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RESEARCH ARTICLE

Sub-Saharan African Immigrants and Intimate Partner Violence.

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Abstract

The focus of this study was the incidence of intimate partner violence (IPV) among Sub-Saharan African immigrants in the Southern United States. IPV among Sub-Saharan African (SSA) immigrants in the Southern United States is a social problem. Data analysis involved using NVivo qualitative data analysis software to capture, process, and produce pertinent findings. The findings from this study provide detailed information about how to serve victims of IPV from SSA immigrant communities. These findings may ultimately help organizations develop culturally based IPV programs, and combat IPV in the geographic area studied. The conclusions of this study revealed that a culturallybased assessment tool would be beneficial in accessing SSA immigrant populations. The study found that counselors and healthcare service providers lack culturally based tools when accessing SSA immigrants during intakes.

Introduction

Based on Bandura's theoretical proposition, learning takes research, the theory of marital dependence revealed the spousal propensity to betray the trust that binds them together as a couple. This betrayal becomes more understanding when tested with Raul Prelist's theory (Presbisch, 1974). Intimate partners can be violent in any place, not only in formal classroom settings (Bandura, 1977). Spouses study each other. When mutual learning occurs, each party can support the other party in areas of that party's weakness. When spouses demonstrate no knowledge of Bandura's theory or are outrightly ignorant of such postulations, the spouses will demonstrate a propensity to harm each other. Participants in this substantive study revealed associated encounters when they deal with IPV victims. With an understanding of Bandura's theory, social workers can access resources that help couples to learn about each other and share such resources with the IPV victims.

Researchers have previously examined the benefits of social workers and other clinicians who recognized that intimate partner violence is a social problem (Chidress, Gioia, & Campbell, 2018). This recognition is important because the relationship between provider and IPV patient can be a point of healing, and Walton, Aerts, Burkhart, and Terry (2015) described the importance of developing a nurturing relationship with an IPV client. Dickson-Gilmore (2014) studied gendered violence in indigenous communities and focused on the impact of health outcomes in society. However, minimal research exists on the effects of IPV in Sub-Saharan African (SSA) immigrant communities (Hawkins et al., 2013). Obtaining feedback from the social worker participants would increase understanding of the development of effective programs social workers can use to educate the SSA immigrants that IPV is a social problem. At the time this study was conducted, very few programs were available to help clinicians screen for IPV and to improve care for identified victims (Dickson-Gilmore, 2014).

Silke (2014) noted that there were not enough tools within the social work profession to assess the needs of the victims of IPV. There has been a great deal of research conducted about medical practitioners and social service worker recognition of IPV (Fawole, van Wyk, Balogun, Akinsola, & Adejimi, 2019). Consequently, IPV study among SSA immigrant women in the Southern United States is an under-researched area. Social workers and other healthcare providers play an integral role in the detection and prevention of IPV (Messing & Thaller, 2015). Thus, it is essential to understand why social workers and healthcare professionals face with inadequate resources and support, lack of referral sources, and lack of adequate procedures to screen IPV clients.

Background

Social workers and other healthcare providers play an integral role in the detection and prevention of IPV (Messing & Thaller, 2014). Researchers and fundamental healthcare employees often fail to adequately assess the needs of their clients (Hawkins & DiBella, 2013). Hawkins and DiBella (2013) argued that time constraints, inadequate resources and support, lack of referral sources, and lack of adequate procedures of screening are all barriers healthcare

professionals face when assessing clients' needs. Hamburger, Rhodes, and Brown (2014) argued that fewer than 2% of women were asked about domestic violence by social workers and other healthcare providers in family practice settings. Johnson, Ferguson, and Shirley (2017) said that while victims of violence often seek care at community health care facilities or other social service centers, they often do not receive the resources they need. Researchers have been interested in how practitioners should recognize and prevent IPV for all who come to them for healthcare and social services. Current research and programs have focused on practitioners and coping strategies for victims of IPV (Penti, Tran, Timmons, & Wilkerson, 2017). There is a need for culturallybased programs to help SSA immigrant women in the Southern region of the United States understand that IPV is a social problem.

The participants' perceptions of the causes of IPV within the SSA immigrant community and ultimately provide standardized solutions that could educate SSA immigrants that IPV is a social problem. These solutions could become part of social work practice as they provide service to the SSA immigrant IPV population. The study setting was a facility in a Southern State of the United States that provided support services to SSA victims of IPV victims. Data were collected via face-to-face interviews and through a focus group with the participants in private settings to protect the participants' privacy. The face-to-face interviews and focus groups, thus, were designed to elicit information that would help to create training plans and programs that would improve the assessment of current IPV services.

