

HISTORY OF THE INSTITUTE ON DOMESTIC VIOLENCE IN THE AFRICAN AMERICAN COMMUNITY

Dr. Robert L. Hampton

The Institute on Domestic Violence in the African American Community (Institute) is a continuously evolving entity. The Institute's purpose is illustrated by its mission: To provide an interdisciplinary vehicle and forum by which scholars, practitioners, and observers of family violence in the African American community will have the continual opportunity to articulate their perspective on family violence through research findings, the examination of service delivery and intervention mechanisms, and the identification of appropriate and effective responses to prevent/reduce family violence in the African American community.

In order for the Institute to realize this mission, we must bridge gaps that exist between researchers examining the issues that impact African American families and practitioners delivering services to this population. Moreover, our work must remain holistic, recognizing that the African American community is not monolithic, but one characterized by diversity. We must further acknowledge that violence occurs in diverse households—those that differ in structure, interpersonal dynamics, and socioeconomic status—and we must advance intervention and prevention strategies that are applicable to both common and uncommon scenarios of domestic violence.

Important Events in the Institute's History

A number of important events helped shaped the Institute on Domestic Violence in the African American Community. The first was an impromptu, informal gathering at the National Family Violence Conference, held in Pittsburgh in December 1993. It was at this conference that a group of scholars and practitioners began discussing concerns about the plight of the African American community in the area of domestic violence. From this discussion, one clear idea emerged: The policies and intervention strategies that had been designed from a "one-size-fits-all" perspective fail to address the needs of African Americans.

Subsequently, a Steering Committee formed and met in Detroit in September 1994. The group was tasked with developing a mission statement for the Institute and outlining the organization's goals and objectives.

The group held its first public forum May 31–June 2, 1995, in Minneapolis. A great deal of work was accomplished in Saint Paul. Plenary sessions featured scholars and practitioners who shared cutting-edge research and their comments and viewpoints on domestic violence in the African American community. Proceedings for the forum were published later that year. It was a humble beginning for the organization, but a significant milestone in the Institute's development.

December 4–6, 1997, in Atlanta, the Institute hosted its second forum, *Assembling the Pieces: Leadership in Addressing Domestic Violence in the African American*

Community. There was an amazing synergy among the participants of this forum. Presenters focused on such topics as welfare reform, partner abuse, the role of institutions in mitigating violence, and the bridges between the field of domestic violence and other destructive behaviors. Again, proceedings for the forum were published and widely distributed.

June 5–6, 1998, marked a milestone event for the Institute—the grand opening of its office at the University of Minnesota School of Social Work. The event's theme, *Many Partners, One Goal: Confronting Domestic Violence in the African American Community*, reflected the Institute's recognition of the collaboration required to reduce/eliminate domestic violence in the African American community. It was at this forum that the Institute's focus became one of collaboration. Participants examined ways to forge alliances to begin combating domestic violence in all communities—particularly African American communities. Proceedings have been published for this event as well as for subsequent forums.

The Domestic Violence Across the Lifespan of African Americans: Traditional Strategies and Contemporary Practices—Exploring the Possibilities of Popular Culture Interventions is the title for our December 1998 forum in San Francisco. It was at this forum that participants examined traditional methods of violence intervention across the lifespan of African Americans and explored new methods (i.e. popular culture) of intervention and prevention. The forum included four plenary sessions that addressed violence at each stage of the life span—children, youth, adults, and elders—and examined ways that music, dance, poetry, and the media could be enlisted in our struggle against violence.

The June 1999 forum examined the effectiveness of traditional treatment approaches and questioned whether the intersection of culture, race, gender, and ethnicity should be addressed in responding to the needs of African American clients. Under the title *Domestic Violence: Culturally Specific Treatment Interventions for African Americans—Valuing Differences and Commonalities*, the presenters, respondents, researchers, practitioners, and policy makers gathered in Saint Paul to explore the elements that must be considered in responding to the issues of social context for African Americans. Forum sessions provided definitions of culturally specific interventions; provided an overview of different types of culturally specific interventions; highlighted the principles that govern using such methods; addressed areas of concern when developing and using the interventions; and discussed the concerns and consequences of introducing such a model in mainstream, multicultural, and/or Afro-centric environments. In May 2000, a special issue of the *Violence Against Women Journal* was published and featuring many of the concepts discussed at this forum. In addition to sponsoring national meetings, the Steering Committee has been collecting qualitative community level data on perceptions, practices, and programs on violence among African Americans in several communities. It is our intent to share the outcomes of our work with the communities and through other appropriate venues. Pursuant to our commitment to both research and practice, we acknowledge the need for developing new research and programmatic perspectives that can contribute to our ongoing commitment to end domestic violence.

Our methods are participatory. We learn with and from each other. As you join us for forum activities and link to us via our web site, <http://www.dvinstitute.org>, we hope that you, too, will lend your voices, perspectives, and energies to confront violence in our families and communities.

EXECUTIVE SUMMARY

In a multicultural society, cultural differences between ethnic groups render different perspectives on many issues. The Institute on Domestic Violence in the African American Community (Institute) continues its pioneering efforts to address the culturally unique responses to the prevention of domestic violence in the African American community. A significant number of domestic violence cases are reported annually in the United States. Sadly, African American families are included in these numbers. Given this disheartening fact of domestic violence abuses in the African American community, one may wonder: (1) Have traditional methods been effective in reducing and eliminating domestic violence in the African American community? and (2) What new strategies are available for intervention and prevention of domestic violence in the community?

On June 4, 1999, in Saint Paul, Minnesota, the Institute convened a forum to explore domestic violence treatment intervention for African American victims and their families. Entitled *Domestic Violence: Culturally Specific Treatment Interventions for African Americans —Valuing Differences and Commonalities*, the forum presented research and practice models that touted a cultural strength perspective. The practice models focused on the diversity among African Americans, while also examining cultural belief systems, ethnic traditions, coping skills and definitions of mental illness and health.

More than 250 researchers, scholars, service providers, program administrators, and other domestic violence advocates participated in the conference. The first of two featured speakers, Carl C. Bell, M.D., President and CEO of the Community Mental Health Council, Inc. in Chicago, Illinois, discussed *The Importance of Cultural Competence in Ministering to African American Victims of Domestic Violence*. Dr. Bell examined culturally grounded messages that contribute to the development of attitudes that promote violence against African American women. He also identified the factors that contribute to the development of unsafe relationships.

The Institute's second guest presenter, Gail E. Wyatt, Ph.D., an Associate Professor at the UCLA AIDS Institute, chose *Examining Patterns of Vulnerability to Domestic Violence among African American Women* to explore the relationship between child abuse and neglect and a woman's increased risk for domestic violence. Dr. Wyatt's research encompassed other variables such as various childhood experiences, demographics and HIV status as they relate to the continuum of conflict in adulthood — specifically verbal conflict and physical abuse.

Institute Steering Committee members, Ms. Antonia A. Vann and Dr. Robert L. Hampton, responded to the practice and research presentations, respectively. Ms. Vann is the Executive Director of Asha Family Services Inc. and a veteran intervention-services provider for victims of domestic violence in the African American community. The Associate Provost for Academic Affairs at the University of Maryland-College Park, Dr. Hampton is a recognized authority on family violence.

Other presenters included Jean Quam, Ph.D., Professor, and Director of the School of Social Work at the University of Minnesota and authority on social service-related

issues impacting the gay and lesbian community. Also, William D. Riley, Federal Project Officer, Office of Community Services, Administration for Children and Families, U.S. Department of Health and Human Services, reflected on the culturally competent work that has resulted in innovative research and practice models for use in domestic violence programs for African Americans.

Under the auspices of the Institute on Domestic Violence in the African American Community, this paper was originally published in the Violence Against Women Journal, May 2000 special edition (Sage Publications).

THE IMPORTANCE OF CULTURAL COMPETENCE IN MINISTERING TO AFRICAN AMERICAN VICTIMS OF DOMESTIC VIOLENCE

Dr. Carl C. Bell

Presenter Acknowledgments

Dr. Carl C. Bell co-authored this article with Jacqueline Mattis, Ph.D., University of Michigan, Department of Psychology, Ann Arbor, MI.

Ms. Bianca Hardin of the Chicago School of Professional Psychology served as co-facilitator of the Domestic Violence Support Group while completing an internship at the Community Mental Health Council.

ABSTRACT

This article describes an ecophenomenological model of domestic violence that helps to conceptualize the ways in which various contextual factors inform the experiences of African American victims of partner violence. The implications of this model for the culturally competent treatment of African American victims of partner abuse are discussed, as is the issue of violence as an outgrowth of an African American male entitlement dysfunction. The article also examines culturally grounded messages that contribute to the development of attitudes that promote violence against African American women. In addition, the article explores the patient's own relational life as a site of meaning-making and sustained healing. Finally, the article considers the therapeutic alliance as a source of healing.

INTRODUCTION

Over the past 2 decades, there have been fervent efforts to empirically examine, intervene in, and theorize about domestic violence. One of the most cogent theories argues that in order to gain power and control over their partners and families, perpetrators of domestic violence use a complex matrix of practices that includes intimidation; emotional abuse; isolation; minimizing, denial, and blaming; economic abuse; coercion and threats; manipulation of children; exertion of male privilege; sexual abuse; and physical abuse. This Power and Control thesis represents a significant advancement over previous theories that represented domestic assault as a syndrome brought on by the masochistic orientation of female victims (Walker, 1984, 1999).

This Power and Control thesis represents a significant advancement over previous theories that represented domestic assault as a syndrome brought on by the masochistic orientation of female victims.

However, over the past decade, many theorists and service providers have argued that there is a need for models of domestic violence that are culturally grounded. That is, there is a need for models of domestic violence that account for the role of race, class, culture, immigrant status, sexual orientation, and religion in the cycle of violence (Williams & Becker, 1994; Richie, 1996). Equally important, there is a need for models of domestic violence that are relevant to the development of culturally competent programs for prevention and intervention (Williams & Becker, 1994). In this article, we offer an ecophenomenological approach to African American partner violence that we believe has particular utility for working with African American women who are experiencing or who are survivors of domestic abuse.

We begin this article with a brief discussion of what we mean by cultural competence. Next, we discuss the importance of the therapeutic alliance in the competent

treatment of African American victims of partner abuse. Third, we describe the ecophenomenological approach and its utility for examining African American women's experiences of partner violence. Throughout the manuscript, we offer specific strategies for working with survivors of domestic abuse.

The effort to identify culturally competent interventions for African Americans inevitably raises questions about what constitutes culture, generally, and African American culture specifically. We ground this work in the definition of culture offered by anthropologist Clifford Geertz. Geertz (1973, p. 89) defines culture as a "historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life." Using this definition as a backdrop, we conceptualize "African American culture" as the complex pastiche of symbolic forms such as folkways, mores, language, religion, gender roles, child-rearing practices, rituals, metaphors, medicines and healing practices, music, and fighting behavior, employed and socially transmitted by people of African descent who have been socialized in the United States.

In our thinking about African American culture, we are cognizant of the importance of acculturation—the process by which individuals adapt to or negotiate the demands of mainstream culture. African American people manifest varying degrees of acculturation (Griffith, 1998; Berry & Kim, 1988). Aponte & Barnes (1995) identify the various modes of acculturation as: 1) assimilation, where the individual relinquishes original ethnic/cultural identity; 2) integration, where the individual maintains his/her identity while incorporating elements of majority identity; 3) separation, which is marked by withdrawal from majority culture; 4) segregation, in which there is forced separation from majority culture; and 5) marginalization, where there is a lack of identity with either the original ethnic/cultural group or the majority group. Following from our conceptualization of culture and our focus on acculturation, we assert that culturally competent interventions are those that are matched to and aligned with a patient's culture; wrapped in icons that are culturally familiar, meaningful, and valuable to the patient; and attendant to the patient's level of acculturation.

ON CULTURE AND CULTURAL COMPETENCE

Following from our conceptualization of culture and our focus on acculturation, we assert that culturally competent interventions are those that are matched to and aligned with a patient's culture; wrapped in icons that are culturally familiar, meaningful, and valuable to the patient; and attendant to the patient's level of acculturation.

**BONDING,
ATTACHMENT,
CONNECTEDNESS,
AND ISSUES OF
CULTURAL
COMPETENCE**

As such, service providers must be sensitive to the ways in which their stereotypes of and their behaviors toward African Americans affect the therapeutic experience of African American patients.

**ECOPHENOMENOLOGICAL
APPROACH TO
VIOLENCE**

Bell, Bland, Houston, & Jones (1983) identify four key goals in dynamic psychotherapy with African Americans. First, there is a need to dispel racial stereotypes and myths within the therapist. Second, there is a need to address the significance of the race of the African American patient. Third, there is a need to be sensitive to the patient's needs and reality. Finally, there is a need to adjust for the African American patient's expectations. The failure to address these four concerns seriously attenuates the potential efficacy of psychotherapy for African American clients (Bell, 1996). We contend that these same issues are central in efficacious therapeutic work with African American women who are seeking services to end a battering relationship.

There are a number of factors that can negatively affect the relationship between therapists and African American clients and, by extension, the outcome of therapy. Stereotyping represents a particularly problematic dynamic in the therapeutic relationship (Pinderhughes, 1972, 1979). The phenomenon of stereotyping results in micro-insults and micro-aggressions (Pierce, 1995). Pierce (1995) observes that micro-insults and micro-aggressions are verbal or non-verbal kinetic behaviors that encroach on an African American's time, space, mobility, and energy. A micro-insult occurs when an African American individual goes to a physician for services and is asked by the Caucasian receptionist, "Did you bring your public aid card?" rather than "How do you plan to pay for services?" A micro-aggression occurs when an African American customer has been waiting to be served by a store clerk and a Caucasian person comes up and gets in front of the African American. No matter how subtle they may be, such negative encounters when they occur in contexts in which African Americans are seeking or receiving services will dissuade African Americans from bonding, attaching, and connecting to social service providers. This attenuated bonding will damage the rapport necessary to establish a healing, therapeutic relationship. As such, service providers must be sensitive to the ways in which their stereotypes of and their behaviors toward African Americans affect the therapeutic experience of African American patients. In short, they must become culturally sensitive. Further, healers must develop strategies for safely and appropriately addressing such micro-insults and micro-aggressions when they occur within or outside of the therapy.

Existing approaches to domestic violence often focus on individual-level or highly localized interpersonal and familial factors that influence the development of cycles of abuse.

In contrast, the ecophenomenological approach advanced in this article holds that the violence that African American women experience in the domestic sphere of life is incited, maintained, and/or exacerbated by an array of social-historical, institutional, community, family, and individual-level conditions and experiences. This ecophenomenological model is informed by empirical research on domestic violence, as well as research from a broad array of disciplines, including anthropology, sociology, and linguistics. In addition, this model is shaped by our experiences as providers who work with African American women. Ultimately, however, this model is grounded in the experiences of African American women. As such, it provides a basis for cultural competence.

In the American popular imagination, the family is portrayed as a site of safety and peace. However, this idealized vision of family life obscures the reality that historically the family has also been a site of violence and patriarchal dominance. Mainstream American definitions of manhood have historically revolved around the belief that land, women, and children are the legitimate and legitimizing property of men and that men are entitled to use violence to maintain control over their property, i.e. women.

