lines. This may reflect that individuals’ sense of self may only show smaller increments of change, which would not be captured by a method such as the CDC method which does well at capturing extreme change. The observation that all but two participants’ post intervention and three month follow up averages remained markedly above their original baseline levels supports the effectiveness of the intervention.
Figure 7. Sense of Leadership Competencies

6.3b Leadership Self Efficacy

As displayed in Figure 8, leadership self efficacy did not change significantly with the introduction of the intervention. As one can see, most participants’ data were consistent across the baseline and intervention phases suggesting valid measurement; however, no significant change in means, levels or trends can be seen with the introduction of the intervention for most participants. Thus, it appears as though the intervention had no effect on sense of leadership self efficacy.
6.4 Participant Sense of Community for the Organization

6.4a Sense of Community & Empowering Organizational Characteristics

As displayed in Figures 9 & 10 sense of community and view of empowering characteristics of the organization did not significantly change with the introduction of the intervention. As one can see, most participants’ baselines levels for view of empowering characteristics (Figure 10) were relatively high, leaving little or no room for change. For example, Consuela’s ratings were at 10 (the maximum level) at baseline and continued there throughout the intervention and follow up periods. Additionally, for sense of community (Figure 9), most participants’ baselines means were relatively high
with very little room for improvement during the intervention phase. Of note, one point that can be concluded from the intervention is that, although it may not have significantly changed these variables, it did not decrease participants' sense of community or view of empowerment within the organization. This is important as one can conclude that the intervention at the least did not inversely impact participants' already high sense of community and positive view of the organization.

Figure 9. Sense of Community Graph
Figure 10. Empowering Organizational Characteristics Graph

6.5 Leadership Emergence

As displayed in Figure 11, visual analysis of data collected by one of the group facilitators revealed that participant improvement of leadership emergence following the introduction of the intervention was seen in all of the participants. In addition, according to this rating, the effect of the intervention appeared to sustain over time indicating that the participants were each displaying leadership emergence behaviors at increasing rates.
6.6 Qualitative Data Analysis

The qualitative data analysis plan utilized a phenomenological approach as proposed by Creswell (2007). According to Creswell (2007), a phenomenological study describes the meaning of the lived experiences of a phenomenon for several individuals. The phenomenon in this study is the experience of attending the leadership workshop (the intervention). Of note, four out of nine participants returned their journal logs at the end of the intervention. Thus, the results are based on less than half of the participants. However, for a phenomenology study, Dukes (1984) recommends studying 3 to 10 individuals with the most important aspect of the study being that all participants
have the same shared experience (Dukes, 1984). This criterion was met by the current study because the participants who returned their journals all experienced the intervention. In addition, these participants were representative of the nine in that three of the four attended every session and actively participated in the program by completing homework and conducting mock presentations. Their demographics were similar in that their mean age was 37 as compared to 36 for the entire sample. They were slightly more educated with 12 years of education on average where the entire sample’s average years of education were 10.6. They were split by country of origin with two participants being from Mexico, one from Colombia and one from Honduras.

The data analysis plan followed that proposed by Creswell (2007). First, the author went through the interview transcriptions and highlighted significant statements, sentences, or quotes that provided an understanding of how the participants felt about attending the leadership workshops. Next, clusters of meaning were developed from the significant statements into two meaning units or themes. In addition, two other categories were created to increase understanding of the phenomenon. These included textural descriptions or statements that described the experience of “what” happened, and structural descriptions or statements that described “how” the experience happened. Subsequently, the significant statements, themes, and textural and structural statements were combined to write a description of what the participants experienced.

The analysis was conducted in Spanish by the author, who is bilingual. The statements were translated into English once the significant statements were identified. It was important to use language that most accurately captured the meaning of what the
participants were saying in their native language and, most importantly, the essence of their experience.

The units of analysis for this study included the significant statements given by the participants. From four transcripts about 75 statements were extracted, meanings were formulated and the meanings were grouped into two meaning units or themes. It was through the analysis of these statements, their meaning units, the textural description, and structural description that the essence of the experience was obtained. Verbatim quotes from the participant journals are provided below as examples.

6.7 Qualitative Findings

6.7a Textural & Structural Descriptions

In answering the research question, “How do immigrant Latina survivors of IPV experience the Líderes program?” descriptions of their experiences of the program as well as the context in which it happened were extracted from their journals. Participants described experiencing the intervention through several activities and learning experiences (as outlined in Appendix C). Several activities seemed to stand out for the participants including the activities of getting to know one another, naming the group, learning about leadership, reflecting on their own leadership styles, and developing presentation skills. It seems as though different activities stood out as most meaningful to different members, depending on whether the activity resonated with something important to them or filled in knowledge gaps. For instance, one participant mentioned presenting in every journal. This aspect of the program was very anxiety provoking for her; thus, very important.
Ya salimos. Nos explicaron nuestra responsabilidades y expectativas. Esto se ve más difícil de lo que yo esperaba. Yo creo que no voy a poder. Son cosas que me da mucho miedo hacer, hablar en público…

(We just got out. They explained to us our responsibilities and expectations. This looks more difficult than I had expected. I think that I will not be able to do it. It includes things that I am very afraid of, speaking in public…)-Lourdes

In addition to writing about the activities and aspects of the intervention that seemed important, each participant wrote about having overall positive reactions to the intervention of which they were a part

Hoy me gusto. (I liked [the intervention] today.)—Lourdes

Hasta aquí yo siento que vamos muy bien. (Up to this point, I feel that everything is going ok). – Itzel

Estuvo muy interesante. (It was very interesting.) – Yanet

The participants seemed to describe their experiences in the intervention within a context of supportive relationships. Two of the participants described difficult obstacles at the beginning, including feeling very nervous regarding their own abilities. For example, one participant described feeling like something was getting in the way of her connecting with the other group members. However, she spoke with another member and felt very supported and was encouraged to speak with the group facilitators. The support from the other group member was important for her in returning to the group.

