

Theoretical Antecedents to Sub-Saharan African Immigrants Spousal Abuse and Domestic Violence

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RESEARCH ARTICLE

**Theoretical Antecedents to Sub-Saharan African Immigrants
Spousal Abuse and Domestic Violence**

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Abstract

The focus of this scholarly article is on 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. It often affects the victims' self-perception and their ability to interact with others. This study examined social workers and healthcare providers' patterns of accessing IPV victims. The qualitative methodology used for this study included focus groups and in-depth interviews with social workers experienced in treating intimate partner violence victims from SSA immigrant communities. The theoretical frameworks used in this qualitative study were the marital dependency theory and social learning theory.

Background

Intimate partner violence (IPV) in Southern USA is a social and cultural problem. It includes social, psychological, emotional, sexual, and physical abuse (Lukasse et al., 2014). IPV is a product of gender and power inequality (Jakobsen, 2014) and occurs between two people when one exercises power over the other, causing physical, psychological, or emotional harm. IPV may be a single act or a series of actions forming a pattern of abuse (Jaffe, Campbell, Olszowy, & Hamilton, 2014). Reports indicate that 28% of all United States women have been victims of IPV (Jakobsen, 2014). The National Coalition against Domestic Violence (NCADV, 2015) estimated that of the two million annual injuries associated with IPV, only 550,000 (27.5%) victims of IPV sought medical treatment. Costs related to these injuries were estimated to be \$4.1 billion for direct medical and mental health care.

While IPV is a problem for women throughout the United States (Hawkins & DiBella, 2013), some groups have higher rates of IPV (West, 2016). Research has indicated that

immigrant women, for example, experience higher rates of IPV, and the violence are sometimes not treated as a real crime (Stockman, Hayashi, & Campbell, 2015). The penalties are often not harsh for those guilty of abuse, especially in third-world countries (van Konijnenburg, Sieswerda-Hoogendoorn, Brilleslijper-Kater, van der Lee, & Teeuw, 2013). As in result, communities rarely punish men who become abusers. Abusers and batterers come from all backgrounds and groups, and they fall into several different personality profiles (Carey & Solomon, 2014). According to Carey and Solomon (2014), abusers often see their partners as objects and not people; they view their partners and children as property and sexual objects. Abusers will blame their violence on having had a bad day or because they have used alcohol or drugs. Abusers also use their partners' behaviors as excuses for violent actions (Carey & Solomon, 2014). Factors affecting whether an IPV victim will report include the abuser's working status, illiteracy, controlling behaviors, and severe physical or sexual abuse at individual/relationship levels (Hayes & Franklin, 2017).

Theoretical Considerations

The theories and assumptions that served as the foundation of this research were the theory of marital dependency and social learning theory. These theoretical foundations allowed for an understanding of the cultural phenomena of IPV within the SSA community. What follows is a description of the theories.

Theory of Marital Dependency

Developed by Raul Prebisch in the late 1950s, the theory of marital dependency indicates that being economically insecure is a gendered issue (Menon, 2018). The gendered nature of care, the undervaluing of women's paid and unpaid work, and workforce discrimination all contribute to women experiencing poorer social and economic outcomes (Postmus, Hoge,

Breckenridge, Sharp-Jeffs, & Chung, 2018). Female dependency results in fewer resources or competition for support, and few resources are the root cause of violence against women (Ahmadabadi, Najman, Williams, & Clavarina, 2017). The theory of marital dependency sheds light on the give-and-take relationships of spouses.

Violence is often considered gendered on the basis that it is most often against women (Grose & Grabe, 2014). Ostby (2016) indicated that SSA culture is very patriarchal, meaning that there is an unequal gender relationship that exists between men and women. In SSA communities, as described by Ali and Naylor (2013), cultures that are very patriarchal use IPV as an acceptable way to maintain male dominance (Okenwa-Emegwa, Awoke, & Janssen, 2016).

Social Learning Theory

Bandura (1977) developed the social learning theory. Researchers found that individuals learn by observing the behavior of others. Social learning theory illustrates how the context of social structure, interaction, and the situation can produce both conforming and deviant behaviors (Bandura, 1977). Exposure to violence in the family of origin has consistently linked to IPV perpetration in adulthood (Ericksson & Mazerolle, 2015). Watching other peoples' behaviors will shape an individual's personality. Intimate partner violence, therefore, is part of social learning. Sub-Saharan African immigrants who have witnessed violence and abuse will tend to abuse their partners as a result of what they have learned from their observations.

Domestic Violence Studies' Underlying Theories

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.

Theoretical Assumptions

The theory of marital dependency by Raul Prebisch and the theory of social learning by Bandura undergirded this research. In juxtaposing the methods on the IPV situations, participant response data exposed significant nuances worth considering in making decisions regarding solutions. Raul Prebisch postulated in this theory that the absence of care and concern from the system could result in spousal abuse and violence.