Pierce (1995) observes that because of male-centered patterns of privilege, men are at risk for developing entitlement dysfunctions. An entitlement dysfunction occurs when perceptual differences exist among communicants regarding rights, duties, obligations, and privileges and when a participant in the interchange believes that he/she has coercive and regulatory hegemony over the issue being considered. Pierce (1995, p. 284) notes that entitlement dysfunctions result in "disrespectful, undignified use, or misuse, or abuse of someone's time, space, energy, or freedom of movement." Pierce's description of entitlement dysfunction provides a helpful framework for understanding the ontogeny of abusive patterns among African American men who use violence to control their partners.

The representations of African American women in mainstream American culture also contribute to the promotion, sustenance, and legitimization of violence against African American women. In a nation where respectability and safety have been predicated upon Victorian images of gentility, femininity, and vulnerability, African American womanhood has been construed as unnatural, grotesquely anti-feminine, and destructively overpowering. African American women are represented as individuals who wield

ICONOGRAPHY

Pierce (1995, p. 284) notes that entitlement dysfunctions result in "disrespectful, undignified use, or misuse, or abuse of someone's time, space, energy, or freedom of movement."

A patient who has internalized this model of Black womanhood may unwittingly insist on caring for the healer (i.e., she may protect her therapist from the burden of hearing the details of her abuse).

an unnatural amount of sexual, social, physical, and economic power in the domestic sphere. These representations have contributed to social scientific theories that suggest that because of their “unnatural” power, African American women are responsible for an array of social ills, including the destruction of the families and communities in which they live and the psychological “castration” of African American men and boys (Jewell, 1993; Roberts, 1997).

Juxtaposed against the image of African American women as destructive has been the image of these women as superwomen who are able to handle all stresses and problems without the intervention of others (Wallace, 1990). The representation of African American women as simultaneously dangerous and invulnerable is crucial to any contextualized discussion of violence against African American women. In toto, these images have created an enduring picture of African American women as invulnerable, insensitive, stoic, and in need of control and domestication. Together, these visions serve both to legitimize the physical and emotional castigation of African American women and to affirm the notion that the subjugation of African American women is a prerequisite for the achievement of authentic African American masculinity.

The stereotyped representations of African American women as dangerous and invulnerable also lead us to what we refer to as the “problematics of authentic female victimage.” The controlling images of African American women permit little room for us to see these women as vulnerable. African American women do not inspire the kind of empathic concern that would lead others to advocate their protection. Women whose physical or psychological make-up mark them as “other” (e.g. those who are dark complexioned, tall, overweight, verbally assertive, drug dependent, mentally ill, and/or women who choose to fight back) are often treated as if they were responsible for and/or deserving of the abuse that they experience. They are perceived as “inauthentic victims.” Culturally competent treatment of African American women victims of domestic violence must honestly attend to the ways in which women’s physical and psychological traits, including skin color or other aspects of physical appearance, affect our perceptions of women’s entitlement to care and our understanding the unfolding cycle of violence.

Healers must also address the dynamics that emerge when African American women internalize the notion that they must remain unwaveringly strong in the face of all adversity.

Dynamically oriented therapists must be ever vigilant to the complex ways in which this presentation of strength may inform transference and counter-transference within the therapeutic relationship. A patient who has internalized this model of Black womanhood may unwittingly insist on caring for the healer (i.e., she may protect her therapist from the burden of hearing the details of her abuse). In contrast, healers may be unreceptive to behaviors that suggest vulnerability or weakness in their African American clients, reinforcing the need for women to adhere closely to their identities as superwomen. Further, therapists who are unprepared to accept a vision of African American women as vulnerable may fail to recognize this image of unshakeable strength and, in doing so, may miss a critical opportunity to help their clients to adopt more realistic visions of themselves. A culturally competent approach to therapy with African American women must focus on encouraging women to adopt healthy models of strength and must help women to effectively use the supports available to them. Competent therapies must also focus on helping African American women clients to grieve the loss of their identities as people who have the power to withstand all adversities independently.

Racialized representations of manhood also have implications for the cycle of domestic violence. In popular culture and in the social sciences, African American manhood has traditionally been equated with danger, social chaos, and predatory violence. More recently, social theorists have popularized the vision of African American men as “endangered, embittered and embattled” (Gibbs, 1988). This latter vision represents African American men as victims of a uniquely pernicious form of racism.

These images of African American manhood have had many uses and consequences. First, these images have encouraged institutions, service providers, and community members to shift their attention away from larger societal forces that promote violence and instead situate the causes of violence squarely in the laps of individual African American men. Second, the representation of African American men as menacing has served to legitimize the intimidation and control of African American men. Third, the insistence that African American men are especially endangered has promoted, among some men, a pattern of blaming African American women for the adversities experienced by men. This pattern of woman-blaming often exists in tandem with an ethos of non-accountability in which abusive men abdicate responsibility for their personal choices and behaviors, i.e.,

A culturally competent approach to therapy with African American women must focus on encouraging women to adopt healthy models of strength and must help women to effectively use the supports available to them.

**ICONOGRAPHY:
THE IMPACT OF
POPULAR CULTURE**

An often unaddressed cultural-level phenomenon that has relevance for understanding the cycle of violence against African American women is the African American male toast.

women are blamed for the violence inflicted on them by their abusive partners.

Sociologist Beth Richie (1996) points to a fourth important way in which racist representations of African American gender leave African American women vulnerable to domestic abuse. Richie notes that many African American women are convinced by community members, families, friends, and/or abusive partners that African American men are at particular risk and that African American women have a special responsibility to protect men. Consequently, many African American women who are being battered by their partners or by their sons are reluctant to report violence for fear of contributing to the victimization of African American men. Women's concerns about the vulnerability of their male partners and their conflicts about protecting or prosecuting their partners should be explicitly and non-judgmentally addressed in culturally competent therapeutic relationships.

Empirical research suggests that violent, misogynistic messages that appear in popular culture tend to increase people's level of tolerance for violence (Johnson, Adams, Ashburn, & Reed, 1995; Johnson, Jackson, & Gatto, 1995). As such, it is critical that we attend to the role of popular culture in the cycle of violence. An often unaddressed cultural-level phenomenon that has relevance for understanding the cycle of violence against African American women is the African American male toast. Toasts are oral rhymes that are a crucial part of the oral tradition of lower class African American men (Wepman, Newman, & Binderman, 1974). They are typically offered in exclusively male contexts, and women are not usually privy to these exchanges. Often these rhymes are performed, not merely recited. Toasts vary in their thematic content; however, many include themes that denigrate women and elevate men. Scholar Robin Kelley (1997) notes that scholarship on toasts has over-assigned social significance to toasts and has missed the crucial but simple point that toasts are intended primarily to entertain. Although Kelley's point is valid, we believe that the patriarchal thrust of toasts cannot be ignored. While we do not intend to suggest that toasts are responsible for the patterns of violence imposed on African American women by their male counterparts, we do contend that it is important to examine the ways in which toasts operate in the lives of men who do not have models of appropriate masculinity.

Toasts often offer exaggerated and problematic representations of relationships. They focus on female objectification, male affective invulnerability, and violence. In the typical toasts, women are characterized as objects of scorn who are to be used by men as they see fit. Most commonly, toasts characterize the relationship between African American men and women as that of pimp and whore. Thus, romance is discouraged. In toasts, any experience or activity that connotes submission to the woman is discouraged. However, experiences and activities that signal domination of the woman by the male are required. In toasts, women are portrayed as viciously aggressive and exploitative—they want finance, not romance. Thus, toasts emphasize economic or sexual exploitation rather than personal and intimate relationships. The world is represented as rife with ephemeral successes and quick triumphs; the future is represented as uncertain and as the manifestation of the ultimate destruction of hopes and the eventual realization of fears. Toasts are high in cynicism and resignation to loss, and they are characterized by a lack of future orientation that comes from hopelessness. In toasts, sex is affectionless and affectless. Women are not seen as integral members of a bilateral relationship; they are used as devices for exercise. When women are presented as decent, sex is absent. This exemplifies the Madonna/prostitute syndrome in which sexual conquests are important, yet the object of the conquest is denigrated. In toasts, men are represented as heroes who articulate and/or achieve their invulnerability by denigrating and degrading women. Examples of popular, indigenous toasts are “Pimpin’ Sam,” “Stackolee,” and “Titanic.”

Toasts and their musical counterpart, misogynistic “gangsta” rap, send powerful messages about the true character of African American women, the appropriate ways of treating women, and the need for an exaggerated, affectless form of masculinity. These accounts represent relationships as a form of token economy in which sex is traded for material goods and financial security. Relationships are characterized as a militarized zone in which men must dominate or be dominated. For men and women who accept these representations of relational life, violence is construed as a viable tool for achieving domination over women. We do not suggest that all or most African American men internalize these messages. However, we do believe that men who do not have corrective models of appropriate manhood are especially vulnerable to accepting these skewed images of manhood and heterosexual relational

The therapeutic process should endeavor to help women to make relationship choices that will ensure their safety.

SOCIAL ENVIRONMENTAL FACTORS

Certain social environmental factors can serve to increase or decrease the risk faced by victims of domestic violence.

life. Culturally competent treatment must involve the critical examination of the ways in which intra-generationally and inter-generationally transmitted messages about womanhood, manhood/masculinity and male-female relationships inform women's relationship choices and experiences. The therapeutic process should endeavor to help women to make relationship choices that will ensure their safety.

Certain social environmental factors can serve to increase or decrease the risk faced by victims of domestic violence. Individuals who live in communities where they have limited access to key resources—including employment opportunities, transportation, shelters, police and legal protection, affordable medical care, and social and psychological services—may be forced to endure violence over a longer period of time. Survivors of domestic violence who are exposed to humiliation and mistreatment (Pierce, 1995) when they seek assistance may also be less likely to use even vital services in times of need. Efforts to encourage such patients to pursue co-lateral medical or social service options may be particularly challenging.

In some African American communities, pre-pubescent and adolescent girls are enticed or coerced into intimate "relationships" with older African American men. The premature sexualization of these young women has an array of psychological and physical consequences. Young women who are involved in such relationships may be inappropriately stereotyped as hypersexual and/or morally suspect. Questions about the character of these young women may obscure attention to the fact that many of these young women may be survivors of early trauma, e.g., early childhood sexual and/or physical abuse. Healers must be careful to avoid misreading the character of young women who are mired in relationships with significantly older men and must take care to help young women examine the ways in which early trauma, as well as premature relationships, might affect their psychological and general life outcomes.

The imbalance of power intrinsic in intimate "relationships" between young women and significantly older men may leave young women vulnerable to relational stresses for which they are emotionally unprepared. Adolescents in such relationships may be particularly vulnerable to psychological, sexual, economic, and physical abuse. Some young women may become prematurely pregnant and/or infected with

sexually transmitted diseases as a consequence of these "relationships." These outcomes may be used by abusive partners to convince women that they will not be viable or desirable partners to other men. Women who are convinced that they are fundamentally undesirable, or that they will have to live a life of loneliness if they leave, may be more vulnerable to violence at the hands of their partners.

The institutional and social policy factors that contribute to the vulnerability of African American women are diverse. The social positions held by the victim, the perpetrator, and their respective friends and families have direct bearing on the victim's level of exposure to violence and her level of vulnerability to domestic violence. African American women whose partners hold powerful social positions (e.g. police officers, pastors, or lawyers) sometimes find themselves being intimidated by their partners, their partner's friends and co-workers, or by members of the community. These women may find that expected modes of support and protection (e.g. congregational support or police protection) are unavailable to them. This lack of support may seriously frustrate women in their help-seeking efforts. Healers who are working with women whose abusers hold influential social positions must be prepared to be flexible and adamant in advocating for their clients.

Socioeconomic factors may also have an impact on levels of violence against African American women and may influence how African American women are able to respond to violence. Willie (1985) notes that in Black middle class families, the husband and wife function in an egalitarian manner, thus their problem-solving modes may mediate against violence. Further, Okun (1986) notes that battered women who have their own resources are likely to leave the battering relationship sooner than those who do not. At the same time, Willie (1985) observes that Black middle-class families are also very traditional and that being wedded to tradition may cause middle-class African American women to stay with their batterers in an effort to maintain a two-parent household or appearances. As such, healers must be cognizant of the possible effects of class on violence against women.

Real or perceived imbalances in the ratio of available and viable African American male partners also have a place in our ecophenomenological model of violence. Empirical research suggests that such imbalances in the gender ratio

INSTITUTIONAL AND SOCIAL POLICY FACTORS

Healers who are working with women whose abusers hold influential social positions must be prepared to be flexible and adamant in advocating for their clients.

often inspire changes in the power dynamics between men and women (Guttentag, 1983). Some African American women may be more willing to remain in violent relationships if they believe that they have few or no other viable partner choices. The fear of being alone and the belief that it is important to have a partner at any cost should be addressed in therapy if it appears that these factors are contributing to the cycle of risk and violence.

Finally, recent welfare reform strategies may also leave many African American women vulnerable to the effects of domestic violence.

Finally, recent welfare reform strategies may also leave many African American women vulnerable to the effects of domestic violence. Women who are unable to manage the financial burdens of raising children alone and who do not have access to public assistance options may opt to remain with an abusive partner. There is empirical support for this assertion. Research finds that women without an external means of support are more likely to remain with a batterer (Okun, 1986). Further, women who have no means of obtaining health care and who would be ineligible for government subsidized health care programs may be at particular risk for partner violence (Bell and Hill-Chance, 1991).

Richie's findings suggest that culturally competent work with such victims of violence must center, in part, on unpacking the ideologies and family dynamics that lead to the vulnerability of each woman.

Women who are victims of violence are often believed to hold qualitatively different values than women who enjoy relative safety from domestic aggression. However, Richie (1996) points out that African American women who are victims of domestic violence often adhere quite strictly to the values of mainstream culture. Their adherence to these cultural norms is often extreme and inflexible. That is, many desire a nuclear family despite the personal cost. It is not their values that leave African American women vulnerable to violence. Rather, Richie notes that "a strong racial identity, privileged role status within the family, and particular loyalty are at the core of their vulnerability." In her research on battered African American women, Richie found that these women had identities that centered around pleasing others, held privileged positions in their families of origin, were expected to achieve/maintain their privileged status, tended to believe in the importance of the perfect nuclear family, believed in the ideology of African American male victimage, and accepted that there is a need for African American women to protect men at all costs. Because of their privileged status within the family, African American battered women were encouraged to believe that they had the power and responsibility to control their life outcomes personally (Richie, 1996). Richie's findings suggest that culturally competent work with such victims of violence must center, in part, on unpacking the ideologies and family dynamics

that lead to the vulnerability of each woman. In addition, the therapeutic enterprise must openly address the blame and shame that African American victims of partner abuse experience because of their inability to achieve the perfect families and/or the social expectations prescribed for them and women's inability to enjoy the safe and ideal nuclear family life for which they yearn.