Despite numerous discussions about the need to prevent IPV, the abuse continues (Triplett et al., 2013; Wortham, 2014). IPV abuse includes social, psychological, emotional, sexual, and physical abuse (Pope & Tilghman, 2017). Much research focused on the above types of violence, and no studies included the cultural factors that influence IPV. West (2015) suggested that there was an urgent need to conduct rigorous studies that investigate IPV in the lives of SSA immigrant women. Missing from the literature was a study to determine social worker perceptions of the causes of IPV. The objective of this study was to gain feedback from social workers who worked with SSA immigrants in a Southern Region of the United States to develop a culturallybased program to help educate the SSA immigrant women about IPV as a social problem. This research not only serves social workers and other clinicians who work with IPV victims in the organization and community of study but also creates an avenue for policy makers and law enforcement to enact laws that will protect victims of IPV. Findings from this study could also help to develop a curriculum for educational use for social work and other healthcare professionals in academia. There were four main objectives of the study. The goals include: (a) gaining feedback from clinicians (b) educating SSA immigrant women that IPV is a social problem; (c) learning from the research participants who have encountered IPV victims; and (d) setting the stage for creative adaptation of new, culturally-based knowledge in the social service field.

Theoretical Considerations

According to Guéguen (2014), Weiss (2014), and Qureshi (2013), there are many theories researchers use to explain why men use aggression as a way of controlling their partners. Guéguen, (2014), Weiss, (2014), and Qureshi, (2013) revealed that economic hardship, chemical dependency, poor communication skills, family dysfunction, lack of spirituality, provocation by

women, and stress were factors associated with IPV. While these problems can be related to the abuse of women, they are not the cause of violence. According to Beyer, Wallis, and Hamberger (2015), the abuser will continue to use force as an effective method to gain and keep power over his partner. Abusers do not usually suffer any adverse consequences for their behaviors due to incompetent legal system (Beyer et al., 2015).

The research revealed that violence against women is often not considered a *real* crime. There is a lack of penalties, such as economic consequences and imprisonment, to reduce IPV (Camp, 2018). Men who are known abusers are rarely shunned (Halket, Gormley, Mello, Rosenthal, & Mirkin, 2014). Communities often accept their abusers despite how they treat their partners. Abusers and batterers come from all backgrounds, are members of all social and societal groups, and they fall into many different personality profiles.

Domestic violence is treatable; it is sometimes a learned behavior for those who witnessed abuse as children (Muhammad et al., 2015). Intimate partner violence harms the overall health of children who witness the abuse (Harbishettar & Math, 2014). Researchers found that IPV is a learned behavior, which might make it very difficult to change (McGinn, Taylor, McColgan, & Lagdon, 2016). Learning theory confirmed that the family environment is the primary agent of children's socialization. Learning theorists posited learning theory helps researchers understand how children raised in an environment of IPV are more likely to grow up to abuse women or be victims of abuse (Öberg, Stenson, Skalkidou, & Heimer, 2014). Gerassi (2019) collected data to evaluate how intervention response programs were affected by racism. Gerassi's research was an example of a qualitative study that relied on a literature survey of cases where the research focus explored from multifaceted perspectives (McCauley, 2014).

Ortiz-Barreda and Vives-Cases (2013) collected data from three sources: Harvard University's Annual Review of Population Law, the United Nations Secretary-General's database on violence against women, and via Advocates for Human Rights Stop Violence against Women program. Ortiz-Barreda & Vives-Cases set out to determine if legislation on violence against women worldwide contains vital components recommended by the Pan American Health Organization and the United Nations. These organizations help strengthen violence against women prevention and provide better-integrated victim protection, support, and care.

Some programs provide counseling for perpetrators of violence against women and children. According to Alderson et al. (2013), many of the IPV perpetrator programs have incorporated the issue of children's safety and the harmful parenting of domestically violent fathers within their program content.

Literature Review

Earlier research focused on the benefits of social workers and other clinicians, recognizing IPV as a social problem (Childress, Gioia, & Campbell, 2018). Other studies have focused on the impact of the health outcomes in society, but not many studies provided about the effects of IPV in SSA communities (Hawkins et al., 2013). The relationship between providers and patients can be a point of healing (Walton, Aerts, Burkhart, & Terry, 2015). Obtaining

feedback from the participants further increases the understanding that IPV is a social problem. With this knowledge, clinicians can create programs for SSA immigrants.