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 (Prebisch, 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.

Topic-Specific Assumptions

The researcher assumed that participants would cooperate fully and that they would be open to discussing IPV. The researcher also concluded that the instrument and constructs of the study were in alignment with the study. The researcher assumed that this study would add to the body of knowledge related to IPV. The researcher expected to explore causes and effects in such a way that intervention could attend to the needs of victims.

Logic dictates that if the spouses are intimate *ab initio*, violence would be unimaginable. Consequently, the imaginable scenario would be partner violence rather than intimate partner violence (Ortiz-Barreda et al., 2013). Abuse is possible because individuals in relationships are not mechanical. Their actions are results of human feelings. Those feelings are the results of evolving actions and reactions. Identifying abusive behaviors and amending spousal connection could create a truce (Modi, Palmer, & Armstrong, 2014). These elements, as existent in the topic, were assumed to deliver a realistic human consideration upon which to provide research user curiosity.

However, the assumption behind using the qualitative method was that a more in-depth dive would be possible with the qualitative than with the quantitative (Ortiz-Barreda et al., 2013). The only way to make a conclusive statement on this assumption was to arrive at the

findings, which was only possible after data collection and analysis. The methodological assumption was necessary because the researcher's basis of investigation received adequate scientific protection through reliance on data. Again, only after the use of one method and finding results could a researcher conclude on the appropriateness of the method for the study (Modi et al., 2014). Therefore, the need to align the topic of this study with sense-making approaches circumscribed the assumption that the qualitative method would be more appropriate than the quantitative in prosecuting this study. Research shows that very few studies existed to assist clinicians on how to screen for IPV and manage care for SSA immigrants (Spinney, 2013).

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. This study will explain 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.

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 culturally-based program for social workers and clinicians to better work with SSA IPV victims.

Domestic Violence: Victims' Experiences

Gender. Intimate partner violence is labeled significant public health and human rights issues. The World Health Organization estimated the global prevalence of IPV was 30%, and 38.6% of those who are victims of IPV are murdered by a partner (Devries et al., 2013). In the 1980s, women began to organize to request attention to the physical, psychological, and emotional abuse associated with IPV (Aisyah & Parker, 2014; Hewins et al., 2013; Lukasse et al., 2014; Niaz & Tariq, 2017).

Intimate partner violence where women are the victims in most cases, has become an important issue for public health. Violence against women is known as a significant risk factor for a range of adverse physical, mental, and reproductive health outcomes (Maxwell, Devries, Zions, Alhusen, & Campbell, 2015). In most African counties, for example, wife beating is accepted. In fact, 70% to 90% of women are beaten in rural Uganda compared with 53% of women in Zimbabwe and 66% of women in Nigeria (Pain, 2014). Over 100,000 of 472,813 reports of abuse, or about only 20%, involved victims of interpersonal violence who were aged 60 or older, and 56% of those were female victims of IPV (Lundy & Grossman, 2009; Tenkorang, Owusu, Yeboah, & Bannerman, 2013).

First, any threatening behavior, violence, or abuse that occurs between adults who have a close relationship or who are family members irrespective of the gender or sexual orientation is considered IPV. This abuse may involve those ranging from 18 years and above, and because this abuse occurs, there should be no global definition of the abuse (Chatha, Ahmad, & Sheikh,

2014). As evidence, women who experience abuse suffer from low self-esteem and low self-consistency. Most of the time, the isolated victims find it difficult to have conversations and interactions with other people, and they tend to congregate with other women who have a negative impression about themselves.

Environment. Intimate partner violence is more prevalent among married young women than those who are separated (Lukasse et al., 2014; Postmus et al., 2018). Intimate partner violence is the outcome of complex relationships and social, cultural, and environmental factors. Researchers noted that IPV is more common in developing countries where approval of wife-beating is acceptable (Tlapek, 2015). According to Shea Hart (2011), understanding the potential adverse effects of childhood exposure to IPV is increasing in the Western world.

Intervention programs. Some studies contain evaluations of how intervention response programs were affected by racism (Febres et al., 2014). According to Creswell and Poth (2017), exploratory studies seek to illustrate how a policy context shapes the way policy actors engage with concepts of gender and practices of racism. Ortiz-Barreda and Vives-Cases (2013) conducted a study to determine if legislation on violence against women (VAW) worldwide contained theoretical components recommended by the Pan American Health Organization and the United Nations. These organizations could help strengthen VAW prevention and provide better-integrated victim protection, support, and care. They were able to identify 124 countries or territories that enacted VAW legislation in one form or another. Some programs counsel perpetrators of violence against women and children. According to Alderson, Westmarland, and Kelly (2013), many of the IPV perpetrator programs have incorporated the issue of children's safety and the harmful parenting of domestically violent fathers.