There is an array of individual level factors that may contribute to African American women's vulnerability and their responses to domestic abuse. Women who have pre-existing psychological illnesses or conditions may be particularly vulnerable to the emotional, sexual, financial, or physical abuse of their partners (Bell, Taylor-Crawford, Jenkins, & Chalmers, 1988; Jenkins, Bell, Taylor, & Walker, 1989). Women who are exposed to drugs and/or coerced into addiction or illicit activities by their batterers may be at heightened risk for exposure to traumatic stress including violence (Richie, 1996). These women may experience psychological symptoms such as depression, anxiety, or post-traumatic stress disorder (PTSD) that may both increase their vulnerability to violence and diminish their ability to recover from such exposures (Mattis, Bell, Jagers, & Jenkins, 1999). Likewise, women who have medical concerns such as chronic, and/or untreated medical ailments may be at heightened risk for abuse. Sometimes, abusive partners play crucial roles in providing medical care to their victims. For example, they might control and dispense their partners' medications or control women's medical records. Women who are being emotionally or physically harmed (e.g. scarred or injured) by their partners may not seek medical care because their partners refuse to allow them to do so, because they are ashamed of their scars, and/or because they are sensitive to being seen as unattractive or ugly. The significance of being seen as damaged or unattractive may carry particular salience to African American women whose physical features (e.g. skin color or hair texture) marked them as targets for teasing early in life. The issues of health and perceived attractiveness must be explicitly and sensitively addressed in therapies with African American women. Helping professionals must take care to spend the time needed to assess clients fully and inform women about their condition(s) and their options.

Helping professionals must take care to spend the time needed to assess clients fully and inform women about their condition(s) and their options.

Religiosity must receive particular attention in any dialogue about the role and impact of domestic violence in the lives of African American women. African Americans who are experiencing serious distress are particularly likely to

RELIGION

THE ALLIANCE BETWEEN CLIENT AND HEALER

Since traumatized individuals often have difficulty with memory and concentration, the use of culturally familiar proverbs can help to concretize core themes in the therapy.

use religious coping strategies and are more likely to seek help from a minister than from any other helping professional (Neighbors, Musick, & Williams, 1998). However, religion and spirituality may serve either as mechanisms for achieving resilience in the face of domestic assault or as contributors to women's vulnerability. Some religious traditions hold that even in the face of abuse, women must not separate from or divorce their partners. Further, some individuals have used Biblical references to legitimize the use of physical coercion as a strategy for getting women to submit to the authority of the men in their lives. Recently, however, African American feminist and liberationist theologians have offered corrective readings of these texts. Weems (1995) and other contemporary theologians insist that the use of Biblical passages to legitimize domestic violence is not only inappropriate, but also Biblically inaccurate. Weems (1995) argues that Biblical references to the violent control of women, however misogynistic, were intended not as dictates for human relationships, but as metaphors of the political and spiritual relationship between God and Israel. African American women should be encouraged to identify theologically accurate readings of partner abuse and theologically sound understandings of the sacrament of marriage.

In their work with African American women who are victims/survivors of domestic violence, healers can benefit from the use of culturally meaningful strategies of communication and relating, e.g., proverbs and maxims. In domestic violence groups conducted at the Chicago-based Community Mental Health Council, group sessions were organized around themes that were expressed in specific proverbs. For example, in sessions focused on the importance of strategic change, facilitators of the Community Mental Health Council's domestic violence support group used one proverb as an organizing metaphor: "If you always do what you've always done, you'll always get what you always got." Since traumatized individuals often have difficulty with memory and concentration, the use of culturally familiar proverbs can help to concretize core themes in the therapy.

The alliance between patients and healers is also facilitated by the inclusion of topics that have particular meaning for African American women. Key among these is religion/spirituality. While the therapeutic relationship should not be used to challenge patients' religious beliefs, the relationship can be used as a space in which patients may openly and

critically explore beliefs about partner violence and the use of religion as a resource for coping and meaning-making.

The alliance between healers and patients who are victims of violence cannot be a sterile and uninvolved one. While there is always a need to ensure that patients are empowered to take charge of their own lives, healers often have to advocate for traumatized victims in ways that are not necessary in therapeutic relationships with patients who enjoy relative safety in their everyday relationships.

Violence is a learned behavior that is used in the domestic sphere of life because, in this context, it carries few, if any, immediate or serious consequences. Many of the factors that inform African American women's vulnerability to domestic violence are common to women across all ethnic/racial lines. However, distinct factors leave African American women particularly vulnerable to the violence of men. The representations of African American men as victims who must be protected at all costs and the insistence that women must bear the responsibility for protecting men—even the men who harm them—contribute to the vulnerability of African American women. Contemporary representations of African American women in popular culture, e.g., in movies and music videos, reinforce long-standing visions of African American women as castrating, domineering, and intrinsically and hopelessly pathological figures who must be controlled (West, 1998). Further, African American male-female relationships continue to be represented as inherently affectionless and inevitably conflictual. As such, heterosexual relationships emerge as sites where men are encouraged to assert dominance over women as a part of the effort to establish the authenticity of their masculinity. For many abusive men, home life is merely an extension of the militarized zones in which they live, and violence is a supremely effective strategy for asserting control of women and children. Culturally competent treatment of abused African American women requires an appreciation of the ways in which relevant factors, including those influencing male dominance, correlate to women's vulnerability to violence. In addition, culturally competent treatment requires an appreciation of the strengths that African American women bring to the therapeutic enterprise.

SUMMARY

Culturally competent treatment of abused African American women requires an appreciation of the ways in which these and other relevant factors may inform women's vulnerability to violence, as well as an appreciation of the strengths that African American women may bring to the therapeutic enterprise.

REFERENCES

- Aponte, J. F., & Barnes, J. M. (1995). Impact of acculturation and moderator variables on the intervention and treatment of ethnic groups. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), *Psychological interventions and cultural diversity* (pp. 19–39). Boston: Allyn and Bacon.
- Bell, C. C. (1996). Treatment issues for African American men. *Psychiatric Annals*, 26(1), 33–36.
- Bell, C. C., Bland, I. J., Houston, E., & Jones, B. E. (1983). Enhancement of knowledge and skills for the psychiatric treatment of Black populations. In J. C. Chunn, P. J. Dunston, & F. Ross-Sheriff (Eds.), *Mental health and people of color* (pp. 205–237). Washington, DC: Howard University Press.
- Bell, C. C., & Hill-Chance, G. (1991). Treatment of violent families. *Journal of the National Medical Association*, 83(3), 203–208.
- Bell, C. C., Taylor-Crawford, K., Jenkins, E. J., & Chalmers, D. (1988). Need for victimization screening in a Black psychiatric population. *Journal of the National Medical Association*, 80(1), 41–48.
- Berry, J. W., & Kim, W. (1998). Acculturation and mental health. In P. Dasen, J. W. Berry, & N. Sartorius (Eds.), *Health and cross-cultural psychology: Toward applications* (pp. 207–236). Newbury Park, CA: Sage.
- Geertz, C. (1973). *The interpretation of cultures*. New York: Basic Books.
- Gibbs, J. T. (Ed.). (1988). *Young, Black and male in America: An endangered species*. Dover, MA: Auburn House.
- Griffith, E. E. H. (1998). Ethics in forensic psychiatry: A cultural response to Stone and Applebaum. *Journal of the American Academy of Psychiatry Law*, 26(2), 171–184.
- Guttentag, M. (1983). *Too many women? The sex ratio question*. Beverly Hills: Sage.
- Jenkins E. J., Bell C. C., Taylor, J., & Walker, L. (1989). Circumstances of sexual and physical victimization of Black psychiatric outpatients. *Journal of the National Medical Association*, 81(13), 246–252.
- Jewell, K. (1993). *From Mammy to Ms. America and beyond: Cultural images and the shaping of U.S. Social policy*. New York: Routledge.
- Johnson, J., Adams, M., Ashburn, L., & Reed, W. (1995). Differential gender effects of exposure to rap music on African American adolescents' acceptance of teen dating violence. *Sex Roles*, 33(7/8), 597–605.
- Johnson, J., Jackson, L., & Gatto, L. (1995). Violent attitudes and deferred academic aspirations: Deleterious effects of exposure to rap music. *Basic and Applied Social Psychology*, 16(1/2), 27–41.
- Kelley, R. (1997). *Yo' mama's dysfunctional: Fighting the culture wars in urban America*. Boston: Beacon Press.
- Mattis, J. S., Bell, C. C., Jagers, R. J., & Jenkins, E. (1999). A critical approach to stress-related disorders in African Americans. *Journal of the National Medical Association*, 91(2), 80–85.
- Neighbors, H., Musick, M., & Williams, D. (1998). The African American minister as a source of help for serious personal crises: Bridge or barrier to mental health care? *Health Education & Behavior*, 25(6), 759–777.
- Okun, L. (1986). *Woman abuse—Facts replacing myths*. Albany, NY: State University of New York Press.

- Pierce, C. (1995). Stress analogs of racism and sexism: Terrorism, torture and disaster. In C. Willie, P. Rieker, B. Kramer & B. Brown (Eds.), *Mental health, racism, and sexism* (pp. 277–293). Pittsburgh, PA: University of Pittsburgh Press.
- Pinderhughes, C. A. (1972). Managing paranoia in violent relationships. In G. Usdin (Ed.), *Perspectives on violence* (pp. 111–139). New York: Brunner/Mazel.
- Pinderhughes, C. A. (1979). Differential bonding: Toward a psychophysiological theory of stereotyping. *American Journal of Psychiatry*, 136, 33–37.
- Richie, B. (1996). *Compelled to crime: The gender entrapment of Black battered women*. New York: Routledge.
- Roberts, D. (1997). *Killing the Black body: Race, reproduction and the meaning of liberty*. New York: Vintage Books.
- Walker, L. (1984). *The battered woman syndrome*. New York: Springer.
- Walker, L. (1999). Psychology domestic violence around the world. *American Psychologist*, 54(1), 21–29.
- Wallace, M. (1990). *Black macho and the myth of the superwoman*. New York: Verso Press.
- Weems, R. (1995). *Battered love: Marriage, sex, and violence in the Hebrew prophets*. Minneapolis: Fortress Press.
- Wepman, D., Newman, R. B., & Binderman, M. B. (1974). Toasts: The Black urban folk poetry. *Journal of American Folklore*, 87, 208–224.
- West, C. M. (1998). The connection between historical images of Black women and domestic violence. In *Assembling the pieces: Leadership in addressing domestic violence in the African American community*. Conference proceedings of the Institute on Domestic Violence in the African American Community. Washington, DC: U.S. Department of Health and Human Services.
- Williams, O. J., & Becker, R. L. (1994). Domestic partner abuse treatment programs and cultural competence: The results of a national survey. *Violence and Victims*, 9, 287–296.
- Willie, C. V. (1985). *Black and White families—A study in complementarity*. New York: General Hall, Inc.

RESPONSE TO "THE IMPORTANCE OF CULTURAL COMPETENCE IN MINISTERING TO AFRICAN AMERICAN VICTIMS OF DOMESTIC VIOLENCE"

Ms. Antonia A. Vann

Dr. Bell's presentation supports the assertion that service providers working with victims who are African American need to be culturally competent. The organization that I founded in Wisconsin, Asha Family Services, Inc., is Wisconsin's first and only domestic violence agency that is culturally specific to African Americans. Having worked with abused women for over fifteen years and with batterers for over nine years, I concur with the general premise advanced by Drs. Bell and Mattis' ecophenomenological model. Many of the principles outlined in this research are consistent with practices and paradigms that are required to administer culturally competent services to African American victims. My experience in working with African American women has dictated the need to use alternative methods with respect to different African American populations or subgroups. We as practitioners cannot make the mistake and believe that one methodology will work for all African American subgroups.

The importance of cultural competency, as illustrated by Drs. Bell and Mattis, also extends to methods of treatment to males of African descent who are batterers. Too many partner abuse programs attempt to serve African American male batterers without considering how race, class, culture, immigrant status, sexual orientation, and religion, among other things, interact with the cycle of violence. Problems of illiteracy, high crime, incarceration, chemical dependency, unemployment, under-employment, parenting, and societal exploitation intermingled with abuse create complex dynamics for addressing domestic violence within the African American community. This complexity is further compounded and magnified when service providers have inadequate cultural knowledge of daily issues for African American perpetrators and victims of abuse. There are few African American service providers that work in the domestic violence field. Therefore, we must train non-African Americans on how to serve our populations.

In learning to work with African Americans, practitioners must understand and be able to determine the type of treatment that is best suited for the individual. Traditional

INTRODUCTION

We as practitioners cannot make the mistake and believe that one methodology will work for all African American subgroups.

There are few African American service providers that work in the domestic violence field. Therefore, we must train non-African Americans on how to serve our populations.

CULTURAL TYPOLOGIES

Providers must also understand that culturally specific programs for African Americans are not for all African Americans.

programs may be very good for the population for which they are intended and may prove effective when working with a subset of African Americans. However, for a larger number of African Americans seen in these treatment systems, traditional programs prove ineffective and an unlikely option, most notably because they embody societal and institutional ills such as racism, mistrust of systems, and feelings of isolation. Although no two individuals are the same, there are some common, non-traditional approaches that have been used effectively in working with African Americans. Such approaches consider the heterogeneity of African Americans and have a pre-determined schematic of who will receive the culturally specific service and who will be the providers.

Providers must also understand that culturally specific programs for African Americans are not for all African Americans. Researchers point to several subgroups that individuals may weave in and out of at different times and stages during their lives. One such individual, Peter Bell, describes the following subgroups:

Acculturated African Americans — tend to have made a conscious decision to live, work, and play outside the African American community and reflect very few if any African American mannerisms or affect. Traditional methods work best for this group, and their choice will be the same.

Bi-cultural African American — have the ability to function and interact within both African American and White communities. They often have a sense of pride, which is not defensive regarding their racial identity, and they respect and appreciate other cultural groups. Rehabilitation and traditional methods may work well for these individuals.

Culturally Immersed Conformists — have a strong sense of themselves as African Americans. While they have the ability to interact with Whites in a work context, they may be uncomfortable socializing with Whites outside the work environment.

Culturally Immersed Afrocentrics — serve as the new African American intelligentsia. They tend to be well-educated, articulate, and self-confident. Their driving force is to build a politically powerful and economically independent African American community. This group is seldom seen in treatment. Few social ills touch them, and they have a higher self-image and sense of self.

Culturally Immersed Deviants or non-conformists — are a smaller group of African Americans whom Whites find most intimidating. This is the group in which the media tend to place all African Americans. They are often engaged in criminal activity and the use and abuse of chemicals, as well as small-scale drug distribution. They live in more violent and depressed communities, have lower educational levels, revolve in and out of the criminal justice system, and hold a “survival of the fittest” worldview. They have little interaction with Whites and are contemptuous of Whites and acculturated African Americans. Treatment for this group must be consistent and non-traditional. A habilitative approach in lieu of rehabilitation is a better consideration.

Traditional Unacculturated African Americans — tend to have a very strong Christian spiritual base. They also tend to be older and live in or migrated from the South. This group is often victimized by crimes perpetrated by other African Americans, yet they will protect these same predators. They are proud of the acculturated African Americans, but feel resistant to the way some have viewed them as outdated, unsophisticated, and ignorant. They value integration, but not assimilation.

Possessing a knowledge and understanding about these groups enables providers to appropriately select treatment options. For example, while domestic and family violence, alcohol abuse, and other drug abuse occur in all the groups; the highest incidence of these collective ills occurs among the culturally immersed deviant group. Therefore, again, treatment for this non-conformist segment of the population must be consistent and non-traditional as well as habilitative in lieu of rehabilitative. Contrast this treatment approach with a recommended approach for bi-cultural African Americans who may respond well to rehabilitation and traditional methods.

Understanding these groups also means understanding the context in which they interpret your words and gestures as the service provider. For example, many service providers use the word *patient* when referring to a battered woman. Terms of reference hold different connotations. For many African American women, *patient* has a negative connotation if they are being seen for complaints other than physical health. Women are not battered because they have psychological problems. They are not responsible for starting or stopping the violence, and service providers must convey this fact in their communication and service delivery.