Research indicates that very little study on IPV included evaluations of social-ecological frameworks and the interaction between individuals with community-level social service providers (Miller-Graff & Graham-Bermann, 2016). Rodriguez-Medina and Rodriguez-Leon (2017) reported that few studies conducted worldwide to identify the beliefs and attitudes that people have toward IPV among SSA immigrant women. Researchers found that immigrants were not likely to report IPV because they feared deportation (Cruz, Domingos, & Sabune, 2014; Wilson et al., 2016). Researchers also found that cultural beliefs play a role in reporting IPV (Akinsulure-Smith, Chu, Keatley, & Rasmussen, 2013). Victims are less likely to involve law enforcement or social services to intervene in their abusive relationships to preserve the appearances of their family names and dignity (Novisky & Peralta, 2015). Therefore, social workers and clinicians must understand the SSA culture to be able to intervene appropriately by reorienting SSA female victims of IPV about the distinctions between acceptable family norms and the negative impact of abusive behaviors on the family.

The CDC (2015) estimated that 5.3 million incidences of IPV violence occur each year in the United States, resulting in two million injuries. The associated costs averaged about \$3000 for medical treatment for each incident. This information was vital for the study because victims of domestic violence do not receive adequate services. After all, providers lack the tools to screen and identify the core causes of IPV (Ortiz-Barreda & Vives-Cases, 2013). Social workers can provide women with a safe environment where they can confidentially disclose experiences of violence and receive a supportive response (Oliver, 2017). However, the crucial part that healthcare and service providers can play to address violence against women is often not recognized (Garcia-Moreno et al., 2015). With the development of a culturally based program, social workers and clinicians will be able to provide adequate services to the female SSA IPV victims. The practical implications of this study included collecting information from social workers and clinicians who worked with SSA immigrants to determine which factors would influence the development of an effective program.

The National Coalition Against Domestic Violence (NCADV, 2015) estimated that of the two million annual injuries, only 550,000 victims sought medical treatment. Devries et al. (2013) suggested that depression and suicide are responsible for a substantial burden of disease globally. Evidence indicates that IPV experience is associated with an increased risk of depression (Han et al., 2019), and people with mental disorders are at increased risk of violence (Lalley-Chareczko & Segal, 2017). The pervasive nature of IPV contributes to health risks across the world and also holds back the economic growth of some nations (Sousa et al., 2018).

IPV among SSA immigrants in the Southern United States presents numerous challenges to social workers as well as law enforcement agencies, health care providers, and policymakers to create and deliver culturally competent social service programs to the SSA immigrant subgroup. The study revealed that SSA immigrants were not likely to report IPV because they fear deportation and the need to preserve their family name and dignity (Novisky & Peralta, 2015). Cultural beliefs play a role in reporting IPV (Akinsulure-Smith, Chu, Keatley, & Rasmussen, 2013). Thus, social workers and clinicians must understand the cultural aspect of

SSA immigrant victims to be able to intervene and appropriately explain the distinctions between acceptable norms and the negative impact of abusive behavior on the family. Cultural competence services refer to the ability of social workers, health clinicians, and other social agencies to efficiently deliver services that meet the social, cultural, and linguistic needs of IPV victims. A culturally competent service can help to improve the quality of service. It can contribute to the elimination of IPV among the studied group; the use of culturally based service is vital to the well-being of SSA immigrants and society. Therefore, this study is essential, and the information gathered as a result of the research has the potential to fill an existing gap in the literature on IPV SSA immigrants. This study may also contribute to IPV victims in the SSA immigrant population in the Southern United States receiving higher-quality and more culturally competent services.

The development process in this research activity involved the stratification of the project to create the *pre*, *per*, and *post* elements. The *pre* (preparatory) element consisted of searching the literature to capture scholarly postulations before understanding the direction to pursue in the impending project. The *per* element consisted of the vital mechanization steps taken from the pointers of scholars. The expression, 'per,' refers to current or ongoing status. The *post* elements consisted of the specific activity, which presented the actual development (the manifestation of the planned project).

During the mechanization stage of the study, participants presented with the opportunity to develop a more effective way of addressing issues that lead to IPV. The research will add to the body of knowledge of social workers, and other health care providers would need to assess and address the needs of victims of IPV violence from the SSA immigrant community in the Southern United States.