Another group member described not feeling like she had the tools necessary to conduct presentations; however, after she got more support from one of the group facilitators, she felt much better and felt more confident to continue.
Ella [facilitadora] me explico algunos puntos [acerca la presentación] que no entendía. Ahora me siento un poco más segura. (She [the facilitator] explained some points [about the presentation] that I did not understand. Now, I feel a little more secure.) -Lourdes

6.7b Meaning Units (Themes)

In attempting to understand the essence of the experience, significant statements were identified and grouped into meaning units. Two meaning units were identified: sense of self as leader/presenter and motivation to impact the community.

Theme 1: Sense of Self as Leader/Presenter

Three of the four women described in their journals a process of transformation in regards to their sense of leadership. In the first journal entries for each participant, the participants described difficult feelings such as nervousness, not feeling competent, and not identifying themselves as leaders. For example, one member noted the following:

_Hoy si creo que voy a renunciar porque esto siento que no es para mí veo a todas mis compañeras seguras y animadas y yo me siento perdida._ (Today, I do think that I am going to quit because this feels like it's not for me. I see my colleagues confident and secure and I feel lost). –Lourdes

This statement reflects the participant’s thoughts of wanting to quit and feelings of insecurity in her own abilities. However, in a later journal, this same participant noted a transformation in her view of herself as a leader. She noted the following:

_Hoy me paso algo muy bueno me sentí más segura de hacer mi presentación… Me almire [sic] de mi misma que lo pude hacer hoy._ (Today something happened
to me that was really great. I feel more confident to do a presentation. I impressed myself with what I could do today)-Lourdes

These statements reflect the process of transformation for this participant who, during the first few sessions, did not feel competent in her abilities. However, as the sessions progressed, she shifted the perspective she had of herself as being more competent and able to be a leader in her community. This theme is reflected in her later journals. Another member, who had previous experience in leadership training, described the process of resurfacing her abilities and remembering that she had skills that would benefit her in her new leadership role. All of the women described a process of transformation as a key element to their experience.

Theme 2: Motivation to Impact the Community

Another theme that emerged from the data analysis was a sense of community connectedness. Although the program was difficult and anxiety provoking for many of the participants (for different reasons) they all described being motivated to continue due to their connection to the community. They described continuing with the program and motivation for developing their skills in order to give back to the community. The following prayer that one of the participants wrote in her journal captures this sense quite well:

* Diosito, Mi deceso es tener la sabiduría, el amor suficiente para escuchar, apoyar, compartir, consolar a mis semejantes…no me dejes solita senor y proveerme el deceso de servir en mi comunidad te lo ruego senor en el nombre de tu hijo amado jesus senor en tu vondad, escucha my oración [sic]. (Dear God, my desire/hope is to have the wisdom, enough love to listen, support, share, and
comfort my peers….Do not leave me alone, Lord, and provide me the desire to serve my community, I beg you sir in the name of your beloved son Jesus, hear my prayer.) –Consuela

This prayer reflects this participant’s commitment to impacting her community. Part of this participant’s experience is drawing on her spirituality as strength to help her influence her community peers. Another participant wrote in her journal the importance of using what she is learning to influence and support others in a positive manner. It appears as though an important element of this experience for the participants was the focus on community involvement and obtaining skills with which they could give back.

It appears as though the context of the program provided the women with a supportive environment where they felt comfortable seeking additional support and advice from the facilitators and their peers. In addition, the environment of the workshop seemed to foster a positive learning experiencing where participants learned new skills and knowledge through the activities of the program. This context made it possible for the participants to partake in a transformation process in which they transitioned from being less confident in their leadership abilities to, by the end of the training, becoming more confident in their own sense of leadership. Interestingly, the women had a shared experience of connecting with their larger community. For some women, this came at a point where their connection to the community motivated them to continue in the program and for others this theme came up when they were looking forward to the work that they were getting ready to do. Sense of leadership and community connectedness were key elements of the experience for all of the women.
7. Discussion

The results from this study suggest that the Líderes curriculum, a peer leadership program, may be helpful in building sense of self-empowerment as it pertains to leadership in survivors of intimate partner violence. In order to understand specific variables of change, leadership self-empowerment was conceptualized as three components: intrapersonal, interactional and behavioral. The proposed hypotheses suggested enhancement of the three components upon implementation of the Líderes intervention. In addition, it was proposed that the participants would experience an increase in sense of community within the organization due to participating in the intervention. Quantitative results partially supported the hypotheses for the intrapersonal and interactional component while qualitative results supplemented this information with a description of the self-empowerment process. The results add to the growing support of peer leadership programs as self-empowerment tools (Bentley, 2000; Hoyt & Kennedy, 2008; Swider, 2002). Moreover, the results add to the existing literature in providing results specific to Latina survivors of IPV, a unique aspect of the current study.