Therefore, again, treatment for this non-conformist segment of the population must be consistent and non-traditional as well as habilitative in lieu of rehabilitative.

TREATMENT BARRIERS

I share Bell's assertion that traditional program approaches do fail to encompass the context in which African Americans experience violence.

Scholars and practice professionals note common factors exhibited by many battered women, their perpetrators, and their families, including:

- ◆ The use and abuse of substances;
- ◆ A lack of self-esteem;
- ◆ Elevated levels of stress;
- ◆ Marked depression, which often goes untreated;
- ◆ A tendency towards non-conformity and a lack of commitment; and
- ◆ Anti-social behavior and social alienation.

Barriers to treating African Americans experiencing domestic abuse include:

- ◆ Racism in the United States and the psychological handicap it imposes on self-esteem;
- ◆ Poverty, unemployment, and the lack of job and career opportunities;
- ◆ Easy access to the availability of and a high tolerance for drugs in the African American community;
- ◆ Feelings of hopelessness that stem from living a "ghetto life" (i.e. a lifestyle that is socio-economically disadvantaged);
- ◆ Culture and class conflicts caused by differences in cultural values and beliefs and language barriers; and
- ◆ Frustration from ongoing discrimination and rejection.

The use of an ecophenomenological approach to violence asserts that the violence that African American women experience in the domestic sphere of life is incited by multiple factors including socio-historical, institutional, community, family, and individual-level conditions and experiences. My experience supports, in part, an ecophenomenological approach to violence for the treatment of many African American battered women. However, I also contend that a holistic model that includes the life cycle must be employed within treatment programs that build upon the strengths of community and encompass spirituality, the power of unity, wholeness, and the family.

CONCLUSION

I share Bell's assertion that traditional program approaches do fail to encompass the context in which African Americans experience violence. This failure to understand the context of African American intimate partner violence can result in the omission of content that would yield

effective intervention and treatment. Bell's research supports the finding that to develop a genuine relationship with the victim of partner abuse, a service provider must be both welcoming and thoroughly familiar with the context in which the victim and perpetrator exist. Yet, the provider must avoid being debilitating in his/her thinking, as this mentality can lead to stereotyping both African American victims and perpetrators.

Non-African American service providers must accept that many African Americans may need more resources than traditional programs provide.

Non-African American service providers must accept that many African Americans may need more resources than traditional programs provide. Many are working to educate themselves to avoid revictimization, challenging themselves and others on the issue of race, examining their own biases, and making great efforts to eradicate their early miseducation about African Americans' influence in this country and on the world stage.

We must also realize that redress of violence cannot rely solely on the criminal justice system. While many battered women's groups are responsible for changes in the legal system, this same system often revictimizes African American women by reinforcing cultural values and norms that many times are in direct contrast to the reality of their daily lives.

There is now current and responsible literature on practice in working effectively with African Americans in domestic abuse situations. We must seek it, use it, refine it as necessary, and then we must teach others to do the same.

As African Americans, we must continue to do our own work. We must facilitate and encourage partnerships between providers and academia in efforts to produce fact-based data that support our assertions. We must also continue to groom and influence young African American advocates, counselors, and service providers struggling to learn and provide methods more effectively appropriate for different African American populations. There is now current and responsible literature on practice in working effectively with African Americans in domestic abuse situations. We must seek it, use it, refine it as necessary, and then we must teach others to do the same.

Under the auspices of the Institute on Domestic Violence in the African American Community, this paper was originally published in the Violence Against Women Journal, May 2000 special edition (Sage Publications).

EXAMINING PATTERNS OF VULNERABILITY TO DOMESTIC VIOLENCE AMONG AFRICAN AMERICAN WOMEN

Dr. Gail E. Wyatt

Presenter Acknowledgments

Dr. Wyatt co-authored this article with Julie Axelrod, Psy.D., Project Director of the UCLA Women and Family Project; Dorothy Chin, Ph.D., Research Psychologist at UCLA; Jennifer Vargas Carmona, Ph.D., Research Psychologist of Psychiatry and Biobehavioral Sciences at UCLA; and Tamra Burns Loeb, Ph.D., Research Psychologist at UCLA. All women are key collaborators on the Women's Health Project.

This research is funded by the National Institute of Mental Health, Grant Number R01 MH48269, and a Research Scientist Award to Gail E. Wyatt, Ph.D., MH00269. The authors wish to thank Don Guthrie, Ph.D., for statistical consultation, Gwen Gordon for data management, and Annette Abeyta for manuscript preparation.

ABSTRACT

The study discussed in this article explored the relationship between child abuse and neglect, other traumatic events, background variables, and HIV status as they relate to the continuum of conflict in adulthood, specifically verbal conflict and physical abuse that can increase women's risk for domestic violence. The sample included 135 African American women, ages 19 to 61, of mixed HIV serostatus. Almost half of the women reported both physical and verbal conflict and moderate to severe levels of physical abuse with current or recent intimate partners. Simple correlations and multiple regressions revealed that women with histories of child abuse were more likely to experience partner violence as adults. Other traumatic events were not associated with partner violence. Income and HIV status were related to specific patterns of partner violence. The influence that early experiences have on African American women eventually entering abusive adult intimate relationships is discussed.

INTRODUCTION

Domestic violence affects as many as 4 million women per year. Women in the United States are more at risk for being assaulted, injured, raped, and murdered by a current or past male partner than by all other types of assailants combined (Browne, 1993; Browne & Williams, 1993; Marsh, 1993). The challenge today is to understand the factors that later increase risk for domestic violence and their impact on African American women.

Given their history, African American women can hardly be considered as merely victims. On the contrary, they are more aptly described as survivors of abuse and oppressive economic, educational, and social conditions, as well as the gatekeepers of family life (Hill, Hawkins, Raposo, & Carr, 1995; Jackson & Sears, 1992; Wyatt, 1997). However, abuse, neglect, and oppression can erode the strengths of even the most resilient woman. Incidents of violence and trauma can diminish women's opportunities to develop healthy relationships. By examining the link between past traumatic experiences and later ones, we enhance the likelihood that African American women and men can focus on non-violent methods of conflict resolution and break the cycle of intimate relationship violence that began with the arrival of their ancestors in the New World and the slavery that ensued.

This article explores patterns of vulnerability, including child abuse and neglect, other traumatic experiences, specific background variables, and their relationship to the type and severity of domestic violence among a diverse community sample of African American women.

This article explores patterns of vulnerability, including child abuse and neglect, other traumatic experiences, specific background variables, and their relationship to the type and severity of domestic violence among a diverse community sample of African American women.

EARLY EXPERIENCES AND THE EFFECTS OF CHILD ABUSE AND NEGLECT

Childhood abuse and neglect, most commonly perpetrated by relatives or trusted persons (Wyatt, 1985), violates expectations of relationships with loved ones. Female survivors of childhood sexual abuse (CSA), childhood physical abuse (CPA), and childhood neglect are more likely to report relationship difficulties later in life, to have negative attitudes toward men, and to have experienced increased interpersonal conflict (Bell & Chance-Hill, 1994; Hatendorf & Tollerud, 1997; Wingood & DiClemente, 1996; Browne, 1993). Women with histories of CSA and CPA are also more vulnerable to revictimization as adults (Gilbert, El-Bassel, Schilling, & Friedman, 1997; Wingood & DiClemente, 1996; Browne, 1993; Wyatt, Guthrie, & Notgrass, 1992; Wyatt, 1997). When revictimization occurs, the emotional consequences of early abuse can decrease women's willingness to disclose both past and present incidents (Coley & Beckett, 1988). As a result of past traumatic experiences, women can often feel isolated from supportive persons and be misperceived as unloving and uncaring.

When revictimization occurs, the emotional consequences of early abuse can decrease women's willingness to disclose both past and present incidents (Coley & Beckett, 1988).

Consistent with the prevalence of CSA in other communities, about one in three adult African American women reports at least one incident of CSA, and one in four reports CPA. (National Research Council, 1993; Wyatt, 1985; Romero, Wyatt, Loeb, Carmona, & Solis, 1999) The psychological effects of victimization can also heighten young women's vulnerability to sexually exploitive relationships (Rhodes, Ebert, & Meyers, 1993). For example, in a sample of African American women, Wingood and DiClemente (1996) found that women with a history of CSA were more likely to have been battered in the previous 3 months. Furthermore, women's partners were reported to have been abusive when asked to use condoms. Thus, it is important to better understand the circumstances of early traumatic experiences that can have potentially damaging effects on women's methods of resolving conflict with intimate partners later in life.

Few studies have examined associations between domestic violence and exposure to current or past crimes and injustices in one's home or community. Traumatic experiences are not uncommon for urban minority children, who may be at risk for a multitude of stressful life events when they live in disadvantaged, low-income neighborhoods (Attar, Guerra, & Tolan, 1994). This exposure may increase risks for victimization. More importantly, the diverse experiences among African Americans need to be studied.

HISTORY OF TRAUMA

Early traumatic events may herald more serious long-term consequences (Attar, Guerra, & Tolan, 1994), such as having difficulty developing stable, internal emotional resources (Astin, Lawrence, & Foy, 1993), developing a general mistrust of others (Browne, 1993), or an acceptance of violence as an expected or acceptable aspect of daily life (Attar, Guerra, & Tolan, 1994). However, there is little empirical documentation of the types of early experiences that may better predict risks for domestic violence among African American women, especially those who are also at risk for other health problems.

HIV STATUS

Thus, it is important to explore African American women's HIV serostatus as a predictor of domestic violence.

African Americans encounter a variety of assaults to their health and well being. Rates of HIV among women continue to increase even as overall national rates have begun to decrease. In Los Angeles County, for example, African American women account for 45% of AIDS cases, despite being 10% of the female population (Los Angeles County Department of Health Services, 1999). Research exploring the relationship between HIV and domestic violence primarily focuses on women's risks for HIV infection (Molina & Basinait-Smith, 1998; Kalichman, Belcher, Cherry, & Williams, 1998). Some reports have identified the psychological sequelae of being both HIV-positive and victims of battery (Axelrod, Myers, Durvasula, Wyatt, & Cheng, 1999). Others have noted that HIV-infected women are more likely to report a victimization experience—rape, physical assault, robbery/attack—than a non-infected cohort (Kimerling, Armistead & Forehand, 1999). Yet unexamined, however, is how being HIV-positive may increase women's risks for partner violence. The relationship among feelings of shame, low self-worth and risky sexual behaviors has been established for HIV-positive women (Nyamathi, Wayment & Dunkel-Schetter, 1993; Katz, 1997; Ybarra, 1991). The increasing incidence of HIV and access to anti-retroviral treatment in this population will result in many infected women living with the virus and maintaining relationships and families. Thus, it is important to explore African American women's HIV serostatus as a predictor of domestic violence.

BACKGROUND VARIABLES

Financial security, a daily concern for many African American women, becomes even more tenuous for those who live with partners who batter them. Research suggests that women living in poverty have a particularly difficult time extricating themselves from abusive relationships and are vulnerable to persistent violence (Heron, Twomey, Jacobs, & Kaslow, 1997). Under extreme

circumstances, economically dependent African American women may be “virtually imprisoned in settings where they are most likely to be victimized and where the personal and institutional safeguards that they would be privy to in other places may not exist” (Marsh, 1993). It is important to consider women’s income level in research on domestic violence, as well as their personal financial resources compared to their total household income, to assess the extent of dependence.

Family composition and dynamics are factors in preparing a child for the future. In a national survey, men and women were both more likely to report victimization as adults if they indicated that their family life had been unhappy and if they grew up without one of their natural parents (Finkelhor, Hotaling, & Smith, 1990). These are important issues that are relevant to African American women’s experiences and await further research that includes women from diverse family backgrounds.

This study explores potential relationships among past child abuse and neglect, other traumatic experiences, background variables, HIV status, and domestic violence among African American women who range in HIV serostatus. Based on what is currently known about domestic violence and HIV among African American women, we expect the following: 1) child abuse, specifically sexual abuse, physical abuse, and neglect, will increase the likelihood of partner violence in adulthood; and 2) other traumatic events, including potentially life-threatening or seriously distressing events, will increase women’s risks for partner violence. Additionally, we will explore the extent to which family of origin composition, income, and HIV status influence risks for partner violence among African American women.

This study utilizes baseline data from the University of California, Los Angeles (UCLA) Women and Family Project (WFP), a 5-year longitudinal study examining the impact of HIV on women’s health and coping strategies. The WFP sample included 480 HIV-positive and negative African American, Latina, European American, Asian/Pacific Islander, and American Indian women. The analyses in this investigation will include only African American women, those who are at highest rate for HIV infection (CDC, 1998).

Sample Recruitment

Participants were recruited from various HIV-related and non-HIV-related sites in Southern California in order to

This study explores potential relationships among past child abuse and neglect, other traumatic experiences, background variables, HIV status, and domestic violence among African American women who range in HIV serostatus.

METHOD

include women who ranged in duration of HIV infection, service utilization, and treatment. Potential participants responded to flyers posted at hospitals, community-based clinics, ethnic- and AIDS-specific organizations, and substance abuse centers. As HIV-positive participants were identified and enrolled in the study, their demographic characteristics were used to recruit a comparable HIV-negative cohort. The Institute of Social Science Research (ISSR) at UCLA used random-digit dialing and updated 1990 U.S. Census data to recruit a stratified random sample of HIV-negative women.

Each participant was assessed with a comprehensive semi-structured interview administered by a trained female interviewer of the same ethnic background in the language and location of the participant's choice. The domains covered in the psychosocial interview included health behaviors, health status, sexual behaviors, substance use, relationship quality, dyadic conflict, coping, history of abuse and trauma, and depression. Women received \$50.00 per interview every 6 months. Childcare, transportation, and mental health referrals were provided upon request.

Measures

Women's demographic characteristics, HIV status, childhood environment and experiences, childhood abuse and neglect, histories of trauma, legal problems, and the income differential between personal and household income were included as predictor variables. The outcomes of interest included physical conflict perpetrated by the partner, non-physical conflict, the frequency of conflict, and the experience of both physical and non-physical conflict.

Demographic Characteristics

Women were asked if they were currently married, separated, divorced, widowed, or never married. Their responses were collapsed into married or cohabiting with a partner, having a steady partner, and casually or not currently dating. Educational background consisted of the number of years the participant attended school.

HIV Status

Women's HIV status was determined by enzyme-linked immunosorbent assay (ELISA) and confirmed by Western Blot.

The outcomes of interest included physical conflict perpetrated by the partner, non-physical conflict, the frequency of conflict, and the experience of both physical and non-physical conflict.

Childhood Environment

Three variables representing childhood environment were included. Social class of childhood neighborhood was assessed by one item asking respondents to classify the social class of the neighborhood they lived in as children. Two parents in the home was assessed with one item scored dichotomously yes or no.

Childhood Abuse and Neglect

Childhood abuse and neglect was assessed by 11 behavior-oriented questions. Two questions assessed the presence of child physical abuse and neglect, with women indicating whether they had physical abuse or neglect in their background. To assess child sexual abuse, women were asked nine questions regarding child sexual abuse. If a woman indicated that she had experienced a particular type of abuse, the interviewer asked her a series of behavior-oriented questions about each incident. The specific items used to assess a history of child sexual abuse and the introductory statement read to participants are reported elsewhere (see Romero, Wyatt, Loeb, Carmona, & Solis, 1999). Because the items were highly correlated, a composite item was created indicating whether one, two, or all three types of abuse and neglect occurred.