Researchers found that immigrants were not likely to report IPV because they feared deportation (Cruz et al., 2014; Wilson et al., 2016). Researchers also found that cultural beliefs play a role in reporting IPV (Akinsulure-Smith, Chu, Keatley, & Rasmussen, 2013). Victims are less likely to involve law enforcement or social services to intervene in their abusive relationships to preserve the appearances of their family names and dignity (Novisky & Peralta, 2015). Therefore, social workers and clinicians must understand the SSA culture to be able to intervene appropriately by reorienting SSA female victims of IPV about the distinctions between acceptable family norms and the negative impact of abusive behaviors on the family.

At the end of this research, social workers and the clinicians will be able to use a culturally based program to educate the SSA immigrants that IPV is a social problem. Social workers and healthcare providers will be able to refer victims to the services they need. The victims will understand their rights and disregard the fear of the unknown. This study will also create opportunities for further studies to learners, and everyone who provides services to IPV victims should know their way forward.

Social workers and clinicians need to understand the unique needs of SSA immigrants IPV victims to help them. There are certain obstacles to understanding the individual needs of an SSA IPV victim. Some of the victims may not want to discuss their abuse, and it can be challenging to gain the confidence of a victim who may not want to talk about their abusive

relationship (Wallace et al., 2019). It is also difficult to change cultural norms to aid victims of IPV from SSA, which include victim-blaming from the broader society and stigmatizing reactions from others in response to disclosure (Kennedy&Prock, 2018). Understanding the obstacles facing social workers and clinicians to help reduce IPV among SSA immigrants is the main focus of this study. Specifically, understanding the challenges faced by social workers and clinicians who provide services to SSA immigrant women in this geographic area would enable the researcher to develop a culturallybased program for social workers and clinicians to better work with SSA IPV victims.

Methodology and Design

A qualitative methodology was the best approach for this study because qualitative research uses patterns of thinking and opinions individuals demonstrate to understand phenomena (Percy, Kostere & Kostere, 2015). Researchers use qualitative methodology to understand existing paradigms and develop new concepts. In the prosecution of qualitative research, personal feelings, and experiences help to provide a deeper understanding of the phenomena under investigation (Sutton & Austin, 2015). The objective was to learn from social workers using tools and methods about assessing the needs and services for the victims of IPV. Providing adequate resources to IPV victims for their safety and the safety of their children is at the heart of social work (Sousa, Yacoubian, Fischette, & Haj-Yahia, 2018). This study served as an avenue to provide the affected SSAIPV population with the information needed to escape IPV violence.

Data sources for this study consisted of participant interviews, focus group discussions, and field notes. The nature of this study was to capture the essence of IPV through the lens of the clinicians. Asking the right questions is critical to the success of the research (Ostby, 2016). A qualitative methodology helped the researcher formulate a design method to collect, analyze, and interpret data by observing what people do and say (Creswell, 2014). Qualitative research allows the researcher to capture meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things (Akhtar & Métraux, 2013). The researcher can transform those meanings into themes, sub-themes, categories, and data sets that can be analyzed to answer the research question.

Six focus group participants discussed their specific interactions with SSA women who experienced IPV. The researcher used the same questions for the participants as were used in the interviews. A good reason for conducting a focus group is to explore the possible differences between groups (Carter-Harris, Ceppa, Hanner, & Rawl, 2017). The researcher took field notes with descriptions of physical, nonverbal cues, and other observations. The researcher assigned pseudonyms for the confidentiality of each participant.

Primary research question:

RQ1. What are participant perceptions of the causes of IPV in the SSA immigrant community in a Southern region of the United States?

Secondary research -question:

SRQ1. What role does SSA immigrant culture and tradition play in promoting IPV in the United States?"

Findings

The significant finding of this study was that the participants were not aware that there is a difference between providing services to Sub-Saharan African immigrants and providing services to the general population. The outcome of this study supported the previous literature showing insufficient research on IPV among SSA immigrant women in the Southern state of the United States. The social workers and clinicians interviewed named various factors that contributed to the rise in intimate partner abuse within the SSA immigrant community. Such factors included fear of deportation, family issues, cultural acceptance of IPV, power, and control, and the inadequacy of current programs. Other factors include the assessment of existing plans so that they can better meet the needs of IPV victims, specifically Black IPV victims. These elements are discussed in more detail below.

Fear of deportation. Most of the participants agreed that undocumented SSA immigrant women might decide not to call the police and send their spouse to jail, where there is the possibility of deportation. Victims fear they will suffer economic hardship if the IPV perpetrator faces deportation. This problem shows the fact that some of the IPV victims may not have legal resident status, and they may also face deportation.