This study represents the first systematic evaluation of the Líderes program and provides important information regarding the different variables impacted by the curriculum. For the participants, most variables specific to leadership (e.g., knowledge of leadership, knowledge of leadership competencies, sense of leadership competence, and leadership emergence) were influenced by the curriculum with the exception of leadership self-efficacy. This finding adds to the existing body of literature across many fields (including public health, business, psychology and education) about the potential
for interventions to influence leadership (Avolio, Walumbwa, & Weber, 2009; Hannah, et al., 2008; van Knippenberg, van Knippenberg, De Cremer, & Hogg, 2004). However, this study also adds to the complexities of leadership research.

As noted by Hiller et al. (2011), selecting appropriate criterion, measurement, respondents and other methodological issues continue to plague the field. These issues may be captured by the ineffectiveness of the leadership self-efficacy scale in capturing meaningful information for this study. The original self-efficacy scale was written for use among managers in the business field to capture their beliefs about their abilities as leaders in different areas of supervision (Paglis & Green, 2002). The original wording was changed substantially to (a) fit the appropriateness of this study (e.g., changed the word employees to peers to reflect the Líderes work with peers) and (b) be understandable in Spanish which requires modifications in words and not verbatim translation. The rewording of the statements may have altered the validity of the original questionnaire. In addition, many of the questions pertained to the participants’ view of themselves as influencing their peers. Since they had not yet begun to conduct workshops in their communities and reach out to peers at the conclusion of this program, it may be that they did not have the personal experience of influencing others from which to respond. This study would have benefited from an extensive pilot phase, where psychometric properties of the measures could be studied more closely.

Of importance, in Hiller et al.’s (2011) 25-year review of outcomes of leadership, the authors concluded that one important aspect of conducting outcome research is including multiple respondents in research methodology. He critiqued the field for relying primarily on self-report measures. Thus, in an attempt to respond to Hill’s
critique, this study added a measure for the facilitator to answer. The facilitator’s ratings of leadership emergence provided supporting evidence from a different perspective. This questionnaire asked the rater to observe behaviors in each participant that resembled leadership, such as planning for a workshop or sharing ideas regarding projects. This information suggests that not only did the participants perceive gains from the program, but they also exhibited behaviors suggestive of change. Of note, it could be argued that given the role of the rater as a group facilitator, these ratings may not reflect an independent, accurate assessment of the effects of the intervention. However, research promotes the use of multiple forms of data collection in order to account for limitations of solely utilizing one method (Hiller, et al., 2011). Although the facilitator was familiar with the participants and may have a less than completely objective perspective of their performance, the measure was based on behavioral qualities that anyone can rate in a systematic way, making the use of this measurement valid. However, future research in this area should consider including other outside ratings of behaviors in addition to inter-rater reliability assessment as suggested by Barlow et al. (1999).

Variables related to intimate partner violence knowledge did not appear to be influenced by the intervention. These findings highlight the importance of choosing appropriate measures specific to the population with which one works (M. A. Zimmerman, et al., 1992). Although these measures were selected during the conceptualization process and appropriately reflect variables represented by the logic and conceptualization models, it must be noted that the original curriculum was intended for individuals who had no prior knowledge of IPV. Thus, the results using the IPV measures reflect that IPV was not an appropriate topic for gauging participants’
knowledge gains through the leadership program, given their long-term connection to an IPV organization. All of the current participants participated at Caminar Latino, an organization that address IPV prior to attending the Líderes program and the results appear to reflect this fact. All of the participants’ baseline scores were high, ranging from 9 to 10 with 10 being the highest point of measurement on the scale. Thus, from the beginning of the program, there was little room to advance their knowledge in terms of IPV. The adapted curriculum thus did not spend significant time on addressing IPV knowledge so one would expect that there would be no change in the measurement of these variables. Despite not reflecting information for which the knowledge measures were originally intended in this study, utilizing these measures based on the logic model and original conceptualization gives us information on the unique aspects of our current participants. It would be beneficial to continue using these measures in future research with participants who do not have prior experience with an IPV intervention, such as Caminar Latino, to document and compare their experiences to those of our participants.

In contrast, some variables unequivocally exhibited change. Taking the qualitative and quantitative data together, two mechanisms of change are apparent: the curriculum and the environment in which it was delivered. The quantitative data suggests that the adapted curriculum appeared to be a mechanism of change for knowledge gains, sense of leadership competency, and leadership emergence. Qualitative data supports the conclusion by providing information that indicates that throughout the duration of the curriculum, participants experienced change in their sense of leadership abilities. It appears that the exercises for practicing leadership
skills, an important component of the adapted curriculum, influenced sense of competency for the participants. There appears to be mixed results regarding another mechanism of change: the environment of support. Although the quantitative data shows no change, the qualitative data suggests that the supportive environment contributed to the ability of the participants to learn and grow. It appears as though the qualitative data served to provide a context for the quantitative results with a finding that was not captured by the measures. It is important to note that the women began the Líderes program with an instilled sense of connection to the organization and a positive view of the organization in terms of empowering factors. This may reflect the participants’ comfort with seeking support from one another and the facilitators early on in the program as reflected in their qualitative journal entries and high ratings during baseline measurement. Having an environment in which they felt comfortable seeking support was critical in at least one of the participant’s decision to continue with the program.