Traumatic Experiences

Traumatic experiences were assessed by asking respondents if they had experienced any of the following: combat or war-like circumstances; life-threatening accidents; natural disasters, such as earthquakes or floods; threat by a weapon; or witnessing such events happening to someone close to them. Affirmative answers to each event were summed to obtain an index.

Legal Problems

Legal problems was assessed with one item scored along a continuum of severity, with the absence of arrests or incarceration scoring a 0, a past arrest scoring a 1, and past arrest and incarceration scoring a 2.

Income Differential

Women also reported their total monthly personal and household income. The income differential between personal and household income was also calculated to

represent the disparity between personal economic resources and that of the household. For example, a differential of 0 would indicate no economic disparity, and a greater differential would represent greater disparity. Because the distribution of this variable was skewed, with over half (55%) of the respondents reporting a differential of 0, responses were collapsed into dichotomous categories of yes and no with respect to income differential.

Physical Conflict

Relationship conflict was scored in four ways to capture the range and types of conflict that women experience. First, physical conflict perpetrated by a partner was assessed using three items from the Conflict Tactics Scale (Straus, 1979). Women responded on a 5-point scale, with 1 being never and 5 being always, whether their partners ever "threw, smashed, hit, kicked something," "slapped/physically attacked/hurt them," and "threatened with knife or gun/used knife or gun." These items were summed to form a total score. Because the distribution of the variable was skewed, with over half reporting no incidents of violence, responses were collapsed into three levels. Women who scored a 3, corresponding to responses of never on the three items, were classified in the "no violence" group. Those who scored 4 to 6, corresponding to responses of rarely or sometimes on at least one of the items, were classified in the "moderate violence" group. Women who scored 7 and above, corresponding to responses of most of the time and always on at least one of the items, were classified in the "severe violence" group.

Nonphysical Conflict

Non-physical conflict was also assessed with three items from the Conflict Tactics Scale (Strauss, 1979). Respondents indicated whether their partners "sulked/cried/withdrew into silence," "stomped out of house," and "quarreled, shouted, insulted." The items were summed to create a composite score on a continuous scale. Responses of "rarely" and "sometimes" to the three items were categorized as moderate, while responses of "most of the time" and "always" were categorized as severe.

Frequency of Relationship Conflict

The frequency of relationship conflict was assessed by summing incidents of physical and non-physical conflict. Finally, to distinguish between women who experienced both

physical and non-physical conflict from those who did not, a dichotomous variable was created with yes representing physical and non-physical conflict and no representing no conflict.

Participant Characteristics

The sample consisted of 135 African American women aged 19 to 61. Income ranged from \$0 to \$5,000 per month, with a mean of \$945 per month. Level of education ranged from 7 to 19 years, with a mean of 12.4 years. Twenty-one percent were married, 35% had a steady partner of 3 months or longer, 15% were casually dating, and 29% were not involved in a relationship. Seventy-six percent were HIV-positive, and 24% were HIV-negative. As depicted in Table 1, HIV-positive women had significantly lower incomes and education than HIV-negative women. These differences between women were controlled for in the analysis.

RESULTS

	HIV-Positive (N=102)	HIV-Negative (N=33)
Age	37.5	36.4
Income (\$/mo.)***	\$892	\$2,748
Education (yrs.)***	13.6	12.0

*** $p < .001$

Levels of Relationship Conflict

In terms of physical violence perpetrated by partners, 51% of respondents reported no violent incidents, 34% reported a moderate level of violence, and 15% reported experiencing severe violence. All respondents reported that they had experienced at least one of the three forms of non-physical conflict, indicating that their partners had sulked, cried, or withdrawn into silence; stomped out of the house; or quarreled, shouted, and insulted. Moderate levels of non-physical conflict (responses of “rarely” and “sometimes” to the 3 non-physical conflict items) were reported by approximately 9% of the respondents. Severe levels of non-physical conflict (responses of “most of the time” and “always”) were reported by 91% of the respondents. About half of the respondents (49%) reported both physical and non-physical conflict.

Relationships Among Predictor Variables

Simple correlations among predictor and outcome variables were obtained (see Table 2). Among the predictors, lower educational level was associated with HIV seropositivity ($r = -.31, p < .001$), lower income ($r = .46, p < .001$), lower social class of childhood neighborhood ($r = .24, p < .001$), not having had two parent figures in the home ($r = -.30, p < .001$), past trauma ($r = .21, p < .05$), and legal problems ($r = -.28, p < .001$). Respondents with lower incomes were more likely to be HIV-positive ($r = -.56, p < .001$), to not have both parents present in the home during childhood ($r = .23, p < .01$), and to have legal problems ($r = .18, p < .05$). Past traumatic experiences were also positively related to legal problems ($r = .21, p < .05$). Child abuse and neglect was related to HIV-positive status ($r = .21, p < .05$) and having two parents in the home while growing up ($r = .30, p < .01$).

Relationships Among Predictor and Outcome Variables

Significant simple correlations between predictor and outcome variables also emerged. Specifically, higher levels of physical conflict were reported by women with lower incomes ($r = .21, p < .05$). Higher levels of non-physical conflict were reported by women who experienced child abuse and neglect ($r = -.24, p < .01$), lower incomes ($r = -.19, p < .05$), and a greater income differential between self and household ($r = .19, p < .05$). A higher frequency of conflict is related to lower incomes ($r = -.21, p < .05$), childhood abuse and neglect ($r = .22, p < .05$), and higher income differentials ($r = .18, p < .05$). The occurrence of both physical and non-physical conflict was related to lower education ($r = -.18, p < .05$) and HIV seropositivity ($r = .18, p < .05$).

Prediction of Relationship Violence

Using multiple regression analyses, we examined the unique contribution of demographic characteristics, HIV status, childhood environment and experiences, trauma history, legal problems, and income differential to physical conflict and non-physical conflict. As displayed in Table 3, the model predicting physical conflict was not significant. In the prediction of non-physical conflict, the regression model was significant [$F(12, 112) = 2.38; p < .01$]. Among the individual predictors, age, personal income, income differential, and child abuse and neglect were significant. The regression model predicting total conflict yielded a similar

Income differential and child abuse and neglect emerged as significant individual predictors.

pattern. The overall model was significant [$F(12, 112) = 2.30$; $p < .05$]. Income differential and child abuse and neglect emerged as significant individual predictors. In the prediction of the occurrence of both types of relationship conflict, only HIV status was a significant predictor. HIV-positive women were over 3 times more likely to experience both physical and non-physical conflict than were HIV-negative women.

Table 2
Simple Correlations Among Criterion and Predictor Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
CRITERION VARIABLES																
1. Physical Conflict	--															
2. Nonphysical Conflict	.50***	--														
3. Total Conflict	.67***	.98***	--													
4. Both Types of Conflict	.90***	.43***	.58***	--												
PREDICTOR VARIABLES																
5. Age	.00	-.12	-.10	-.04	--											
6. Income	-.21*	-.19*	-.21*	-.15	.09	--										
7. Regular Partner	-.10	-.07	-.08	-.03	.00	-.11	--									
8. Irregular Partner	.16	.10	.12	.10	-.03	.01	-.85***	--								
9. Education	-.16	-.02	-.05	-.18*	.15	.46***	.11	.02	--							
10. HIV Status	.15	.09	.12	.18*	.06	.56***	.13	-.09	-.31***	--						
11. Childhood Neighborhood	-.03	.00	.00	.00	-.08	.16	.07	.00	.24**	-.14	--					

*p<.05; **p<.01; ***p<.001

Table 2 (Continued)
Simple Correlations Among Criterion and Predictor Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
12. Both Parents Present	.02	.02	.02	-.03	.10	.23**	-.04	-.07	.30***	-.14	.08	--				
13. Childhood Abuse/ Neglect	.06	.24**	.22*	.14	-.01	-.13	-.08	.12	-.17	.21*	-.11	-.30***	--			
14. Past Trauma	.09	.13	.14	.12	.00	-.15	.07	.00	-.21*	.08	-.02	-.15	.10	--		
15. Legal Problems	-.02	-.02	.01	-.03	.08	-.34***	.12	-.06	-.28**	.44***	-.20	-.12	.10	.17	--	
16. Income Differential	.06	.19*	.18*	.03	-.01	.07	.04	-.15	.03	-.14	.01	.12	-.14	.02	-.01	--

* p<.05; ** p<.01; *** p<.001

Table 3
Multiple Regression Models Predicting Physical Violence,
Nonphysical Conflict, and Total Conflict

	Physical Violence B	Nonphysical Conflict B	Total Conflict B
Demographics			
Age	-.002	-.059**	-.061
Income	-.109	-.607*	-.716*
Regular Partner	.117	.255	.372
Casual/No Partner	.307	.691	.998
Education	-.030	.144	.115
HIV Status	.211	-.037	.173
Childhood Experiences			
Neighborhood Class	.017	-.014	.003
Two Parents in Home	-.099	-.625	-.724
Child Abuse and Neglect	.020	.694***	.713**
Past Trauma	.060	.292	.351
Legal Problems	.192	.129	.321
Income Differential	.188	1.242***	1.430***
	$F(12,112)=1.16$	$F(12,112)=2.38***$	$F(12,112)=2.30**$
	$R^2 = .110$	$R^2 = .203$	$R^2 = .197$

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 4
Logistic Regression Model Predicting
the Occurrence of Both Types of Conflict

	Odds Ratio	Lower	Upper
95% Confidence Limits			
Demographics			
Age	.983	.937	1.032
Income	.984	.554	1.748
Regular Partner	2.141	.421	10.878
Casual/No Partner	2.479	.484	12.714
Education	.887	.716	1.100
HIV Status	3.269*	1.005	10.633
Childhood Experiences			
Neighborhood Class	1.075	.685	1.689
Two Parents in Home	1.285	.552	2.992
Child Abuse and Neglect	1.389	.893	2.162
Past Trauma	1.252	.552	2.992
Legal Problems	.501	.208	1.208
Income Differential	1.640	.740	3.633

* $p < .05$

DISCUSSION

This study examined the relationships among child abuse, other traumatic experiences, early childhood environment, HIV status, and domestic violence among African American women. Early experiences appear to play a significant role in establishing conflicted and sometimes violent adult relationships. This study included 135 African American women who ranged in demographic variables and HIV serostatus. Our definition of domestic violence occurring within the context of women's relationships can help to better identify abuse and trauma patterns that may impair the well-being of African American women.

Early experiences appear to play a significant role in establishing conflicted and sometimes violent adult relationships.

Results support the hypothesis that child abuse affects patterns of partner violence in adulthood. However, other traumatic events did not have the anticipated association with partner violence. Several of the exploratory variables utilized in this investigation—specifically, HIV status and income—proved to be predictors of partner violence in this diverse sample of African American women.

Levels of Relationship Violence

Most notable is the alarming rate of domestic violence experienced by this sample of African American women. Almost half of the women reported experiencing not only a combination of both physical and verbal conflict, but also moderate to severe levels of physical abuse. Such physical harm can lead to not only psychological impairment, but also to increased health problems. HIV-positive women's physical vulnerability may exacerbate the devastating consequences of domestic violence. It is imperative that health professionals routinely screen for domestic violence among African American patients and all women—regardless of their presenting complaint. Comprehensive care can then be provided by offering community resources that include counseling and domestic violence prevention. Given that physicians who serve general and HIV populations are mandated to report such physical harm, women experiencing severe physical abuse may also need the services of professionals who are specifically trained to identify past and current forms of violence among women (Reid & Glasser, 1997).

Results support the hypothesis that child abuse affects patterns of partner violence in adulthood.

Along with the high prevalence of physical abuse reported by our sample, verbal conflict was reported by all of the women, with most reporting severe levels of verbal conflict. These findings point to the need for intervention programs that focus on communication, particularly in conflict situations, to prevent the escalation of physical violence,

regardless of women's HIV status. Including partners in such programs and focusing on cultural and gender-specific roles and expectations of both partners in conflict resolution will increase the negotiation skills of couples.

Early Childhood Trauma

For this sample of African American women, domestic conflict varied according to patterns of vulnerability depending on both childhood and adult experiences. Reported results support the hypothesis that child abuse increases the risk for partner violence in adulthood. Early experiences appear to play a powerful role in women entering relationships in which they experienced revictimization in the form of arguments and verbal abuse. A second relationship is noted between a history of child abuse and neglect and the frequency of conflict, whether verbal or physical, reported as an adult. It appears that early traumatic experiences can decrease the likelihood of protecting oneself from future abuse. Close relationships that result in emotional or physical damage become the norm for a woman who has yet to identify the warning signs in adult relationships that may indicate problems in conflict resolution.

Alternatively, victimization as a child often results in women's inability to disclose abusive incidents due to feelings of shame, guilt, or even fear of being harmed by perpetrators.

Alternatively, victimization as a child often results in women's inability to disclose abusive incidents due to feelings of shame, guilt, or even fear of being harmed by perpetrators. Wyatt (1997) notes that among a community sample of African American women, physical abuse in childhood was associated with an impaired ability to communicate with partners in adulthood. Women who were abused in childhood may have difficulties disclosing traumatic experiences, rendering them less likely to disclose abuse they experience in adulthood. This inability to communicate their experiences serves to keep the abuse hidden and continues to place women in danger. A host of skills, including creating personal escape plans and communication tools that enable women to protect themselves and their children is needed.

Vulnerabilities in Adulthood

These results support the importance of examining both income level and income differential as correlates of partner violence. Women with lower incomes and those with the highest income differentials relied heavily on their partners' income and were most likely to report both non-physical conflict and more frequent violence in their current relationships. African American women who reported this

pattern of domestic violence may be unable to support themselves and/or may be heavily dependent on their partners for economic survival. Further, according to research describing the effects of mate unavailability for African Americans (James, Tucker, & Mitchell-Kernan, 1996), many women may attempt to maintain relationships because of the scarcity of future prospects, which may, in turn, also contribute to decisions to maintain dependence on current partners.

Communication and negotiation skills are needed in the African American community in order to foster the development of and preserve existing healthy relationships.

Younger African American women were more likely to experience some form of verbal conflict, perhaps because they may have not yet learned methods of non-confrontational communication when partners disagree. These skills must be taught to male and female youth in order to avoid patterns that can sometimes escalate to physical confrontation. Although Wyatt (1997) found that a community sample of HIV-negative younger women were more able to communicate with their sexual partners, this study suggests that such communication may be plagued by verbal conflict. Communication and negotiation skills are needed in the African American community in order to foster the development of and preserve existing healthy relationships.

HIV Status

HIV-positive African American women were significantly more likely to report both types of abuse in their current or most recent relationships. Being HIV-positive may diminish the support women receive, even in their closest relationships. Given the disproportionate prevalence of HIV infection among African American women, HIV intervention programs need to focus on domestic violence issues as a priority. Further, health professionals need to take a comprehensive history that includes questions about domestic and past traumas in order to make appropriate recommendations and an effective treatment plan.

Given the disproportionate prevalence of HIV infection among African American women, HIV intervention programs need to focus on domestic violence issues as a priority.

HIV status was also associated with lower access to social buffers that can increase personal vulnerability. It appears that HIV-positive African American women not only experienced not only victimization as children, but also revictimization in the form of both verbal and physical abuse as adults. Further, they were less likely to have access to educational opportunities and financial stability. HIV intervention programs must address these socioeconomic disadvantages and paucity of resources that HIV-positive

women face and coordinate efforts with other community resources to provide the best care possible.