Family issues. Participants also stated that based on their experience working with SSA immigrants; intimate partner violence victims are less likely to involve law enforcement or social services to intervene in their abusive relationships to preserve their family names and dignity. Therefore, it is crucial also that social workers and clinicians understand the SSA culture so they can intervene appropriately by educating SSA female victims of IPV about the distinctions between acceptable family norms and abusive behaviors.

Cultural acceptance of IPV. Participant 1 clearly stated that Sub-Saharan Africans accepted IPV as part of the fabric of the culture. In ancient times, socioeconomic arrangements made women economically valuable because of how social norms developed and eventually led to viewing women as productive and sometimes equal to men. A financially independent woman may also have more bargaining power within the marriage, which may lead to the adverse reaction of men and ultimately increase IPV.

Power and control. Participants all agreed that intimate partner violence in SSA communities includes sexual abuse to maintain power or exert control over a partner. Abuse also includes physical, emotional, or sexual aggression with stalking and economic aggression. All the participants indicated that the trauma inflicted by sexual violence could have devastating and long-lasting effects on a woman's ability to participate in public life, and trauma affects their ability to resolve conflicts and rebuild communities.

Inadequacy of current programs. Participants 8, 9, and 10 said that "there should be more opportunity to educate the social workers and the clinicians on how their victims feel when they come to their clinics for help." The outcome of this study indicated that victims of IPV do

not receive adequate services because some providers lack the tools to screen and identify the core causes of IPV, as supported in the previous literature. The healthcare system cannot provide women with a safe environment where they can confidentially disclose experiences of violence and receive a supportive response. The vital part that healthcare providers and social services can play to address violence against women is often not recognized. With the development of a culturally based IPV program, social workers and clinicians will be able to provide adequate services to SSA immigrant victims of IPV.

Current program needs assessment. Participants also discovered that despite experiencing multiple types of IPV, Black women might not seek help, have access to resources, or be aware of available resources in the community. Victims of IPV do not receive the necessary services because the providers lack the tools to screen and identify the core causes of IPV. The healthcare system can provide women with a safe environment where they can confidentially disclose experiences of violence and receive a supportive response (Olive, 2017). However, the crucial part that healthcare providers and services can play to address violence against women is often not recognized or implemented (Garcia-Moreno et al., 2015). Shorey, Tirone, and Stuart (2014) reported a significant lack of research on various coordinated community response (CCR) components for victims of IPV. The elements of research on the integration of CCR services were limited, and the theoretical guidance for CCR programs was almost non-existent. Directions for improving research on CCR components were suggested.

Recommendations

Based on the contributions of the research participants, specific recommendations will be useful for all parties engaging in IPV cases. The suggestions are as follows:

1. In the traditional SSA community, culture plays a significant role. The community views men as the head of the house, and they make the decisions, while women are seen as lower class. In the SSA community, traditional gender roles are essential; therefore, it would be hard to change people's mindset without referencing their culture.
2. Make resources available at community and/or church events where there is a strong presence of SSA immigrants. It is also essential to have resources available in their language if needed.
3. Educate the SSA immigrant community regarding IPV. Ensure literature/handouts are available in the preferred language; also ensure that the staff has received cultural awareness training/education, which will reflect on those they serve.
4. Involve leaders in the SSA immigrant community like church leaders or consulate programs. Engage with the community organization, education, and awareness. Direct victims where to go for assistance once they are ready to deal with the issues.
5. Make sure program managers and social workers have specialized knowledge about SSA culture; ensure resources are available should a survivor need to leave. Education for everyone is essential, especially programs for abusers and counseling and empowerment programs for victims.

Conclusion

The findings from this study revealed that the utilization of a culturally based assessment tool would be beneficial to social workers when accessing the SSA immigrant population of the Southern United States. The study found that counselors and healthcare service providers lack culturally base tools when accessing immigrants during intakes. Further, the study revealed that SSA immigrants are afraid of reporting abusive behaviors of their partners due to fear of deportation, maintaining the family name, and dignity. These go further to emphasis the need for utilizing culture base assessment tool when training social workers who often work with SSA immigrant women of Southern States

The research will add to the gap in the body of knowledge that is related to IPV as some victims of IPV do not receive adequate services from social workers due to lack of culture base tools to screen and identify IPV among the studied group. The findings of this study will aid in the development and or enactment of new policies of interventions to reduce intimate partner violence among the SSA immigrant population. Due to the limited information on the male victimization of IPV, future researchers should seek to replicate and extend the findings of this study with an investigation on the bilateral victimization patterns among the studied group.

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