In reflecting on an intervention study, one must also consider other mechanisms that were not measured. Although the quantitative and qualitative data appear to reflect the variables that were conceptualized at the start of the project, and unexamined is that of individual characteristics, such as overall sense of self or self-esteem. There is a substantial amount of research analyzing individual variables in relation to leadership (Avolio & Hannah, 2009; Avolio, Reichard, et al., 2009; Avolio, Walumbwa, et al., 2009). In fact, research indicates that personal characteristics are significantly related to leadership style and likelihood for a leadership intervention to influence an individual (Harms, Spain, & Hannah, 2011). Measuring individual characteristics, such
as sense of self-esteem or personality traits may have increased our understanding of other important variables related to leadership development. For example, one of the participants wrote about doubt regarding her own abilities in the first journal. It would be informative to know if this self-doubt extended to other areas of her life in order to better understand its pervasiveness and better inform the intervention. In addition, it would be beneficial to know if the *Líderes* program also impacted this self-doubt in other areas of her life in order to provide additional evidence for disseminating the intervention.

### 7.1 Limitations

Several potential limitations of the current intervention study warrant discussion. First, a limitation of multiple baseline designs is the need for the intervention to be introduced in a manner that is staggered across time. However, given that the scaling of the current intervention includes a group, such logistics were impossible. An attempt to address this limitation was the use of a nonconcurrent baseline design, where, in the traditional sense, the intervention is introduced in tiers (Harvey, et al., 2004). However, in this study the intervention was introduced at the same time across all participants. According to Harvey et al., (2004) as long as unequal baseline lengths occur and the implementation of the intervention is planned, the requirements of the design are met. Thus, although this design differs from traditional implementation, it appears to meet the requirements of a nonconcurrent baseline design. Nevertheless, this potential limitation is important to note.

Another limitation of the current study is the attrition of participants. The original goal of participant recruitment was to obtain four participants for each baseline tier; however, given that several participants were not able to follow through with attending
the program and one participant had low attendance rates, only 8 participants were included in the study. Moreover, due to the timeline, only one data collection point was obtained for two participants. The ideal baseline length is three data points (Kazdin, 1982). Although visual analysis continued to be an acceptable strategy for analysis, this limited the ability to use more advanced forms of analysis that could have provided more information. In addition, having more than one data point for a baseline would have increased the validity of the conclusions. Nonetheless, this limitation pertains to a limitation in the multiple baseline design in that conducting up to seven weeks of baseline data collection prior to the intervention was taxing for the participants.

Anecdotally, participants in the seven-week tier reported to the research assistant and facilitators that answering the questionnaires for that long period of a time before the intervention made them eager to begin the intervention. At the same time, for one participant in particular, answering the questionnaire was distressing. She expressed feeling insecure about attending the program due to repeatedly not knowing the answers to questions when she was asked about leadership. The facilitators were called to speak with her more closely about the expectations of the questionnaires. This was a distress that was not expected when considering the baseline timeline and should be considered in future research. In fact, Wong (2010) suggests adaptations to the multiple baseline method for organizations who may be confronted with such situations. For example, Wong (2010) proposes a short multiple baseline design where an organization would only need two baseline data points to provide evidence for the effectiveness of an intervention.
Other limitations include participant and contextual variables. Regarding participants, measuring leadership in individuals who already have leadership experience was a limitation. Two participants noted previous experience with leadership training. Ideally, a pure experimental design would include exclusion criteria around leadership experience; however, given the context and purposes of this study, it was appropriate to include these individuals. With no other leadership intervention planned for the organization it would have been inappropriate to not offer this opportunity as it was available. Another way to have dealt with previous leadership experience would have been to include measures regarding prior experience and/or included their previous experience in the adaptation of the intervention. However, this fact was overlooked by the researchers and adapters alike (adaptation and fidelity is documented in Macias (2011)). Other variables that made the program difficult for a couple of participants to attend was that the workshops were a significant time commitment. Although the workshops were scheduled for a time that was most convenient for most participants, some of the members were not able to commit that much of their time due to their not being able to change their work schedules. Reformatting the delivery of the workshop may be a consideration for future projects. For example, the workshops may be able to be broken into two-hour workshops over several more weeks. This is especially important for projects that include survivors of IPV, a unique aspect of our study. Most of the participants were single mothers and thus had responsibilities that added to the contextual factors determining their level of participation. These factors may have also played an important role when it came to collecting qualitative data. Given that only four out of nine participants returned written
journals suggests that written journaling may have been too taxing of a task to ask of these particular participants. Although recording devices were provided for the participants as an option, more creative forms of qualitative data collection may need to be used in the future (e.g., photo journaling).

7.2 Implications for Practice

Despite its limitations, the study provides promising information for the dissemination of the *Líderes* curriculum in other groups of survivors of IPV. This is the first documented attempt of including survivors of IPV as participants in a peer leadership program. Overall, this research adds to the extensive research in the fields of leadership development as well as peer leadership in regards to generalizability. This study documents the potential that a leadership program can have for use with diverse populations, including Latina survivors of IPV. Thus, it may be beneficial to continue to carefully disseminate the *Líderes* program (with suggestions for adaptation) among other diverse groups of survivors considering unique cultural experiences of each group.