Correlational Findings

Lack of opportunity early in life is associated with a host of difficulties, including potential exposure to other forms of trauma. Overall, women who were raised in environments that included financial and familial instability continued to experience not only financial problems, but also social instability, including trauma and legal problems.

One limitation of the current study is that we examined the verbal and physical abuse women allegedly received from their partners. In so doing, we were unable to fully capture antecedents of conflict and violence. Further, the sample of HIV-negative women is small, and the total sample is not representative of HIV-positive women in Los Angeles County. Some of these limitations could not be avoided. There is no procedure in California that requires the reporting of an HIV-infected individual without AIDS. Thus, these results are based on only women who volunteered to participate and not the population of HIV-infected women in the geographic area. Regardless of these limitations, however, these results can help to clarify patterns of violence and will need to be replicated with larger samples of HIV-positive and negative women.

We need more information about the contribution of child abuse separate from other traumatic events and the impact on later victimization among HIV-positive and negative women. Second, we need to examine in research the developmental trajectory whereby girls who are abused or neglected and are raised in economically impoverished settings face more severe abuse than those who do not. This is a first attempt to examine the cycle of violence in African American women who range in types of past and current vulnerability. Effective interventions need to focus on how to strengthen healthy patterns developed early in life that can serve as a buffer to intimate partner violence and help African American men and women to resolve conflicts using non-violent methods.

The best antidote for a people with an oppressive history of violence is to refuse to emulate abusive patterns of interacting in our homes and communities and to focus on relearning the strengths of some of our ancestors in their quest to survive.

This is a first attempt to examine the cycle of violence in African American women who range in types of past and current vulnerability.

FUTURE RESEARCH

We need more information about the contribution of child abuse separate from other traumatic events and the impact on later victimization among HIV-positive and negative women.

REFERENCES

- Astin, M. C., Lawrence, K. J., & Foy, D. W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. *Violence and Victims, 8*(1), 7–28.
- Attar, B. K., Guerra, N. G., & Tolan, P. H. (1994). Neighborhood disadvantage, stressful life events, and adjustment in urban elementary-school children. *Journal of Clinical Child Psychology, 23*(4), 391–400.
- Axelrod, J., Myers, H., Durvasula, R., Wyatt, G. E., & Cheng, M. (1999). The impact of relationship violence, HIV, and ethnicity on adjustment in women. *Cultural Diversity and Ethnic Minority Psychology, 5*(3), 263–275.
- Bell, C. C., & Chance-Hill, G. (1991). Treatment of violent families. *Journal of the National Medical Association, 83*(3), 203–208.
- Browne, A. (1993). Family violence and homelessness: The relevance of trauma histories in the lives of homeless women. *American Journal of Orthopsychiatry, 63* (3), 370–384.
- Browne, A., & Williams, K. R. (1993). Gender, intimacy, and lethal violence: Trends from 1976 through 1987. *Gender & Society, 7*(1), 78–98.
- Centers for Disease Control and Prevention. (1998). *HIV/AIDS Surveillance Report, 10* (No. 2). URL (consulted June 2001): <http://www.cdc.gov/hiv/stats/hasr1002.pdf>. Atlanta, Georgia.
- Coley, S. M., & Beckett, J. O. (1988). Black battered women: Practice issues. *Social Casework, 69*(8), 483–490.
- Finkelhor, D., Hotelling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristic, and risk factors. *Child Abuse and Neglect, 14*(1), 19–28.
- Gilbert, L., El-Bassel, N., Schilling, R. F., & Friedman, E. (1997). Childhood abuse as a risk for partner abuse among women in methadone maintenance. *American Journal of Drug & Alcohol Abuse, 2*(4), 581–595.
- Hattendorf, J., & Tollerud, T. R. (1997). Domestic violence: Counseling strategies that minimize the impact of secondary victimization. *Perspectives in Psychiatric Care, 33*(1), 14–23.
- Heron, R. L., Twomey, H. B., Jacobs, D. P., & Kaslow, N. J. (1997). Culturally competent interventions for abused and suicidal African-American women. *Psychotherapy: Theory, Research and Practice, 34*(4), 410–424.
- Hill, H. M., Hawkins, S. R., Raposo, M., & Carr, P. (1995). Relationship between multiple exposures to violence and coping strategies among African-American mothers. *Violence and Victims, 10*(1), 55–71.
- Jackson, A. P., & Sears, S. J. (1992). Implications of an Afrocentric worldview in reducing stress for African American women. *Journal of Counseling and Development, 71*(2), 184–190.
- James, A. D., Tucker, M. B., & Mitchell-Kernan, C. (1996). Marital attitudes, perceived mate availability and subjective well-being among partnered African-American men and women. *Journal of Black Psychology, 22*(1), 20–36.
- Kalichman, S. C., Belcher, L., Cherry, C., & Williams, E. A. (1997). Primary prevention of sexually transmitted HIV infections: Transferring behavioral research technology to community programs. *Journal of Primary Prevention, 18*(2), 149–172.

- Katz, A. W. (1997). Faces of abuse: Portrait of a couple—A psychoanalytic study of the film, *A Woman Under the Influence*. *Psychoanalytic Review*, 84(5), 753–767.
- Kimerling, R., Armistead, L., & Forehand, R. (1999). Victimization experiences and HIV infection in women: Associations with serostatus, psychological symptoms and health status. *Journal of Traumatic Stress*, 12(1), 41–58.
- Los Angeles County Department of Health Services, HIV Epidemiology Program. (1999, July). *LA County epidemiology surveillance report*. Los Angeles.
- Marsh, C. E. (1993). Sexual assault and domestic violence in the African American community. *Western Journal of Black Studies*, 17(3), 149–155.
- Molina, L. D., & Basina-Smith, C. (1998). Revisiting the intersection between domestic abuse and HIV risk. *American Journal of Public Health*, 88(8), 1267–1268.
- National Research Council, Panel on Research on Child Abuse and Neglect (1993). *Understanding child abuse and neglect*. Washington, DC: National Academy Press.
- Nyamathi, A., Wayment, H. A., & Dunkel-Schetter, C. (1993). Psychosocial correlates of emotional distress and risk behavior in African-American women at risk for HIV infection. *Anxiety, Stress and Coping: An International Journal*, 6(2), 133–148.
- Reid, S. A., & Glasser, M. (1997). Primary care physicians' recognition of and attitudes toward domestic violence. *Academic Medicine*, 72(1), 51–53.
- Rhodes, J. E., Ebert, L., & Meyers, A. B. (1993). Sexual victimization in young, pregnant, and parenting African-American women: Psychological and social outcomes. *Violence and Victims*, 8(2), 153–163.
- Romero, G. J., Wyatt, G. E., Loeb, T. B., Carmona, J. V., & Solis, B. M. (1999). The prevalence and circumstances of child sexual abuse among Latina women. *Hispanic Journal of Behavioral Sciences*, 21(3), 351–365.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family*, 4, 75–88.
- Wingood, G. M., & DiClemente, R. J. (1996). HIV sexual risk reduction interventions for women: A review. *American Journal of Preventive Medicine*, 12(3), 209–217.
- Wyatt, G. E. (1985). *The Wyatt Sex History Questionnaire*. Los Angeles: Author.
- Wyatt, G. E. (1997). *Stolen women: Reclaiming our sexuality, taking back our lives*. New York: John Wiley and Sons, Inc.
- Wyatt, G. E., Guthrie, D., & Notgrass, C. (1992). Differential effects of women's child sexual abuse and subsequent sexual revictimization. *Journal of Consulting and Clinical Psychology*, 60(2), 167–173.
- Ybarra, S. (1991). Women and AIDS: Implications for counseling. *Journal of Counseling & Development*, 69(3), 285–287.

**WORKING TOWARD A CULTURALLY COMPETENT MODEL
OF RESEARCH FOR DOMESTIC VIOLENCE IN THE
AFRICAN AMERICAN COMMUNITY**

Dr. Robert L. Hampton

Presenter Acknowledgments

Dr. Hampton co-authored this article with Maria Vandergriff-Avery, M.S., University of Maryland at College Park, MD.

ABSTRACT

Therefore, as researchers, it is imperative that we know something about the people we are researching and not assume that one model of research is suitable for all.

In other words, those involved in culturally sensitive research must work towards becoming culturally competent.

The amount of research conducted on domestic violence has continued to increase since the late 1960s. The questions guiding this research often include the following: How many people abuse their intimate partners? How many people are abused by someone they love? What kind of person would abuse his or her partner? Why would someone abuse his or her intimate partner? What are the best ways to help those who are abused? What are the best ways to help those who are abusers? How can we prevent domestic violence from occurring in the first place? All of these questions are relevant and important in terms of helping us understand and, hopefully, prevent the phenomena of domestic violence.

Equally important to the questions we raise is how we *ask* the questions and *to whom* we ask them. Unfortunately, much of the research done to date has been either done on predominately European American batterers and victims or based on models of European American batterers and victims. Williams (1998) has argued that many theories that guide our research often use a “one-size-fits-all” approach without regarding the intersections of culture, race, and violence. This approach is inappropriate and irresponsible for doing research with diverse groups. Therefore, as researchers, it is imperative that we know something about the people we are researching and not assume that one model of research is suitable for all. Although this principle is true of all research endeavors, it is especially true for the study of domestic violence, particularly with regard to domestic violence in families of color where, until recently, there has been an absence of research (Hampton & Yung, 1996).

Although there has been an increase in the amount of research focusing specifically on violence in families of color, there is still much work to be done (Asbury, 1999; Hampton & Yung, 1996). To gain better understanding of domestic violence in African American families and in other communities of color, researchers must strive to be culturally sensitive to the populations with whom we are working. To do culturally sensitive research, the researcher(s) must “embrace differences, involve participants, seek to understand people within the context of their environments, and strive to empower participants” (Barton, 1998). In other words, those involved in culturally sensitive research must work towards becoming culturally competent.

Cultural competence is a set of congruent policies, attitudes, and behaviors that enable professionals to work effectively

in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989). This ability is accomplished through an increase in “understanding and appreciation of cultural differences and similarities within, among, and between groups” (Bureau of Primary Health Care, 1999).

The purpose of this article is to examine why it is important to *do* culturally competent research and to examine what doing culturally competent research involves. We will then describe two conceptual models of research developed by Dr. Gail Wyatt that encourage cultural competence. Finally, we will discuss some of Dr. Wyatt’s empirical research, including her article “Examining Patterns of Vulnerability to Domestic Violence Among African American Women” and how, in her own work, she consistently attempts to conduct research that is culturally competent.

The need for a commitment to cultural competence and cultural sensitivity is perhaps more relevant today than it has ever been. Estimates indicate that by the year 2005, 40% of the United States youth population will be children and adolescents of color (Hernandez, Isaacs, Nesman, & Burns, 1998). Therefore, to work effectively with our ever-changing population, we must, as both practitioners and researchers, be able to respond appropriately to the unique needs of a variety of cultures. Research methods must be utilized that are respectful and sensitive to the multicultural populations being served (Takahashi & Sung, 1997).

Culturally competent research does not just involve “making sure that the language in questionnaires is appropriate for various groups. It means embracing and working within multiple perspectives at all phases of the research process” (Barton, 1998). This process begins during the development of the research question and should follow through the analysis and reporting of research results. Incorporating cultural competence at all levels of the research process can be quite complicated. Examining how programs are working on becoming culturally competent can be a great resource for researchers who are trying to determine how to make their own work culturally competent. According to the Bureau of Primary Health Care (1999), culturally competent programs:

- ◆ Acknowledge culture as a predominant force in shaping behaviors, values, and institutions;

The purpose of this article is to examine why it is important to do culturally competent research and to examine what doing culturally competent research involves.

WHY BE A CULTURALLY COMPETENT RESEARCHER?

WHAT CULTURALLY COMPETENT RESEARCH INVOLVES

- ◆ Acknowledge and accept that cultural differences exist and have an impact on service delivery;
- ◆ Believe that diversity within cultures is as important as diversity between cultures;
- ◆ Respect the unique, culturally defined needs of various client populations;
- ◆ Recognize that concepts such as “family” and “community” are different for various cultures and even for subgroups within cultures; and
- ◆ Understand that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with the cultures (of their clients).

These actions are comparable to what Cross and colleagues (1989) refer to as the five essential elements of a culturally competent system. These elements, including how they are related to both practice and research, are as follows:

These actions are comparable to what Cross and colleagues (1989) refer to as the five essential elements of a culturally competent system.

- 1. Value diversity*
- 2. Self-assess the cultural foundation*
- 3. Understand the dynamics of difference*
- 4. Institutionalize cultural knowledge*
- 5. Promote an adaptation to diversity*

1. Value diversity — It is imperative that both researchers and practitioners recognize and respect the value of diversity and acknowledge that people from different backgrounds will make different choices based on culture. An awareness and acceptance of the differences in communication, life view, and definition of health and family are critical to the delivery of services and to both the formulation and process of doing research. When developing research questions and interpreting data, it is important to keep in mind the predominance of culture in shaping both our questions and the responses of our participants. This concept is related to the first two features discussed in the Bureau of Primary Health’s description of a culturally competent program.

2. Self-assess the cultural foundation — A system, whether it is a system of care providers or a system of researchers, must be able to assess itself and have a sense of its own culture because if one can understand how one’s own system is shaped by culture, it is easier to assess how the system interfaces with other cultures. Uehara and Sohng (1996) have gone one step further with this concept. They assert that researchers should constantly be

involved in a “process of both private and public reflection on how their biases and motives affect the research process.”

3. Understand the dynamics of difference — It is important to be conscious of the dynamics that are inherent when different cultures interact and to be constantly vigilant over the dynamics of misinterpreting and misjudgment. In terms of practice, this understanding will reduce possible frustration felt by the client and the service provider. In terms of research, this understanding can help prevent the misinterpretation of results.

4. Institutionalize cultural knowledge — Practitioners and researchers must sanction, and in some cases mandate, the incorporation of cultural knowledge into both frameworks of service delivery and research at every level. For example, in terms of a research project, everyone from the lead researcher to those who enter data must be in tune with the population being studied. Efforts also need to be made to engage community contacts and consultants in organizing the research project so that the *right* questions will be asked and the research findings will be interpreted in a way that *makes sense* for the community being served.

5. Promote an adaptation to diversity — Adaptations that reflect an understanding of cultural diversity must be developed for both service delivery and research.

Absent from Cross and colleagues’ (1989) discussion, but worthy of further discussion, is the notion of “within-group” and “across group” comparisons often done during culturally competent research (Bureau of Primary Health 1999). Caution must be taken in the interpretation of research done between/across groups. Cultural perspectives play a role in how this kind of research is perceived.

Three cultural perspectives that have been examined in terms of comparing white American families with African American families, also applying to other families of color, are the cultural deviant perspective, the cultural equivalent perspective, and the cultural variant perspective (Hampton & Yung, 1996). The cultural deviant perspective recognizes that families of color are different from families of the majority group. These differences, however, are regarded as pathological or deviant. The cultural equivalent perspective

Absent from Cross and colleagues’ (1989) discussion, but worthy of further discussion, is the notion of “within-group” and “across group” comparisons often done during culturally competent research (Bureau of Primary Health 1999).

Caution must be taken in the interpretation of research done between/ across groups.