Summary and Conclusion

While some people are directly affected by IPV, others are peripherally affected by the outcomes of IPV. Children are often the unintended victims in IPV (Herman-Smith & Espinosa, 2016). Herr and Anderson (2015) said researchers should be able to identify where they are in the continuum of the positionality of their object of curiosity. A great deal of information is obtainable by reviewing scholarly, peer-reviewed articles, policy documents, agency level rulebooks, and materials that approach the issues of IPV from broad angles or lenses (Mengo, Smell, & Black, 2017). However, the researcher should be mindful of privacy issues or confidentiality when reviewing records or information that contains personally identifiable information.

Social workers and clinicians need to understand the unique needs of SSA immigrant IPV victims to help them. Obstacles to stop or reduce IPV include having victims gain the confidence to discuss their abuses and contributing to institutional reforms to aid victims of IPV from SSA (Robert Wood Johnson Foundation, 2009). Social workers and clinicians who work with SSA female immigrant victims of IPV encounter numerous barriers to render that prevent them from providing services. Most of these barriers are client-induced and reinforced by a lack of trust by the victims (West, 2015). These barriers include the fear of deportation, family issues, and financial costs.

References

- Aisyah, S., & Parker, L. (2014). Problematic conjugations: Women's agency, marriage and domestic violence in Indonesia. *Asian Studies Review*, *38*(2), 205–223.
doi:10.1080/10357823.2014.899312
- Akhtar, N., & Métraux, D. A. (2013). Pakistan is a dangerous and insecure place for women. *International Journal on World Peace*, *30*(2), 35–70. Retrieved from <https://ijwp.org/>
- Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.
- Beyer, K., Wallis, A. B., & Hamberger, L. K. (2015). Neighborhood environment and intimate partner violence: A systematic review. *Trauma, Violence, & Abuse*, *16*(1), 16–47.
doi:10.1177/1524838013515758
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, *26*(13), 1802–1811. doi:10.1177/1049732316654870
- Chatha, S. A., Ahmad, K., & Sheikh, K. S. (2014). Socio-economic status and domestic violence: A study on married women in Urban Lahore, Pakistan. *South Asian Studies* *29*(1), 229–237. Retrieved from <https://www.tandfonline.com/loi/rsas20>
- Childress, S., Gioia, D., & Campbell, J. C. (2018). Women's strategies for coping with the impacts of domestic violence in Kyrgyzstan: A grounded theory study. *Social Work in Health Care*, *57*(3), 164–189. doi:10.1080/00981389.2017.1412379
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.

- Cruz, G. V., Domingos, L., & Sabune, A. (2014). The characteristics of the violence against women in Mozambique. *Health, 6*(13), 1589–1601. doi:10.4236/health.2014.613192
- Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Petzold, G. M., Astbury, J., & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *PLoS Med, 10*(5), e1001439. doi:10.1371/journal.pmed.1001439
- Dhungel, S., Dhungel, P., Dhital, S. R., & Stock, C. (2017). Is economic dependence on the husband a risk factor for intimate partner violence against female factory workers in Nepal? *BMC Women's Health, 17*(1), 82. Retrieved from doi:10.1186/s12905.017.0441-8
- Edwards, L., Salisbury, C., Horspool, K., Foster, A., Garner, K., & Montgomery, A. A. (2016). Increasing follow-up questionnaire response rates in a randomized controlled trial of telehealth for depression: Three embedded controlled studies. *Open Access, 17*, 1–13. doi:10.1186/s13063-016-1234-3
- Eriksson, L., & Mazerolle, P. (2015). A cycle of violence. Examining family-of-origin violence, attitudes, and intimate partner violence perpetration. *Journal of Interpersonal Violence, 30*(6), 945–964. Retrieved from <https://journals.sagepub.com/home/jiv>
- Fawole, O. I., van Wyk, J. M., Balogun, B. O., Akinsola, O. J., & Adejimi, A. (2019). Preparing medical students to recognize and respond to gender-based violence in Nigeria. *African Health Sciences, 19*(1), 1486–1498. doi:10.4314/ahs..v19i1.22
- Febres, J., Shorey, R. C., Zucosky, H. C., Brasfield, H., Vitulano, M., Elmquist, J., ... Stuart, G. L. (2014). The relationship between male-perpetrated interparental aggression, paternal characteristics, and child psychosocial functioning. *Journal of Child and Family Studies, 23*(5), 907–916. doi:10.1007/s10826-013-9748-8