An important implication for other organizations implementing such a program is the importance of the environment. This study documented the importance of a supportive environment where the participants felt comfortable with sharing thoughts and engaging in self-growth. This is also an important element for researchers to include in studies of leadership development. It appears that a collaborative culture within an organization may be a prerequisite for implementing a self-empowerment model, such as the peer leadership model, which supports research within this area (Hughey, et al., 2008; Maton, 2008; Peterson & Hughey, 2004). Of note, a supportive
environment may be especially important for the self-growth of survivors of IPV. Research has documented the negative effects of experiencing IPV (Aldarondo, et al., 2002; Bonomi, et al., 2009), which will undoubtedly impact a survivor’s ability to engage in a leadership program. However, other research has also documented the tremendous strengths within survivors who are provided the means with which to exhibit this strength (Buchbinder & Birnbaum, 2010; Dobash & Dobash, 1979). Previous research has also documented important organizational characteristics that Latina survivors of IPV have noted as key components when seeking services, such as cultural competence (Dutton, et al., 2000). Thus, in order to see the strengths in survivors of IPV, organizations must move past the service-provider model where the staff are seen as the experts and create a supportive environment where personal strengths are encouraged and welcomed.

7.4 Future Directions

Future directions for the current research project include utilizing behavioral data to supplement information obtained in the current study. Single subject research designs have been found to be most valid when utilizing behavioral measures to document change (Kazdin, 1982; Kratochwill & Levin, 2010). Thus, it would be beneficial to proceed with a behavioral rating process with the videos of the participant presentations. This information can significantly strengthen the results of the current study. In addition, given that the ultimate goal of this project is to create change within the larger community, it would be beneficial for future research to continue to document this process as the Líderes begin to conduct their own workshops in the communities. In addition, continued documentation of the changes in leadership as the Líderes begin to
conduct their own workshops will be beneficial. As mentioned above, it may be that once the Líderes are interacting with community members and begin to notice the influence they are having, their sense of leadership efficacy may change. In fact, anecdotal information suggests that the Líderes are growing into their leadership roles as they have begun to conduct talks and workshops at Caminar Latino and in the public. Their presence is being felt within the entire organization from the support groups to the board members. Further research documenting the ripple effect of the Líderes program on the participants and the organization is greatly needed. This research highlights the importance of utilizing longitudinal methods in empowerment-focused research to accurately track the long-term effects. Future directions for the field of IPV include repeating this research project with other diverse groups of survivors while addressing the limitations suggested above. In addition, this study can serve as an example of the conceptualization and adaptation process necessary in order to make programs culturally specific to each group for which it will be adapted. More importantly, this study documents the self-empowerment process, which many IPV organizations seek to implement in their programming. Disseminating the Líderes curriculum to other groups of survivors can offer additional evidence for the curriculum with other diverse groups.

7.5 Conclusion

In conclusion, this study is a critical step in advancing the fields of IPV and peer leadership. It serves to answer the critique that the IPV field is lacking in self-empowerment programs that are truly self-empowerment focused (Kasturirangan, 2008). This study documents and provides evidence for peer leadership as a self-empowerment program. In addition, this is the first study of its kind to quantitatively
document the implementation of a peer leadership program for IPV. This study provides support for utilizing peer leadership models beyond topics related to physical health to include more social justice oriented issues, such as IPV, significantly adding to the peer leadership literature base. Theoretically, this study provides a model for researchers who are conceptualizing a self-empowerment model and engaging in the process suggested by Zimmerman (1992 & 1995) that requires researchers to define self-empowerment according to each unique program. Because no community is immune to IPV and given that minority communities are more likely to be challenged in terms of resources for community members, this study has significant practical significance for those organizations that are hoping to engage communities in an empowerment process. This study is just the beginning of a community change movement, which has started with Latina IPV survivors who are now actively working as leaders in their own communities to make positive change among Latinos in the metro Atlanta area.
References


Appendices

Appendix A

Contactando Las Participantes (Contacting Participants)

1. Obtener una lista de participantes con números telefónicos (Obtain a list of participants and telephone numbers).
2. Llamar la participante y dale este información acerca la programa (Call the participant and give her this information about the program):
   a. Usted ha sido seleccionada para participar en una nueva programa de Caminar Latino. (You have been selected to participate in a new program at Caminar Latino).
   b. Vamos a ofrecer entrenamientos a las participantes para aprender como estar líderes en la comunidad (We will be offer trainings for women participants to become community leaders).
   c. Usted ha sido seleccionada porque tu has seguido la programa de Caminar Latino constantemente y eres una persona que son vistos como alguien quien será una buena líder en la comunidad. (You have been chosen because you have attended Caminar Latino in the past and were seen as someone who would be a great community leader).
   d. Participación en la programa incluye viniendo a la programa por 4 a 6 talleres cada semana en una día y tiempo que es mejor para ti. Temas que vamos a explorar incluye explorando usted misma como una líder y aprendiendo como crear una taller. Esperamos que puedas usar las cosas que aprendes para salir en la comunidad y hacer unas talleres tu misma acerca de una tema que te gustas. (Participation in the program will involve attending 4 to 6 workshops sessions at a day and time that is convenient for you. Topics that we will explore include, exploring yourself as a leader and learning how to plan your own taller. We hope that you will use what you learn to go out into the community and conduct workshops on a topic that is interesting for you).
   e. Otro aspecto de la programa es una evaluación de la programa. El evaluación nos ayudare aprender como la programa funciona. (Another aspect of the program is an evaluation of the program which will help us know how the program works.)
   f. Estaría Usted interesada en aprender mas sobre la programa? (Would you be interested in learning more about the program?)
      i. En caso afirmativa, registrar la señora utilizando la hoja que esta pegado. (If yes, then sign up the participant using the attached sign up form.
      ii. En caso negativa, dale gracias para su tiempo (If no, thank the women for her time.)
3. Ahora que la participante es registrada por el estudio, hacerle saber que le va contactar para recordarla de la cita. También, hacerle saber que ella te puede contactar a usted directamente si tiene alguna preguntas. Hacerle saber que tu vas estar en contacto con ella hasta e incluso del estudio. (Now that the participant is
signed up, let her know that you will be contacting her to remind her about the meeting and that she contact you at any time. You will be in touch with her throughout the process.)
Appendix B