For example, researchers should not always assume universality when a pattern of results appears to apply across diversity dimensions (Barton, 1998).

Wyatt (1994) argues that in order “to improve the research that will, hopefully, capture the effects of violence in a more culturally relevant context, the models for examining violence need to change” (p. 19).

RESEARCH MODELS THAT ENCOURAGE CULTURAL COMPETENCE

takes on a “color blind” approach and assumes that there are no differences between families of color and families of the majority group. This perspective results in the application of universal solutions and/or universal research methods to all families regardless of race, ethnicity, or culture. Finally, the cultural variant perspective recognizes the impact of both environment and culture on the family in both its structure and functioning.

Culturally competent research does not allow for the cultural deviant or cultural equivalent perspectives. It is important to recognize that research that makes a conscious effort to look at similarities and differences across groups, whether by race, ethnicity, gender, or some other factor, does not imply that one group is more pathological than another. Rather, it is a way to provide more information about the groups being studied. Therefore, researchers must be alert to “across group” differences. However, researchers must also be conscious to not overemphasize or confound group differences. For example, researchers should not always assume universality when a pattern of results appears to apply across diversity dimensions (Barton, 1998). At the same time, if “...analyses reveal clear differences between groups on a dimension, such as ethnicity, researchers must explore the possibility that ethnicity may be confounded with some other dimension, urban verses rural settings perhaps, and that ethnicity may or may not be the characteristic most closely linked with the observed difference” (Barton, 1998, p. 297). On the other hand, researchers should not neglect or overlook the possibility of shared experiences across diversity dimensions by overemphasizing group differences (Barton, 1998).

It is important to keep in mind that becoming culturally competent, whether as a practitioner or researcher, is a developmental process. The first step involves understanding what it means to do culturally competent research and to participate in culturally competent practices. The next major step is deciding to consciously incorporate the elements of cultural competence into the research process. One way to accomplish this is to utilize models of research that encourage cultural competency.

Wyatt (1994) argues that in order “to improve the research that will, hopefully, capture the effects of violence in a more culturally relevant context, the models for examining violence need to change” (p. 19). In response to her own call for new models, Wyatt (1994) has developed two models to help guide researchers who are examining

issues of domestic violence in the African American community.

The first model, *Alternative Approach to Violence*, is based on the notion that there are many factors in an individual's life that influence violent behaviors (Figure 1). According to Wyatt (1994), researchers should assess all of the elements presented in the *Alternative Approach to Violence* model when investigating domestic violence. This model shows that there are many aspects of an individual's life that can have an impact on violent behavior. An individual is influenced not only by these various factors in his or her life but also by the community/neighborhood, nation, and world in which he or she is located. In other words, both individual and social factors affect violent behavior. The individual factors include the following: the relationship an individual has with his or her partner and the power balance between them; the relationship between the individual and a child(ren), including the effect witnessing violence may have on the child; whether there is a history of family violence including both reported and unreported incidences; whether the individual is affiliated with a group or gang as well as the meaning and importance of the affiliation; and the individual's perception of whether violence has been perpetuated against his or her group.

The social factors that influence the individual include the environment such as the community or neighborhood in which the individual resides, the nation where the neighborhood or community is located, and the greater world where the nation is located. The environment "provides a larger context for understanding violence and its effects" (Wyatt, 1994, p. 16). Wyatt suggests that it is important for the researcher to keep in mind not only the violence that takes place within and upon the neighborhood or community, but also how the neighborhood or community avoids violence. When examining the greater contexts of nation and world, it is important to keep in mind issues of racism that are exercised at both personal and institutional levels.

Wyatt (1994) also argues that to obtain information about culture-bound issues related to violence in the family, researchers should include both cultural and ethnic dimensions in their studies as standard practice. Incorporating this method across research studies may result in the emergence of common themes. To aid researchers in assessing violence in communities of color more appropriately, Wyatt developed another model entitled

The first model, Alternative Approach to Violence, is based on the notion that there are many factors in an individual's life that influence violent behaviors (Figure 1).

Wyatt (1994) also argues that to obtain information about culture-bound issues related to violence in the family, researchers should include both cultural and ethnic dimensions in their studies as standard practice.

Alternative Approach To Violence

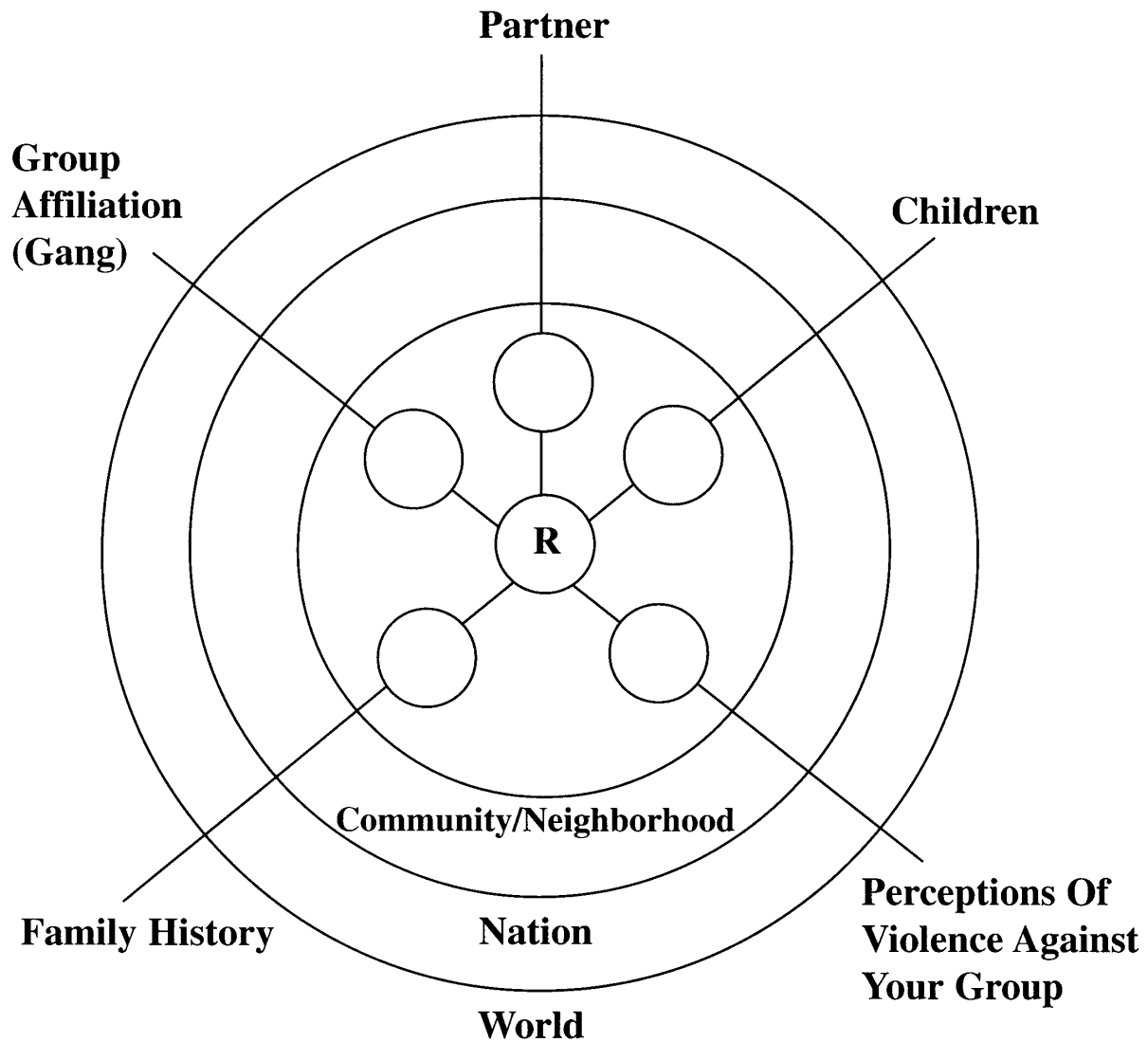


Figure 1

Sociocultural assessment of the impact of violence

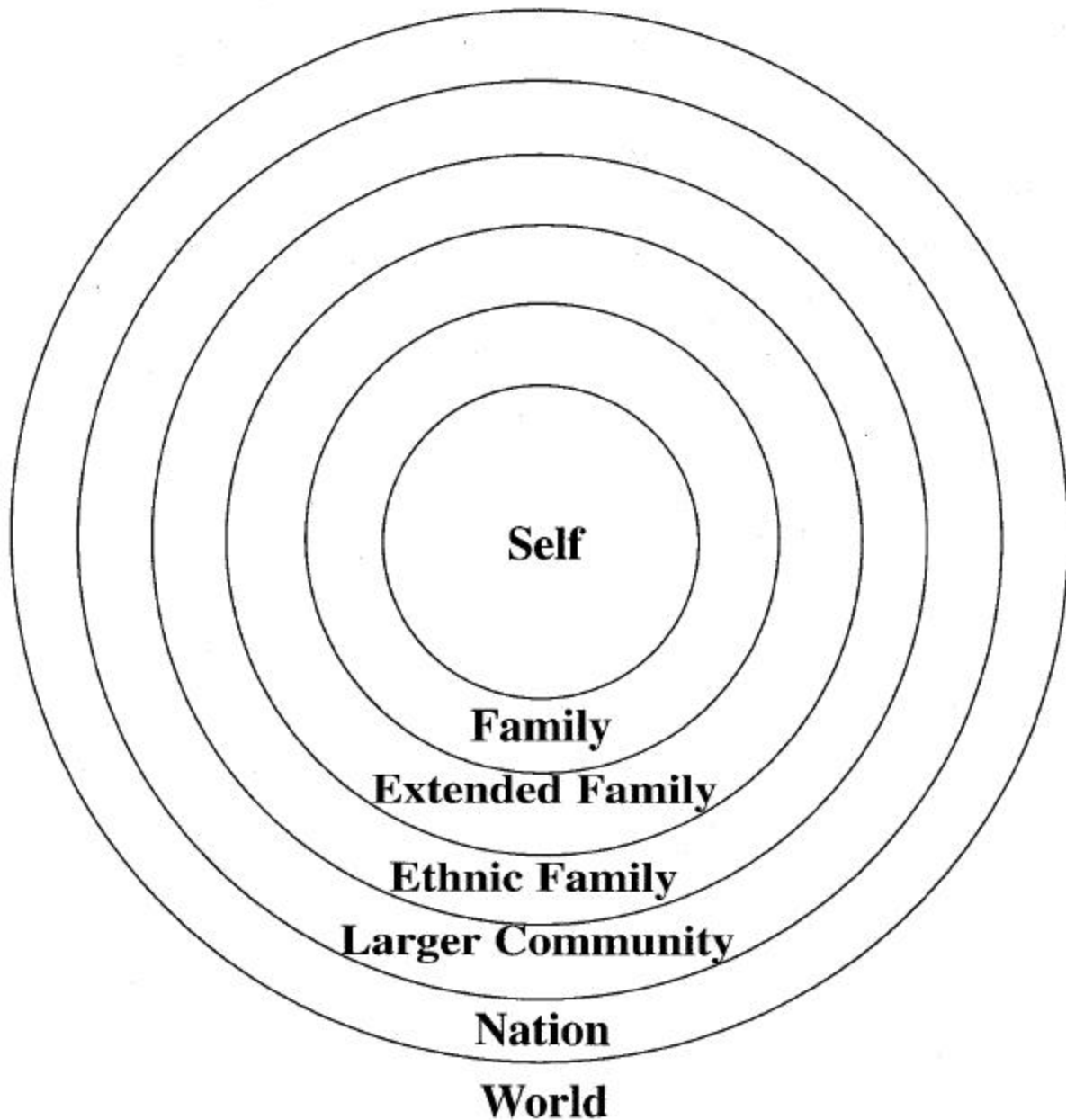


Figure 2

the *Sociocultural Assessment of the Impact of Violence* (Figure 2). According to Wyatt (1994), this model “not only identifies effects of violence on an individual, but seeks to examine its context by examining the effects of domestic violence on ethnic and cultural groups, as well as communities” (p. 18). The model does so by investigating the impact of violence at various levels. Nested within one another the levels of self, family, extended family, ethnic community, larger community, nation, and world are considered.

Wyatt’s model is based on Bronfenbrenner’s (1979) ecological framework, which posits that to fully understand an outcome, one must move beyond the level of self. The familial and social contexts are important not only as separate systems, but also in terms of how they interact with each other. It is the interaction of several levels of variables that result in a certain outcome rather than just one variable alone (Dutton, 1985). Although Bronfenbrenner (1979) initially developed the ecological framework with a child in mind, it can be used to examine any developing individuals in terms of their relationships within their environments. Each level of the framework extends outward from the developing individual.

The first level of the framework is the microsystem. The microsystem is the interpersonal interactions experienced by the developing person in a face-to-face setting such as interactions with family members, friends, co-workers, etc. These are the exchanges that take place within someone’s immediate surroundings. This level is similar to the individual factors described in Wyatt’s (1994) *Alternative Approach to Violence* model and the family level of her *Sociocultural Assessment of the Impact of Violence* model.

It is the interaction of several levels of variables that result in a certain outcome rather than just one variable alone (Dutton, 1985).

The next level of the ecological framework is the mesosystem. The mesosystem advances one step beyond the microsystem and consists of the interlinking of the various system groups in which the individual actively participates (Brentherton, 1993). In other words, the mesosystem is where one microsystem connects with another microsystem, (e.g. the family and the community or the family and work). This level is represented very clearly in Wyatt’s (1994) *Alternative Approach to Violence* model. As Figure 1 illustrates, each of the smaller individual factors is encompassed in a larger circle showing that each of these elements has the capability of interacting with each other. Elements from the family, extended family, and ethnic family levels of Wyatt’s (1994) *Sociocultural Assessment of the*

Impact of Violence model also correlate with Bronfenbrenner's (1979) mesosystem.

The next level, the exosystem, may not include the individual directly but still has an effect on the individual because it impacts the behavior of the people who are in the individual's microsystem (Brentherton, 1993). An example would be the workplace of a partner. The community/neighborhood level of Wyatt's (1994) *Alternative Approach to Violence* model and the larger community level of her *Sociocultural Assessment of the Impact of Violence* model are similar to Bronfenbrenner's (1979) exosystem.

The final level in the ecological framework is the macrosystem. This level "comprises the belief systems, resources, hazards, life-styles, opportunity structures, life course options, and patterns of social interchange that may be considered a specific society's blueprint for living" (Bronfenbrenner, 1989, as cited in Brentherton, 1993, p. 286). The macrosystem can include laws, cultural values, and customs (Berk, 1999). This level is similar to the nation and world level of Wyatt's (1994) *Alternative Approach to Violence* model and includes elements of the ethnic family, larger community, nation and world levels of Wyatt's (1994) *Sociocultural Assessment of the Impact of Violence* model. When using the ecological framework to guide research, it is important to keep in mind the ecological fallacy. Being a member of environment "X" does not always result in behavior "Y." This fallacy should be kept in mind when utilizing Bronfenbrenner's (1979) model or either of Wyatt's (1994) models.

Now that we have explored conceptual models that will help us tailor our research in a more culturally competent manner, we will examine specific examples of empirical research that attempt to utilize a culturally competent approach, particularly some of the empirical research conducted by Wyatt.