- Guéguen, N. (2014). Inducing the concept of love among men and their compliance to a donation request for an association against domestic violence toward women. *Psychological Report, 115*(3), 884–887. doi:10.2466/21.PR0.115c30z6
- Guest, G., Namey, E., Taylor, J., Eley, N., & McKenna, K. (2017). Comparing focus groups and individual interviews: Findings from a randomized study. *International Journal of Social Research Methodology, 20*(6), 693–708. doi:0.1080/13645579.2017.1281601
- Halket, M. M., Gormley, K., Mello, N., Rosenthal, L., & Mirkin, M. P. (2014). Stay with or leave the abuser? The effects of domestic violence victim's decision on attributions made by young adults. *Journal of Family Violence, 29*(1), 35–49. doi: 10.1007/s10896-013-9555-4
- Hamberger, L. K., Rhodes, K., & Brown, J. (2015). Screening and intervention for intimate partner violence in healthcare settings: creating sustainable system-level programs. *Journal of Women's Health, 24*(1), 86–91. doi:10.1089/jwh.2014.4861
- Hoytema van Konijnenburg, E. M., Sieswerda-Hoogendoorn, T., Brilleslijper-Kater, S. N., van der Lee, J. H., & Teeuw, A. H. (2013). New hospital-based policy for children whose parents present at the ER due to domestic violence, abuse and/or a suicide attempt. *European Journal of Pediatrics, 172*(2), 207–214. doi:10.1007/s00431-012-1869-3
- Jaffe, P. G., Campbell, M., Olszowy, L., & Hamilton, L. H. A. (2014). Paternal filicide in the context of domestic violence: Challenges in risk assessment and risk management for community and justice professionals. *Child Abuse Review, 23*(2), 142–153. Retrieved from <https://onlinelibrary.wiley.com/journal/10990852>
- Lukasse, M. I., Schroll, A. M., Ryding, E. L., Campbell, J., Karro, H., Kristjansdottir, H., ... Schei, B. (2014). Prevalence of emotional, physical, and sexual abuse among pregnant women in

six European countries. *Acta Obstet Gynecol Scandinavia*, 93(7), 669–77. doi:
10.1111/aogs.12392

Lundy, M., & Grossman, S. F. (2009). Domestic violence service users: A comparison of older and younger women victims. *Journal of Family Violence*, 24(5), 297–309. doi:10.1007/s10896-009-9230-y

Marsden, J. (2013). Domestic violence asylum after matter of LR. *Yale Law Journal*, 123, 2512–2557. Retrieved from <https://www.yalelawjournal.org/>

Nusem, E., Wrigley, C., & Matthews, J. (2017). Developing design capability in nonprofit organizations. *Design Issues*, 33(1), 61–75. doi:10.1162/DESI_a_00426

Öberg, M., Stenson, K., Skalkidou, A., & Heimer, G. (2014). Prevalence of intimate partner violence among women seeking termination of pregnancy compared to women seeking contraceptive counseling. *Acta Obstetricia et Gynecologica Scandinavica*, 93(1), 45–51. doi:10.1111/aogs.12279

Marshall, B., Cardon, P., & Poddar, A. (2013). Does sample size matter in qualitative research? A review of qualitative interviews is research. *Journal of Computer Information Systems*, 54, 11–22. doi:10.1080/08874417.2013.11645667

Oyemomi, O., Liu, S., & Neaga, I. (2015). The contribution of knowledge sharing to organizational performance and decision making: A literature review. In I. Linden, S. Liu, F. Dargam, & J. E. Hernández (Eds.), *Decision support systems IV - Information and knowledge management in decision processes*. New York, NY: Springer.

Pain, R. (2014). Everyday terrorism: Connecting domestic violence and global terrorism. *Progress in Human Geography*, 38(4), 531–550. doi:10.1177/0309132513512231

- Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice*. Thousand Oaks, CA: Sage.
- Robinson, O. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Research in Psychology, 11*(1), 25–41. doi:10.1080/14780887.2013.801543
- Saltzman, L. E., Johnson, C. H., Gilbert, B. C., & Goodwin, M. M. (2003). Physical abuse around the time of pregnancy: An examination of prevalence and risk factors in 16 states. *Maternal and Child Health Journal, 7*(1), 31–43. Retrieved from <https://www.springer.com/journal/10995>
- Tsang, E. W. K. (2014). Case studies and generalization in information systems research: A critical realist perspective. *Journal of Strategic Information Systems, 23*, 174–186. doi:10.1016/j.jsis.2013.09.002
- Vanclay, F., Baines, J. T., & Taylor, C. N. (2013). Principles for ethical research involving humans: Ethical professional practice in impact assessment Part I. *Impact Assessment and Project Appraisal, 31*(4), 243–253. doi:10.1080/14615517.2013.850307
- Wortham, T. T. (2014). Intimate partner violence: Building resilience with families and children. *Reclaiming Children and Youth, 23*(2), 58–61. Retrieved from <https://reclaimingjournal.com/>
- Yin, R. K. (2012). *Application of case study research* (3rd ed.). Thousand Oaks, CA: Sage.

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