Georgia State University
Departamento de Psicología

Consentimiento para Participar en un Estudio de Investigación

Título: Auto-Capacitación de Sobrevivientes Latinas de Violencia Domestica: Una Intervención de Liderazgo

Investigadora Principal: Julia L. Perilla, Ph.D.

Estudiante investigadora: Josephine Vasquez Serrata, M.S.

I. Introducción
La estamos invitando a participar en un estudio. El objetivo del estudio es entender cómo afectan los talleres de Líderes a las participantes. Usted ha sido invitada para hacer parte del estudio porque usted asistirá a los talleres. En total, 12 mujeres tomarán parte de este estudio. El tiempo que le llevará participar en este estudio es aproximadamente 25-26 horas: aproximadamente 2 horas antes de los talleres, y como 22-24 horas durante los talleres. También nos comunicaremos con usted tres meses después de los talleres por aproximadamente 1 hora.

II. Procedimientos:
Si usted desea hacer parte del estudio, una persona le hará preguntas acerca de lo que siente y piensa sobre los talleres y sobre usted misma. Ellas le harán las preguntas en la Iglesia de Nuestra Señora de Lourdes durante el tiempo de Caminar Latino, o la llamarán si usted no puede asistir a Caminar Latino. Ellas le pueden hacer las preguntas por teléfono. Nos comunicaremos con usted 0, 3, o 6 semanas antes de los talleres para que empiece a contestar las preguntas. Esto tomará aproximadamente 10-15 minutos cada semana. Usted también contestará estas preguntas durante el tiempo de los talleres y a los tres meses en el seguimiento. Parte de los talleres es aprender a presentar información a un grupo de personas. Le pediremos que haga presentaciones de práctica durante el estudio. Las presentaciones serán grabadas antes, durante, y después de los talleres. También le pediremos que escriba sus pensamientos y sentimientos en un diario, o que grabe sus pensamientos y sentimientos en una grabadora de voz. Usted recibirá tarjetas de regalo de $10-15 de un supermercado local durante diferentes partes del estudio (un total de $50).

III. Riesgos:
Puede que usted se sienta incómoda cuando una persona le haga preguntas sobre su vida y su experiencia en los talleres. Usted puede saltarse cualquier pregunta que no quiera contestar. Usted puede parar en cualquier momento. Si usted se siente incómoda y quiere hablar con alguien, nosotros le daremos una lista de lugares a los que podría ir. Algunos de estos lugares pueden ser gratis, pero en otros lugares tendría que pagar.

IV. Beneficios:
Es posible que el estar en este estudio no la beneficie directamente, pero estar en la intervención puede aumentar sus habilidades como líder. Sus respuestas nos ayudarán a saber más sobre diferentes maneras para intervenir en contra de la violencia doméstica.

V. Participación Voluntaria:
Ser parte de este estudio es voluntario. Usted no tiene que estar en este estudio. Si usted decide ser parte de este estudio y cambia de parecer, usted tiene el derecho de salirse en
cualquier momento. No importa lo que usted decida, usted no será castigado de ninguna manera, y usted podrá seguir asistiendo a Caminar Latino y continuar yendo a los talleres.

VI. **Confidencialidad:**
Mantendremos su confidencialidad hasta donde lo permite la ley. Sin embargo, si usted amenaza lastimar a alguien – incluyendo a usted misma – tendremos que avisarle a las autoridades apropiadas. La Dra. Perilla y sus estudiantes podrán ver la información que usted nos dé. Esta información también puede ser compartida con las personas que están a cargo de asegurar que el estudio se está haciendo en forma apropiada, incluyendo la Oficina de Revisión Institucional de Georgia State University (GSU Institutional Review Board) y la Oficina de Protección de Investigaciones Humanas) (Office for Human Research Protection).

La Dra. Perilla guardará una copia de esta forma y una copia de sus respuestas en archivos bajo llave en Georgia State University. Copias electrónicas de sus respuestas se mantendrán en un computador de acceso limitado. Usaremos únicamente números para identificarla y destruiremos la hoja en que aparece su nombre y fecha de nacimiento. También destruiremos las grabaciones en video una vez que las hayamos revisado y analizado (en el período de un año). Su nombre y cualquier otra información que pueda identificador no aparecerán en ninguna presentación o documento escrito sobre este estudio. Los resultados del estudio los presentaremos en forma colectiva. No la identificaremos personalmente. Los resultados del estudio los compartiremos con otros investigadores y profesionales, con personal de Caminar Latino y con miembros de la comunidad.