Wyatt has done an extensive amount of research with both African American and white American women in terms of sexually-related issues. For example, in 1989 she examined factors that predict the age at first coitus for African American and white American women (Wyatt, 1989). She found that to examine the role of ethnicity in first coitus, differences in demographic characteristics between black and white samples need to be controlled. Similarly, she found that multiethnic research should include variables that are relevant to both ethnic groups, as well as abusive sexual experiences, in order to understand the

**EXAMPLES OF
EMPIRICAL
RESEARCH
CONDUCTED
BY WYATT**

Similarly, she found that multiethnic research should include variables that are relevant to both ethnic groups, as well as abusive sexual experiences, in order to understand the multiplicity of factors predicting age at first intercourse.

multiplicity of factors predicting age at first intercourse. These findings are related to the points discussed about “across-group” analyses. Sometimes “across-group” differences can be confounded with some other dimension—in this case demographic characteristics.

In 1991, Wyatt examined predictors of sex guilt in African American and white American women (Wyatt & Dunn, 1991). Results indicate that while the association between church attendance and sex guilt is stronger for white American women than for their African American counterparts, no significant differences in sex guilt across attendance levels exist for African American women. Overall, contrary to previous reports, African American women have higher levels of sex guilt than their white American peers. Once again, Wyatt took into consideration “across-group” differences. She did not address them from a culturally deviant perspective or from a culturally equivalent perspective, but from a culturally variant perspective.

In 1995, Wyatt examined the prevalence and context of sexual harassment among African American and white American women (Wyatt & Riederle, 1995). Almost half of the women reported sexual harassment in work and social environments. Significant ethnic differences were found in the prevalence and type of sexual harassment and in victims’ characteristics in work settings. Single African American victims of harassment in social settings are significantly more likely to have incomes at or below the poverty level compared to their white peers. Significantly more white women than African American women report sexual harassment in the workplace — this finding contradicts earlier findings.

In a more recent study done in 1998, Wyatt examined the relationship between social, structural, and economic variables that increase the HIV-related sexual risk taking among African American women, Latina women, and white women (Wyatt, Forge, & Guthrie, 1998). The findings identify different patterns of sexual risk-taking for each ethnic group. Latinas’ risks increase within a committed relationship, and White women’s risks are increased by sex outside their current relationships and by their sexual practices. African Americans’ risks increase as a result of economic instability and being single.

Wyatt’s most recent work, “Examining Patterns of Vulnerability to Domestic Violence Among African American Women,” explores the relationship among HIV status, child

abuse and neglect, and other traumatic events, along with background variables such as social class of childhood neighborhood, legal problems, income level, educational level, and number of parent figures in the childhood home (Wyatt, Axelrod, Chin, Carmona, and Loeb, 2000). How well these variables predict physical and nonphysical violence in adulthood is also examined. In this study of 135 African American women, lower levels of education are associated with lower levels of income, a higher level of past traumas, more legal problems, not having two parent figures in the childhood home, lower social class of the childhood neighborhood, and higher incidence of HIV seropositivity. Having a lower level of income is associated with not having two parent figures in the childhood home, more legal problems, and a higher incidence of HIV seropositivity. Past traumatic events are associated with more legal problems, and child abuse and neglect are associated with having two parents in the childhood home as well as a higher incidence of being HIV-positive.

This research project also reveals several significant simple correlations. Women with low incomes reported greater levels of physical violence. Women who experienced childhood abuse and neglect, women with lower incomes, and women with greater income differentials reported higher levels of nonphysical violence. Higher levels of conflict frequency were found among women with lower incomes, women who experienced childhood abuse and neglect, and women with greater income differentials. Women with lower incomes also reported the highest levels of experiencing both physical and nonphysical violence.

Using multiple regression analyses, Wyatt and colleagues (2000) also found predictors of relationship violence. Although the model used to predict physical violence is not significant, the models used to predict nonphysical violence, total conflict, and both physical and nonphysical violence are. In the model predicting nonphysical violence, personal income, age, child abuse and neglect, and income differential are all significant individual predictors. In the model predicting total conflict, both income differential and childhood abuse and neglect are found to be significant individual predictors. Finally, for the model predicting both physical and nonphysical violence, HIV status is the only significant individual predictor in that HIV-positive women are three times more likely than HIV-negative women to experience both types of conflict.

By narrowing in on differences that exist within the African American community of women in terms of domestic violence, Wyatt, et al., (2000) challenges preconceived notions that all African American women are the same.

Wyatt's most recent work is different from some of her previous work in that it focuses only on African American women. Although the larger study from which the sample was drawn included a variety of ethnic groups, Wyatt, et al. made the decision to examine the differences within the segment of African American women who participated in the larger study. The emphasis is, therefore, placed on the "within-group" differences rather than on the "across-group" differences. The African American women in the study do indeed appear to be diverse. The age of the women ranged from 19 to 61. Their income levels were also quite diverse ranging from \$0 to \$5,000 per month. There were also differences in levels of education, ranging from seven to nine years, and in marital status (21% married; 35% engaged in a steady relationship of at least 3 months; 15% casually dating; and 29% not currently involved). By narrowing in on differences that exist within the African American community of women in terms of domestic violence, Wyatt, et al. (2000) challenges preconceived notions that all African American women are the same.

CULTURAL COMPETENCE OF WYATT'S WORK

There is a common theme in the discussion about culturally competent research and the way Wyatt conducts her research. She often takes into consideration differences across racial groups. Much of her past research compares African American women with white women. More recently, Wyatt has begun to compare these 2 groups with Latina women. She never takes a culturally deviant or culturally equivalent perspective. She does not interpret differences between groups as deviant or pathological. She does not assume that there are universal causes or universal solutions to problems. She simply tries to understand and provide more information about the differences that may, or in some cases may not, exist between various racial groups. She takes great care to determine if the differences that she has found are a result of "group" differences or are a result of some other confounding factor(s). She does not overlook shared experiences across groups, nor does she overlook the differences in experience that exist within groups.

The need for more awareness of, and preparation in, developing culturally competent research should be self-evident from the foregoing analysis of Wyatt's work. She has demonstrated, on a small scale, what is becoming more apparent in other arenas as well, especially in the biological sciences. Just as medical researchers in the last decade have begun to realize that there are different manifestations of symptoms for heart disease between men and women or between ethnic and racial groups, we, in the behavioral sciences, can no longer conduct research that assumes a "one-size-fits-all" approach for solving cultural and community problems. If we truly want to tackle the societal ills of domestic abuse and community violence, we must actively promote the concept of culturally competent research which entails letting go of the concept that there should be a preconceived universal standard or definition *at all*.

In essence, this approach will require that researchers adopt an unconditional, culturally non-judgmental attitude. To achieve this end, we should advocate that all research funding and programs include resources for incorporating a cultural competence model into research and practice. In this way, the probability of outcome success is multiplied helping to ensure that cultural differences are addressed and respected as opposed to being overlooked or categorized as deviant or pathological. Only in this manner will we be able to truly serve the needs of a diverse African

CONCLUSION

If we truly want to tackle the societal ills of domestic abuse and community violence, we must actively promote the concept of culturally competent research which entails letting go of the concept that there should be a preconceived universal standard or definition at all.

American population and, in the end, begin to resolve the confusion and destruction of domestic violence that threaten the security and well being of victims, batterers, their children, and the community.

REFERENCES

- Asbury, J. (1999). What do we know now about spousal abuse and child sexual abuse in families of color in the United States? In R.L. Hampton (Ed.), *Family Violence: Prevention and treatment, 2nd edition* (pp. 148–167). Thousand Oaks, CA: Sage.
- Barton, W.H. (1998). Culturally competent research protocols. In R.R. Greene and M. Watkins (Eds.), *Serving diverse constituencies: Applying the ecological perspective* (pp. 285–303). New York: Aldine De Gruyter.
- Berk, L.E. (1999). *Infants, children, and adolescents, 3rd edition*. Boston, MA: Allyn and Bacon.
- Bretherton, I. (1993). Theoretical contributions from developmental psychology. In P.G. Boss, W.J. Doherty, R. LaRossa, W.R. Schumm, & S.K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 275–297). New York: Plenum Press.
- Brofenbrenner, U. (1979). *Toward an experimental ecology of human development*. Cambridge, MA: Harvard University Press.
- Bureau of Primary Health. (1999). Guidelines to help assess cultural competence in program design, application, and management. URL (consulted December 2000) <http://www.bphc.hrsa.dhhs.gov/quality/cultural.htm>.
- Cross, T., Bazron, B., Dennis, L., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care, 1*. Washington, DC: CASSP Technical Assistance Center.
- Dutton, D.G. (1985). An ecologically nested theory of male violence towards intimates. *International Journal of Women's Studies, 8*, 404–443.
- Hampton, R.L., & Yung, B.R. (1996). Violence in communities of color: Where we were, where we are, and where we need to be. In R.L. Hampton, P. Jenkins, & T.P. Gullota (Eds.), *Preventing violence in America* (pp. 53–83). Thousand Oaks, CA: Sage.
- Hernandez, M., Isaacs, M.R., Nesman, T., & Burns, D. (1998). Perspectives on culturally competent systems of care. In M. Hernandez and M.R. Isaacs (Eds.), *Promoting cultural competence in children's mental health services* (pp. 1–25). Baltimore, MD: Paul H. Brooks.
- Takahashi, R., & Sung, S. (1997). The institute for multicultural research and social work practice. *Research on Social Work Practice, 7*, 263–277.
- Uehara, E.S., & Sung, S.L.S. (1996). Toward a values-based approach to multicultural social work research. *Social Work, 41*, 613–621.
- Williams, O.J. (1998). Healing and confronting the African American male who batters. In R. Carrillo & J. Tello (Eds.) *Family violence and men of color: Healing the wounded male spirit* (pp. 74–94). New York: Springer Publishing Company.
- Wyatt, G.E. (1989). Reexamining factors predicting Afro-American and white American women's age at first coitus. *Archives of Sexual Behavior, 18* (4), 271–298.
- Wyatt, G. E. (1994). Sociocultural and epidemiological issues in the assessment of domestic violence. *Journal of Social Distress and the Homeless, 3*, 7–21.
- Wyatt, G.E., & Dunn, K.M. (1991). Examining predictors of sex guilt in multiethnic samples of women. *Archives of Sexual Behavior, 20* (5) , 471–485.

- Wyatt, G.E., & Riederle, M. (1995). The prevalence and context of sexual harassment among African American and white American women. *Journal of Interpersonal Violence, 10* (3), 306–318.
- Wyatt, G.E., Forge, N.G., & Guthrie, D. (1998). Family constellation and ethnicity: Current and lifetime HIV-related risk taking. *Journal of Family Psychology, 12* (1), 93–101.

FORUM REFLECTIONS

The Institute on Domestic Violence in the African American Community (Institute) is committed to ending intimate partner violence. Consequently, the Institute's intent in planning this forum was to serve as a catalyst to facilitate a broader discussion and understanding of the meaning and value of culturally competent domestic violence research and interventions. The term *cultural competence* refers to the capacity of a practitioner or intervention agency to recognize the uniqueness, background, and context in which an individual experiences a particular condition. Thus, cultural competence is present when practitioners and agencies engage in program efforts that demonstrate preparedness and willingness to work with race and/or ethnic factors that are specific to the minority populations they serve.

The presenters and respondents whose papers are included in this compilation of the June 1999 forum proceedings do not dismiss the importance of the efforts of those individuals who pioneered the development of domestic violence interventions and domestic violence as a field of scientific inquiry. Rather, while their presentations consider a broad range of issues in the field, their singular concern is that effective domestic violence intervention with African Americans must be culturally competent.

Indeed, Drs. Carl Bell and Jacqueline Mattis suggest that criticism of ineffective "one-size-fits-all" intervention practices are to a degree mitigated by the sparse research and resources that examine the social, political, economic, and cultural context of domestic violence among African Americans. That is, in the long-term effective culturally competent interventions with African Americans who batter and their victims are dependent on research that enhances insight into the various contextual factors that contribute to domestic violence among this population.

Several issues are raised by the presenters and respondents that must be considered if researchers and practitioners are to successfully engage in culturally competent domestic violence research and intervention. First, it is important that researchers and practitioners recognize that factors both within and outside the African American community provide motives and justifications for domestic violence. In their critique of these factors, Bell and Mattis emphasize the importance of considering the ways in which American popular images and stereotypes of African American women increase their risk of being battered by men who have been socialized to accept exaggerated stereotypes as real.

Moreover, Bell and Mattis are also critical of how specific cultural practices of African American men function to reinforce the domination, control, and physical abuse of African American women. This point is developed in great detail in their discussion of how particular forms of African American popular culture (for example, "Toasts" and "Gangsta Rap") encourage the social construction of manhood identities based on the definition of women as property, the sexual objectification of women, and emphasis on the emotional and sexual exploitation of women.

These observations have implications for both domestic violence research and intervention. For example, in the area of domestic violence practice, examining the

views of African American men toward women and relationships through a consideration of popular culture art forms may be a way to facilitate group discussion of culturally relevant beliefs, values, and behaviors that are predictive of, as well as associated with the occurrence of domestic violence among African Americans. Furthermore, Bell and Mattis' observations suggest that there is a need for greater systematic inquiry into the specific processes involving the intergenerational transmission of male privilege and dysfunctional definitions of manhood among African American men. A more refined, research-based understanding of how structural and cultural processes influence the social construction of African American manhood identities will aid practitioners in their efforts to develop culturally competent domestic violence interventions for African Americans.

While the presenters, respondents, and the Institute support the development of culturally competent interventions for African Americans, it is also important to heed the remarks of Ms. Antonia Vann. Based on more than fifteen years of providing intervention services to African American women who have experienced intimate partner violence and their batterers, Ms. Vann concludes that "Providers need to understand that culturally specific programs are not (good or what is needed) for *all* African Americans."

Ms. Vann's observation is consistent with Wyatt's emphasis on recognizing diversity within the African American community in both domestic violence research and intervention approaches. As Wyatt noted, the exploration of diversity in the experiences and context of domestic violence among African Americans will enhance knowledge of the range of risk factors and life-course trajectories associated with its occurrence among this population.

As we move forward with our efforts to end domestic violence among African Americans, whether our professional efforts are in the area of research or practice, we should strive to incorporate T. Cross and colleagues' five essential elements of a culturally competent system that are described in Dr. Robert Hampton and Ms. Maria Vandergriff-Avery's paper printed in this proceedings. These elements are the following:

1. Value diversity;
2. Perform cultural self-assessment;
3. Understand the dynamics of difference;
4. Institutionalize cultural knowledge; and
5. Promote an appropriate adaptation to diversity.

Domestic violence intervention agencies may achieve these objectives by engaging in the culturally competent activities described by Williams and Becker (also referenced by Dr. Hampton and Ms. Vandergriff-Avery) who believe that culturally competent domestic violence service providers are involved in service delivery activities that include the following:

- ◆ Outreach activities that shape the African American community's perception of such programs;
- ◆ Outreach activities and intervention practices that demonstrate an investment in the African American community;

- ◆ Outreach activities that encourage African Americans to seek help from partner abuse programs; and
- ◆ Intervention practices that offer treatment approaches that are culturally congruent with the needs of African Americans.

With a commitment to these practices, African Americans can feel more confident that their experiences will not be marginalized as pathologically deviant or variant. Instead, researchers and practitioners will continue to unite to produce culturally relevant programs that will heal the wounds caused by domestic violence in the lives of African American families and their communities.

APPENDICES