VIII. **Contactos:**
Si usted tiene preguntas sobre el estudio de investigación, por favor llame a la Investigadora Principal, la Dra. Julia Perilla, al 404-413-6288. Si tiene preguntas sobre sus derechos como participante de este estudio puede contactar a Susan Vogtner en la Oficina de Revisión Institucional en el teléfono 404-413-3513 o svogtner1@gsu.edu.

IX. **Resumen**
- Usted no tiene que dar consentimiento ni participar en el estudio.
- En cualquier momento puede dejar de participar en el estudio por cualquier razón.
- Si refusa participar en este estudio de investigación o deja de participar, los servicios que recibe en Caminar Latino no serán afectados. Podrá seguir participando en los talleres de lideres.
- Puede hacer preguntas sobre el estudio en cualquier momento.
- No podemos garantizar que al participar en este estudio usted obtenga beneficios directos.

X. **Copia del Consentimiento Para el Participante:**
Le daremos una copia de este consentimiento. Si usted quiere estar en este estudio y desea ser grabada en video, por favor firme a continuación.

<table>
<thead>
<tr>
<th>Participante</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personas que obtiene el consentimiento</td>
<td>Fecha</td>
</tr>
</tbody>
</table>
Appendix C

Session One Topics:

- Introductions & Journal Gift
- Stone Sharing
- Overview of Líderes in GA
- Original Líderes in MN
- Role of the Individual Líder
- Circle of Community
- Collage of Circles

Session Two Topics:

- Identify Own Leader Skills
- Leadership Styles
- Leader Style Scenarios
- Risks & Benefits of Leadership
- What Makes You a Good Leader?
- How to Plan a Presentation
- Impromptu Talks
- Homework: Presentation Outline

Session Three Topics:

- Report Leader Skill Practice
- Brainstorm How to Build Skills
- Are you a Latina leader?
- Review of Presentation Outlines
- Speaking Skills / Body Language
- Facilitating a Group Discussion
- Homework: 3-min Presentation
- Trainer Models a Presentation

Session Four & Five Topics

- Trainee Presentations & Feedback
- Self-Insights as a Líder
- Domestic Violence Facts
- How to Discuss Domestic Violence
- Circle of Líderes
## Appendix D

### Caminar Latino: Líderes Program Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Process Outcome</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Workshop Attendees</td>
<td>Facilitators develop relationships with all participants and encourage building relationships among members.</td>
<td>80% of women attend all workshop sessions</td>
<td>Women will report an increase in sense of belonging to the group.</td>
<td></td>
<td>Increase in women's quality of life and sense of connection to Latino community in Atlanta. Decrease of intergenerational transmission of violence.</td>
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<tr>
<td>2 co-facilitators</td>
<td>Deliver curricular activities focusing on developing leadership skills in a supportive collaborative fashion.</td>
<td></td>
<td>Women will experience an increase in leadership competence and confidence of conducting their own workshops.</td>
<td>Culture of Collaboration &amp; Sense of Community</td>
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<tr>
<td>Casa de Esperanza’s Líderes Curricula</td>
<td>Participants asked to provide input on how to adapt the curriculum for their needs. Participants asked to develop group ground rules.</td>
<td>Adapted Curriculum completed and evaluation provided.</td>
<td>Women will feel like they were active participants &amp; report an increase in their leadership self efficacy.</td>
<td></td>
<td>Culture of Empowerment &amp; Strengths (Zimmerman)</td>
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<td></td>
<td>Ice breakers; group building activities, topics, mock presentations</td>
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Appendix E

Survey for the Study Entitled:
Self-Empowerment of Latina Survivors of Intimate Partner Violence:
A Leadership Intervention

Julia Perilla, Ph.D., PI
Josephine Serrata, M.S., Student PI

Name:_____________________________________

DOB:_____________________________________

SURVEY (with demographic questions)

Demographic Questions

1. Do you speak another language or languages (please circle one)?
   Yes  No

   If yes, what language do you speak? __________________________

2. Where were you born? ________________________________

3. How long have you lived in the United States? _________years ________ months

4. How long have you lived in Atlanta? _________ years ________ months

5. In what county do you currently live? __________________

6. How many years of education have you completed? _______

7. Are you...
   a. Married/Casada?
   b. Single/Soltera?
   c. Divorced or Separated/Divorciada/separada?
   d. Widow/Viuda?
   e. Living with a partner/Viviendo con una compañero
   f. Other/Otro __________________

8. How many children do you have? ______________________

9. How many are here with you in the United States? _________

10. Who do you live with?
    a. Live with your partner/Vive con su compañero
    b. Live with your children/Vive con sus hijos/hijas
    c. Live with other family members/Vive con otros familiares
    d. Live with another family who is not related/Vive con otra familia quienes no son sus propios familiares
    e. Live by yourself/Vive sola
    f. Other/Otro __________________________________________

11. How old are you?_____________________

12. What type of work do you do?_____________________

13. How long have you attended Caminar Latino?________________________
Knowledge Of Leadership

Now, I would like to ask you some general questions about leadership.

Please tell me if the following phrases are true about you. If they have been true in the last week, please tell me how true they have been on a scale from 1-10. If you do not know, please mark 0.

1. I have a clear understanding about community leadership.

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2. I have a clear understanding about different leadership styles.

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3. I have a good understanding of my leadership skills.

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4. I understand what it takes to be a leader in the community.

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5. I know the importance of my leadership role in the community.

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6. I have a good understanding of my presentation skills.

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7. I have a clear understanding of my facilitation skills.

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8. I have a good idea about the presentation skills I still need to develop.

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9. I have a good idea about the facilitation skills I still need to develop.

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10. I have a good idea about the leadership skills I still need to develop.

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Please tell me if the following phrases are true about you. If they have been true in the last week, please tell me how true they have been on a scale from 1-10. If you do not know, please mark 0.

1. I have a clear understanding about Casa de Esperanza’s mission and work.

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2. I have a clear understanding about Caminar Latino’s mission and work.

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3. I have a good understanding of what is expected of me as a Lider.

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4. I have a clear understanding of my own natural leadership abilities.

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Knowledge of IPV

The following are some statements that may be true or false. Please tell me if you believe that the statement is true, false or if you do not know.

1. Yelling and insulting a person can be a form of domestic violence.

   TRUE   FALSE   I Don’t Know

2. Generally, people who are hit or abused usually deserve it.

   TRUE   FALSE   I Don’t Know

3. Only victims who leave their abusive partners will receive help.

   TRUE   FALSE   I Don’t Know

4. Any abused person, regardless of immigration status, can get help to be protected from abuse.

   TRUE   FALSE   I Don’t Know
5. Domestic violence usually is a pattern of behaviors and will happen more than once.

TRUE   FALSE   I Don’t Know

6. Alcohol causes domestic violence.

TRUE   FALSE   I Don’t Know

7. Domestic violence is an issue that affects adults and does not harm children.

TRUE   FALSE   I Don’t Know

8. The definition of domestic violence is the same in every culture.

TRUE   FALSE   I Don’t Know

9. Children who witness domestic violence are often confused and blame themselves.

TRUE   FALSE   I Don’t Know

10. The idea that men should be aggressive and women should be submissive contributes to domestic violence.

TRUE   FALSE   I Don’t Know

Knowledge of IPV Resources

The following are some more statements that may be true or false. Please tell me if you believe that the statement is true, false or if you do not know.

1. A survivor can only access services if she has papers.

TRUE   FALSE   I Don’t Know
2. Caminar Latino provides a 24-hr phone line for survivors to call.

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<th>TRUE</th>
<th>FALSE</th>
<th>I Don’t Know</th>
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3. Any abused person, regardless of immigration status, can get help to be protected from abuse.

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<th>TRUE</th>
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<th>I Don’t Know</th>
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4. In the United States, the government will get involved with your family if they believe abuse is happening.

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5. Immigrant families have the same rate of domestic violence as other families.

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SCSR-Leadership Competency Subscale

Please tell me if the following phrases are true about you. If they have been true in the last week, please tell me how true they have been on a scale from 1-10.

1. I am always a leader in groups.

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2. I always prefer to be a leader rather than a follower.

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3. I would always rather have a leadership role when I'm involved in a project.

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4. I can always organize people to get things done

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5. Other people always follow my ideas.

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6. I always like trying new things that are challenging to me.

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Leadership Self Efficacy

Please circle the percentage that represents how confident you are in the following statements.

1. I can develop trusting relationships with my peers so that they will embrace change goals with me.

Not Confident | Completely Confident

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
2. I can obtain the genuine support of my peers for new projects in the future.

Not Completely Confident

3. I can gain the confidence of the women who attend the workshops.

Not Completely Confident

4. I can support the women who attend the workshops to make changes in their lives.

Not Completely Confident
5. I can motivate the participants in the workshops to agree to talk about domestic violence in their community.

6. I can work with the participants who are resisting change.

7. I can figure out ways to deal with challenges that may come up when planning workshops.
8. I can work with my peers to identify and overcome barriers hindering our efforts at completing workshops.

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9. I can find support in the community for our efforts.

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**Sense of Community for Community Organizations**

**Please tell me how true you think the following statements are.**

1. Participants have a say about what goes on in the Líderes Program.

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2. People in Líderes program respond to what I think is important.

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3. Caminar Latino gets a lot done in this community

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4. I like attending Caminar Latino; Caminar Latino is the place for me.

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5. My voice is important to the Líderes group.

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6. I feel respected by the group

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**Empowering Organizational Characteristics**

Please tell me how true you think the following statements are in regards to Caminar Latino and the Líderes program.

1. The leaders are very committed and dedicated to the organization.

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2. I receive as much support and help as I presently desire from the organization.

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3. I provide as much support and help to the organization as I presently desire.

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4. The organization encourages participation and open discussion.

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5. The leaders in the group ask for participant opinions and ideas.

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6. There is a focus on relationships, teamwork, and cohesion within the group.

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Please answer the following questions in regards to the Líderes group.

7. The Líderes group supports participation and open discussion.

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8. The facilitators of the Líderes group ask for ideas and opinions from the participants.

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9. The Líderes program focuses on team work and unity within the group.

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Appendix F

Leadership Emergence-Facilitator Ratings

Please tell me how well the following phrases describe the person you are rating using a scale from 1-10.

1. The Lider often brings up ideas about the possibilities for the future.

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2. The Lider consistently comes up with new ideas for the future of the Líderes.

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3. The Lider seizes new opportunities in order to achieve goals (e.g. begins looking for places to present her taller).

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4. The Lider recognizes barriers that may get in the way of their work.

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5. The Lider shows sensitivity for the needs and feelings of the other members in the group.

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6. The Lider's behaviors show that she is trying to reach the goals of a Lider.

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